

108345
108347

U.S. Department of Justice
National Institute of Justice

108345-
108347

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

~~Michael Waugh-Management Analyst-~~
~~Abilene Police Department~~

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

108345

NCJRS

DEC 9 1987

ACQUISITIONS



P.O. Box 60
555 Walnut Abilene, Texas 79604
915.676-6000

**ABILENE POLICE DEPARTMENT
INFORMATION BULLETIN**

DATE: SEPTEMBER 7, 1987

RE: CONTAGIOUS DISEASES

There has been a growing concern among the field officers about the possibility of contracting an infectious disease through contact or arrest of an offender. This is a subject that will require mature and professional action from every officer. Concern, but not panic, should be present whenever any officer has mucosal contact with a potential disease carrier or when bodily secretions (especially blood) are contacted, but an informed officer can take reasonable precautions to prevent any infection.

Health Care Professionals have assured the Department that there is only an extremely remote possibility that such diseases as herpes, gonorrhea, syphilis, hepatitis, or the AIDS virus might be transmitted to field personnel through direct contact with blood or other bodily secretions. Doctors and medical researchers report that sexual activity, exchange of blood or sharing needles used by others for intravenous injections of drugs are really the only important transmission methods for contagious diseases. Recommended prevention procedures, in most cases, consists of simply washing hands and other exposed areas of the body.

This INFORMATION BULLETIN provides descriptive information about certain contagious diseases and suggested guidelines for handling subjects who may have AIDS or other infectious and transmissible diseases. If an officer encounters a situation where he believes that there might be a serious possibility of contracting a contagious disease, then following these guidelines should substantially reduce or eliminate the chance of an officer contracting a contagious disease.

This bulletin also contains guidelines concerning the collection and preservation of physical evidence where bodily fluids are present and might be contaminated by an infectious

or a contagious disease. These guidelines should be used to compliment our current Evidence and Property Manual procedures.

The Department does recognize that a police officer is under no obligation to avoid a confrontation with a subject that may display symptoms of, or claim to have, a contagious disease; additionally, delaying emergency first aid or CPR to a victim presupposed to have an infectious disease might border on a breach of duty. The Department has therefore developed a form for the officers to use to report contacts with contagious disease carriers. The use of this form would be a necessary first step in establishing that any subsequent illness was job related.

PLEASE NOTE THAT THERE HAVE BEEN NO PEACE OFFICERS, FIRE FIGHTERS OR AMBULANCE SERVICE PERSONNEL THAT HAVE BEEN INFECTED WITH HIV IN THE COURSE OF PERFORMING THEIR DUTIES. THESE DUTIES HAVE INCLUDED LIFE SAVING SUPPORT SUCH AS CPR AND EXPOSURE TO BLOOD OR OTHER BODILY FLUIDS.

CONTAGIOUS DISEASES THAT A POLICE OFFICER MIGHT ENCOUNTER:

Herpes Simplex type 2 virus - is a close cousin to the type 1 virus that causes cold sores; however, the type 2 is spreading in epidemic proportions. It is primarily transmitted through sexual activity. It is possible, but very unlikely, that it could also be transmitted through contaminated hands touching tiny breaks in mucosal linings. Within 6 days after contact, the infected person may feel pain or tenderness, accompanied by fever, headache or a generally ill feeling. Single or multiple watery blisters may appear on the genital area. In several days the blisters become pus producing. When the blisters break, they form open sores of raw exposed skin or open ulcers which are extremely painful. The ulcers will last from 1 to 3 weeks.

Avoid any contact with the blood, skin sores or lesions of the subject and then touching any of the wet linings of your skin. Always wash hands after contact.

Hepatitis A & B - is a viral infection of the liver and is more infectious than the AIDS virus. Infection with hepatitis A, B, non-A and non-B is spread through sexual activity and direct contact with infected blood. Hepatitis B can also be contracted by contaminated needles used to inject drugs, saliva and nasal mucus. Symptoms include some or all of the following: jaundice, weakness, loss of appetite, brownish or tea-colored

urine, abdominal discomfort and whitish bowel movements. Usually the symptoms disappear after 4 to 6 weeks. Hepatitis B symptoms are usually more severe and last longer than hepatitis A.

