

AUTHORITY:

NMSA 1978, Section 10-9-1 through 10-9-25 and 33-1-6 through 33-1-20, as amended.

REFERENCE:

ACA Standard 1-CTA-3F-04, Manual of Standards for Correctional Training Academies, 1993.

PURPOSE:

To specify and govern the process by which individuals have been designated and are notified in case of serious illness or injury of an Academy employee or student.

APPLICABILILTY:

To all New Mexico Corrections Academy (NMCA) staff and students, and all employees involved in carrying out duties related to notification in case of serious illness or injury of an employee or student.

FORMS:

Student Fact Sheet form (CD-190601.1)

ATTACHMENTS:

None

DEFINITIONS:

- A. <u>Serious Illness</u>: A potentially life threatening illness requiring immediate intervention to assure the best possibly outcome.
- B. <u>Serious Injury</u>: A potentially life-threatening injury requiring immediate intervention to assure the best possible outcome.

POLICY:

A. The name of the next of kin or other individual(s) to be notified in case of the serous illness or injury of a New Mexico Corrections Academy employee shall be obtained from the employee

during his or her initial orientation at the NMCA, and the information shall be maintained by the NMTCA HR Bureau. [1-CTA-3F-04]

B. All designated individuals shall be promptly provided with a dignified and compassionate notification of the serious illness or injury of an employee or student by the Director or their designee.





| CD-190601 Academy Notification of Designated Individuals/ Emergency Contacts | | Issued: 10/1/92 Effective: 10/1/92 | Reviewed: 9/30/20 Revised: 4/20/15 |
|---|----------------------------------|---------------------------------------|---------------------------------------|
| Alisha Tafoya Lucero, Cabinet Secretary | Original Signed and Kept on File | | n File |

AUTHORITY:

Policy CD-190600

PROCEDURE:

A. Academy Employees:

- 1. The Academy or Agency HR staff shall ensure all new New Mexico Corrections Academy employees receive an orientation to the Academy prior to being independently assigned to the Academy duties. As a part of that orientation, all new employees, regardless of their date of hire as a state employee, shall complete a personal data form designating a person to be notified in case of a serious illness or injury. Provision of an alternative name and phone number shall be encouraged.
- 2. When completed, the personal data form shall be maintained in the employee's personnel file.

B. Academy Students:

- 1. The Primary Instructor and/or the Facilitator of each Academy class or course, regardless of class/course length, shall ensure each student completes page 1 of the **Student Fact Sheet** form *(CD-190601.1)* including the designation of an individual to be notified in case of serious illness or injury. Students shall be encouraged to provide the name and phone number of an alternate as well. Students of the Basic Training Section shall also complete page 2 of the form. **[1-CTA-3F-04]**
- 2. When completed the **Student Fact Sheet** form (*CD-190601.1*) shall be maintained in the class file by the Primary Instructor or Facilitator and Administrative office.

NEW MEXICO CORRECTIONS DEPARTMENT Academy Student Fact Sheet

Instructions:

- 1. Please print the answer to each question, assisting us to accurately process your certification.
- 2. Basic C/O cadet students and in-service training students complete page 1 and page 2. All other students complete page 1 only.

| Name: | · | | Date: | | | | | | | | |
|--|---------------------|----------------------|----------------|---|---|--|--|--|--|--|--|
| Las | st Fir | rst Middle | Date of Birth: | | | | | | | | |
| Home Address: | Street Address or] | P.O. Box | City | | | | | | | | |
| | State | | Zip Code | | | | | | | | |
| Social Security N | Number: | | Phone #/ | / | _ | | | | | | |
| Present Job Title | : | | | | | | | | | | |
| Place of Employ | rment: | | | | | | | | | | |
| Address of Employment:Street Address or P.O Box | | | | | | | | | | | |
| Supervisor Name | e and Title: | | | | | | | | | | |
| Title and Date(s) of class/course you are attending: | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Emergency Con | tact | | | | | | | | |
| In case of emer | gency, please con | tact: | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Relationship: _ | | | | | | | | | | | |
| Telephone Nun | nber: | | | | | | | | | | |
| Alternate: | | | | | | | | | | | |

xc: Personnel File

NEW MEXICO CORRECTIONS DEPARTMENT Academy Student Fact Sheet (Continued)

| Firearm Expe | rience (circle all appropria | te): | | |
|----------------|------------------------------|-------------------|-------------------|---|
| Pistol | Rifle | Shotgun | None | Other |
| | | | | |
| State of Drive | r's License and Number: _ | | | |
| Do you have a | a vehicle parked on acader | ny grounds: | Yes | No |
| If so, are you | the registered owner: Ye | es | No | N/A |
| | cle, if parked on grounds: | | | |
| Year: | | | | |
| Make: | | | | |
| Model: | | | | |
| License Plate | Number: | | State: | |
| include any o | | handcuffs, hand | lcuff keys, bator | y grounds. Examples is, weapons (pistols, rifles, pper spray, mace, etc); and |
| Please advise | your instructor immedia | ately if any of t | hese items are cu | rrently in your vehicle. |
| Signature: | | | | |
| Print Name: | | | | |