

NEW MEXICO CORRECTIONS DEPARTMENT

ISSUE DATE: 10/01/92 **EFFECTIVE DATE:** 10/08/92 **REVIEW/REVISED:** 09/28/11

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:

The purpose of this policy is 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:

This policy applies to all New Mexico Corrections Academy 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.
- В. <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 an Academy employee shall be obtained from the employee during his or her initial orientation at the Academy, and the information shall be maintained by the Academy Personnel Section and the Administration. [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 his/her designee.

Alfonso Solis, Interim Secretary of Corrections

New Mexico Corrections Department

Date



CD-190601

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TITLE: Academy Notification of Designated Individuals/

Emergency Contacts

AUTHORITY:

Policy CD-190600

PROCEDURE:

A. Academy Employees:

- 1. The Personnel Officer shall ensure all new 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.

Alfonso Solis, Interim Secretary of Corrections

New Mexico Corrections Department

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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	t First	Middle	,
Home Address:			
	Street Address or P.O. Box	K	City
	State		Zip Code
Social Security N	Number:	-	-
Present Job Title	:		
Place of Employ	ment:		
Address of Empl	oyment:	Street Address or P.O B	
Supervisor Name	e and Title:		
Title and Date(s)	of class/course you are atte	ending:	
		gency Contact	
In case of emero	ency, please contact:	g,	
_			
Name:			
Relationship:			
Telephone Numl	oer:		
Alternate:			

xc: Personnel File

NEW MEXICO CORRECTIONS DEPARTMENT Academy Student Fact Sheet (Continued)

Firearm Expen	rience (circle all appropria	ite):		
Pistol	Rifle	Shotgun	None	Other
New Mexico l	Driver's License 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
Year:	cle, if parked on grounds:			
Model:				
License Plate	Number:		State:	
include any o shotguns, etc. narcotics.	contraband of any kind f the following: knives, labeled, archery equipment (between instructor immediates)	handcuffs, hando ows, arrows, etc.	cuff keys, batons, w) chemicals (pepper	eapons (pistols, rifles r spray, mace, etc.),
Please advise	your instructor immedi	ately, if any of th	iese items are curre	ntly in your vehicle.
Signature:				
Print Name:				