Avoid any contact with blood, infected needles, saliva or nasal mucus of the subject and then touching any of the wet linings of your skin. Always wash hands after contact.

Gonorrhea - is the most serious communicable disease in the United States after the AIDS virus. It is primarily transmitted through sexual intercourse; however, research has shown that gonorrhea bacteria can survive for up to 4 hours on dry, inorganic surfaces. Gonorrhea manifests itself 2 to 6 days after contact. Among men, the main symptoms are burning upon urination and a cloudy discharge from the penis that looks like pus. Women may have a cloudy discharge from the vagina, some discomfort in the lower abdomen, or abnormal bleeding from the vagina or painful urination. Frequently, both men and women have no symptoms at all. Untreated gonorrhea can spread through the bloodstream and infect the joints, skin, bone, tendons and other parts of the body.

Avoid any contact with the blood or bodily secretions of the subject and then touching any of the wet linings of your skin. Always wash hands after contact.

Syphilis - is a serious venereal disease and is primarily transmitted through sexual intercourse. It has an incubation period of anywhere from 2 to 3 weeks, up to 9 weeks after exposure. Indications of infection include flu-like symptoms such as: fever, headache, loss of appetite and general malaise. There can also be enlarged lymph nodes, joint pain and a skin rash of small, red scaling bumps that do not itch. In rare cases, a final stage of the disease will frequently affect the brain, causing paralysis, senility, insanity, loss of sensation in the legs and even more rarely - blindness. Nerves to a joint can be destroyed and the large blood vessel leading from the heart can be damaged, as can the heart valves. Usually the painless skin ulcers that occur during the first and second stages are highly infectious and infect others through contact with the infected mucous membranes and (rarely) through open sores.

Avoid any contact with the blood, skin sores or lesions of the subject and then touching any of the wet linings of your skin. Always wash hands after contact.

Acquired Immune Deficiency Syndrome (AIDS) - AIDS is a collection of diseases that are associated with a state of immune deficiency that severely impairs the ability of the body to suppress disease-causing organisms, and certain kinds of cancer cells. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. Exposure to HIV does not automatically lead to infection or the condition known as AIDS. Some persons infected with HIV will experience no illness at all for many years, while others will become very ill and die. Infection with HIV may lead to any of the following:

- Antibody positive with no symptoms
- AIDS Related Complex (ARC)
- AIDS

The AIDS antibody tests (ELISA and Western Blot) are used to detect antibodies to HIV in the blood. Only a properly trained physician should diagnose AIDS.

AIDS Related Complex (ARC) is a disease condition caused by infection with HIV, but excludes any of the specific life threatening illnesses used to diagnose AIDS. Persons with ARC exhibit clinical symptoms such as loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, and lowered resistance to infection. People can die of complications from ARC.

Some of the specific diseases seen in AIDS are life-threatening. Others are less so. All AIDS diseases are serious, with high mortality rates. Currently, more than half of diagnosed AIDS patients have died. In patients who have been diagnosed two (2) years or longer, the mortality rate approaches 100%.

AIDS is most readily transmitted by very intimate, usually sexual, contact with the blood or semen of affected subjects or repeated use of infected needles or syringes. The spread of AIDS to other groups has indicated that AIDS may be transmitted by limited, non-sexual contact of mucosal surfaces (such as mouth, rectum, nose, genitals, any open cut or sore, etc.) with any body secretion (such as blood, sweat, urine, feces, or saliva) of affected subjects. This type of contact falls well within the performance of many police duties.

