1. Consideration for Defendants (Letter)

2. Employee Injury/Illness (Letter)
   a. to Employee
   b. to Physician

3. Physician’s Evaluation for Return for Modified Duty (Format)
   a. by Form
   b. by Chart

4. Report of Request and Decision for HIV Testing (Form)
April 1, 1996

Allan Field  
Assistant District Attorney  
Norwalk Superior Court  
12720 Norwalk Boulevard  
Norwalk, California 90650

Dear Mr. Field:

It has come to my attention that defendant Michael P. Evans is to appear in your court under case number A123456. Mr. Evans was arrested in the city of Norwalk on March 15, 1996, for possession of stolen property which was taken in a residential burglary. The house was unoccupied at the time of the entry and no one was injured in the incident. The property stolen in the burglary was valued at $500, and was recovered.

After the arrest, the defendant provided investigators with the information about people who were committing armed robberies in the station area.

Based on the information provided by Mr. Evans, surveillance was conducted on the named suspects. Mr. Sal Martinez was arrested while attempting to commit an armed robbery at the 7-Eleven Store on Telegraph Road.

It is requested that consideration be given by placing Mr. Evans on probation or a minimum sentence in County Jail. Thank you for your assistance in this matter.

Sincerely,

SHERMAN BLOCK, SHERIFF

Marvin J. Dixon, Captain  
Norwalk Sheriff’s Station

A Tradition of Service
January 22, 1996

Dear ________:

I regret that the seriousness of your medical condition makes you unavailable for duty. More importantly, I wish to convey my sincere concern and wish you the best despite the circumstances.

There are certain administrative duties which must be addressed. It is my responsibility to remind you that, per Departmental Orders, you have been placed on an “A” schedule (Monday through Friday) from 0830 hours to 1700 hours each day. You are to remain at the location which Department records indicate as your residence, and you are to be personally available to respond to official telephonic and/or direct contacts by the Department. A copy of Policy and Procedures Manual Section 3-02/040.05, which covers “Injuries and Illness,” is enclosed. Exceptions to these requirements must be approved by the operations lieutenant or, in his absence, the watch commander.

I cannot over emphasize that your well being is our primary concern. Please call if we can be of assistance.

Sincerely,

SHERMAN BLOCK, SHERIFF

A Tradition of Service
County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754 - 2169

January 22, 1996

Dear Dr. __________________:

Our records indicate that you are currently treating one of our employees, Deputy Sheriff __________. The injury which Deputy __________ received may prevent him from performing some of the tasks of his current assignment; we would like your medical determination as to which duties those are.

It is the policy of this Department to return employees, with medical limitations, to work as soon as their medical condition permits. By returning our personnel to modified duty we can continue to utilize their skills and abilities and also comply with the guidelines established under the Americans with Disabilities Act.

Since we will be returning this employee to a modified work environment, we would like to ask you to complete the enclosed evaluation within the next ten working days. A pre-addressed envelope has been included for your convenience.

Sincerely,

SHERMAN BLOCK, SHERIFF

A Tradition of Service
PHYSICIAN'S EVALUATION FOR RETURN TO MODIFIED DUTY
SUGGESTED FORMAT ONLY

PATIENT’S NAME:_________________________________________

PHYSICIAN’S NAME:_______________________________________

DESCRIPTION OF INJURY OR ILLNESS:_______________________

_________________________________________________________

PATIENT MAY PARTICIPATE IN THE FOLLOWING ACTIVITIES:
Check appropriate boxes and indicate time and/or weight restrictions:

( ) VEHICLE OPERATION
( ) WORK - SITTING
( ) WORK - STANDING
( ) FILING
( ) TELEPHONE WORK
( ) LIFTING
( ) OTHER

PATIENT IS CONFINED TO:

( ) BED REST ONLY
( ) LIMITED ACTIVITY - OFF DUTY AT HOME

PLEASE INDICATE ANY RESTRICTIONS IF MODIFIED DUTY IS ACCEPTABLE:

_________________________________________________________

PLEASE INDICATE LENGTH OF MODIFIED DUTY:___________________

PATIENT MAY RETURN TO MODIFIED DUTY: __________________ (DATE)

PATIENT MAY RETURN TO FULL DUTY: __________________ (DATE)

