



Juvenile Justice Services (JJS) Policies and Procedures (P&P)

Title Incident Review Committees (IRCs)

Category Safety and Emergency Operations

Procedure # P.05.20 B

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1 Overview Statement

- 1.1 JJS is committed to client and employee safety during the application of use of force.
- 1.2 To ensure clients are restrained appropriately and safely and employees maintain professionalism, JJS establishes Incident Review Committees (IRCs) to review all use of force incidents.
- 1.3 The incident review process is designed to ensure that use of force is restricted to justifiable circumstances per JJS policy (NMAC 5.24.22) and implemented per JJS procedure (P.05.22 Use of Force) and the Handle with Care (HWC) protocols.
- 1.4 Additionally, the IRC reviews the efficiency and effectiveness of the employees, the response, and the resources and assists the facility leadership in recognizing safety and security issues observed during the review.

2 Purpose

This Procedure explains the intention of IRCs, the required membership for IRCs, the operational aspects of IRC meetings, and the required reporting on IRC reviews.

3 IRC Members and Meeting Attendees

- 3.1 Each secure facility has an IRC. For Level 1 Review meetings, the following members are required to participate, or with authorization from their supervisor, they may send a representative:
 - Quality Assurance (QA) Technician,
 - HWC trainer (not involved in the incident),
 - Medical provider, and
 - Behavioral Health (BH) clinician (assigned by the BH supervisor).
- 3.2 All secure facility IRC members are required to attend HWC training.
- 3.3 The responding supervisor may be required to attend the Level 1 Review meeting to provide additional information and observations.
- 3.4 The HWC trainer facilitates the IRC meeting.

4 IRC Meeting Timeline

The IRC is expected to meet once a week to review all use of force incidents from the previous week.

5 Preparations for IRC Meetings

- 5.1 The Superintendent or Deputy Superintendent schedules and/or cancels the IRC meeting.
- 5.2 Within 24 hours of an incident, the OIC collects all video and ensures that it is properly labeled. The OIC provides all video of the incidents that occurred the prior week to the IRC HWC trainer.
- 5.3 Within 24 hours of the incident, the manager on call ensures that all incident documentation is accurate and complete.
- 5.4 If the incident documentation is not complete by the Monday after the incident, the manager on call prepares a written request for an extension to the Superintendent, explaining the circumstances requiring the extension.

6 Incident Documentation

- 6.1 Incident documentation is compiled with a checklist cover sheet and includes the following items:
 - All available video (fixed and handheld) of the incident,
 - Disciplinary Incident Reports (DIRs),
 - Serious Incident Reports (SIRs),
 - Room Confinement Notification forms,
 - Injury and Incident (I/I) form from Medical,
 - Emergency Notification Protocol (ENP) form,

Witness statements, and
Relevant notifications, medical records, and/or additional documentation.

6.2 The QA Technician brings a current copy of this procedure and P.05.22 Use of Force.

7 IRC Meeting Agenda

In the IRC meeting, the IRC members review the following:

All available video,
All provided documentation, and
That all employees initiate restraints per JJS policy (NMAC 5.24.22) and procedure (P.05.22 Use of Force).

8 Level 1 Review

- 8.1 All use of force incidents receive a Level 1 Review.
- 8.2 For a Level 1 Review, all IRC members discuss the incident.
- 8.3 All IRC members (excluding the HWC trainer) rotate the responsibility of filling out the Incident Review Form.
- 8.4 If any IRC member identifies any training concerns, the HWC trainer schedules a follow-up training or a recertification training session with the employee(s) involved.
- 8.5 A HWC trainer ensures that follow-up training is provided and emails documentation to the Superintendent and the QA Manager.
- 8.6 If any IRC member identifies any of the following issues during a Level 1 Review, the incident will be referred for a Level 2 Review:
 - Serious video issues,
 - HWC protocol concerns,
 - Incomplete or inaccurate documentation,
 - Serious injury to client and/or employee,
 - Client allegations of abuse and/or neglect, or
 - Any other serious safety or security concerns.
- 8.7 Additionally, any IRC member who recognizes clear evidence of employees doing an excellent job of de-escalating and using least restrictive techniques may recommend a Level 2 Review.
- 8.8 Level 1 Incident Review forms include the committee's referral decision and detailed observations.

9 Level 2 Review

- 9.1 For a Level 2 Review, the HWC trainer forwards copies of the Incident Review Form and the videos to the Superintendent or Deputy Superintendent.
- 9.2 Within 3 working days of the initial IRC meeting, the Superintendent forwards the Incident Review packet and the videos to all the members of the Level 2 IRC and schedules a Level 2 Review.

- 9.3 The Level 2 IRC is comprised of the following members or their designees:
Deputy Director for Facilities,
Office of Quality Assurance (OQA) Director,
Representative from the Office of General Counsel (OGC),
Health Services Director, if the incident included injuries,
Deputy Director of BH for Facilities,
HWC trainer (alternate to the HWC trainer in the Level 1 Review), and
Superintendent of the facility where the incident occurred.
- 9.4 The Level 2 IRC members complete their review within 10 working days of receiving the packet and videos.
- 9.5 The Level 2 IRC members make recommendations based on their review that may include the following:
Employee Relations Bureau (ERB) investigation,
Office of Inspector General (OIG) investigation (per CYFD Stand Alone Procedure [SAP]),
Additional investigation, and/or
Additional trainings.
- 9.6 Superintendents are responsible for implementing recommendations from the Level 2 Review. Implementation is completed and communicated to the Deputy Director for Facilities within 30 calendar days of the Level 2 Review unless approved by the Deputy Director for Facilities.

10 Follow-Up

- 10.1 In Level 1 Reviews, the HWC trainer reports identified training issues directly to the Superintendent.
- 10.2 The OQA Director reports the number of Level 2 Reviews from each facility in the OQA Quarterly Reports.
- 10.3 QA Technicians report findings and/or resolutions in their OQA Weekly Reports.

11 Documentation Retention

- 11.1 All incident documentation (including videos) is retained in the facility administrative office for 2 years.
- 11.2 After 2 years, the incident documentation may be moved to storage. There it is retained for an additional 3 years.

12 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct.

13 Forms and Additional Documents

Checklist cover sheet
Incident Review Form

14 Issue Date

November 1, 2019

15 Effective Date

December 1, 2019

16 Modified Procedure

P.5.20 Serious Incident Reporting and Review, 05/01/09

17 Applicable Policy (Regulation)

NMAC 8.14.5 Safety and Emergency Operations

18 Authorizing Signatures



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