



State of Indiana
Indiana Department of Correction

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12/15/07	10	04-03-105

POLICY AND ADMINISTRATIVE PROCEDURES
Manual of Policies and Procedures

Title
RESPONSE TO STAFF EMERGENCIES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 5-10-10-1 <i>et seq.</i> IC 5-10-13-1 <i>et seq.</i> IC 21-14-6-1 <i>et seq.</i>	02-03-111 02-03-114 04-03-102	NA

I. PURPOSE:

The purpose of this policy and its administrative procedures is to present guidelines for the Department of Correction when emergencies, including serious illnesses, injuries or death, affect Department staff.

II: POLICY STATEMENT:

Due to the nature of the work that Department of Correction staff does, there is a possibility that staff emergencies may arise from time to time. These emergencies may involve current staff while they are on or off duty and staff who have retired from the Department.

The Department recognizes the valuable services that staff provides and the sacrifices that their families often must make in order for staff to perform their duties. The Department also recognizes that in times of emergencies, both staff and their families may need assistance in obtaining services and information. For these reasons, the Department shall implement a process that will make staff available to staff who have had personal emergencies and to the families of the staff who are involved in these emergencies.

III. DEFINITIONS:

For the purpose of this policy and its administrative procedures, the following definitions are presented:

- A. **BENEFIT:** Those services made available to staff due to their employment with the State of Indiana, such as health insurance, life insurance, deferred compensation, membership in the Public Employee Retirement Fund (PERF), etc.
- B. **CORRECTIONAL OFFICER:** For the purposes of IC 5-10-10, a hazardous duty employee of the Department.

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- C. **EDUCATIONAL BENEFITS FOR SURVIVORS:** Educational benefits provided to the survivors of hazardous duty employees who die in the line of duty pursuant to IC 11-8-2-12.
- D. **HAZARDOUS DUTY EMPLOYEE:** A Department staff person who works within a Department correctional facility, adult or juvenile, or performs parole or emergency response operations or functions.
- E. **HONOR GUARD:** Specially trained staff to represent the Department in parades, funerals, color guard, etc.
- F. **INTERMENT FLAG:** a 5' x 9' cotton flag of the United States which is provided by the Department at a staff person's funeral.
- G. **LINE OF DUTY EMERGENCY:** A staff emergency that takes place while the staff person is on-duty and is performing official duties in accordance with his/her position.
- H. **NON-LINE OF DUTY EMERGENCY:** A staff emergency that takes place while a staff person is employed by the Department but is not working (i.e., while the staff person is off duty or not scheduled to be at his/her assigned duties).
- I. **PUBLIC EMPLOYEE RETIREMENT FUND (PERF):** The agency responsible for overseeing and operating the Special Death Benefit funds for Public Safety Officers (including Correctional Officers and Hazardous Duty Employees) and State Employees.
- I. **RETIRED STAFF:** Persons previously employed by the Department who have left employment in good standing based upon their eligibility as state employees to retire and receive a state retirement benefit.
- J. **SPECIAL DEATH BENEFIT FUNDS:** Funds established by the State to provide a monetary benefit to the survivors of a public safety officer (including Hazardous Duty Employees) and state employees who die in the line of duty, pursuant to IC 5-10-10-1, *et seq.* and IC 5-10-11-1 *et seq.*
- K. **STAFF:** Any full-time employee of the Department of Correction or a former staff member who has retired in good standing from employment with the Department.
- L. **STAFF EMERGENCY:** Any situation involving a staff person in the Department which either incapacitates the staff person or which makes him/her unable to ensure needed services and information is obtained and

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includes: serious illness or injury while on-duty or death, either on-duty, off-duty or while retired from the Department.

- M. **STAFF EMERGENCY LIAISON (LIAISON):** An employee of the Department or a Department facility assigned by the Facility Head to provide support and assistance to staff and/or their families in obtaining information and applying for eligible benefits following a staff emergency.
- IV. **STAFF EMERGENCY LIAISON:**

Each Facility Head shall designate a supervisory level staff person at the facility to serve as the facility's Staff Emergency Liaison. This staff person is to be someone who has good oral and written communication skills and is capable of working with compassionately and patiently with people under stress. This staff person may be a facility Chaplain or Human Resources staff person or anyone else who has training in working with people during crises.

