Chapter 1 - Samples

• 7-01/000.00 - Samples

1. Consideration for Defendants (Letter)

2. Employee Injury/Illness (Letter)

    a. to Employee

    b. to Physician

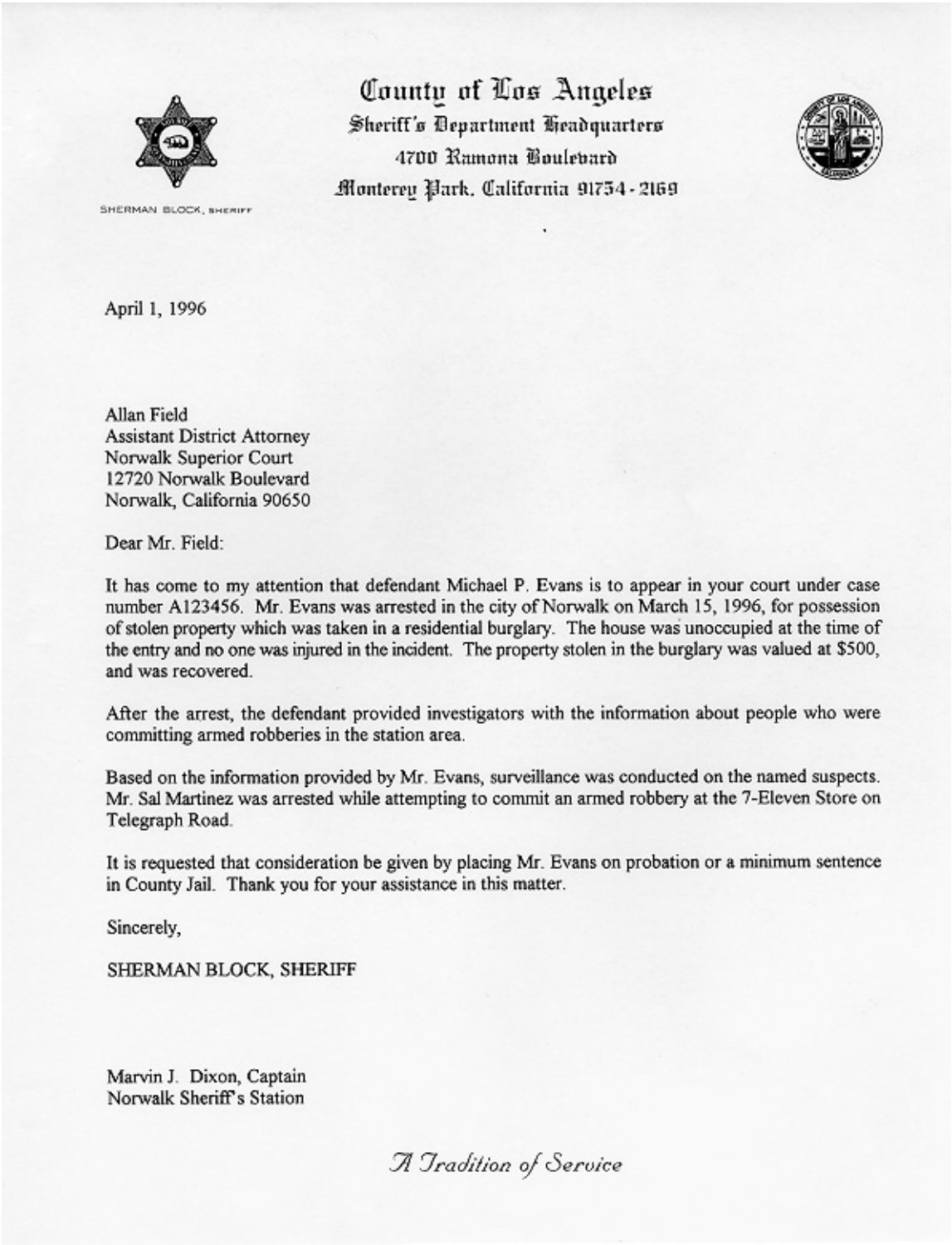
3. Physician's Evaluation for Return for Modified Duty (Format)

    a. by Form

    b. by Chart

4. Report of Request and Decision for HIV Testing (Form)

Sample 1



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

SHERMAN BLOCK, SHERIFF

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.

