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June 21, 2021

SANTA FE COUNTY
RFP No. 2021-0198-CORR/APS
ELECTRONIC MEDICAL REPORTING (EMR) SYSTEM FOR MEDICAL STAFF
AT THE SANTA FE COUNTY ADULT DETENTION FACILITY

ADDENDUM NO. 3

Dear Proponents,

This addendum is issued to reflect the following immediately. It shall be the responsibility of interested Offerors to adhere to any changes or revisions to the RFP as identified in this Addendum No. 3. This documentation shall become permanent and made part of the departmental files.

Attachment A: New Mexico Government Accreditation Program Adult Detention Professional Standards

Question No. 1: Is this RFP for a reporting system or and Electronic Health Record (EHR) System?

Answer No. 1: Electronic Health Record (EHR) System

Question No. 2: The SOW states the new system must interface with the current Electronic Health Record (EHR) System. What is the name of the current Electronic Health Record (EHR) System?

Answer No. 2: Securus

Question No. 3: As the title suggests, if this is a reporting system, what information requires a data conversion and transition?

Answer No. 3: The health information of the inmates is needed to be converted.

Question No. 4: What is the average daily population of detainees?

Answer No. 4: 500-600 pre COVID

- Question No. 5: Would you consider sub-contractors service companies partnering with a larger EMR company?
Answer No. 5: Yes, but the larger EMR company would be the one submitting the response to the proposal and would list all subcontractors and the roles of all project team members need to be clearly identified in their response as well.
- Question No. 6: If we were to assign a local NM registered agent for our company, would we be considered a resident business?
Answer No. 6: No
- Question No. 7: Could you please let me know the correct contact in either IT or Medical Records (or both), for any future discussions of historical data migration, conversion and archival needs.
Answer No. 7: Any contact to anyone outside of Purchasing, may be grounds for disqualification.
- Question No. 8: What is the reason for replacing the current EHR?
Answer No. 8: The current vendor will no longer be providing the service.
- Question No. 9: Regarding the EMR end users: what types of professional titles will the users be? Physicians, nurses, social workers?
Answer No. 9: Physicians, nurses and social workers will all be users.
- Question No. 10: Roughly how many end users do you expect?
Answer No. 10: A maximum of 50.
- Question No. 11: Who are your current pharmacy and radiology vendors?
Answer No. 11: Diamond for Pharmacy
- Question No. 12: Do you currently have a hospital hub interface?
Answer No. 12: No
- Question No. 13: Will you be disclosing a budget for this project?
Answer No. 13: The budget will not be disclosed at this time.
- Question No. 14: On page 7 of the RFP, #10. Technical Capabilities 5th bullet: Provide procedures offline, downtime management use. What does the County mean by procedures offline, and downtime management use?
Answer No. 14: The County is wanting to know what procedures would be followed if the system is to go offline or down due to unforeseen circumstances.
- Question No. 15: When you say MU 1, 2 and 3. I'm assuming the needs to be Inpatient Certified as well?
Answer No. 15: MU 1, 2, and 3 when referring to Medicaid and Medicare billing will no longer be done within the EHR.

- Question No. 16: Of the 50 users, how many are providers (i.e. NP or MDO?) Will they be billing state Medicaid or Medicare for their services?
Answer No. 16: **There are three (3) providers currently. No billing will be done via Medicaid and Medicare.**
- Question No. 17: Do you plan to host this system? Or do you expect a vendor-hosted/cloud-based system?
Answer No. 17: **The vendor is asked to host the system.**
- Question No. 18: What is the maximum (concurrent) number of users that will be on the system at any given time?
Answer No. 18: **Fifty (50)**
- Question No. 19: How many facilities are there?
Answer No. 19: **One (1)**
- Question No. 20: How many shifts are there per day/per facility?
Answer No. 20: **Two (2)**
- Question No. 21: Can the SFCADF please confirm and/or provide the name of every vendor/system with which the EMR must interface with at the time of go-live, with elaboration on the data points/functionality required for each interface? Please provide all necessary information:
Answer No. 21:
a. Jail Management System
 - Vendor/System Name: **Securus**
 - Data elements required for interface: **This is will be discussed with awarded vendor.****b. Pharmacy**
 - Vendor/System Name: **Sapphire EMR**
 - Data elements required for interface: **This will be discussed with the awarded vendor.****c. Laboratory**
 - Vendor/System Name: **Quantum Labs**
 - Data elements required for interface: **This will be discussed with the awarded vendor.****d. Other (please list any others)**
 - Vendor/System Name: **N/A**
 - Data elements required for interface: **N/A**
- Question No. 22: Can the SFCADF provide all clinical content and templates currently in use?
Answer No. 22: **Yes, Santa Fe County Adult Detention Facility will provide all clinical content and templates currently used.**
- Question No. 23: Shall the County ensure that all the 3rd Party Vendor's that the EHR is to interface with and/or migrate from will collaborate and provide all

of the necessary information & data to complete the interface during the implementation period?

Answer No. 23:

Yes

Question No. 24:

Does the current EMR utilize/integrate with a Hospital Hub? If so, please explain. This request seems like an interface with a Health Information Exchange will suffice rather than multiple separate hospital interfaces. Would the implementation of a HIE interface be sufficient for this request? Interfacing with a HIE will allow for SFCADF to send/receive health information data with all local healthcare agencies, including hospitals.

Answer No. 24:

Not currently in place.

Question No. 25:

5. Communication: Ability to fax program for medication verification records to hospital or pharmacies. Please elaborate on this requirement and workflow

Answer No. 25:

The ability to fax directly from the Graphic User Interface (GUI) in the system.

Question No. 26:

Does the current EMR utilize/integrate with a Hospital Hub? If so, please explain. This request seems like an interface with a Health Information Exchange will suffice rather than multiple separate hospital interfaces. Would the implementation of a HIE interface be sufficient for this request? Interfacing with a HIE will allow for SFCADF to send/receive health information data with all local healthcare agencies, including hospitals.

Answer No. 26:

The current EMR does not utilize/integrate with a Hospital Hub.

Question No. 27:

7. Discharge Planning: Auto fax in medication prescriptions. (seven (7) days without insurance/thirty (30) days with insurance. Please elaborate on this requirement and workflow. Where are these prescriptions being faxed? Do you collect insurance information at booking in the JMS?

Answer No. 27:

When inmates are released while on medications, the prescriptions for these medications are sent to a local pharmacy for them to pick up at their discretion (currently this pharmacy is Walgreens). Yes, when possible

Question No. 28:

9. Reporting: Ability to extract any and all information from the database. What Reporting and/or Business Intelligence (BI) analytical tools (e.g. SSRS, Crystal Reports) does the SFCADF use or have access to?

Answer No. 28:

This information will be provided to the awarded vendor.

Question No. 29:

9. Reporting: Track costs of care offsite and onsite. Please elaborate on this requirement and workflow. Is this data currently being traced in the EMR solution? Do you utilize a 3rd party tool to collect this data?

Answer No. 29:

Not currently tracked in EMR, but maintained via spreadsheets.

No, a 3rd party tool is not utilized to collect data.

Question No. 30: 9. Reporting: Track and report to Centers for Medicare and Medicaid Services (CMS) clinical quality indicators. Please elaborate on this requirement and workflow.

Answer No. 30: No longer required.

Question No. 31: 10. Technical Capabilities: Compatible with current Jailhouse Management System (Securus) and must be responsible for all cost associated with creating a workable and user-friendly interface between both systems. Please elaborate on the interface specifications/data elements SFCADF requires through this interface. Please confirm that any cost associated with secures; efforts are being negotiated with Securus and that the EHR vendor is not responsible for Securus' work efforts.

Answer No. 31: This would be discussed with the awarded vendor.

Question No. 32: 10. Technical Capabilities: Integrated with digital (both for provider to view as well as report). Please elaborate on this interface type/vendor and specifications/data elements SFCADF requires through this integration.

Answer No. 32: This would be discussed with the awarded vendor.

Question No. 33: 10. Technical Capabilities: Data Conversion of current software (Sivlerlight) and assistance. Please elaborate on the data migration specifications/data elements SFCADF requires though this migration. We are under the assumption that the current EHR solution is Securus' solution – is this the name of the solution?

Answer No. 33: This would be discussed with the awarded vendor.

Question No. 34: Installation and Acceptance: Contractor shall install the software on-site to verify software readiness with the supplied hardware and conduct testing. The objectives of this activity in this stage are to verify the software products meet design requirements and to obtain the County's acceptance and approval of the software product(s). Please describe your current IT setup. Is your facility(s) equipped with WIFI? How many, and what kind, of computer workstations are you currently on? What kind of software are you running (i.e. what version of Microsoft, etc)?

**Answer No. 34: IT setup with be discussed with the awarded vendor.
Yes, the facility is equipped with WIFI.
There would be twenty-five (25) or more Windows-based systems.
The software that are currently being used are Windows7-10 and
Microsoft Professional Plus 2016.**

Question No. 34: When was your current EMR system (Silverlight) implemented? Regarding your current EHR system with which this requested EMR system will integrate, in what ways do these two differ?

Answer No. 34: **July, 2018 was when the current system was implemented.
The SFCADF will not be using Silverlight software.**

Question No. 35: Who provide behavioral health services, as well as primary care and in-patient systems. Is there interest in implementing one system that can cover these functionalities?

Answer No. 35: **The SFCADF is only requesting services as outline in the scope of work.**

Question No. 36: How will answers be posted? Will there be a document with an accumulation of all vendor questions? Or will answers be sent back to specific vendors?

Answer No. 36: **Questions and answers will be posted on the Santa Fe County website at [https://www.santafecountynm.gov/asd/current bid solicitations](https://www.santafecountynm.gov/asd/current_bid_solicitations) and will also be emailed to vendors who submitted the Acknowledgement of Receipt Form. All questions will be answered in an addendum that is compiled of all questions that were submitted.**

Question No. 37: With the NM Statewide Pricing Agreement in place for an EHR, does this change any of Santa Fe's RFP process or requirements?

Answer No. 37: **No**

Question No. 38: Is there a target Go-live date for this system?

Answer No. 38: **September, 2021 (is this realistic?)**

Question No. 39: Is your pharmacy vendor internally operated? Is this pharmacy SureScript certified?

Answer No. 39: **No, pharmacy vendor is not internally operated.
No, pharmacy does not have to be SureScript Certified.**

Question No. 40: Please list any mental health and substance use assessment and exam forms currently utilized by SFCADF.

Answer No. 40: **This information will be provided to the awarded vendor.**

Question No. 41: Is there a need for a disconnect mobile solution that staff use when providing services in-community? Is so, how may users?

Answer No. 41: **No, there is no need for a disconnect mobile solution that is needed.**

Question No. 42: How many prescribers do you have?

Answer No. 42: **Three (3)**

Question No. 43: Is there a need for a client-facing portal?

Answer No. 43: **Not at this current time.**

Question No. 44: Do you complete psychiatric evaluations?

Answer No. 44: **No, psychiatric evaluation are not done.**

- Question No. 45: Do you report on Meaningful Use Measures?
Answer No. 45: No, SFCADF does not report to Meaningful Use Measure.
- Question No. 46: What is the estimated breakdown of your funding sources? i.e. Medicaid, Federal Grants, etc.
Answer No. 46: This question is not critical to providing a response to the RFP.
- Question No. 47: Do you currently connect to a Health Information Exchange (HIE)?
Answer No. 47: No.
- Question No. 48: Does your organization currently utilize single sign-on (SSO) or Security Assertion Mark-up Language (SAML)? Are you looking for SSO or SAML in this new EHR application?
Answer No. 48: No.
- Question No. 49: II. Introduction – B. Scope or Works – Tasks, Installation, and Schedule – Will all of these items be provided post award? For example, will the project plans, system design, etc. be expected after award or to be included in the proposal?
Answer No. 49: Information will be negotiated with the awarded Offeror.
- Question No. 50: V. Specifications – B. Evaluation Factors – 2. Technical Competence and Specialized Experience – Bullet 5 – it states to demonstrate the organization's software functionality and capabilities. Is this referencing those that get called for a demo of the product or are we to describe our product here within the proposal? With a 20pg. limit to the entire proposal, are there specific functionality and capabilities that SFCADF would prefer to see? Also, are screenshots acceptable in this section? If so, do they count towards the 20 pg. limit?
Answer No. 50: Each Offeror is to demonstrate in their response their competence and specialized experience in providing a successful and capable EMR software system. How the Offer prepares their response is completely a decision by the Offeror. The page limit is 20 pages.
- Question No. 51: V. Specifications – B. Evaluation Factors – 3. Evidence of Understanding Scope of Work – Bullet 2 – it states to describe the services to be provided that correlate to the scope of work and include information regarding the work plan. Did SFCADF want a full project plan/work plan to be included or just a brief outline of the project plan? The project plans are typically over 20 pages and we just to clarify this request.
Answer No. 51: A brief outline of the project plan would be acceptable. The County does not expect an Offeror to provide a full project plan without first meeting and collaborating with the County. Which cannot occur until a contract is awarded.