The Liaison must have ready access to all information regarding staff emergencies. Additionally, the Liaison must have a good working knowledge of Department policies/procedures, employee benefits and how to obtain responses to questions that a staff person or a staff person's family might have.

Additionally, the Facility Head shall appoint a second person to serve as a back-up or assistant to the Staff Emergency Liaison. This staff person should have the same or similar qualities as the Staff Emergency Liaison. The back-up or assistant shall serve in the place of the Staff Emergency Liaison if the Liaison is not available or if the Liaison is the subject of the staff emergency.

The Liaison shall work with the staff person or the staff person's family to the extent that assistance is requested. The Liaison will make his/her presence known in a staff emergency; however, the Liaison will respect the desires of the staff person or the staff person's family in regards to the degree of assistance or services that will be provided.

The Liaison must be capable of dealing with people in various emotional states and who can relate to both staff and the families of staff during a crisis situation. As the Liaison will be working with staff and the families of staff, the Liaison must be discreet and maintain the appropriate degree of confidentiality for any information shared with him/her by the staff person, the staff person's family members or others providing information regarding the staff emergency. This information may include personal information, including medical information,, and confidential information, such as Social Security Numbers.

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The duties of the staff liaison shall include, but not be limited to:

- A. Assisting staff members who have been injured on the job with ensuring that the proper paperwork is completed and answering questions that they may have regarding State and Department procedures regarding their injuries and return to work.
- B. Contacting families to advise of staff emergencies and ensuring that the families are made aware of any information necessary.
- C. Serving as a liaison between the Department/facility and the families of staff who have died, either on-duty or off-duty to ensure that they are aware of any benefits and services that may be available to them, such as Hazardous Duty Benefits, life insurance benefits, use of Honor Guards at funerals, etc., and to answer questions that may arise from the family.
- D. In conjunction with the Facility Head, determining whether a CISM team should be activated to assist with other staff and the family of the staff person involved.
- E. Be knowledgeable of and keep up-to-date on benefits, such as the educational benefits for survivors and the Hazardous Duty Benefits, available to families as well as how the families may apply for life insurance and other benefits that may be available to them.

V. EMERGENCY NOTIFICATION RECORDS:

Each facility shall maintain a record of emergency contact information for all staff assigned to the facility. This record shall contain the following information:

- A. Name of Staff Person.
- B. Date of Birth of Staff Person
- C. Staff Person's work location (facility)
- D. Staff Person's health insurance provider
- E. Staff Person's primary care physician and telephone number
- F. Staff Person's hospital of choice
- G. Staff Person's life insurance provider, if through the State
- H. Does the staff person have additional life insurance coverage through the State?
- I. Name of Person to contact in case of an emergency
- J. Contact Person's address and telephone number
- K. Name of Contact Person's employer, address and telephone number.
- K. Alternate telephone number for Contact Person (cell phone, etc.)

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- L. Name of any other person who may be contacted in case the primary contact person cannot be reached.
- M. Address and telephone number of alternate contact person

This record shall be maintained on all staff at the facility in a location where the liaison or designated supervisory staff may have access on a 24 hour basis. Staff shall be instructed that this information is to be updated as needed. At least once each year, the facility shall request that staff update the emergency notification records. See ATTACHMENT I.

Facilities shall develop operational procedures to ensure that this information is collected and kept up-to-date. Additionally, the operational procedures shall designate the location where these records will be maintained and the staff that has access to these records.

VI. CRITICAL INCIDENT STRESS MANAGEMENT (CISM) TEAM:

When a staff emergency, serious illness/injury or death, occurs, the Liaison and Facility Head or designee shall determine whether the activation of a Critical Incident Stress Management (CISM) Team would be beneficial for staff in the facility. If the decision is that a CISM Team would be able to assist staff in dealing with the aftermath of the staff emergency, the Facility Head shall request the activation of a CISM Team in accordance with the procedures in the Department's Emergency Response Manual.