There is no evidence that AIDS is transmitted without mucosal contact, and when no secretions are contacted. In other words, you cannot contract AIDS just from being in the same room with an AIDS carrier. AIDS is not spread through casual contact, normal daily contact at work, or use of bathroom facilities such as toilets, sinks or showers. Examples of mucosal contacts are: (1) AIDS carrier spits in an officer's face, and the spittle

enters the officer's eyes, nose, or mouth; (2) an officer with an open cut on their hand handcuffs a bleeding AIDS carrier; (3) an officer books bloody or sweaty personal property of an AIDS carrier, and later puts a finger in his mouth, eye, etc. without washing his hands first; (4) during a confrontation, an officer is bitten by a high risk subject. It is possible that transmission could occur in these instances, but unlikely.

High risk groups include: (1) sexually active homosexual or bisexual men; (2) present or past abusers of intravenous drugs; (3) persons with symptoms of AIDS or AIDS-related illness; (4) immigrants from Haiti, Cuba and central African countries such as Zaire; (5) male and female prostitutes and their sex partners; (6) sex partners of persons infected with the AIDS virus or at increased infection levels; (7) persons with hemophilia who have received clotting factor products; (8) infants of high-risk or infected mothers.

Specific AIDS symptoms and diseases are discussed below. Evidence indicates that AIDS can take from 7 to 24 months to appear and sometimes takes as long as 9 years to show up. Certain physical signs are suggestive of an underlying immunological disorder, or, may be no reason for concern at all. These symptoms could also be caused by many other different conditions; therefore, only a trained physician should evaluate and diagnose these symptoms. You should be alerted (but not alarmed) if you have one or more of the following symptoms:

1. Profound fatigue, which may be accompanied by light-headedness or headache. This fatigue is not transient, and is not due to excessive physical activity or some other cause. Flu could also cause this symptom.
2. Weight loss of more than ten (10) pounds during a period of less than two months and is not related to diet, higher than normal activity, or loss of appetite. Anxiety could also cause this symptom.
3. Lymph node enlargement, hardening, or pain that is a persistent change for more than three months and in at least two different locations on the body. During short-term infections of normal persons, lymph nodes may swell in the neck, armpits, and groin but then return to their normal size. Cat-scratch fever or sinusitis could also cause these symptoms.
4. Skin lumps or rashes which have appeared recently, or are slowly enlarging. These lumps or new

growths may be purplish or discolored on the top of, or beneath, the skin, or on the mucous membrane inside the mouth, anus, nose, or eyelid. Allergies could also cause these symptoms.

5. A heavy, persistent, dry cough and/or shortness of breath with minor exercise. This is breathing difficultly not related to smoking, cold, or flu. Allergies could also cause this symptom.
6. Persistent diarrhea, bloody stools, or digestive pain. This condition is sometimes present with recurrent itching around the anus. Anxiety, ulcers or colitis could also cause these symptoms.
7. Thrush, which is a thick, persistent, white patch or coating on the tongue. This condition may be accompanied by a sore throat.
8. Easy bruisability, unexplained bleeding from the anus or mouth, or cuts and bruises which don't heal as quickly as usual. Too many aspirin could also cause these symptoms.
9. Persistent fevers between 99-101 degrees F, or drenching night sweats. Anxiety, tuberculosis or a hyper-thyroid could also cause these symptoms.

Immune deficiency makes one vulnerable to various diseases. The categories of diseases that may affect persons infected with HIV are:

1. Kaposi's Sarcoma (KS) - This is a cancer of the tissues beneath the skin and the mucous-secreting surfaces of the digestive tract, lymph nodes and lungs. KS lesions are often first noticed as bluish to reddish discolorations or raised, firm, purple spots on legs and feet.
2. Pneumocystis carinii pneumonia - This is a pneumonia caused by a protozoan, not a bacterium or a virus.
3. Cryptococcosis - This is caused by a fungus that can infect the brain, lungs, liver, intestinal tract and skin of the patient.
4. Non-Hodgkins Lymphoma - This is a cancer of the lymph nodes that is now being reported in a greater-than-expected number in AIDS patients.
5. Candidiasis - This is a yeast infection that can cause overwhelming and difficult to treat infections of the mouth, anus, genital, and other areas of the body.

