

# NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

ISSUE DATE: 10/01/92 REVIEWED: 09/30/18 EFFECTIVE DATE: 10/08/92 REVISED: 04/20/15

TITLE: Academy Notification of Designated Individuals/ Emergency

**Contacts** 

### **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)

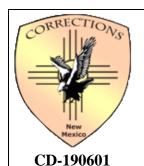
### **ATTACHMENTS:**

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:**



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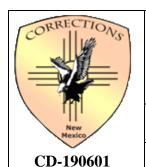
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A. The name of the next of kin or other individual(s) to be notified in case of the serous illness or injury of a New Mexico Corrections Academy employee shall be obtained from the employee during his or her initial orientation at the NMCA, and the 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.

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	09/30/18
David Jablonski, Secretary of Corrections	Date
New Mexico Corrections Department	



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#### **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.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

David Jablonski, Secretary of Corrections Date

## 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		First	Middle	Date of Birth: _		_/
Home Address:	Street Address o	r P.O. Box		City	_	
	State			Zip Code	_	
Social Security I	Number:			Phone #/	/	-
Present Job Title	2:					
Place of Employ	ment:					
Supervisor Nam			Street Address or	P.O Box		
		Emer	gency Contact			
In case of emer	gency, please co	ontact:				
Name:						
Relationship: _						
Telephone Nur	mber:					
Alternate:						

xc: Personnel File

### NEW MEXICO CORRECTIONS DEPARTMENT Academy Student Fact Sheet (Continued)

Firearm Exper	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	my grounds:	Yes	No
If so, are you	the registered owner: Ye	es	No	N/A
Describe vehic	cle, if parked on grounds:			
Year:				
Make:				
Model:				
License Plate	Number:		State:	
include any o	contraband of any kind of the following: knives, l ); archery equipment (bo	handcuffs, hand	dcuff keys, batons,	_
Please advise	your instructor immedia	ately if any of tl	hese items are cur	rently in your vehicle.
Signature:				
Print Name: _				