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**Sent:** Wednesday, December 13, 2023 10:48 AM

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**Subject:** [EXTERNAL] 7.30.13.24 Risk Assessment CTC Regulations Requested Change

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On behalf of the Dona Ana County Crisis Triage Center, are asking to make an adjustment to the CTC Regulations under [7.30.13.24](#) Risk Assessment. We would ask that letters B & I be amended as noted below in blue:

**[7.30.13.24](#) RISK ASSESSMENT:**

**A.** The CTC shall develop policies and procedures addressing risk assessment and mitigation including, but not limited to: assessments, crisis intervention plans, treatment, approaches to supporting, engaging, and problem solving, staffing, levels of observation and documentation. The policies and procedures must prohibit seclusion and address physical restraint, if used, and the CTC's response to clients that present with imminent risk to self or others, assaultive and other high-risk behaviors.

**B.** Use of seclusion is prohibited [unless the organization is Joint Commission accredited](#). The use of physical restraint must be consistent with federal and state laws and regulation.

**C.** Physical restraint, as defined in these regulations, shall be used only as an emergency safety intervention of last resort to ensure the physical safety of the client and others, and shall be used only after less intrusive or restrictive interventions have been determined to be ineffective.

**D.** Physical restraint shall not be used as punishment or for the convenience of staff.

**E.** Physical restraint are implemented only by staff who have been trained and certified by a CYFD or HSD recognized program in the prevention and use of physical restraint. This training emphasizes de-escalation techniques and alternatives to physical contact with clients as a means of managing behavior and allows only the use of reasonable force necessary to protect the client or other person from imminent and serious physical harm. Clients and youth do not participate in the physical restraint of other clients and youth.

**F.** Crisis intervention plans must document the use of physical restraints and address: the client's medical condition(s); the role of the client's history of trauma in his/her behavioral patterns; specific suggestions from the client regarding prevention of future physical interventions.

**G.** All clients physically restrained shall be afforded full privacy away from other clients receiving services.

**H.** A chemical restraint shall not be utilized under any circumstance. A chemical restraint is a drug or medication when it is used as a restriction to manage the client's behavior or restrict the client's freedom of movement, and is not a standard treatment or dosage for the client's condition. If a drug or medication is used as a standard treatment to address the assessed current symptoms and needs of a client with a particular medical or psychiatric condition, its use is not considered a chemical restraint.

**I.** Mechanical restraint shall not be utilized under any circumstances [unless the organization is Joint Commission accredited](#). Mechanical restraint is the use of a mechanical device(s) to physically restrict a client's freedom of movement, performance of physical activity or normal access to his or her body and is distinct from physical restraint.

**J.** The staff implementing the physical restraint shall conduct a debriefing, with the client present if possible, immediately following the incident to include the identification of the precipitating event, unsafe behavior and preventive measures with the intent of reducing or eliminating the need for future physical restraint. The debriefing shall be documented in the client's record.

**K.** The client's crisis intervention plan shall be updated: within 24 hours of admission or prior to discharge, whichever comes first; and following physical restraint use to incorporate the debriefing and changes

needed to lessen the chance of the situation reoccurring.

**L.** Each incident of physical restraint shall be documented in the client's record including:

- (1) the less intrusive interventions that were attempted or determined to be inappropriate prior to the incident;
- (2) the precipitating event immediately preceding the behavior that prompted the use of physical restraint;
- (3) the behavior that prompted the use of a physical restraint;
- (4) the names of the mental health professional who observed the behavior that prompted the use of the physical restraint;
- (5) the names of the staff members implementing and monitoring the use of physical restraint; and
- (6) a description of the of the physical restraint incident, including the type and length of the use of physical restraint, the client's behavior during and reaction to the physical restraint and the name of the supervisor informed of the use of physical restraint.

**M.** Physical restraints orders are issued by a restraint/clinician within one hour of initiation of physical restraint and include documented clinical justification for the use of physical restraint.

- (1) if the client has a treatment team physician or advanced practice registered nurse and he or she is available, only he or she may order physical restraint;
- (2) if physical restraint is ordered by a restraint clinician, not the client's treatment team physician or advanced practice registered nurse, the restraint clinician will contact the client's treatment team physician or advanced practice registered nurse as soon as possible to inform him or her of the situation requiring the physical restraint, and document in the client's record the date and time the treatment team physician or advanced practice registered nurse was consulted and the information imparted;
- (3) if the order for physical restraint is verbal, the verbal order must be received by a restraint/clinician or a New Mexico licensed registered nurse (RN) or practical nurse (LPN). The restraint/ clinician must verify the verbal order in a signed, written form placed in the client's record within 24 hours after the order is issued;
- (4) each order for physical restraint must be documented in the client's record and must include:
  - (a) the name of the restraint/clinician ordering the physical restraint;
  - (b) the date and time the order was obtained;
  - (c) the emergency safety intervention ordered, including the length of time;
  - (d) the time the emergency safety intervention began and ended;
  - (e) the time and results of one-hour assessment(s), if ordered;
  - (f) the emergency safety situation that required the client to be physically restrained; and
  - (g) the name, title, and credentials of staff involved in the emergency safety intervention.

**N.** Suicide risk interventions must include the following:

- (1) a registered nurse or other licensed mental health professional may initiate suicide precautions and must obtain physician or advanced practice registered nurse order within one hour of initiating the precautions;
- (2) modifications or removal of suicide precautions shall require clinical justification determined by an assessment and shall be ordered by a physician or advanced practice registered nurse and documented in the clinical record;
- (3) staff and client shall be debriefed immediately following an episode of a suicide attempt or gesture, identifying the circumstances leading up to the suicide attempt or gesture;
- (4) an evaluation of the client by a medical, psychiatric or independently licensed mental health provider must be done immediately, or the client must be transferred to a higher level of care immediately.

[7.30.13.24 NMAC - N, 10/30/2018]

We are requesting the above listed changes to best create a safe recovery environment for all guests and staff. Allowing for seclusion and/or mechanical restraints, only when clinically indicated and overseen by Joint Commission, helps reduce the risk of the individual harming themselves and/or staff members on site. This also allows the individual time to de-escalate in a safe environment. This

change will help create safer environments for all of those working and receiving services at the CTCs similar to hospitals, which are also Joint Commission accredited.

Thank you for your consideration.

**Jamie Michael**

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