Question No. 52: V. Specifications – B. Evaluation Factors – 3. Evidence of Understanding the Scope of Work – Bullet 6 – there is a request to discuss challenges, limitations or restrictions that might be expected based on this service. Is this where we should include anything that cannot be accomplished that was listed within the scope of work?

Answer No. 52: **Yes, this section would include anything that cannot be accomplished that was listed within the scope of work.**

Question No. 53: II. Introduction – B. Scope of Work – 10. Technical Capabilities – Bullet 5 – it states the system must meet stage 1, 2, and now 3 of meaningful use and provide ongoing updates as required by CMS. Is this a mandatory requirement?

Answer No. 53: **Yes..**

Question No. 54: II. Introduction – B. Scope of Work – 2 – There is a statement that they system must had an ePHI Data Export Hospital Hub for transmitting and receiving ePHI data for up to five (5) hospitals at SFCADF's discretion. Would SFCADF accept a system that setup interfaces directly and work behind the scenes?

Answer No. 54: **It would be considered, but it will be discussed with the awarded vendor.**

Question No. 55: II. Introduction – B. Scope of Work – 4. Clinical Decision Support – Is there a link or document for the New Mexico Association of Counties Correctional Health Care Standards?

Answer No. 55: **Please see Attachment A.**

Question No. 56: Can you provide information on the current system interfaces? Is this system integrated with an HIE? Is there a local HIE that could be used to exchange information with local healthcare organizations?

Answer No. 56: **This would be discussed with the awarded vendor.**

Question No. 57: Can you provide details on the jail management system and requirements integration points?

Answer No. 57: **This would be discussed with the awarded vendor.**

Question No. 58: Can you provide information on the pharmacy requirements? Is there an in-house pharmacy? If so, would you consider replacing their current pharmacy system with one integrated with the proposed EHR? Would all prescriptions be handled through electronic prescribing? If not, what interfacing ability does your current provider support?

Answer No. 58: **This would be discussed with the awarded vendor.**

Please add this Addendum No. 3 to the original proposal documents and refer to proposal documents, hereto as such. This and all subsequent addenda will become part of any resulting contract documents and have effects as if original issued. All other unaffected sections will have their original interpretation and remain in full force and effect. Responders are reminded that any questions or need

for clarification must be addressed to Amanda Patterson-Sanchez, Procurement Specialist Senior at apatterson-sanchez@santafecountynm.gov.



New Mexico Government Accreditation Program

**Adult Detention
Professional Standards
3rd Edition
Revised October 2018**

Adult Detention Professional Standards Council

February 1, 2018

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Grace Philips, NMAC General Counsel
Mark Gallegos, Curry County Detention Administrator – Vice Chair
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Professional Standards Updated March 2017

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Introduction

When the New Mexico Adult Detention Professional Standards Council finalized then approved these standards on April 7, 2010 it marked a significant accomplishment on the path to professionalizing adult detention operations in New Mexico.

The New Mexico Association of Counties Detention Affiliate has long recognized the importance of professional standards. While New Mexico juvenile detention facilities are required to operate pursuant to mandatory standards, attempts to legislate mandatory adult detention standards had repeatedly failed in the New Mexico state legislature. In 2009 the affiliate decided to develop New Mexico standards for use in a voluntary accreditation program supported by the New Mexico Association of Counties and New Mexico Municipal League.

These New Mexico Adult Detention Professional Standards are the product of many hours of work by the following county detention professionals:

Carolyn Barela, Otero County
Virginia Blansett, Otero County
David Casanova, Roosevelt County
Curtis Cherry, Sierra County
Jann Gartman, Lea County
Frank Maestas, Bernalillo County
Jim Moffett, Grant County
Mary Najar, Los Alamos County
Mike Sisneros, Bernalillo County
David Stark, San Juan County
Sandra Stewart, Chaves County
Jonathan Thomas, Bernalillo County
Ron Torres, Bernalillo County

This standards drafting committee represented small medium and large New Mexico detention facilities. The committee reviewed ACA standards, NCCHC standards, and draft PREA standards as well as state standards from around the country. The purpose of this review was to incorporate the best language and principles that had already been developed. The committee also drafted special standards required by state law and amended language from other standards to make it state specific. The resulting standards are ambitious, attainable, and necessary.

All county detention facilities are encouraged to comply with these standards and seek accreditation. The New Mexico Association of Counties staff is available to assist counties in this endeavor.

This Second Edition of the New Mexico Association of Counties' Adult Detention Professional Standards is dedicated in memory of our friend and colleague Manuel "Manny" D. Romero, who passed away November 3, 2017. For ten years, Manny served the Association of Counties as an auditor and consultant for detention services throughout New Mexico. His expertise and professional advice was sought by county commissioners, managers, and administrators. He was recognized as a national authority on corrections and detention operations. Manny was the lead facilitator in the development of both the initial and this 2nd Edition of the Adult Detention Professional Standards. He also served as Chair for the Accreditation Council from its inception in 2010 until his passing. Manny was respected and liked by all who worked with him. He will be greatly missed.

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ADMINISTRATION

ADM-01 Mission

A written statement describes the mission, philosophy, and goals of the facility.

Process Indicators: Written statement.

ADM-02 Legal Issues

Legal assistance is available to the administrator and other staff as needed in the performance of their duties.

Process Indicators: Staff interviews; Verification of service.

ADM-03 Code of Ethics

The facility has a written code of ethics that it provides to all employees. At a minimum, the code:

- prohibits staff, contractors, and volunteers from using their official positions to secure privileges for themselves or others
- prohibits staff, contractors, and volunteers from engaging in activities that constitute a conflict of interest
- prohibits staff, contractors, and volunteers from accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family
- defines acceptable behavior in the areas of campaigning, lobbying or political activities.
- prohibits staff sexual misconduct

COMMENTARY: All staff, contractors, and volunteers are held accountable for compliance with the Code of Ethics.

Process Indicators: Code of Ethics. Staff records. Staff interviews.

ADM-04 Policies and Procedures

Written policies and procedures describe all facets of facility operation, disciplinary rules, maintenance and administration and are reviewed annually. These are available to all employees unless security concerns justify limited access. Employees participate in the formulation of policies, procedures and programs.

New or revised policies and procedures are disseminated to staff prior to implementation and, where appropriate, to contractors, volunteers, and detainees, after implementation.

Process Indicators: Written policy & procedure manual. Documentation of annual review. Interviews. Documentation of timely distribution. Training records.

ADM-05 Administrators Inspection and Review

The facility administrator inspects and reviews annual facility operations to evaluate compliance with policies and procedures. A report describing findings and corrective plans is developed. The report must include at a minimum:

- physical structure (construction, condition and maintenance)
- security operations (practice match policy, staffing analysis)
- training (new employee and annual requirements)
- emergency equipment and operations (lethal, less lethal inspections and inventories, safety equipment, fire inspections)
- medical process reviews (med pass, sick call, intake)
- food service (meal preparation and service, commissary, indigent, sanitation)

Process Indicators: Evaluation and inspection report(s). Documentation of annual review, corrective plans, and subsequent actions.

ADM-06 Personnel Policies

There is a personnel policy manual that is available to each employee and is explained at employee orientation. This manual includes, at a minimum:

- an equal employment opportunity program
- a policy for selection, retention, and promotion of all personnel on the basis of merit and specified qualifications
- rules for probationary employment
- a compensation and benefit plan
- provisions for compliance with the Americans With Disabilities Act (ADA)
- prohibition on unlawful workplace harassment and sexual misconduct
- infection control plan
- employee disciplinary procedures
- grievance and appeal procedures.

Process Indicators: County personnel ordinance or policies.

ADM-07 Compensation

Compensation and benefit levels for all facility personnel are comparable to those for similar occupational groups in the state or region.

COMMENTARY: The purpose of this standard is to achieve equal compensation and benefits for detention officers and other law enforcement personnel. Compliance may be obtained by performing a wage survey for the region and providing documentation of discussions with the County Commission regarding compensation

Process Indicators: Payroll records. Wage survey. Collective Bargaining Agreements (where applicable).

ADM-08 Control

The facility administrator, assistant facility administrator or designated department heads visit the facility's living and activity areas at least weekly to observe living and working conditions.

Process Indicators: Facility logs. Detainee interviews.

ADM-09 Staffing/Security

A comprehensive staffing analysis is conducted annually. The staffing analysis is used to determine staffing needs and plans. Relief factors are calculated for each classification of staff that is assigned to relieved posts or positions. Essential posts and positions, as determined in the staffing plan, are consistently filled with qualified personnel.

COMMENTARY: When developing a shift relief factor, the following factors must be considered and factored into the formula: number of worked days per year; number of regular days off per employee per year; number of vacation days off; number of county holidays; number of sick days off; maternity leave; unexcused absences; military leave days off; funeral leave; and training days off per employee.

Process Indicators: Documentation of annual review of staffing analysis and plan. Records of actual staff deployment. Facility logs.

ADM-10 Open – (moved to MM-05, Health Services Staffing)

ADM-11 Background Checks

Written policies and procedures describing a criminal record check (NCIC) is conducted on all new employees, contractors, and volunteers prior to their assuming duties in order to identify who is eligible for employment. (PREA Standard 115.17)

- the facility shall conduct criminal background records checks annually of current employees, contractors, and volunteers who may have contact with detainees
- the facility shall also impose upon employees a continuing affirmative duty to disclose any violations of the counties' code of conduct and/or personnel policies

COMMENTARY: "Contractor" for purposes of this section means an individual who will provide sustained services in the facility such as food service, medical/mental health care, and maintenance.

Process Indicators: Criminal record check policies. Interviews with persons responsible for conducting background checks. NCIC background check log.

ADM-12 Pre-employment Physical Examinations (added from MM-23)

A pre-employment physical examination is conducted for all employees to determine whether they are able to perform the essential functions of the job with or without reasonable accommodation. Such medical information is collected and maintained in separate medical files and treated as a

confidential medical record. Provisions exist for reexamination when indicated.

- test for tuberculosis are conducted prior to receiving access to facility
- hepatitis B vaccines are offered during the pre-employment exam
- tuberculosis testing is conducted annually for all staff and contractors with direct detainee contact

Process Indicators: Personnel policies. Interviews. Inspections of separate medical files.

ADM-13 Training and Staff Development

Each new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes:

- working conditions
- employee code of ethics
- county personnel policy manual
- facility policy and procedures
- employee rights and responsibilities
- overview of the criminal justice system
- tour of the facility
- facility goals and objectives
- facility organization
- staff rules and regulations
- program overview
- sexual misconduct prevention

Part time staff and contract personnel receive formal orientation appropriate to their assignments and additional training as needed.

COMMENTARY: Orientation is distinct from training because it acquaints personnel with the setting in which they will be working but does not necessarily address the knowledge, skills, and abilities needed to implement assigned duties.

Process Indicators: Personnel records. Orientation materials. Staff interviews.

ADM-14 Training Coordinator

A qualified individual coordinates the staff development and training program. The training program is reviewed annually.

COMMENTARY: The staff development and training coordinator has specialized training for that position. Full-time training personnel should complete at least a 40-hour training-for-trainers course.

Process Indicators: Staff interviews. Personnel records. Training records.

ADM-15 Clerical Staff Training

New clerical employees who have minimal detainee contact receive at least 16 hours of training during their first year of employment. All persons in this category are given an additional 16 hours of training each subsequent year of employment that includes training on the facility sexual misconduct policy.

Process Indicators: Personnel records and/or training records.

ADM-16 Professional/Support Employee Training

All new professional and support employees, including contractors, who have regular or daily detainee contact receive 40 hours of training prior to being independently assigned to a particular job. An additional 24 hours of training is provided each subsequent year of employment. At a minimum, the initial training covers the following areas:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- report writing
- detainee rules and regulations
- key control
- rights and responsibilities of detainees
- safety procedures
- all emergency plan and procedures
- communication skills
- CPR/First aid
- sexual harassment/sexual misconduct awareness, including policy regarding prevention, detection, and response to sexual misconduct.

In addition, full-time health care staff will receive the following training:

- the purpose, goals, policies and procedures for the facility; security and contraband policies
- appropriate conduct with detainees
- responsibilities and rights of employees
- universal precautions
- occupational exposure
- personal ADM equipment
- bio-hazardous waste disposal
- an overview of the detention field

COMMENTARY: Professional and support employees/contractors that fall under the training requirements in this section are those who provide maintenance, food service, laundry, commissary, law library and medical services.

Process Indicators: Documentation of staff training. Training curriculum records. Personnel

records.