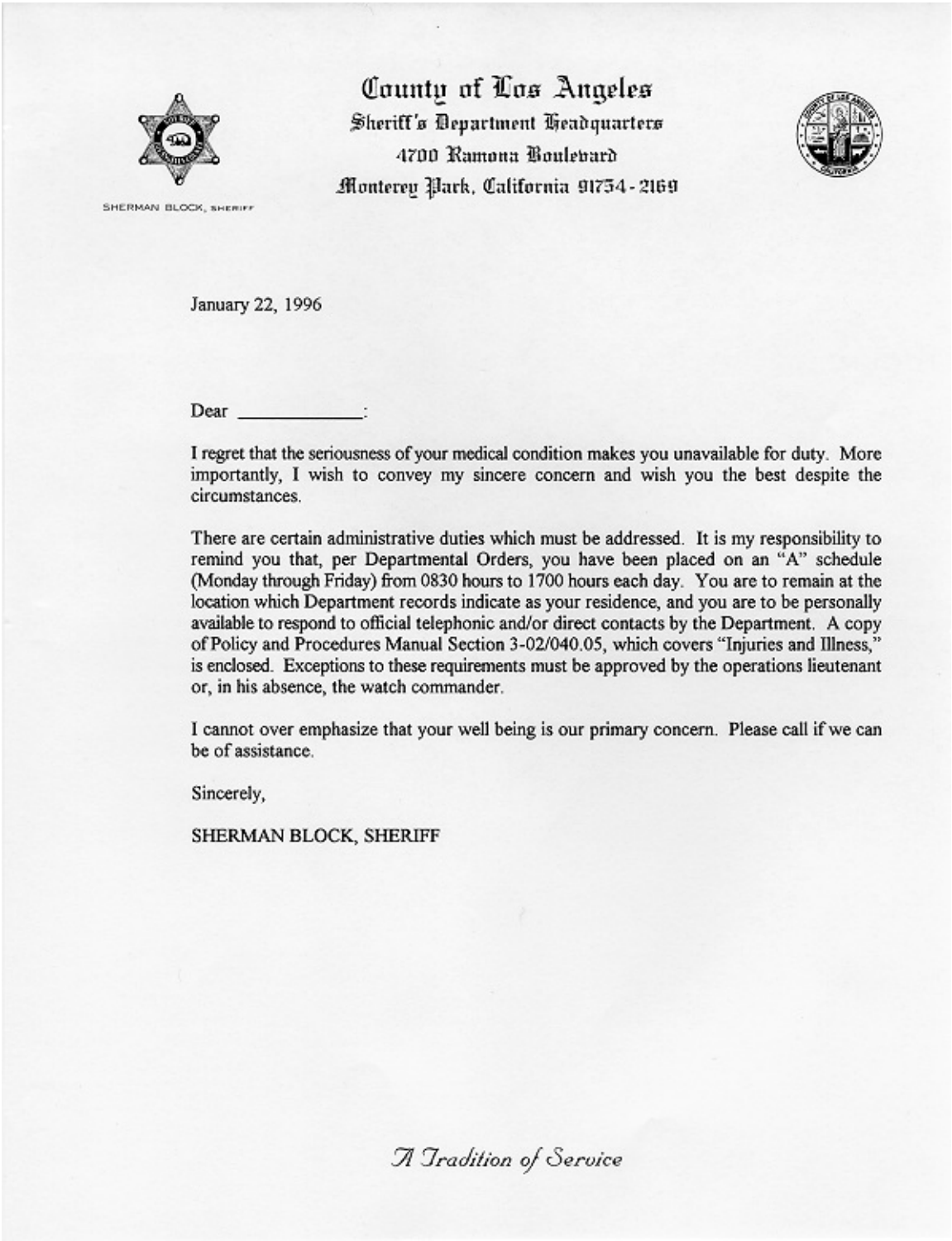
Sincerely,

SHERMAN BLOCK, SHERIFF

Marvin J. Dixon, Captain
Norwalk Sheriff's Station

A Tradition of Service

Sample 2A



SHERMAN BLOCK, SHERIFF

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

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.