In cases where a staff person dies or is seriously injured in the line of duty, the Facility Head and Director/Emergency Response Operations shall determine whether the services of the CISM Team members can be extended to the family of the staff person. If such services are approved, the Liaison shall serve as a contact person to offer the services of the CISM Team to the family.

VII. SYMPATHY CARDS AND FLOWERS:

Upon notification of a staff person's illness, injury or death, the Liaison shall meet with the Facility Head to determine whether an appropriate expression of sympathy, such as a get well card, sympathy card, flowers, etc., should be sent to the staff person or the staff person's family. If the Facility Head agrees to sending an appropriate expression of sympathy, the Liaison shall contact the Facility's Employee Recognition Committee and work with the Committee to arrange for the appropriate expression of sympathy.

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VIII. STAFF INJURIES/ILLNESS WHILE ON DUTY:

Staff in Department facilities with Health Care staff and who are injured or become ill while on duty shall receive emergency health care services as authorized in the administrative procedures for Policy 04-06-103, "The Development, Implementation and Review of Service Programs." In cases where the staff person requires medical treatment beyond that which is available at the facility or more than authorized in the administrative procedures for Policy 04-06-103, a determination shall be made whether the staff person can obtain the services on his/her own or whether the staff person will need assistance in obtaining the needed medical services.

In cases where an on-duty staff person requires health care attention beyond routine first aid care that can be provided at the facility, the Facility Head shall be notified immediately. The Facility Head shall assess the situation and determine whether the Liaison needs to be contacted. In cases where the staff person must be transported by ambulance for health care treatment, the Liaison shall be notified. Additionally, the Facility Head shall ensure that the appropriate Regional Director is contacted and advised as to the situation.

Upon notification of an illness/injury to staff requiring health care treatment away from the facility, the Liaison shall obtain the staff person's emergency notification record. The Liaison shall contact the staff person, if possible to determine whether the staff person wants the emergency contact person notified. In cases where a staff person is unconscious or incoherent, the Liaison shall contact the emergency contact person and provide as much information as possible, including a general summary of what happened and where the staff person is being transported. The Liaison shall then proceed to the hospital or clinic where the staff person is transported and shall remain at the facility until the staff person's emergency contact person or family arrive. The Liaison shall make him/herself available to the staff person and his/her family or other persons designated by the staff person so that any questions may be answered. Additionally, the Liaison shall be available to advise the staff person and his/her family or designated others what information will be necessary to submit a request for Family Medical Leave or Disability, if necessary. The Liaison shall ensure that he/she has the necessary application forms available to give to the staff person. The Liaison shall also ensure that the staff person and the staff person's family or other designated persons are provided with the Liaison's contact information should they have additional questions.

IX. STAFF INJURIES/ILLNESSES WHILE OFF-DUTY:

Staff injured or becoming ill while off-duty and who cannot report for his/her assigned duties as instructed are to contact the facility in accordance with the

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facility's procedures for calling in for leave-time. In those cases where it appears that the staff person's illness or injury is such that the staff person will be off-duty for more than three (3) working days, the staff person's supervisor shall contact the Liaison and provide the Liaison with information regarding the staff person's illness or injury.

If necessary, the Liaison shall contact Human Resources staff to determine whether the staff person may be eligible for Family Medical Leave or Disability based upon the information provided to the facility. If it appears that the staff person may be eligible for such benefits, the Liaison shall contact the staff person and ensure that the staff person receives any necessary paperwork that may need to be completed in order to apply for benefits. Additionally, the Liaison shall answer any questions that the staff person or the staff person's family may have regarding the staff person's employment or benefits.

X. DEATH OF STAFF PERSON IN THE LINE OF DUTY:

When a staff person dies in the line of duty, the Facility Head shall ensure the Liaison is contacted immediately. Additionally, the Facility Head shall notify the appropriate Regional Director who shall notify the Deputy Commissioner of Operations and the Commissioner.