ADM-17 Detention Officer Training (Rev. 10.11.18)

All new detention officers receive 160 hours of training during their first year of employment. At least 40 of these hours are completed prior to being independently assigned to any post. At a minimum, the initial training covers the following areas:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- how to identify detainees with possible mental health conditions
- use-of-force regulations and tactics
- report writing
- detainee rules and regulations
- key control
- rights and responsibilities of detainees
- safety procedures
- all emergency plans and procedures
- interpersonal relations
- social/cultural lifestyles of the detainee population
- cultural diversity for detainees and staff
- communication skills
- cardiopulmonary resuscitation (CPR)/first aid
- universal precautions and biohazard waste disposal
- counseling techniques
- sexual abuse/assault awareness
- sexual harassment and misconduct

Detention officers receive at least 40 hours of training each subsequent year of employment. Detention officers must be trained in the following subjects at least every two years:

- security procedures and regulations
- supervision of detainees
- signs of suicide risk
- suicide precautions
- how to identify detainees with possible mental health conditions
- use-of-force regulations and tactics
- key control
- safety procedures
- all emergency plans and procedures
- sexual abuse/assault awareness

Process Indicators: Training curriculum. Personnel records. Training records.

ADM-18 Supervisor Training

Facility management and supervisory staff receive at least 40 hours of management and supervision training during their first year and at least 16 hours of management training each year thereafter that includes review of the facility's sexual misconduct policy.

COMMENTARY: OJT can count as part of the initial 40 hour training.

Process Indicators: Personnel records. Training records.

ADM-19 Specialized Emergency Unit Training

Detention officers assigned to a specialized emergency team have at least one year of experience as a detention officer and 40 hours of specialized training before undertaking their assignments. Officers on emergency teams receive 40 hours of training annually, at least 16 of which are specifically related to emergency unit assignment.

Process Indicators: Personnel records. Training records

ADM-20 Firearms Training

All personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training cover the use, safety, and care of firearms and constraints on their use in accordance with section 10.29.9.14 of the New Mexico Administrative Code. All personnel authorized to use firearms must demonstrate competency in their use at least twice annually.

Process Indicators: Personnel records. Training records.

ADM-21 Chemical Agents Training

All personnel authorized to use chemical agents receive annual training in their use and in the treatment of individuals exposed to a chemical agent.

Process Indicators: Personnel records. Training records.

ADM-22 Detainee Funds

Procedures govern the operation of any fund established for detainees.

Process Indicators: Detainee records. Financial records. Budgets.

ADM-23 Health-related Emergency Response

Detention and health care personnel are trained to respond to health-related emergencies within four-minutes. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the detention administrator and includes

instruction on the following:

- recognition of signs and symptoms of an emergency
- knowledge of action that is required in potential emergency situations
- administration and certification in basic first aid and cardiopulmonary resuscitation (CPR)
- methods of obtaining assistance
- signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- procedures for patient transfers to appropriate facilities or health care providers
- suicide intervention

Process Indicators: Verification of training, records and certificates. Interviews.

ADM-24 Detainee Death

The facility has a written policy and procedure that describes actions to be taken in the event of a detainee death. Under the procedure, law enforcement authorities having jurisdiction are immediately notified of a detainee's death and a mortality review is conducted. The Administrator or designee shall notify family of death or major illness.

COMMENTARY: The purposes of a mortality review are to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study. The mortality team should include at a minimum medical, mental health and security staff. The medical examiner should be notified of the detainee's death immediately, (generally accomplished by law enforcement), so that a postmortem examination can be performed, according to the laws of the jurisdiction, if the cause of death is unknown, the death occurred under suspicious circumstances, or the detainee was not under current medical care.

Process Indicators: Written policy and procedures. Minutes and report of final mortality review. Documentation of any action taken.

ADM-25 Detainee Population Records

There is a detainee population management system that includes records on the admission, processing, and release of detainees.

Process Indicators: Completed forms. Reports. Staff interviews.

ADM-26 Open (Moved to SC-86 Special Management Detainees)

ADM-27 Food Service Management

The facility has a written policy & procedure requiring meals to be prepared, delivered and served under staff supervision and in accordance with New Mexico Environmental Improvement Board regulations [7.6.2.9 NMAC].

Process Indicators: Observation. Detainee interviews.

ADM-28 Meal Schedules

Three meals, including at least two hot meals, are provided at regular times during each 24 hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met.

Process Indicators: Records of meals served and times served. Facility records and logs. Detainee interviews.

ADM-29 Food Service Facilities

There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes. Corrective action is taken on deficiencies, if any.

Process Indicators: Documentation of compliance with codes. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

ADM-30 Health Protection

Written policy & procedure provides that:

- all persons involved in the preparation of the food receive a pre-assignment medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils
- when an outside agency or individual provides the facility's food services, the facility has written verification that the outside provider complies with the state and local regulations regarding food service
- all food handlers are instructed to wash their hands on reporting to duty and after using toilet facilities
- detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee.

Process Indicators: Inspection reports, completed forms, including documentation that identified deficiencies were corrected. Documentation of medical examinations and reexaminations. Detainee and staff interviews. Observation. Documentation of daily monitoring for health and cleanliness

ADM-31 Inspection of Food Service Areas

There are monthly inspections of all food service areas, including dining and food preparation areas and equipment, by designated personnel and daily inspections by the person supervising food service operations or his/her designee. Water temperature is checked and recorded daily by designated personnel.

Process Indicators: Observation. Measurement. Inspection reports, completed forms, including documentation that identified deficiencies were corrected

ADM-32 Food Storage

Written policy & procedure requires stored shelf goods, refrigerated foods, and frozen foods be maintained in accordance with New Mexico Environmental Improvement Board regulations [7.6.2.9 NMAC]. Temperatures are checked and recorded daily.

Process Indicators: Observation. Measurement. Documentation of daily temperature checks.

ADM-33 Dietary Allowances

The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings.

- accurate records are maintained of all meals served
- menu substitutions are recorded.

Process Indicators: Annual reviews. Nutritionist or dietician qualifications. Documentation of at least annual review and quarterly menu evaluations. Interviews with staff.

ADM-34 Therapeutic Diets

Therapeutic diets are provided as prescribed in writing by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information.

Process Indicators: Health records. Diet records or forms. Observation. Interviews.

ADM-35 Religious Diets

Special diets are provided for detainees whose religious beliefs require the adherence to religious dietary laws.

Process Indicators: Documentation of religious diet approval by chaplain or Administrator. Diet manual.

ADM-36 Food Service Training

All staff, contractors, and detainee workers are trained in the use of equipment safety procedures to be followed in the food service department. Documentation of training is maintained.

Process Indicators: Training records. Detainee records. Observation. Staff and detainee interviews.

ADM-37 Community Relations

The public and the media are informed of events within the facility's areas of responsibility. Procedures address emergency and non-emergency responses to the media and, at a minimum, include the following:

- the identification of areas in the facility that are accessible to media representatives
- the contact person for routine requests for information
- identification of data and information protected by federal or state privacy laws, or federal and state freedom of information laws
- special events coverage
- news release policy
- the designation of individuals or positions within the facility authorized to speak with the media on behalf of the facility.

Process Indicators: Review policies.

PHYSICAL PLANT

PP-01 Facility New Construction (combined with PP-01, 02 and 05)

For new construction or substantial remodel, adequate space is provided for administrative, security, professional, and clerical staff. This space includes:

- conference rooms,
- storage room for records,
- public lobby,
- toilet facilities.
- an area, room, and/or employee lounge that offers privacy from detainees and provides space for meals
- space for training
- space for shift change briefings
- toilets and washbasins that are not used by detainees.

Process Indicators: Observation.

PP-02 Existing Facility

- all surveillance cameras will be operable
- all security doors shall function properly

Process Indicators: Observation. Maintenance logs. Proof of work order/repair.

PP-03 Facility Design

For new construction, addition or substantial remodel, physical plant designs facilitate continuous direct supervision of detainees in housing units. All living areas are constructed to facilitate continuous staff observation, excluding electronic surveillance, of cell or detention room fronts

and areas such as dayrooms and recreation spaces.

Process Indicators: Observation. Staff and detainee interviews.

PP-04 Cell/Room Furnishings

Each detainee is provided with the following:

- a sleeping surface and mattress that allows the detainee to be off the floor
- a place to store clothes and personal belongings

Process Indicators: Observation. Interviews (staff, detainees).

PP-05 Open (combined with PP-01, 02 and 05)

PP-06 Environmental Conditions

Written policy & procedure addresses environmental conditions (lighting, noise levels, air volume and temperature, and ambient water temperature) required in the facility, specifically relating to:

- health
- safety
- security

COMMENTARY: Air and water temperatures are regularly checked and recorded.

Process Indicators: Written policy & procedure. Documentation from a qualified source. Temperature measurement. Observation. Maintenance and repair records. Detainee and staff interviews.

PP-07 Classification and Separation

Detainees not suitable for housing in multiple occupancy cells are housed in appropriate housing. No less than ten percent of the rated capacity of the facility is available for single occupancy. (New construction only)

Process Indicators: Observation. Interviews (staff, detainees). Housing and classification records/logs.

PP-08 Food Service Area

The food preparation area has adequate space and equipment for food preparation. There are sanitary, temperature-controlled areas for food storage. Toilet and washbasin facilities are available to food service personnel and detainees in the vicinity of the food preparation area.

Process Indicators: Observation. Measurement.

PP-09 Detainee Showers

Detainees have access to operable showers with temperature-controlled hot and cold running water. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit to ensure the safety of detainees and to promote hygienic practices.

Process Indicators: Observation. Measurement. Inspection reports. Maintenance records. Documentation of periodic measurement of water temperature. Detainee grievances. Detainee interviews.

SAFETY/SANITATION

SS-01 Emergency Plan

Written emergency plan addresses the facility's response to emergencies. All facility personnel are trained at least annually in the implementation of the emergency plan. The plan addresses:

- communications
- unified command
- memorandums of understanding with other agencies
- media relations
- fire emergencies
- medical emergencies
- loss of utility(ies) emergencies
- natural disasters
- hostage situations
- escapes
- bomb threats
- disturbances
- facility lockdowns
- work stoppage
- mass arrests
- evacuations
- chemical leaks
- demonstrations
- hunger strikes

Process Indicators: Emergency Plan. Training records. Facility logs. Staff interviews.

SS-02 Detainee Transport

Written policy & procedure governs the use and security of vehicles, and addresses transport of detainees outside the facility. The policy addresses:

- driver qualifications
- procedures for one and two officer transports
- search of detainees before and after transport

- search of transport vehicle before and after transports
- safety and security
- handcuffing/restraints
- seating arrangements
- sick, injured, handicapped, and mentally ill detainees
- restrictive housing detainees
- detainees with communicable diseases
- pregnant detainees
- juveniles
- cross-gender transport
- reporting escapes and other incidents on transport
- documentation requirements

Process Indicators: Policy & Procedure. Documentation of staff training and qualifications. Transport logs. Staff and detainee interviews.

SS-03 Fire Safety

The facility conforms to applicable federal, state, and/or local fire safety codes. The facility obtains and retains documents from the outside agency having jurisdiction that document compliance.

Process Indicators: Inspection reports from external agencies. Internal inspection and reports. Documentation of fire alarm and detection system maintenance and testing. Documentation of compliance with external internal report recommendations. Observation.

SS-04 Safety and Sanitation Inspections

Written policy & procedure describes how the facility complies with all applicable fire, safety and sanitation laws and regulations of the governing jurisdiction. The following inspections are implemented:

- weekly fire, safety and sanitation inspections of all facility areas by a qualified staff member
- testing of safety equipment at least quarterly
- comprehensive and thorough monthly inspections by a qualified staff member
- at least annual inspections by federal, state, and/or local officials or other qualified person(s)

There is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected.

COMMENTARY: In order to be considered qualified: the staff member should be trained by the fire department, fire marshal, OSHA, environmental health, safety professional, etc.

Process Indicators: Completed inspection checklists and reports. Documentation of corrective action.

SS-05 Hazardous Materials

Written policy & procedure addresses control, use, and disposal of liquid, solid, hazardous, flammable, toxic and caustic material in accordance with applicable government regulations and manufacturer guidelines.

COMMENTARY: 29 CFR Part 1910.1200 requires a written Hazard Communication program.

Process Indicators: Written policy & procedure and Hazard Communication program. Staff training records. Detainee training records. Completed inspection reports/forms, including documentation that identified deficiencies were corrected. Documentation of incidents that involved hazardous materials.

SS-06 Vermin and Pest Control

A written control plan addresses vermin and pest control. The control plan includes at a minimum:

- monthly inspection by a licensed exterminator
- an extermination schedule
- documentation of inspection reports and treatment

Process Indicators: Written control plan. Pest control contracts. Maintenance agreements. Inspection reports, including documentation that identified deficiencies were corrected.

SS-07 Housekeeping

Written policy & procedure addresses housekeeping and maintenance for all facility areas and provides for daily housekeeping and regular maintenance by assigning duties and responsibilities to staff and detainees.