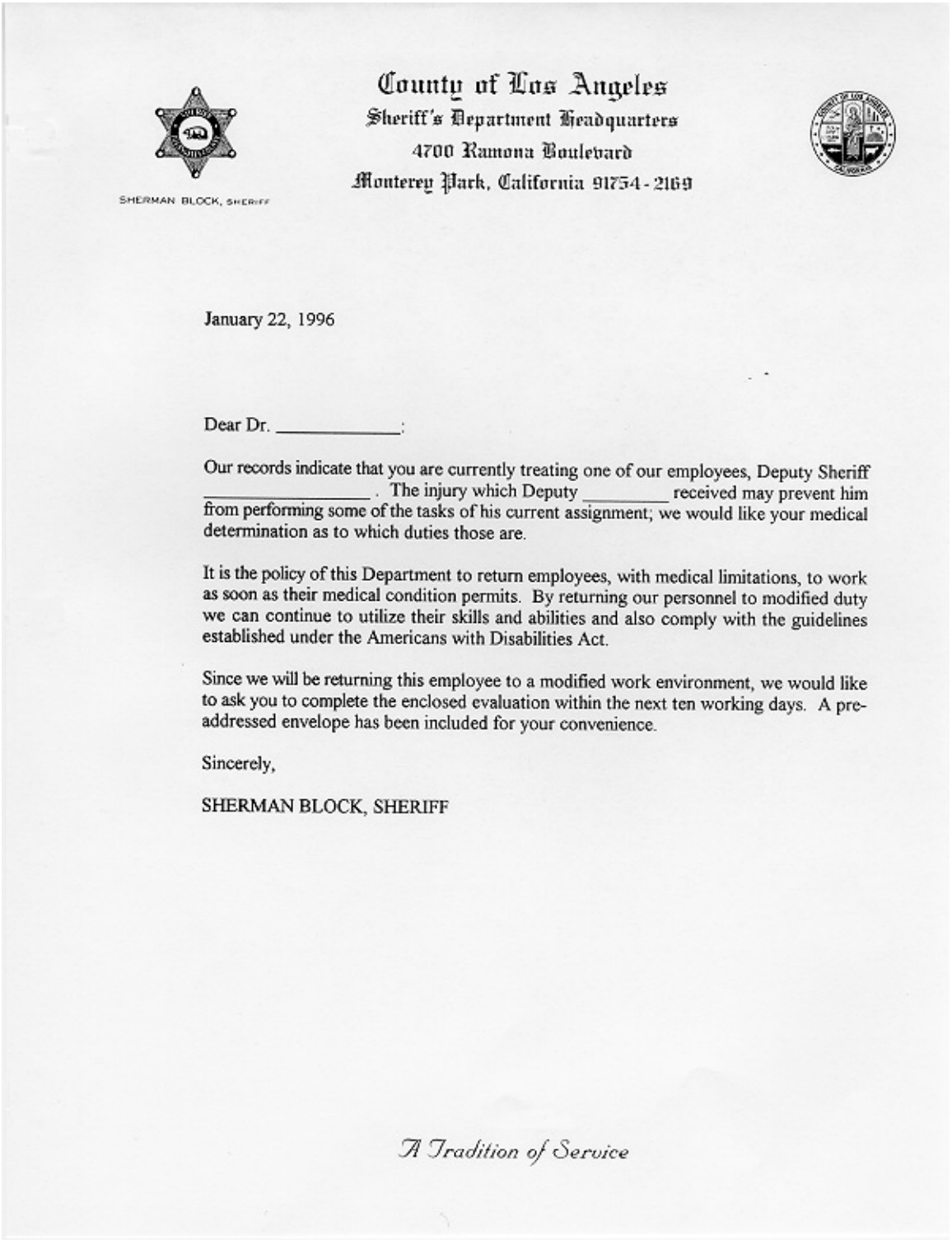
I cannot over emphasize that your well being is our primary concern. Please call if we can be of assistance.