Upon receiving such notification, the Liaison shall obtain a copy of the staff person's emergency notification information. The Liaison shall ensure that the staff person's emergency contact person is contacted and advised of the staff person's death. If possible, this notification should be made in person so that the Liaison or designated staff can provide support and transportation, if necessary, to the hospital that receives the staff person. If the contact cannot be in person, the Liaison or designated staff person is to determine whether the staff person's family needs immediate assistance to go to the hospital. Such transportation shall be provided upon request.

When notifying the staff person's family, the Liaison shall advise the family that if they have any questions or concerns, they may contact the Liaison and the Liaison's telephone number shall be provided to the family. The Liaison shall advise the family that he/she shall be in contact soon with additional information regarding the staff person's death and the benefits and services that may be provided by the State and the Department. When contacting the family, the Liaison shall ensure that the needs and desires of the family remain foremost. The family may choose what services or benefits to utilize. Additionally, the Liaison shall respect the family's need for time to mourn and shall allow the family to determine the time frame in which benefits and services may be applied for or rendered.

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The Liaison shall contact the facility Human Resources staff to review what benefits the staff person had. The Liaison shall review the information in ATTACHMENT II and provide appropriate information to the staff person's family.

In addition to the benefits listed in ATTACHMENT II, the families of staff who die in the line of duty may be eligible for the following benefits:

A. Special Death Benefit

1. Correctional Officer and Hazardous Duty Employees

The family of a Correctional Officer (including Hazardous Duty Employees) who dies in the line of duty may be eligible for a Special Death Benefit made available to public safety officers in an amount of up to \$ 150,000 in accordance with IC 5-10-10-1 *et seq.* For the purpose of this Special Death Benefit, "dies in the line of duty" refers to a death that occurs as a direct result of personal injury or illness resulting from any action that the public safety officer, in the public safety officer's capacity as a public safety officer, is obligated or authorized by rule, regulation, condition of employment or service, or law to perform in the course of controlling or reducing crime or enforcing the criminal law. For purposes of a public safety officer who is an employee (as defined in IC 5-10-13-2), the term includes a death presumed incurred in the line of duty under IC 5-10-13.

The Liaison shall advise the family of any Correctional Officer or Hazardous Duty Employee who dies in the line-of-duty of this benefit. The Liaison shall advise the family that he/she or the family can contact the Public Employee Retirement Fund (PERF) to obtain an application packet for this benefit. In addition to a notarized application, the family will need to submit:

- a. Death Certificate
- b. Notarized Accident Investigation Report
- c. Notarized Detailed Accident/Incident Report
- d. Copy of the staff person's Position Description

2. Special Death Benefit for a State Employee (Not a Correctional Officer or Hazardous Duty Employee)

The family of a State Employee, not a public safety officer (Correctional Officer or Hazardous Duty Employee) who dies in

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the line-of-duty may be eligible for a Special Death Benefit in an amount up to \$ 50,000 in accordance with IC 5-10-11-1 *et seq.* For the purpose of this Special Death Benefit to State Employees, "dies in the line of duty" refers to a death that occurs as a direct result of personal injury or illness resulting from a state employee's performance of the duties of the employee's job. As with the Special Death Benefit for Correctional Officers, this fund is operated by PERF.

The Liaison shall advise the family of any State Employee, not a Correctional Officer or Hazardous Duty Employee, who dies in the line-of-duty of this benefit. The Liaison shall advise the family that he/she or the family may contact PERF to obtain an application packet for this benefit. In addition to a notarized application, the family will need to submit:

- a. Death Certificate
- b. Notarized Accident Investigation Report
- c. Notarized Detailed Accident/Incident Report
- d. Copy of the staff person's Position Description

For an application packet or additional information on either of these Special Death Benefits, the Liaison or family can contact PERF at (317) 233-4146 or (outside of the Indianapolis area) 1-888-526-1687.