Process Indicators: Written policy & procedure. Housekeeping & maintenance logs. Inspection reports including documentation that identified deficiencies were corrected.

SS-08 Injury Prevention

Written policy & procedure requires the facility to analyze injury experience for detainee, staff and visitor injuries at least annually. Problems are identified and corrective actions are developed and implemented.

Process Indicators: Written policy & procedure. Documentation of annual injury analysis. Completed injury or incident reports and investigations. Interviews.

SS-09 Evacuation Plan

Written policy and procedure establishes an evacuation plan for use in the event of fire or major emergency. The plan is approved by an independent outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reissued to the fire jurisdiction. The plan includes the following:

- location of building/room floor plan
- use of exit signs and directional arrows for traffic flow
- exits are clear from obstruction
- exits are distinctly and permanently marked
- location of publicly posted plan
- at least quarterly drills in all facility locations, including administrative areas and on every shift
- drills that involve only staff in instances when evacuation of extremely dangerous detainees is not advisable

Process Indicators: Written evacuation plan. Documentation of approval of plan. Documentation of annual review. Observation. Documentation of drills. Staff and detainee interviews.

SS-10 Detainee Evacuation

Written policy & procedure describes the means for the immediate release of detainees from locked areas in case of emergency and provides for a backup system for detention.

COMMENTARY: Backup system includes secondary keys or other release system in the event of power failure.

Process Indicators: Written policy & procedure. Observation. Staff interviews. Facility records/logs.

SS-11 Fire Safety

Written policy & procedure describes the facility's fire prevention plan. The plan includes:

- adequate fire protection service
- availability of extinguishers or other fire suppression equipment at appropriate locations throughout the facility
- detainee furnishings that meet fire safety performance requirements.
- kitchen equipment that meets fire safety performance requirements.

Process Indicators: Written policy & procedure. Fire extinguisher maintenance and testing records. Observation. Facility logs. Staff training records. Reports describing fire events that occurred. Furniture and equipment specifications. Staff interviews.

SS-12 Emergency Power and Communication

Written policy & procedure describes a preventive maintenance plan that provides for emergency repairs or replacement of emergency equipment and power generators in life-threatening situations.

- safety and security equipment is inspected at least monthly and repaired or replaced as soon as practical
- emergency equipment and systems are tested at least quarterly

- power generators are inspected weekly and load tested at least quarterly or in accordance with manufacturer's recommendations and instruction manual

The results of the inspection are reported in writing.

Process Indicators: Written policy & procedure and preventative maintenance plan. Facility inspection records/logs. Contract with company(s) to provide emergency equipment repairs.

SS-13 Personal Hygiene

Policy and procedure provides that articles necessary for maintaining proper personal hygiene are available to all detainees.

Process Indicators: Policy and procedure. Documentation that items are provided. Observation. Detainee interviews.

SS-14 Employee Health

Written policy & procedure requires all facility staff:

- receive a tuberculosis test prior to job assignment
- receive annual tuberculosis testing
- are offered the hepatitis B vaccine series within 10 days of assignment.

COMMENTARY: X-ray may be offered as an alternative to testing where appropriate.

Process Indicators: Written policy & procedure. Personnel records. Interviews.

SS-15 First Aid

First aid kits are available in designated areas of the facility. Written policy & procedure describes the contents, number, location, and procedures for monthly inspection of the kit(s) and provides written protocols for use by non-medical staff.

Process Indicators: Written policy & procedure. Documentation of kit inspections. Observation

SECURITY AND CONTROL

SC-01 Control Center

Written policy and procedure provides for a 24-hour secure control center for monitoring and coordinating the facility's security, life safety, and communications systems. The secure control center is staffed continuously. There are multiple communication systems between the control center and detainee occupied areas. The adequacy of facility surveillance equipment is assessed annually.

Process Indicators: Facility records and logs. Observation. Maintenance records.

SC-02 Officer Posts

Officer posts are located in or adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.

Process Indicators: Observation. Staff and detainee interviews.

SC-03 Post Orders

There are current written orders for every officer post. Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. The facility administrator or designee reviews post orders annually and updates as needed.

COMMENTARY: Post orders define the duties, responsibilities and expectations of the post.

Process Indicators: Observation. Staff interviews. Documentation of staff receipt & review of post orders. Documentation of annual review and updating.

SC-04 Facility Perimeter

The facility perimeter ensures detainees remain within the perimeter and that access by the general public is denied without proper authorization. Pedestrians and vehicles enter and leave at designated points in the perimeter. Safety vestibules and sally ports constitute the only breaches in the perimeter.

Process Indicators: Observation. Facility records and logs.

SC-05 Same Gender Supervision

When both males and females are housed in a facility, written policy & procedure requires at least one male staff member and one female staff member to be on duty at all times.

Process Indicators: Written policy & procedure. Records of staff deployment. Facility logs. Interviews

SC-06 Detainee Authority

Written policy & procedure prohibits a detainee or group of detainees from being given control, or allowed to exert authority, over other detainees.

Process Indicators: Written policy & procedure. Observation. Staff and detainee interviews.

SC-07 Facility Logs, Reports and Briefings

Written policy & procedure requires that security staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents and the information is shared with staff during the shift or at shift change.

COMMENTARY: Written policy & procedure. Reports and logs may be post specific.

Process Indicators: Completed logs and other records. Documentation of emergency situations unusual incidents, pass downs and shift briefings.

SC-08 Supervisory Checks

Written policy & procedure requires that supervisory staff conduct a daily patrol, including holidays and weekends, of all areas occupied by detainees. Unoccupied areas are to be inspected at least weekly. Patrols and inspections are documented.

Process Indicators: Written policy & procedure. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

SC-09 Detainee Movement

Written policy & procedure requires that all detainee movement from one area to another is controlled by staff.

Process Indicators: Written policy & procedure. Observation.

SC-10 Detainee Counts

Written policy & procedure requires the facility to have a system for physically counting detainees. The system includes strict accountability for detainees assigned to work and educational release, furloughs, and other approved temporary absences. At least one formal count is conducted for each shift, with no less than three formal counts daily.

Process Indicators: Written policy & procedure. Completed forms. Facility records and logs. Documentation of detainee accounting activities. Staff interviews.

SC-11 Use of Physical Force

Written policy & procedure provides that the use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment.

Process Indicators: Written policy & procedure. Facility records and logs. Incident reports. Training records.

SC-12 Use of Restraints

Written policy & procedure provides that restraint devices are never applied as punishment. There are defined circumstances in which supervisor approval is needed prior to application.

Process Indicators: Written policy & procedure. Documentation of supervisory approval. Staff interviews.

SC-13 Restraint of Pregnant Detainees

Written policy & procedure provides that the least restrictive restraints necessary shall be used on a detainee when the facility has actual or constructive knowledge that they are in their second or third trimester of pregnancy and no restraints of any kind shall be used on a detainee who is in labor, delivering their baby or recuperating from delivery unless there are compelling grounds to believe that the detainee presents: (1) an immediate and serious threat of harm to themselves, staff or others; or (2) a substantial flight risk and cannot be reasonably contained by other means. If a detainee who is in labor or who is delivering their baby is restrained, only the least restrictive restraints necessary to ensure safety and security shall be used. NMSA 1978 §33-1-4.2

Process Indicators: Written policy and procedures. Medical clearance form. Interviews.

SC-14 Use of Four/Five Point Restraints

Written policy & procedure provides that four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before a detainee is placed in a four/five point restraint. Subsequently, a medical professional must assess the detainee's medical and mental health condition. If the detainee is restrained in a four/five point position, the following minimum procedures are followed:

- direct visual observation by staff is continuous prior to obtaining approval from health authority or designee
- subsequent visual observation is made at least every 15 minutes
- restraint procedures are in accordance with guidelines approved by a medical professional.
- all decisions and actions are documented
- hogtying is strictly prohibited

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews. Documentation of approval(s) and observation.

SC-15 Weapons

Written policy & procedure describes procedures governing the availability, control, and use of firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. (Chemical agents and electrical disablers)

Process Indicators: Written policy & procedure. Facility logs. Completed authorization forms. Staff Interviews.

SC-16 Storage of Lethal Devices

Written policy & procedure provides that space is provided for the secure storage of less lethal devices and related security equipment. Access is restricted to authorized persons only, and the storage space is located in an area separate and apart from detainee housing or activity areas.

Process Indicators: Written policy & procedure. Observation. Staff interviews. Facility logs and records.

SC-17 Distribution of Security Equipment

The facility maintains a written record of routine and emergency distribution of security equipment. Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates.

If the facility utilizes body cameras:

- written policy and directives to include daily logs
- storage
- inventory
- training

Process Indicators: Completed forms. Facility records/logs. Written policy and procedure. Observation.

SC-18 Use of Firearms

Written policy & procedure provides that the use of firearms complies with the following requirements:

- weapons meet safety regulations and inspections.
- a secure weapons locker is located outside the secure perimeter of the facility
- except in emergency situations, firearms and weapons such as nightsticks are permitted only in designated areas to which detainees have no access
- employees supervising detainees outside the facility perimeter follow procedures for the security of weapons
- employees are instructed in the use of deadly force
- employees use only firearms or other security equipment that they have qualified with and has been approved by the facility administrator
- appropriate equipment is provided to facilitate safe unloading and loading of firearms

Process Indicators: Written policy regarding use of firearms. Training records. Observation. Staff and Detainee Interviews.

SC-19 Use of Force Reports

The facility has a written policy that states:

Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:

- discharge of a firearm or other weapon
- use of less lethal devices to control detainees
- use of force to control detainees
- detainee(s) remaining in restraints at the end of the shift
- detainee assaults on staff

Process Indicators: Completed reports. Facility records and logs.

SC-20 Key Control

Written policy & procedure describes the manner in which the use of keys are controlled.

Process Indicators: Written policy & procedure. Facility logs. Documentation of key control.

SC-21 Control of Tools, Culinary, and Medical Equipment

Written policy & procedure describes inventory control and use of tools, culinary, medical/dental equipment, and supplies.

Process Indicators: Written policy & procedure. Facility logs. Documentation of control activities (records, logs, completed form) inventory of medical/dental (scissors/syringes needles and sharps).

SC-22 Searches

Written policy & procedures guide searches of facilities and detainees to control contraband and provide for its disposition. When a canine unit is operated by the facility there is a written policy & procedure which addresses the following:

- the circumstances in which canine units may be used are clearly defined
- how the canine unit is integrated into the overall emergency procedures of the facility
- maintenance of current records on handler and dog training, care of dogs and incidents involving use of the dog.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-23 Arrestee Strip Search

Written policy & procedure provides that a strip search of an arrestee at intake is only conducted when there is reasonable belief or suspicion that he/she may be in possession of an item of contraband. Reasonable suspicion may be based on:

- current charges or previous convictions for escape, possession of drugs or weapons, or crime of violence or
- current or historical institutional behaviors of contraband possession or refusals to be searched
- finding contraband during a pat or clothing search

Strip searches must be conducted with dignity and respect, in private and completed by an officer of the same gender absent exigent circumstances. All strip searches must be documented on a form that includes justification for the search.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-23.1 Pat down Searches

Written policy and procedure provides that cross-gender pat-down searches of detainees is prohibited absent exigent circumstances.

Process Indicators: Written Policy & Procedures. Observation. Facility records and logs. Detainee and staff interview.

SC-24 Detainee Strip Search

Written policy & procedure provides that a strip search of general population detainees is only conducted when there is reasonable suspicion that the detainee may be in possession of an item of contraband and/or following contact with the public or exposure to public areas. Strip searches must be conducted with dignity and respect, in private and by an officer of the same gender absent exigent circumstances.

Process Indicators: Written policy & procedure. Observation. Facility records and logs. Detainee and staff interviews.

SC-25 Body Cavity Search

Written policy & procedure provides that manual or instrument inspection of body cavities is conducted only when authorized by court order. Health care personnel will conduct the inspection in private.

Process Indicators: Observation. Facility records and logs. Detainee and staff interviews. Credentials of personnel who conduct searches

SC-26 Disposition of Evidence

Written policy & procedure govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures address the following:

- chain of custody
- evidence handling
- location and storage requirements
- manner of disposition

Process Indicators: Written policy & procedure. Documentation of chain of custody. Facility records and logs.

SC-27 Reception

Written policy & procedure requires that prior to accepting custody of a detainee, staff determines that the detainee is legally committed to the facility, and that the detainee is not in need of immediate medical attention.

Process Indicators: Written policy & procedure. Completed admissions forms. Facility logs. Observation. Interviews.

SC-28 Admission Process

Written policy & procedure describes the admission processes for a newly-admitted detainee and includes:

- search of detainee and property immediately upon arrival
- inventory of personal property
- recording basic personal data and information to be used for mail and visiting list
- phone calls
- criminal history check
- photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- assignment of registered number to the detainee
- medical, dental, and mental health screening
- screening to detect signs of drug/alcohol abuse
- suicide screening
- a detainee orientation

Process Indicators: Written policy & procedure. Observations. Staff and detainee interview. Intake records.