Sincerely,

SHERMAN BLOCK, SHERIFF

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Sample 2B



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

SHERMAN BLOCK, SHERIFF

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

Sample 3A

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: _____

Sample 3B - Part 1

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
PHYSICIAN'S EVALUATION OF MEDICAL LIMITATIONS

PHYSICIAN:

PATIENT'S NAME:

JOB TASK	YES	SPECIAL MEDICAL LIMITATIONS	NO	UNABLE TO DETERMINE FROM JOB DESCRIPTION
WORK AT STATION DESK AREA: (on a temporary modified assignment)*				
1. Dispatch field units				
2. Answer phones, including 911				
3. Monitor radios				

Sample 3B - Part II

JOB TASK	YES	SPECIAL MEDICAL LIMITATIONS	NO	UNABLE TO DETERMINE FROM JOB DESCRIPTION
4. Write reports				
5. Supervise civilian desk personnel				
6. Initiate and maintain operational and major incident logs				
7. Perform liaison functions with neighboring police agencies by phone				
8. Coordinate by phone or radio Department rescues and searches				
9. Testify in court				
10. Assist jailer with clerical duties				
11. Control and account for station funds. Prepare reports and audits				
12. Maintain and account for all hand held radios and batteries				
13. Monitor field units by desk radio and provide assistance as needed by coordinating other resources				
14. Work independently and as a team member with a variety of individuals				

Sample 3B - Part III

JOB TASK	YES	SPECIAL MEDICAL LIMITATIONS	NO	UNABLE TO DETERMINE FROM JOB DESCRIPTION
15. Handle and inventory property and evidence				
WORK IN STATION DETECTIVE AREA: (on a temporary modified assignment)*				
1. Conduct criminal investigations				
2. Interview suspects, victims, witnesses and informants				
3. Prepare cases and reports and present cases to the District Attorney for determination of filing; work with the D.A. in court				
4. Evaluate situations and make appropriate community referrals and deploy other resources as needed				
5. Arrest, book, and transport suspects				
6. Prepare operational plans				
7. Serve search and arrest warrants. Requires being physically able to enter buildings, climb stairs, etc.				
8. Conduct surveillance during hours of daylight and darkness				