B. Educational Benefits for Survivors of Hazardous Duty Employees

Each child and surviving spouse of a hazardous duty employee of the Department who:

1. Works within an adult or juvenile correctional facility; or
2. Performs parole or emergency response operations and functions;

and dies in the line of duty is eligible to attend any state educational institution or state supported technical school without paying tuition or mandatory fees in accordance with IC 21-14-6-1 *et seq.* In order to qualify for this benefit, the child or children must be less than 23 years of age and be full-time students pursuing a prescribed course of study. If the surviving spouse desires to take advantage of this benefit, he/she must be pursuing a prescribed course of study at the educational institution towards an undergraduate degree.

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The amount of this benefit shall be reduced based upon any financial assistance that the surviving spouse or child(ren) receive which is specifically designated for educational costs.

The Liaison shall advise the surviving spouse and/or child or children of this benefit and shall provide the family with any documentation necessary to verify that the staff person met the requirements for this benefit. The family will need to contact the educational institution to obtain the necessary information to formally apply for this benefit.

XI. HONOR GUARD:

When a staff person or a retired staff person dies, the Liaison shall advise the family of the opportunity to have a Department of Correction Honor Guard participate in the funeral services. These services may include Honor Guard members standing a casket watch during visitation at the funeral home, pall bearer services, and presentation of a flag to the family at the interment.

The type of services that will be available to the family will be based upon the circumstances of the death of the staff person, i.e. whether the person died in the line of duty or as the results of an injury/illness that happened in the line of duty; whether the staff person died not in the line of duty but while employed by the Department; or whether the staff person was in retirement status.

The activation and level of services provided to the family shall be in accordance with the administrative procedures for Policy 02-03-111, "The Use and Operation of Honor Guards."

XII. APPLICABILITY:

This policy and its administrative procedures is applicable to all Department facilities and staff, including retired staff.

Signature on File

J. David Donahue
Commissioner

11/26/07

Date



STAFF EMERGENCY NOTIFICATION INFORMATION

Indiana Department of Correction
State Form _____

The information contained on this form will be used only in cases of a staff person's medical emergency and shall be made available only to Department staff who will be involved in making emergency notifications. By signing this form, you are agreeing that the information contained in the form is correct and that this information may be released in accordance with Department procedures.

Printed Name of Staff Person		Job Title	Work Location
Date of Birth	Home Address		
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of the Health Insurance Provider:	
Name of Personal Physician (Primary Care Physician)		Telephone Number of Physician	
Do you have a Hospital of Choice? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Hospital	
Do you carry the Life Insurance Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have Additional Life Insurance Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Person to Contact in Case of Emergency		Relationship	
Address of Contact Person		Telephone Number	Cell Phone Number
Contact Person's Employer	Address of Contact's Employer		Telephone Number
Name of Alternate Contact Person		Telephone Number	Cell Phone Number
Signature of Staff Person		Date	

BENEFITS THAT MAY BE AVAILABLE TO STAFF PERSON OR FAMILY OF STAFF PERSON

Staff Has

LIFE INSURANCE

American United Life Insurance (AUL)
1- 800-553-3522

ITEMS NEEDED TO MAKE CLAIM:

1. Death Certificate
2. Completed Application Form
3. Copy of Latest Health Care/Life Insurance Open Enrollment Form

DEFERRED COMPENSATION

Hoosier Start
1-877-728-6738

ITEMS NEEDED TO MAKE CLAIM:

1. Forms 401A and 457 (B)
2. Death Certificate for each form.

NOTE: Hoosier Start limits discussion of claims until Death Certificate has been received.

HEALTH INSURANCE

Provider: _____
Contact Number: _____

KEY BENEFIT ADMINISTRATOR

(317) 284-7599

ITEM NEEDED FOR CLAIM:

FlexPro Claim Form

WORKER’S COMPENSATION

JWF Speciality

COBRA

Health care election forms will be mailed by the employing facility on approximately: _____

LAST PAY CHECK INCLUDING PAYOUT OF ACCRUED VACATION HOURS (UP TO 225 HOURS MAXIMUM)

CHECK Mailed Given to Authorized Beneficiary on _____.