SC-29 Access to Telephones at Intake

Written policy & procedure requires that new detainees are given a reasonable opportunity to make three telephone calls during the Admission process beginning not later than twenty minutes after they arrive at the facility NMSA 1978 §31-1-5. Detainees are assisted, as needed, to notify persons of their admission to custody including individuals to make arrangement to care for dependents or minor children who may be placed at risk due to the detainee's incarceration.

Process Indicators: Written policy & procedure. Observation. Intake records. Detainee interviews.

SC-30 Inventory of Detainees Property

There is an itemized inventory of all personal property of newly-admitted detainees and secure storage of detainee property, including money and other valuables. The detainee is given a receipt for all property held until release. Space is provided for storing the personal property of detainees safely and securely.

Process Indicators: Completed inventory forms. Intake records. Completed receipts.

SC-31 Foreign Nationals

Written policy & procedure provides that foreign nationals have access to the diplomatic representative of their country of citizenship.

Process Indicators: Written policy & procedure. Detainee interviews. Staff interviews.

SC-32 Detainee Records

Written policy & procedure requires that intake booking information is recorded for every person admitted to the facility and includes at least the following data, unless prohibited by law:

- photograph
- booking number
- name and aliases of individual
- current address (or last known address)
- date of arrest and admission, duration of confinement, and a copy of the court order or other legal basis for commitment
- name, title, agency, and signature of delivering officer
- specific charges
- sex
- age
- date of birth
- place of birth
- race
- present or last place of employment
- health status, including any current medical or mental health needs and suicidal ideations
- emergency contact (name, relation, address, and phone number)
- driver's license and social security numbers (where applicable)
- notation of cash and all property
- additional information concerning special custody requirements, service needs, or other identifying information such as birthmarks or tattoos.

Process Indicators: Written policy & procedure. Intake records. Detainee records. Completed forms.

SC-33 Detainee Custody Records

The facility maintains custody records on all detainees committed or assigned to the facility, which includes but is not limited to the following:

- intake/booking information
- court-generated background information
- cash and property receipts
- reports of disciplinary actions, grievances, incidents, or crime(s) committed while in custody

- disposition
- records of program participation
- work assignments
- classification records

The contents of detainee records are identified and separated according to a format approved by the facility administrator.

Process Indicators: Detainee records and files.

SC-34 Release of Detainee Information

Unless release of information is required by statute, detainees sign a release of information consent form that complies with applicable federal and state regulations prior to the release of non-public information. A copy of the form is maintained in the detainee's case record.

Process Indicators: Detainee files and records.

SC-35 Detainee Release Procedures

Written procedures for releasing detainees from the facility at the end of their term includes the following:

- identification of outstanding warrants, wants, or detainers
- verification of identity
- verification of release papers
- completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required
- return of personal property
- verification that no facility property leaves the facility
- arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions
- procedures for making reasonable attempt to notify the arresting law enforcement agency or officer when the detainee being released is accused of domestic violence as provided by NMSA 1978 § 40-13-7.

Process Indicators: Written policy & procedure. Completed release forms and documents. Facility records and logs. Detainee records. Observation.

SC-36 Housing of New Intakes

Written policy & procedure requires newly-admitted detainees be separated from the general population during the admissions process. Detainees are assigned to initial holding settings according to their immediate security needs, physical and mental condition, and other considerations.

Process Indicators: Written policy & procedure. Observation. Admission and housing

records/logs. Detainee and staff interviews.

SC-37 Intake Classification

Written policy & procedure provides that there is an initial objective classification of the detainee that considers safety and security issues prior to reassignment from intake and short-term holding.

Process Indicators: Intake records. Housing records.

SC-38 Orientation

Prior to being placed in the general population, each detainee is provided with an orientation to the facility, which includes at a minimum:

- written materials describing facility rules and sanctions
- explanation of mail and visiting procedures
- explanation of grievance procedures
- explanation of all fees, charges, or copayments that may apply
- description of services, programs, and eligibility requirements
- information on how to access medical/mental health care
- identification of available pretrial release options
- information about sexual abuse/assault including:
 - the agency's zero tolerance policy
 - prevention/intervention
 - self-protection
 - reporting sexual abuse/assault
 - protection from retaliation
 - treatment and counseling

This information is contained in a written handbook that is given to each detainee or viewed electronically. The handbook is translated into those languages spoken by significant number of detainees. Where a literacy or language barrier prevents a detainee from understanding the orientation material, assistance shall be provided. Detainees verify, by signature, the receipt of their initial orientation. Signed acknowledgement of receipt of the orientation is maintained in the detainee's file.

Process Indicators: Detainee handbook(s). Detainee files. Observation. Staff and detainee interviews.

SC-39 Access to Care

Written policy & procedure informs all detainees about how to access medical/mental health services and the grievance system upon arrival at the facility. The information is translated into those languages spoken by significant numbers of detainees. When a literacy or language problem prevents a detainee from understanding written information, a staff member or translator assists the detainee.

Process Indicators: Written policy & procedure. Documentation that detainees are informed about health care and grievance system. Detainee grievances. Interviews.

SC-40 Classification and Separation

Written policy & procedure describes the formal classification process that starts at admission, for managing and separating detainees based upon the facility's mission, classification goals, and detainee custody and program needs. The process uses verifiable and documented data about detainees and does not discriminate based on race, color, creed, national origin, sex, sexual orientation, or economic status. The classification system is used to separate detainees into groups that reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following:

- current charges
- criminal history
- mental and emotional stability
- escape history
- history of assaultive behavior
- potential for sexual victimization or abuse
- medical status
- age
- enemies of record
- gender
- legal status
- custody needs
- special problems and behavior

The detainee classification process ensures periodic review of detainee status, and revision of detainee status as needed in response to changes in detainee behavior, charges or circumstances. There is a process for appeal of classification decisions.

Process Indicators: Classification policy & procedure. Classification records. Documentation verifying the process. Staff and detainee interviews

SC-41 Restricted Housing-Detainee Classification Status

Written policy & procedure for housing addresses the following:

- high risk detainees
- detainees with severe medical disabilities
- detainees suffering from serious mental illness
- sexual predators
- detainees likely to be exploited or victimized by others
- detainees who have other special needs for single-occupancy housing.

Detainees who cannot be accommodated will be transferred to another facility whenever possible.

Process Indicators: Written policy & procedure. Observation. Interviews (staff, detainees.)

Housing and classification records/logs.

SC-42 Restricted Housing-Administrative Separation

Written policy & procedure authorizes the facility administrator or designee to order immediate restrictive housing when it is necessary to protect the detainee or others. The action is reviewed within 72 hours by the appropriate authority.

Process Indicators: Written policy & procedure. Documentation of review. Facility records. Detainee records.

SC-43 Assessment of Restrictively Housed Detainees

Written policy & procedure requires that when a detainee is transferred to restrictive housing, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority.

COMMENTARY: Detainees with a known or suspected mental illness should be given a mental health assessment and their condition periodically reviewed to determine whether restrictive housing is affecting their mental health status and continues to be appropriate.

Process Indicators: Written policy & procedure. Health records. Restricted Housing logs. Duty assignment roster for health care providers. Observation. Interviews.

SC-44 Transfers to Restricted Housing

Written policy & procedure requires that when a detainee is admitted to restrictive housing status there is documentation that restricted housing is warranted and no reasonable alternatives are available.

Process Indicators: Written policy & procedure. Documentation of reasons for admitting detainees to restricted housing status or denying status. Detainee records.

SC-45 Open

SC-46 Administrative Review

Written policy & procedure requires that the status of detainees in restricted housing are reviewed every seven days for the first two months and at least every 30 days thereafter. There is a review process used to release a detainee from restricted housing.

Process Indicators: Written policy & procedure. Documentation of reviews and outcomes.

SC-47 Maximum Sanctions

Written policy & procedure provides the sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 30 days for all violations arising out of one incident.

Continuous confinement for more than 30 days requires the review and approval of the facility administrator.

Process Indicators: Written policy & procedure and sanctioning schedule. Documentation that sanctioning schedule has been communicated to detainees. Detainee interviews. Documentation of facility administrator review and approval.

SC-48 Restrictive Housing Units

Restrictive housing units provide living conditions that approximate those of the general detainee population. All exceptions are clearly documented. Restricted housing cells/rooms permit the detainees assigned to them to converse with and be observed by staff members.

COMMENTARY: Exceptions can be made to accommodate physical plant issues for existing structures.

Process Indicators: Observation. Detainee interviews.

SC-49 Personal Observation of Restrictively Housed Detainees

Written policy & procedure requires that all restricted housing detainees are physically observed by an officer at least every 30 minutes on an irregular schedule. Detainees who are violent or demonstrate unusual or bizarre behavior or psychiatric disorders must be assessed by appropriate medical/mental health personnel who will determine the supervision that is needed.

Process Indicators: Written policy and procedure. Facility records and logs. Documentation of cell checks.

SC-50 Selection of Restrictive Housing Staff

Written policy & procedure requires that staff assigned to work directly with detainees in restrictive housing units are selected based on criteria that includes:

- experience
- suitability for this population
- behavioral health and/or other applicable training as determined by facility administrator

Process Indicators: Written policy & procedure. Staff interviews. Training records.

SC-51 Restrictive Housing Logs

Staff operating restrictive housing units maintain a permanent log that contains at a minimum the following information for each detainee admitted to the restrictive housing unit: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or psychiatric problems or needs. Officials who inspect the units or counsel the detainee on behavior will use the log to record all visits.

Process Indicators: Completed log. Detainee records.

SC-52 Restrictive Housing Provisions

Written policy & procedure requires that all detainees in restrictive housing units are provided prescribed and non-prescribed medication, clothing that is not degrading and access to basic personal items for use in their cells unless there is imminent danger that a detainee or any other detainee(s) will destroy an item or induce self-injury.

Process Indicators: Written policy & procedure. Detainee records. Restrictive Housing log. Detainee interviews.

SC-53 Restrictive Housing Hygiene

Written policy & procedure requires that detainees in restrictive housing units have the opportunity to shave at least two times per week and shower at least three times per week. Detainees in restrictive housing units receive laundry, haircuts or trims and are issued and exchange clothing, bedding, and linen on the same basis as detainees in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.

Process Indicators: Written policy & procedure. Restrictive housing log. Documentation of exceptions.

SC-54 Deprived Items

Written policy & procedure requires that when a detainee is in restrictive housing is deprived of authorized items or activity, a report of the action is made and forwarded to the facility administrator.

Process Indicators: Written policy & procedure. Documentation of report of actions to administrator. Detainee interviews.

SC-55 Alternative Meals

Written policy & procedure provides for alternative meals that can be eaten without utensils when utensils would present a health, safety or security risk.

Process Indicators: Written policy & procedure. Documentation of approval of alternative meals. restrictive housing log. Detainee Interviews.

SC-56 Restrictive Housing-Detainee Rights and Privileges (Rev. 10.11.18)

Written policy & procedure provides that detainees in restrictive housing units:

- can write and receive letters on the same basis as detainees in the general population
- have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented
- have access to reading and legal materials
- are offered a minimum of two hours of out of cell time per day, seven days a week, unless

security or safety considerations dictate otherwise. Exceptions must be justified and documented, including refusals

- have access to programs offered within the facility.

Process Indicators: Written policy & procedure. Restrictive housing log. Observation. Detainee interviews.

SC-57 Disciplinary Telephone Usage

Written policy & procedure provides that detainees in disciplinary detention are allowed limited telephone privileges consisting of telephone calls related specifically to access to the judicial process and family emergencies as determined by the facility administrator or designee.

COMMENTARY: Disability Rights New Mexico (DRNM) is the system established under 42 U.S.C. §10803 to protect and advocate the rights of people with mental illness in New Mexico. Under the Protection and Advocacy for Mentally Ill Individuals Act (PAMII) 42 U.S.C. §10801 et seq., DRNM has access to facilities and records to investigate incidents of abuse or neglect when it is reported or when there is probable cause to believe the incidents occurred. 42 U.S.C. §10805(a).

Process Indicators: Written policy & procedure. Staff and detainee interviews. Restrictive housing log.

SC-58 Sexual Abuse Prevention

Written policy & procedure requires that the facility provide information to detainees about sexual abuse/assault including:

- the facility's zero tolerance policy regarding sexual abuse
- the detainee's right to be free from sexual abuse during confinement
- prevention/intervention
- self-protection
- reporting sexual abuse/assault
- protection from retaliation for reporting sexual abuse
- treatment and counseling

The information is communicated orally and in writing, in a language clearly understood by the detainee, upon arrival at the facility.

Process Indicators: Written policy & procedure. Detainee handbook or other written material translated into relevant language. Intake logs and detainee sign-in sheets for orientation

SC-59 Sexual Abuse Screening

Written policy & procedure requires that detainees are screened during the intake process to assess their risk of being sexually abused by other detainees or sexually abusive to other detainees. Housing assignments are made accordingly.

