AUTHORITY:

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

REFERENCE:


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.

APPLICABILITY:

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. **Serious Illness**: A potentially life threatening illness requiring immediate intervention to assure the best possibly outcome.

B. **Serious Injury**: 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 serious 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.

__________________________________________
09/30/18
David Jablonski, Secretary of Corrections
New Mexico Corrections Department
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
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: ________________
       Last              First              Middle

Home Address: ____________________________________________
       Street Address or P.O. Box
       City
       State
       Zip Code

Social Security Number: __________-________-__________ Phone #___/___/____

Present Job Title: ________________________________

Place of Employment: _______________________________________

Address of Employment: ___________________________ Street Address or P.O Box

Supervisor Name and Title: _____________________________

Title and Date(s) of class/course you are attending: ____________________________

Emergency Contact

In case of emergency, please contact:

Name: ________________________________

Relationship: ____________________________

Telephone Number: _______________________

Alternate: ______________________________

xc: Personnel File
Firearm Experience (circle all appropriate):

- Pistol
- Rifle
- Shotgun
- None
- Other

State of Driver’s License and Number: ________________________________

Do you have a vehicle parked on academy grounds: Yes _____ No _____

If so, are you the registered owner: Yes _____ No _____ N/A _____

Describe vehicle, if parked on grounds:

Year: ______________________

Make: ______________________________________________

Model: _____________________________________________

License Plate Number: ________________________ State: _____________________

No weapons / contraband of any kind shall be brought onto Academy grounds. Examples include any of the following: knives, handcuffs, handcuff keys, batons, weapons (pistols, rifles, shotguns, etc); archery equipment (bows, arrows, etc); chemicals (pepper spray, mace, etc); and narcotics.

Please advise your instructor immediately if any of these items are currently in your vehicle.

Signature: ________________________________

Print Name: ________________________________