Sample 3B - Part IV

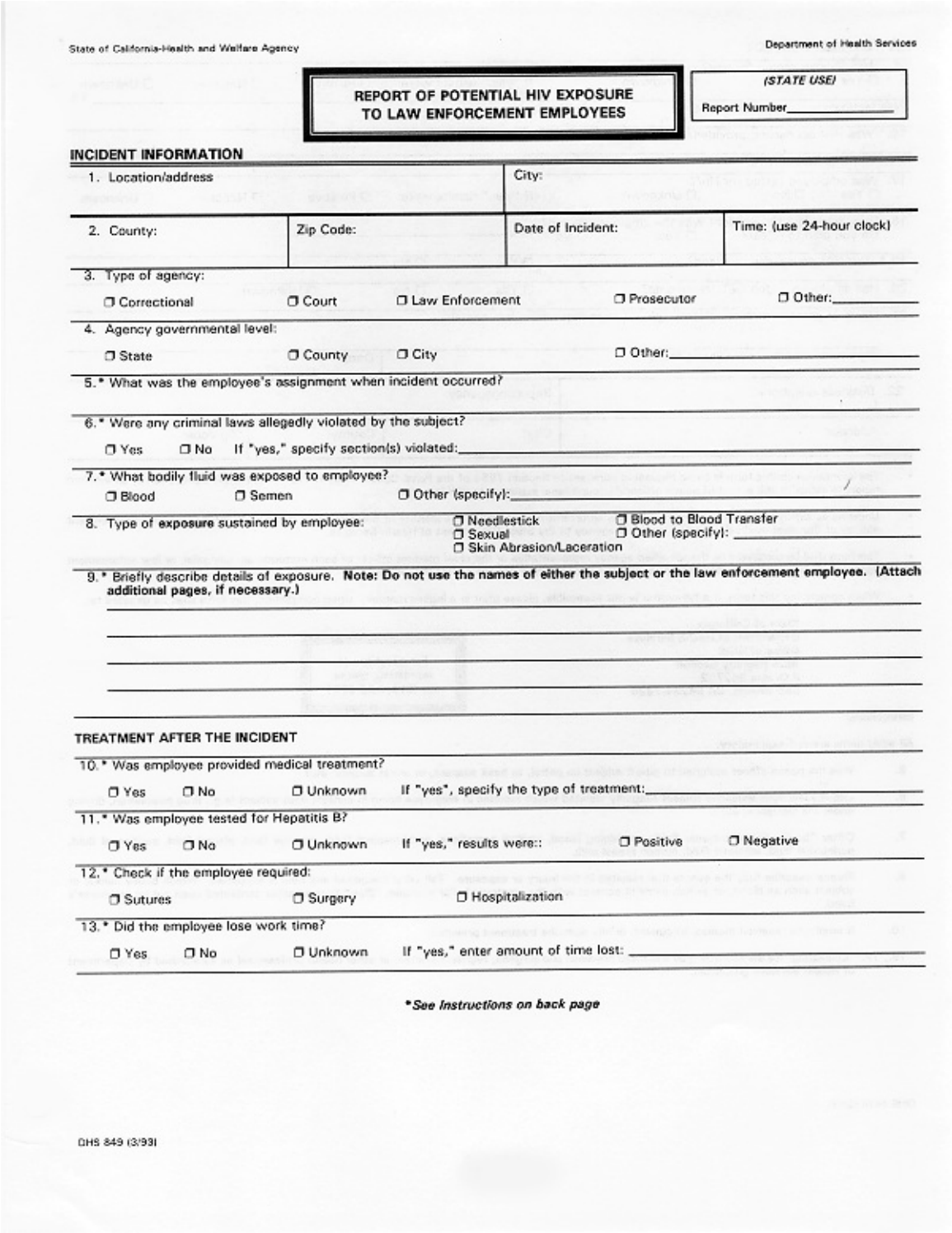
JOB TASK	YES	SPECIAL MEDICAL LIMITATIONS	NO	UNABLE TO DETERMINE FROM JOB DESCRIPTION
9. Drive a vehicle				
10. Operate automated and communications equipment				
11. Supervise searches for missing persons				
OUTSIDE FIELD WORK: (on a temporary modified assignment)*				
1. Enforce federal, state, county and city ordinances				
2. Write traffic citations				
3. Write crime/investigative reports				
4. Collect/preserve/record evidence				
5. Respond to scenes of emergencies and calls for service				
6. Monitor radio and coordinate back-up units				
7. Recover lost or stolen property				

Sample 3B - Part V

JOB TASK	YES	SPECIAL MEDICAL LIMITATIONS	NO	UNABLE TO DETERMINE FROM JOB DESCRIPTION
8. Use a firearm				
9. Maintain a current driver's licence				
10. Drive a car for prolonged periods of time				
11. Serve civil and criminal process papers				
12. Deal with confrontational, volatile, life-threatening situations and people				
13. Make appropriate decisions in emergent, highly stressful situations				
14. Make forcible arrests				

* 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.

Sample 4 - Part I



State of California-Health and Welfare Agency

Department of Health Services

REPORT OF POTENTIAL HIV EXPOSURE TO LAW ENFORCEMENT EMPLOYEES

(STATE USE)
Report Number_____

INCIDENT INFORMATION

1. Location/address | City:

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*

DHS 849 (3/93)

Sample 4 - Part II

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: / /

22. Business telephone: ( )	Reportingagency:		
Address:	City:	County:	Zip code:

Notes:

- The information on this form is being requested pursuant to Section 7554 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 942732
Sacramento, CA 94234-7320

For questions or reordering, please call (916) 322-0891

Instructions:

All other items are self-explanatory.

5. Was the peace officer assigned to guard subject on patrol, to book suspect, 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, peritioneal fluid, pericardial fluid, amniotic fluid, human breast milk.

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

DHS 8479 (3/93)