COMMENTARY: Final PREA standards contain suggested criteria for screening detainees for risk of sexual abuse/victimization. www.ojp.usdoj.gov/programs/pdfs/prea_final_rule.pdf.

Process Indicators: Written policy & procedure. Screening records. Admission logs. Classification records.

SC-60 Investigation of Sexual Abuse Allegations

Written policy & procedure requires a criminal and/or administrative investigation to be conducted and documented whenever a sexual assault or threat is reported. The facility has a designated senior level employee who is responsible for developing, implementing, and overseeing compliance with the facility's sexual misconduct policy and coordinating the facility's response to sexual misconduct.

Process Indicators: Written policy & procedure required. Referral records. Investigative reports.

SC-61 Identification of Sexual Predators

Written policy & procedure provides that detainees with a history of sexually assaultive behavior are identified and monitored.

Process Indicators: Completed intake classification forms, history, and mental health assessments. Case records.

SC-62 Identification of At Risk Detainees

Written policy & procedure provides that detainees who have been or allege to have been sexually abused while in custody are identified, assessed by a mental health or other qualified professional, monitored, and counseled.

COMMENTARY: According to PREA, at risk detainees or potentially vulnerable detainees may include lesbian, gay, bisexual, transgender, intersex and gender nonconforming detainees on a case by case basis.

Process Indicators: Completed mental health assessments. Case records.

SC-63 Sexual Contact Prohibited

Written policy & procedure provides that sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and disciplinary sanctions as well as criminal prosecution.

Process Indicators: Written policy & procedure prohibiting sexual conduct with detainees. Detainee handbook. Documentation of staff awareness, e.g. annual in-service training curriculum.

SC-64 Victims of Sexual Assault

Written policy & procedure provides that victims of sexual assault are taken to the ER or other community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:

- a history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victims consent, the examination includes collection of evidence from the victim.
- provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate.
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- following the physical examination there is an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
- a report is made to the facility administrator or designee to assure separation of the victim from his or her assailant.

Process Indicators: Completed referral forms. Medical records. Classification records.

SC-65 Reporting Sexual Abuse

Written policy & procedure provides that detainees who are victims of sexual abuse have the option to report the incident to a staff member or a third party.

Process Indicators: Detainee handbook. Record of reports.

SC-66 Sexual Abuse Records

All care records associated with claims of sexual abuse, including incident reports, investigative reports, offender's information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained.

Process Indicators: Copies of case records detailing allegation of abuse. Medical and counseling reports.

SC-67 Protection from Abuse

Written policy & procedure provides that detainees are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage or harassment and that detainee property is protected.

Process Indicators: Written policy & procedure. Facility logs. Incident reports. Detainee interviews. Staff training records.

SC-68 Disabled Detainees

Written policy & procedure provides that detainees with disabilities, including mental health disabilities and temporary disabilities, are housed in a manner that provides for their safety and security. Housing used by detainees with disabilities, including temporary disabilities, is designed for their use. Program and service areas are accessible to detainees with disabilities who reside in the facility.

Process Indicators: Written policy & procedure. Detainee records. Observation. Interviews. Detainee health records.

SC-69 Open

SC-70 Detainee Education

Written disciplinary procedures governing detainee rule violations are provided to all detainees and address the following:

- rules
- minor and major violations and sanctions for each
- criminal offenses
- pre-hearing actions/investigation
- pre-hearing detention
- disciplinary detention for rule violation only after a hearing

Process Indicators: Detainee handbook. Detainee rules. Detainee and staff interviews.

SC-71 Open

SC-72 Detainee Criminal Conduct

Alleged criminal conduct by detainees is reported to the appropriate law enforcement agency.

Process Indicators: Incident reports. Documentation of referral.

SC-73 Disciplinary Reports

When rule violations require formal resolutions, written policy & procedure provides that staff members prepare a disciplinary report and forward it to the designated staff member.

Disciplinary reports include the following information:

- a) specific rule(s) violated
- b) a formal statement of the charge is given to the detainee within 24 hours
- c) any known witnesses provided by the detainee
- d) a short explanation of the event that transpired, the time and location of occurrence
- e) any physical evidence and its disposition
- f) any immediate action taken, including the use of force
- g) reporting staff member's name, date and time of report
- h) detainee's signature/initials accepting disciplinary hearing or refusal
- i) detainee's signature/initials confirming a hearing can be conducted in 24 hours or less

- j) senior hearing officer's written statement for the exclusion of detainee during hearing
- k) detainee is assisted with any barriers (language) he may have
- l) detainee has an opportunity to make a statement and present documentary evidence at the hearing
- m) findings report is done within 72 hours of the hearing (a copy is given to detainee)
- n) appeal request or accepting of findings
- o) detainee's appeal letter must be written within five (5) working days from the senior hearing officer's findings report
- p) Administrator or designee's response to the appeal letter shall be done within 15 days

When an alleged rule violation is reported, an investigation is begun within 24 hours of the time the violation is reported and is completed without delay, unless there are exceptional circumstances for prolonging the investigation. When an investigation or a hearing is postponed, documentation is needed. The disciplinary hearing shall be held within seven (7) days (excluding weekends and holidays). The hearing record and supporting documents are either kept in the detainee's file, in the disciplinary committee's file or the hearing officer's records. The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations.

An impartial person or committee conducts disciplinary hearings and their decisions are based solely on information obtained in the hearing process, including staff reports, the statements of the detainee charged, and the evidence derived from witnesses and documents.

COMMENTARY: Sometimes rule violations are the result of mental illness. Detainees known or suspected of having a mental illness should be screened to determine whether the rule violation is related to their mental illness. If the mental health professional concludes that mental illness was a mitigating factor, the facility should consider this in determining whether restrictive housing is an appropriate consequence.

Process Indicators: Completed disciplinary forms. Detainee records. Detainee interviews. Staff interviews. Documentation of review.

[SC-74 Open](#)

[SC-75 Open](#)

[SC-76 Open](#)

SC-77 Open

SC-78 Open

SC-79 Open

SC-80 Open

SC-81 Open

SC-82 Open

SC-83 Open

SC-84 Preservation of Evidence

Written policy & procedure govern all searches and preservation of evidence when a detainee is suspected of a new crime. Only the facility administrator or designee authorizes such searches unless immediate action is necessary; in such cases the facility administrator or designee is fully informed as soon as possible after the search.

Process Indicators: Written policy & procedure. Facility logs and records. Documentation of prior approval of searches.

SC-85 Officer Level Security Welfare Checks

- maximum/medium custody detainee cells and dayrooms will be monitored at least every 30 minutes on an irregular schedule
- general population detainees will be physically observed by an officer at least every 30 minutes on an irregular schedule.
- restricted Housing dayrooms will be monitored at least every 30 minutes on an irregular schedule.

Process Indicators: Written policy and procedure. Facility logs and records. Detainee interviews. Staff Interviews.

SC-86 Restricted Housing Detainees (Moved from ADM 26 Special Management Detainees)

Detainees in restrictive housing receive:

- daily visits from the shift supervisor
- weekly visits from the chief of security and fire safety-sanitation officer
- weekly visits from the facility administrator or next in command
- visits from licensed health care professionals three times per week, unless medical attention is needed more frequently

Process Indicators: Documentation of administrator/designee visits and health care visits.

Detainee interviews. Completed logs.

MEDICAL/MENTAL HEALTH

MM-01 Health Authority

The facility has a designated health authority with responsibility for health care services. Such responsibilities include:

- establishing a mission statement that defines the scope of health care services
- assuring that the scope of services is defined and properly monitored
- developing facility operational health policies and procedures
- identifying the types of health care providers needed to provide the determined scope of services
- establishing systems for the coordination of care among multidisciplinary health care providers

The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician or other qualified medical/mental health care provider.

COMMENTARY: Qualified medical/mental health care provider includes certain certified nurse practitioners who can practice independently and prescribe medication (NMSA 1978 § 61-3-23.2). Certain psychologist who have completed specific courses and certifications can also prescribe medication under the supervision of a physician (NMSA § 61-9-17).

Although this standard does not prescribe specific staffing requirements some on site medical staff will be required to provide the medical and mental health services described in this section. For small jails (200 detainees or less) at least a part-time RN or a nurse practitioner/physician's assistant (NP/PA) should be on-site at least three days per week. For medium jails (200-500 detainees) at least a part-time nurse practitioner/physician's assistant (NP/PA) should be on-site at least three days a week at a minimum. Medium size jails should also have at least one nurse on the day shift seven days per week and should at least have a part-time mental health counselor and a contract psychiatrist available to see patients on psychotropic medications monthly. Patients can be seen by the psychiatrist via telemedicine when there is sufficient on site staff to prepare and manage the session.

Process Indicators: Documentation of health authority designation. Contract. Billing records. Interviews. Documentation of mission statement, operational policies and procedures, scope of services and required personnel, coordination of care, and a quality management program.

MM-02 Personnel Qualifications

Facility health care services are provided by qualified health care personnel whose duties and responsibilities are governed by job descriptions that include qualifications and specific duties and

responsibilities. Job descriptions are on file in the facility and are approved by the health authority. All healthcare personnel who provide services to detainees are appropriately credentialed according to licensure, certification, and registration requirements of the jurisdiction. Verification of current credentials is on file in the facility.

If detainees are treated at the facility by health care personnel other than a clinician, the care is provided pursuant to direct orders by personnel authorized by law to give such orders. All prescription medications require a direct order by a licensed provider. Health care personnel may only perform duties consistent with their credentials and training. Nurses utilize protocols appropriate to their skill and training. Nursing protocols are developed and reviewed annually by the responsible physician.

Process Indicators: Copies of credentials of licensure. Documentation of compliance with orders. Health record entries. Job descriptions signed by the health authority and employee. Interviews, observation and training records.

MM-03 Health Trained Custody Personnel

Health-trained personnel may coordinate routine health delivery services under the joint supervision of the responsible health authority and facility administrator, when qualified health care personnel are not on duty.

Process Indicators: Health records. Observation. Interviews. Training records.

MM-04 Quality Improvement (New Standard)

A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility. At a minimum the CQI program includes quarterly meetings of the multi-disciplinary quality improvement committee established by the responsible health care authority and quarterly reports.

Process Indicators: Written policy and procedure, CQI quarterly meeting minutes.

MM-05 Confidentiality

A health record file is maintained for all detainees. All health records will be maintained in accordance with HIPAA regulations.

Information about a detainee's health status is confidential and must be maintained at all times. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law. The administration should be informed of any special precautions necessary to protect detainee or staff health, and special needs for classification to consider when making housing, program, and work assignments.

COMMENTARY: Medical records for detainees with previous arrests should be consolidated into a single file so the facility has access to a detainee's medical history. The intake screening form should be made part of the medical record. Medical records must be maintained in a

confidential file system separate from the detainee confinement files.

Special precautions include masks and gloves, etc. Classification staff should be informed of any special needs they should take into consideration in making housing, program, and work assignments (e.g., bottom bunk, bottom tier, lifting restrictions, temperature, etc.).

Process Indicators: Observation of facility medical & confinement records. Evidence that medical records are in a secure area and protected by double lock. Interviews.

MM-06 Privacy

Health care encounters, including medical and mental health screening, interviews, examinations, and procedures are conducted in a setting that respects the detainees' privacy.

Process Indicators: Observation. Interviews. Written policies and procedures.

MM-07 Health Records

A single consolidated health record file is maintained for all detainees. All health records are maintained in accordance with HIPAA regulations.

COMMENTARY: Medical records for detainees with previous arrests should be consolidated into a single file so the facility has access to a detainee's medical history. The intake screening form should be a part of the medical record. Medical records must be maintained in a confidential file system separate from the detainee confinement files.

Process Indicators: Health records. Completed forms. Interviews.

MM-08 Transfers

Written policy & procedure requires non-emergency detainee transfers to include the following:

- summaries, originals, or copies of the health record accompany the detainee to the receiving facility; health conditions, treatments, and allergies are included in the record
- confidentiality of the health record
- determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
- written instructions regarding medication or health interventions required en route for transporting officers separate from the health record
- specific precautions to be taken by transportation officers, including standard precautions and the use of masks and/or gloves

A medical summary sheet is required for all transfers to maintain continuity of care. Information included does not require a release of information form.

Process Indicators: Written policy & procedure. Health records. Completed forms. Observation. Interviews.

MM-09 Inactive Records

Inactive health record files are retained for at least ten (10) years from date of last release [1.19.5.110 NMAC].

Process Indicators: Observation of inactive health record files, interview of staff.

MM-09-A Detainee Release of Medical Information

Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization by the detainee.

Process Indicators: Completed facility request and detainee authorization forms. Interview of staff.