SIGNED:_________________________________________ DATE: ____________
<table>
<thead>
<tr>
<th>JOB TASK</th>
<th>YES</th>
<th>SPECIAL MEDICAL LIMITATIONS</th>
<th>NO</th>
<th>UNABLE TO DETERMINE FROM JOB DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>WORK AT STATION DESK AREA:</td>
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<tr>
<td>(on a temporary modified assignment)*</td>
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<tr>
<td>1. Dispatch field units</td>
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<td>2. Answer phones, including 911</td>
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<td>3. Monitor radios</td>
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<tr>
<td>JOB TASK</td>
<td>YES</td>
<td>SPECIAL MEDICAL LIMITATIONS</td>
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<td>4. Write reports</td>
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<td>5. Supervise civilian desk personnel</td>
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<td>6. Initiate and maintain operational and major incident logs</td>
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<td>7. Perform liaison functions with neighboring police agencies by phone</td>
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<td>8. Coordinate by phone or radio Department rescues and searches</td>
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<tr>
<td>9. Testify in court</td>
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<tr>
<td>10. Assist jailer with clerical duties</td>
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<tr>
<td>11. Control and account for station funds. Prepare reports and audits</td>
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<tr>
<td>12. Maintain and account for all hand held radios and batteries</td>
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<td>13. Monitor field units by desk radio and provide assistance as needed</td>
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<tr>
<td>14. Work independently and as a team member with a variety of individuals</td>
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<td>JOB TASK</td>
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<td>SPECIAL MEDICAL LIMITATIONS</td>
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<td>15. Handle and inventory property and evidence</td>
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<td>WORK IN STATION DETECTIVE AREA:</td>
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<td>(on a temporary modified assignment)*</td>
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<tr>
<td>1. Conduct criminal investigations</td>
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<tr>
<td>2. Interview suspects, victims, witnesses and informants</td>
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<tr>
<td>3. Prepare cases and reports and present cases to the District Attorney for determination of filing; work with the D.A. in court</td>
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<td>4. Evaluate situations and make appropriate community referrals and deploy other resources as needed</td>
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<td>5. Arrest, book, and transport suspects</td>
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<td>6. Prepare operational plans</td>
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<td>7. Serve search and arrest warrants. Requires being physically able to enter buildings, climb stairs, etc.</td>
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<td>8. Conduct surveillance during hours of daylight and darkness</td>
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<td>JOB TASK</td>
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<td>9. Drive a vehicle</td>
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<td>10. Operate automated and communications</td>
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<td>equipment</td>
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<td>11. Supervise searches for missing persons</td>
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<td><strong>OUTSIDE FIELD WORK:</strong></td>
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<tr>
<td>(on a temporary modified assignment)*</td>
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<tr>
<td>1. Enforce federal, state, county and city</td>
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<tr>
<td>ordinances</td>
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<tr>
<td>2. Write traffic citations</td>
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<td>3. Write crime/investigative reports</td>
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<td>4. Collect/preserve/record evidence</td>
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<td>5. Respond to scenes of emergencies and calls for service</td>
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<td>6. Monitor radio and coordinate back-up units</td>
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<td>7. Recover lost or stolen property</td>
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<td>JOB TASK</td>
<td>YES</td>
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<td>8. Use a firearm</td>
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<td>9. Maintain a current driver’s licence</td>
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<td>10. Drive a car for prolonged periods of time</td>
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<td>11. Serve civil and criminal process papers</td>
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<td>12. Deal with confrontational, volatile, life-threatening situations and people</td>
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<td>13. Make appropriate decisions in emergent, highly stressful situations</td>
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<td>14. Make forcible arrests</td>
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</table>

* An employee working a temporary modified assignment is not expected to perform certain essential functions of a peace officer during the term of that assignment, rather, the duties of such an employee are limited to those specified herein.
# REPORT OF POTENTIAL HIV EXPOSURE TO LAW ENFORCEMENT EMPLOYEES

## INCIDENT INFORMATION

1. **Location/address**: 
   
