

REPORT OF POTENTIAL HIV EXPOSURE TO LAW ENFORCEMENT EMPLOYEES

<i>(STATE USE)</i>
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 government 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
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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
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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

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Address

Reporting agency

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 Public Health.
- 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:

**California Department of Public Health
Office of AIDS
Surveillance Quality Management Unit
MS 7706
P.O. Box 997426
Sacramento, CA 95899-7426**

For questions regarding this form, please call (916) 341-6839.

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, peritoneal 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) of 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 Public Health guidelines.