MM-10 Quarterly Meetings and Statistical Reports

The health authority meets with the facility administrator at least quarterly and submits quarterly reports. The report addresses topics such as the effectiveness of the health care system (including mental health services), a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The health authority immediately reports any condition that poses a danger to staff or detainee health and safety.

Quarterly statistical reports are prepared and include, at a minimum: data on the length of time it takes for detainees to receive care for issues they request to be addressed, the use of health care services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions, if applicable, on-site or off-site hospital admissions, serious injuries or illnesses, detainees on psychotropic medications, deaths, and off-site medical transports. Reports are submitted to, and reviewed by, the health authority and facility administrator

Process Indicators: Quarterly reports and statistics. Documentation of meetings. Meeting minutes. Interviews.

MM-11 Open

MM-12 Open

MM-13 Open

MM-14 Access to Care

When medical co-payment fees are imposed, the program ensures:

- all detainees are advised in writing, at the time of admission to the facility, of the guidelines of the co-payment program
- co-payment fees are waived when appointments or services, including follow-up

appointments, are initiated by medical staff

COMMENTARY: The use of co-pays cannot be a barrier to medical/mental health services. Detainees are not denied access to health care due to inability to pay co-payment.

Process Indicators: Copayment program description. Interviews. Financial records.

MM-15 Clinical Services

There is a process for all detainees to initiate requests for medical/mental health services on a daily basis. These requests are triaged daily by health personnel or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to detainees in a clinical setting and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all detainees.

COMMENTARY: The highest level nursing staff available should triage detainees' health care requests. In small jails without health staff, a health trained liaison officer should review the requests and call a health professional with any questions. Detainees requesting medical services should be seen for routine matters within 48 hours of the request and within 72 hours on weekends.

Process Indicators: A health record. Sick call/triage forms or logs. Clinical provider schedules. Observation. Interviews.

MM-16 Continuity of Care

Detainees identified as having long term or potentially serious conditions are referred to community resources as medically indicated upon release.

Process Indicators: Completed referral forms. Health records. Facility logs. Interviews.

MM-17 Referrals

Detainees who need health care beyond the resources available in the facility are transferred under appropriate security provisions to a facility where such care is available.

Process Indicators: Health records. Completed referral consult records. Transportation logs. Interviews.

MM-18 Treatment Plan

There is a treatment plan for detainees who require close medical or mental health supervision, including chronic and convalescent care.

COMMENTARY: This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the detainee, and is approved by the appropriate licensed physician, dentist, mental health personnel or other health care personnel for each detainee.

Process Indicators: Review of treatment plans. Health records. Interviews.

MM-19 Emergency Medical Services

Written policy & procedure provides for 24-hour emergency medical and mental health services. Services include the following:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the detainee from the facility
- emergency on-call physician/certified nurse practitioner and mental health professional services are available 24 hours per day, when the emergency health facility is not located in a nearby community
- security procedures ensure the immediate transfer of detainees, when appropriate

Process Indicators: Written policy & procedure. Designated emergency health facility. Provider lists. Transportation logs. Interviews.

MM-20 Infirmary Care

If infirmary care is provided onsite, it includes the following:

- definition of the scope of infirmary care services available
- a physician/certified nurse practitioner on call or available 24 hours per day
- health care personnel have access to a physician or a registered nurse and are on duty 24 hours per day when patients are present
- all detainees/patients are within sight or sound of health care personnel
- an infirmary care manual that includes nursing care procedures
- compliance with applicable state statutes and local licensing requirements.

COMMENTARY: Not all facilities have infirmary care services. Infirmary care refers to acute medical care that is provided to a detainee that would otherwise be delivered in an inpatient hospital setting.

Process Indicators: Admission and inpatient records. Staffing schedules. Documentation of compliance with licensing requirements and regulations. Observations. Interviews.

MM-21 Pregnancy Management

Pregnant detainees receive prenatal and postpartum care as determined necessary by a clinician.

COMMENTARY: If female detainees are housed, the facility provides access to the following pregnancy management services:

- pregnancy testing
- routine and high-risk prenatal care
- management of chemically addicted pregnant detainees
- counseling and assistance
- appropriate nutrition
- postpartum follow-up

- lactation management

Process Indicators: Health record entries. Laboratory records. Interviews.

MM-22 Disease and Infection Exposure Control Program

The facility has a written plan, approved by the health authority, which addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, medical seclusion (when indicated), and reporting requirements to applicable local, state, and federal agencies.

COMMENTARY: A multidisciplinary team that includes clinical, security, and administrative representatives' meets at least quarterly to review and discuss communicable disease and infection control activities. The facility works with the responsible public health authority to establish policies and procedures that include the following: an ongoing education program for staff and detainees; control, treatment, and prevention strategies, which may include screening and testing, special supervision, or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

Process Indicators: Written facility plan. Health records. Laboratory, x-ray reports, and logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-23 Universal Precautions

The facility has a written plan that addresses the management of bloodborne and airborne pathogens and body fluid(s), including tuberculosis.

The plan shall include the following:

- procedures for initial and ongoing testing of detainees for infection including laboratory and/or diagnostic tests to detect tuberculosis in the 14 day health appraisal,
- treatment, including treatment of latent tuberculosis,
- follow-up, and medical seclusion when indicated
- standard precautions
 - surveillance procedures,
 - data collection,
 - decontamination,
 - use of disposable equipment,
 - access to immunization,
 - plan for addressing active infectious disease
- test for tuberculosis for all new detainee contact staff upon hire and annually thereafter
- infection control training for staff
- infection control information for detainees with job assignments exposing them to biohazard risk.

Process Indicators: Written plan. Health records. Laboratory, x-ray reports, and logs. Chronic care

forms and clinic visit logs. Minutes of communicable disease and infection control committee meetings. Interviews

MM-24 Hepatitis A, B & C

The facility has a written plan that addresses the management of hepatitis A, B, and C. The plan includes:

- procedures for the identification and surveillance,
- Hepatitis B immunization is offered to all staff,
- treatment when medically indicated,
- follow-up and isolation when indicated for Hepatitis A only.

COMMENTARY: NMDOH has responsibility for providing support and supplies in the area of communicable disease and prevention. Facilities can and should collaborate with the NMDOH whenever possible to obtain vaccinations and other support.

Process Indicators: Written Plan. Health records. Laboratory, x-ray reports, and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews

MM-25 MRSA

There is a written plan that addresses management of MRSA. The plan includes procedures for the identification, surveillance, treatment, follow-up, and medical seclusion when medically indicated. The plan also provides for staff and detainee education regarding MRSA identification and prevention.

Process Indicators: Written plan. Health records. Laboratory reports and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-26 HIV

There is a written plan that addresses management of HIV infection. The plan includes procedures for identification, surveillance, and treatment.

Process Indicators: Written plan. Health records. Laboratory, x-ray reports, and logs. Chronic care forms and clinic visit logs. Minutes of communicable disease and infection control committee meeting. Interviews.

MM-27 Biohazardous Waste

Management of biohazardous waste and decontamination of medical and dental equipment complies with applicable local, state and federal regulations.

Process Indicators: Documentation of waste pick up, spore count logs, and/or cleaning logs.

MM-28 Chronic Care

Detainees with chronic conditions such as hypertension, diabetes, and other diseases, receive periodic care and treatment that includes:

- monitoring of medications
- laboratory and diagnostic testing
- use of chronic care clinics
- specialist consultation and review

Process Indicators: Health records. Chronic care logs. Specialist's schedules. Quarterly CQI reports.

MM-29 Dental Care

Emergency dental care is provided to each detainee under the direction and supervision of a licensed dentist. There is a defined scope of available dental services which includes the following:

- a dental screening conducted within 14 days of admission.
- treatment of dental pain and infection.
- consultation and referral to dental specialists, including oral surgery, when necessary.

COMMENTARY: Dental screening may be performed by any health care personnel.

Process Indicators: Dental records. Admission logs. Referral and consultation records. Dental request forms. Dental interviews with staff.

MM-30 Medical Intake Screen

Intake medical/mental health screening for detainees commences within two hours from the detainee's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority.

The screening includes:

Inquiry into:

- current medications
- current and past illnesses and health problems including communicable and chronic diseases
- dental pain, swelling or functional impairment
- use of alcohol and other drugs including potential need for detoxification
- the possibility of pregnancy
- past or current mental illness including hospitalization
- suicidal risk assessment
- cognitive or physical impairments

Observation of the following:

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating

- body deformities and other physical abnormalities
- ease of movement
- condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug use

Medical disposition of the detainee:

- refusal of admission until detainee is medically cleared
- cleared for general population
- cleared for general population with prompt referral to appropriate health care service
- referral to appropriate health care service for emergency treatment

Detainees, who are unconscious, semiconscious or otherwise obviously in need of immediate medical attention, are refused and referred to the hospital. When detainees are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by health trained custody staff, a subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with the detention administrator, establishes protocols.

COMMENTARY: Arrivals include transfers between facilities.

Process Indicators: Health records. Completed screening forms. Transfer logs. Interviews.

MM-31 Fourteen (14) Day Health Appraisal

A comprehensive health appraisal for each detainee is completed within 14 days after arrival at the facility unless a health appraisal has been completed within the previous 90 days. Health appraisal includes the following:

- a uniform process as determined by the health authority
- review of the intake screening
- collection of additional data to complete the medical, dental, mental health, and immunization histories
- laboratory and/or diagnostic tests to detect communicable disease, including venereal disease when indicated and tuberculosis
- recording of height, weight, pulse, blood pressure, and temperature
- other tests and examinations as appropriate
- medical examination, including review of mental and dental status
- review of the results of the medical examination, tests, and identification of problems by a physician, certified nurse practitioner, or other qualified health care personnel, as required by the Medical Practice Act [NMSA 1978 §61-6-1 et seq.], to be included within 14 days
- initiation of therapy when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

COMMENTARY: Health assessments must be performed by certified nurse practitioner, physician's assistant, or physician, or a trained RN under physician supervision.

Process Indicators: Health records. Completed health appraisal forms. Interviews.

MM-32 Health Appraisal Data Collection

Health appraisal data collection and recording includes the following:

- a uniform process as determined by the health authority
- health history and vital signs collected by health care personnel
- collection of all other health appraisal data performed only by health care personnel
- review of the results of the medical examination, tests and identification of problems is performed by a physician or mid-level practitioner, as allowed by law

Process Indicators: Health records.

MM-33 Mental Health Intake Screen

All detainees receive an initial mental health screening within two hours of arrival at the facility by health trained personnel or qualified mental health personnel. The mental health screening includes:

Inquiry into whether the detainee:

- has a present suicidal ideation
- has a history of violent behavior
- has a history of suicidal behavior
- has a history of sexual abuse-victimization and predatory behavior
- is presently prescribed psychotropic medication
- has a current mental health complaint
- is being treated for mental health problems
- has a history of inpatient and outpatient psychiatric treatment
- is oriented to person, place and time
- has a history of treatment for substance abuse
- has a history of cerebral trauma or seizures

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of detainee:

- cleared for general population
- cleared for general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

COMMENTARY: In order to get a more complete picture of the detainee's mental health status, staff conducting the mental health intake screen should also ask the arresting/transporting officer about any unusual/pertinent behavior on the part of the detainee prior to arrival at the facility.

Process Indicators: Mental health screening form. Health records. Completed mental health intake screening forms. Transfer logs. Interviews

MM-34 Fourteen (14) Day Mental Health Appraisal

Detainees who are referred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health professional within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include:

- assessment of current mental status and condition
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person-specific circumstances that increase violence potential
- review of available historical records of inpatient and outpatient psychiatric treatment
- review of history of treatment with psychotropic medication
- review of history of psychotherapy, psycho-educational groups, and classes or support groups
- review of history of drug and alcohol treatment
- review of educational history
- review of history of sexual abuse-victimization and predatory behavior
- assessment of drug and alcohol abuse and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Process Indicators: Mental health appraisal policy. Health records. Completed health appraisal forms. Transfer logs. Interviews

MM-35 Mental Health Referrals

Detainees who require additional mental health services beyond those available on site are referred to an appropriate facility.

COMMENTARY: Crisis intervention services should be available or on-call 24 hours seven days a week.

Process Indicators: Health records. Completed mental health appraisal forms. Transfer logs. Interviews

MM-36 Suicide Prevention and Intervention

The facility has a suicide prevention program that includes specific procedures for:

- screening and identification of suicide-prone detainees
- supervising, housing and monitoring
- referral and treatment
- critical incident debriefing by administration, security, and health services

All staff with responsibility for detainee supervision are trained during the initial orientation and on an annual basis in the implementation of the suicide prevention program. Training includes but is not limited to:

- identifying the warning signs and symptoms of impending suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- responding to suicidal and depressed detainees
- communication between detention and health care personnel
- using referral procedures
- housing observation and suicide watch level procedures and documentation
- follow-up monitoring of detainees who make a suicide attempt

COMMENTARY: Cut down tools (aka seat belt cutters) should be readily available throughout the facility.