2. **County**: Zip Code: Date of Incident: Time: (use 24-hour clock) 
3. **Type of agency**:  
   - ☐ Correctional  
   - ☐ Court  
   - ☐ Law Enforcement  
   - ☐ Prosecutor  
   - ☐ Other: 
4. **Agency governmental level**:  
   - ☐ State  
   - ☐ County  
   - ☐ City  
   - ☐ Other: 
5. **What was the employee's assignment when incident occurred?** 
6. **Were any criminal laws allegedly violated by the subject?**  
   - ☐ Yes  
   - ☐ No  
   - ☐ If "yes," specify section(s) violated: 
7. **What bodily fluid was exposed to employee?**  
   - ☐ Blood  
   - ☐ Semen  
   - ☐ Other (specify): 
8. **Type of exposure sustained by employee**:  
   - ☐ Needlestick  
   - ☐ Blood to Blood Transfer  
   - ☐ Sexual  
   - ☐ Other (specify):  
   - ☐ Skin Abrasion/ Laceration 
9. **Briefly describe details of exposure. Note: Do not use the names of either the subject or the law enforcement employee. (Attach additional pages, if necessary.)** 

## TREATMENT AFTER THE INCIDENT

10. **Was employee provided medical treatment?**  
    - ☐ Yes  
    - ☐ No  
    - ☐ Unknown  
    - ☐ If "yes," specify the type of treatment: 
11. **Was employee tested for Hepatitis B?**  
    - ☐ Yes  
    - ☐ No  
    - ☐ Unknown  
    - ☐ If "yes," results were:  
    - ☐ Positive  
    - ☐ Negative 
12. **Check if the employee required:**  
    - ☐ Sutures  
    - ☐ Surgery  
    - ☐ Hospitalization 
13. **Did the employee lose work time?**  
    - ☐ Yes  
    - ☐ No  
    - ☐ Unknown  
    - ☐ If "yes," enter amount of time lost:  

*See instructions on back page*
**HIV TESTING: SUBJECT**

14. Was Subject tested for HIV?
   - Yes
   - No
   - Unknown
   If "yes," results were:  
     - Positive
     - Negative
     - Unknown

15. Was testing:  
   - Voluntary
   - Mandatory

16. Was HIV counseling provided?
   - Yes
   - No

**HIV TESTING: EMPLOYEE**

17. Was employee tested for HIV?
   - Yes
   - No
   - Unknown
   If "yes," results were:  
     - Positive
     - Negative
     - Unknown

18. How long after the incident was the employee tested?
   Do you plan to retest?  
   - Yes
   - No

19. Was HIV counseling provided?
   - Yes
   - No

20. Has employee begun AZT treatments?
   - Yes
   - No
   - Unknown

21. Name of person completing form: (please print first name, last name)

   Signature of person completing form: 

   Date: / / 

   Business telephone: 
   Reporting agency: 

   Address: 
   City: 
   County: 
   Zip code: 

**Notes:**
- The information on this form is being requested pursuant to Section 7654 of the Penal Code. California law requires the completion of an incident report to establish the extent of peace officers' occupational exposure to HIV infection.
- Under no circumstances shall the identity of the law enforcement employee or the identity of the subject be transmitted by the local law enforcement agency or the chief medical officer of the local agency to the State Department of Health Services.
- This form shall be completed by the specified agency representative or the chief medical officer of each correctional, custodial, or law enforcement agency including local law enforcement agencies no longer than two days after the incident.
- When completing this form, if a typewriter is not accessible, please print in a legible manner. Upon completion, this form shall be directed to:

  State of California  
  Department of Health Services  
  Office of AIDS  
  AIDS Registry Section  
  P.O. Box 942733  
  Sacramento, CA 94234-7320

**InSTRUCTIONS:**

- All other items are self-explanatory.

5. Was the peace officer assigned to guard subject on patrol, to book subject, to arrest subject, etc.?

6. Cite any law code violations subject allegedly violated which resulted in employee being in contact with subject (e.g., drug possession, driving under the influence, etc.).

7. Other "bodily fluids" include: fluids containing blood, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, human breast milk.

8. Please describe fully the events that resulted in the injury or exposure. Tell what happened and how it happened. Which bodily fluid(s) or subject such as blood, or semen came in contact with the employee? For example: "Blood from arrestee contacted open cut on employee’s hand."

10. If employee received medical treatment, briefly describe treatment provided.

16. "Counseling" means counseling by a licensed physician and surgeon, registered nurse, or other health professional as established by Department of Health Services guidelines.