Process Indicators: Written suicide prevention program. Health records. Documentation of staff training. Documentation of suicide watches and critical incident debriefings. Observations. Interviews.

MM-37 Security Garments

When standard issued clothing presents a security or medical risk, the detainee is supplied with a security garment that promotes detainee safety and prevents humiliation and degradation.

Process Indicators: Documentation of security garment use. Interviews.

MM-38 Prostheses and Orthodontic Devices

When the health of the detainee would otherwise be adversely affected, security staff and qualified medical personnel determine whether the detainee may be permitted to retain their medical or dental adaptive device.

Process Indicators: Health records. Interviews. Written policy and procedure. Clearance form.

MM-39 Detoxification

Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Detainees experiencing severe, life-threatening intoxication, overdose or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

Process Indicators: Facility detoxification policy. Health records. Nursing protocols approved by

the responsible physician. Transfer records. Interviews. Emergency logs.

MM-40 Pharmaceuticals

Management of pharmaceuticals includes:

- a formulary
- a formalized method for obtaining non-formulary medications
- prescription practices, including, requirements that medications are prescribed only when clinically indicated, and a prescribing provider reevaluates a prescription prior to its renewal
- medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances
- administration and management in accordance with state and federal law and supervision by properly licensed personnel
- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner and according to physician orders
- the formulary should include all prescription and nonprescription medications stocked in a facility or routinely procured from outside sources.

COMMENTARY: Quarterly, a contract pharmacist visits the facility to ensure medications are properly stored, handled, and disposed of. In facilities where health trained personnel distributes prescription medications, the contract pharmacist provides training in passing and documenting medications.

Process Indicators: Written prescription medication policy. Pharmaceutical Board certification. Health records. Completed medication administration, inventory, and storage forms. Documentation of compliance with federal and state law. Training records.

MM-41 Timely Provision of Medications

Written facility policy and procedure provides for timely identification and continuation or adjustment of detainees' current prescription medication for serious health conditions.

COMMENTARY: Only qualified clinicians may modify prescribed medication.

MM-42 Nonprescription Medication

When detainees have nonprescription medications available outside of health services, the items and access are approved jointly by the facility administrator and the health authority.

Process Indicators: Commissary or canteen items. Documentation of health authority and administrator approval. Interviews.

MM-43 Medical Autonomy

Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.

COMMENTARY: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the responsible clinician determines what services are needed; the official responsible for the facility provides the administrative support for making the services accessible to detainees. However, the prohibition on overruling clinical judgement does not apply when the non-clinician is acting to obtain a higher level of care.

Process Indicators: Health record entries. Detainee grievances. Interviews.

MM-44 Open

MM-45 Informed Consent

The facility has a written plan for informed consent of detainees in a language understood by the detainee. New Mexico informed consent standards are observed and documented for detainee care. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any detainee may refuse, in writing, medical, dental, and mental health care. If the detainee declines to sign the refusal form, it must be signed by at least two witnesses. The form must then be reviewed by qualified health care personnel and retained in the detainee's medical file. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.

COMMENTARY: Any detainee who has not been adjudicated to be incapable of informed consent may refuse non-emergency medical and mental health care. Absent informed consent in non-emergency situations, a court order is required before involuntary medical treatment can be administered to a detainee. NMSA 1978 § 43-1-15.

Process Indicators: Written plan. Health records. Completed consent forms. Completed refusal forms. Interviews.

MM-46 Involuntary Administration

Forced psychotropic medication is only employed when a licensed physician believes that the administration of psychotropic medication is necessary to protect the detainee from serious harm that would occur while a court is petitioned for appointment of a treatment guardian. Involuntary administration of psychotropic medication(s) to detainees complies with NMSA 1978 § 43-1-15. When administered, the following conditions must be met:

- administration is authorized by a physician
- less restrictive intervention options have been exercised without success as determined by the responsible physician or psychiatrist
- the physician or psychiatrist specifies why, when, where, and how the medication is to be administered
- the detainee is monitored for adverse reactions and side effects
- treatment plans are prepared for less restrictive treatment alternatives as soon as possible
- the treating physician prepares and places in the detainee's medical file a report explaining the nature of the emergency and the reason that no treatment less drastic than administration of psychotropic medication without proper consent would have protected the detainee from serious harm.

Process Indicators: Forced psychotropic medication policy. Health records. Interviews. Petitions for treatment guardianship.

MM-47 Use of Restraints

Written policy & procedure identifies which health care personnel or mental health personnel may authorize the use of restraints on detainees for medical or psychiatric purposes. Orders authorizing medical restraints must specify:

- types of restraints to be applied
- the name of the qualified health care personnel or mental health personnel who authorized the restraints
- description of efforts to use less restrictive alternatives
- basis for clinician's conclusion that less intrusive measures would not be successful
- monitoring procedures
- when, where, how, and for how long restraints may be applied
- an after-incident review
- measures taken to remove the restraints as soon as possible

COMMENTARY: Hogtying is prohibited.

Process Indicators: Written policy & procedure. Health records. Restraint logs. Completed monitoring forms. List of providers authorized to order restraints. Interviews.

DETAINEE PROGRAM

IP-01 Programs and Services

Detainee programs, services and counseling are available, consistent with community standards

and resources.

Process Indicators: Activity schedules. Facility logs. Detainee interviews. Observation.

IP-02 Postage for Indigent Detainees

Written policy & procedure provides that indigent detainees receive:

- articles that are necessary for maintaining proper personal hygiene (available to all detainees)
- a specified postage allowance to maintain community ties, and necessary postage for legal correspondence.
- defines indigence and provides the detainees' access to health care programs, services and activities are not precluded by inability to pay

Process Indicators: Written policy & procedure. Documentation of postage provided to indigent detainees

IP-03 Non-Confidential Personal Mail

Written policy & procedure provides that detainee mail, both incoming and outgoing, may be opened to intercept cash, checks, money orders, and contraband. Non privileged mail is read, censored, or rejected when there is a valid safety or security reason. Detainees are notified in writing when incoming or outgoing letters are withheld in part or in full.

Process Indicators: Written policy & procedure. Mail logs and records. Documentation of justification for censoring or rejecting mail. Documentation that detainees are notified when mail is withheld. Detainee interviews. Observation.

IP-04 Confidential or Privileged Mail

Detainees are permitted to send sealed letters to: courts, counsel, officials of the confining authority, state and local chief executive officers, administrators of grievance systems, Protection and Advocacy, and members of the paroling authority. Staff, in the presence of the detainee, may inspect outgoing privileged mail for contraband before it is sealed. Mail to detainees from the above list of persons and organizations may be opened only to inspect for contraband and only in the presence of the detainee, unless, waived in writing, or in circumstances which may indicate contamination.

COMMENTARY: Suspicious mail may include packages and letters unusual in appearance or which appear different from mail normally received or sent by the individual; packages and letters of a size or shape not customarily received or sent by the individual; packages and letters with a city and/or state postmark that is different from the return address; or packages and letters leaking, stained or emitting a strange or unusual odor, or which have a powdery residue.

Process Indicators: Written policy & procedure governing the handling of detainee mail. Observation. Staff and detainee interviews. Mail records and logs.

IP-05 Telephone Access

Detainees are provided with access to reasonably priced telephone service. Detainees with hearing and/or speech disabilities and detainees who wish to communicate with individuals who have such disabilities are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.

Process Indicators: Observation. Detainee interviews. Telephone service contract.

IP-06 Exercise and Recreation

Written policy & procedure requires that general population detainees have access to exercise opportunities and/or leisure time activities, including at least one-hour daily of physical exercise outside the cell. Restrictive housing detainees are offered exercise opportunities and/or leisure time activities outside the cell at least two hours per day, seven days a week.

Process Indicators: Written policy & procedure. Facility records and logs. Detainee interviews. Observation.

IP-07 Religious Programs

Detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith subject to availability in the community and those limitations necessary to maintain facility security. Providers of religious services have access to the facility and are not denied solely on the basis of faith group membership.

Process Indicators: Documentation of detainee religious activities. Documentation of reasons for limitations. Chaplain interviews. Detainee interviews.

IP-08 Commissary

A detainee commissary or canteen is available from which detainees can purchase approved items that are not furnished by the facility. The commissary/canteen's operations are strictly controlled using standard accounting procedures.

Process Indicators: Commissary records & product list. Budgets.

IP-09 Library Services

Written policy & procedure describes library services that are available to all detainees.

Process Indicators: Written policy & procedure. Observation. Detainee interviews.

IP-10 Detainee Access to Courts

Written policy & procedure assures detainees have access to courts.

Process Indicators: Written policy & procedure. Facility logs. Detainee interviews. Attorney interviews.

IP-11 Detainee Access to Counsel

Written policy & procedure assures detainee access to counsel. Detainees are assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, telephone communications, uncensored correspondence, and visits.

Process Indicators: Written policy & procedure. Detainee interviews. Facility log. Attorney interviews. Observation.

IP-12 Detainee Access to Legal Materials

Written policy & procedure assures detainees have access to criminal, civil and administrative legal materials.

COMMENTARY: Access to legal materials includes reasonable opportunities to prepare and copy legal documents, copies of unique forms, copying services, and provision of sufficient legal research materials. Detainees should also have access to notary public services.

Process Indicators: Written policy & procedure. Inspection of legal materials. Observation. Facility logs. Detainee interviews.

IP-13 Open

IP-14 Grievance Procedure (Reinstated 10.11.18)

A written grievance procedure is made available to inmates and includes at least one level of appeal.

A grievance procedure is an administrative means for the expression and resolution of inmates' problems. The facility's grievance mechanism should include provisions for the following:

1. Written responses to all grievances, including the reasons for the decision;
2. Response within a prescribed reasonable time limit, with special provisions for responding to emergencies;
3. Advisory review of grievances;
4. Participation by staff and inmates in the design and operation of the grievance procedure;
5. Access by all inmates, with guarantees against reprisal;
6. Applicability over a broad range of issues;
7. Resolving questions of jurisdiction

Process Indicators: Written grievance procedure. Grievance records and logs. Detainee Interviews.

IP-15 Discrimination Prohibited

Written policy & procedure provides that there is no discrimination regarding administrative decisions or program access based on a detainee's race, religion, national origin, gender, gender identity, sexual orientation, veteran status, age, or disability.

Process Indicators: Written policy & procedure. Detainee interviews. Facility program records. Grievances.

IP-16 Disabled Detainees

Detainees with disabilities are provided with the accommodations necessary to perform self-care and personal hygiene in a reasonably private environment.

Process Indicators: Observation. Detainee interviews.

IP-17 Opioid Overdose Prevention

Written policy and procedure provides that detainees receive with opioid overdose education that explains the causes of an opioid overdose, instructs when and how to administer life-saving rescue techniques and opioid antagonists, and explains how to contact appropriate emergency medical services. NMSA 1978 §33-2-51

Process Indicators: Written policy. Training logs. Training documentation.

GLOSSARY

Clinicians	Persons qualified to assess, evaluate, and treat patients according to the dictates of their professional practice act. These may include physicians, physician assistants, nurse practitioners, dentists, psychiatrists, and social workers.
Direct Supervision	A method of detainee management that ensures continuing direct contact between detainees and staff by posting an officer(s) inside each housing unit. Officers in general housing units are not separated from detainees by a physical barrier. Officers provide frequent, nonscheduled observation of and personal interaction with detainees.
Health Authority	The health administrator, or agency, responsible for the provision of health care services at a detention facility; the responsible physician may be the health authority.
Health Care Personnel	Individuals whose primary duty is to provide health services to detainees in keeping with their respective levels of health care training or experience.
Health Trained Personnel	Detention officers or other detention personnel who are trained and appropriately supervised to carry out specific duties with regard to the administration of health care.
Infirmatory care	acute medical care that is provided to a detainee that would otherwise be delivered in an inpatient hospital setting.
Mental Health Personnel	Individuals whose primary duty is to provide mental health services to detainees in keeping with their respective levels of education, experience, training and credentials.
Mental Health Professional	Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
Perpetual Inventory	An ongoing inventory.
Qualified Staff Member	An individual who has received specialized training in the specific discipline that the standard references.
Restrictive Housing	The confinement of a detainee to an individual cell that is

separated from the general population. There are five forms of restrictive housing: administrative restrictive housing, disciplinary detention, protective custody, medical, and detainees with a risk of sexual victimization or predatory behavior.

Restrictive Housing Detainees

Individuals who present a serious threat to the safety and security of the facility, staff, general detainee population, or themselves. Special handling and/or housing may be required.

Special Needs

A mental and/or physical condition that requires different accommodations or arrangements than a general population offender or juvenile normally would receive. Offenders or juveniles with special needs may include the emotionally disturbed, developmentally disabled, mentally ill, physically handicapped, chronically ill, pregnant, the disabled or infirm, and the drug or alcohol addicted. Being a juvenile offender in an adult detention facility may also constitute a special need.