6. Herpes simplex - This is a widespread virus that causes localized fever blisters or cold sores on the face, anus, or genitals. These lesions are usually harmless. In AIDS patients, herpes can produce persistent lesions that cover large areas of the body.
7. Cytomegalo virus (CMV) - This is a virus that usually produces symptoms similar to infectious mononucleosis, or may produce no symptoms at all. In AIDS patients, CMV can lead to serious and debilitating infections including pneumonia.
8. Toxoplasmosis - This is a parasite infection that can involve brain tissues and can cause central nervous system disorders in the AIDS patient. It is usually characterized by severe flu-like symptoms and fatigue.

Realistically, every police officer by the nature of police work is at some risk. However, particular concern must be paid when: (1) officers come into physical contact with any of the high risk groups, or (2) when any mucosal contact occurs with any body secretion, or (3) when a high risk subject looks especially thin, in poor health, or exhibits any of the particular symptoms discussed above.

The department has developed a list of guidelines and procedures for police officers to refer to in situations where the chance of exposure to persons with an infectious disease is likely. By adhering to these procedures and guidelines, officers should be able to substantially reduce or eliminate the chance of contracting an infectious disease.

**ABILENE POLICE DEPARTMENT GUIDELINES
TO MINIMIZE THE EXPOSURE OF FIELD PERSONNEL
TO CONTAGIOUS DISEASES**

1. When an officer feels that he or she may have come into contact with a potential contagious disease carrier, the officer shall immediately report that fact in writing to their commanding officer using APD form # 271.
2. Officers should always wash their hands thoroughly with soap after any high risk subject contact. This is the most important measure in preventing the spread of any infectious diseases, including AIDS. Hand washing is recommended even if gloves have been worn.
3. Disposable plastic or rubber gloves should be worn when there is contact or potential contact with any contaminated articles or bodily fluids such as blood, oral secretions, vomit, etc.
4. Although no airborne spread of AIDS has been documented, officers could report any contact with any high risk subject with a persistent cough.
5. Officers who are pregnant should report any direct contact with a high risk subject. AIDS patients are frequently infected with a virus which can cause severe problems in newborns.
6. Officers should report as a contact any CPR given to a high risk subject. Protective CPR rescue kits have been purchased by the Department that should provide a high degree of safety from cross-contamination. Off duty personnel are urged to use a pocket face mask or even a handkerchief in preference to direct mouth to mouth contact.
7. Officers should treat as a contact, any time they touch clothing or property of high risk subjects, especially if the items are bloody, or wet.
8. Officers should treat as a contact, any puncture wound received from needles or sharp objects encountered while searching high risk subjects. Sharp objects should be considered potentially infected and should be handled with extreme caution. If you should stick yourself or cut yourself with a potentially infected sharp object, you should wash the affected area immediately with soap and water. Soap and water kills most disease viruses, including HIV, on contact.

9. Syringes and syringes suspected of containing controlled substances shall not be seized as evidence in dangerous or controlled substances cases. DPS laboratory chemists will no longer accept these items for testing, in order to reduce their risk of contracting AIDS. Officers seizing disposable syringes, needles and other sharp objects should place them in puncture or cut-proof containers (if available) and place them in a property and evidence locker, clearly labeled "DESTROY".

Needles should not be recapped, purposefully bent, broken, removed from disposable syringes or otherwise manipulated by hand. Most accidental needlestick injuries occur while recapping the needle.

If doubt exists concerning packaging requirements for materials, contact a narcotics officer, a CID investigator or refer to the attached Patrol Officers Guide to Collection and Preservation of Physical Evidence.

10. Anytime you are bitten, scratched, stuck with a needle or cut with a sharp object, you should wash the affected area immediately with soap and water and seek medical attention, if necessary. You should follow established procedures for reporting your injuries.
11. Officers should exercise caution when investigating crime scenes involving high risk subjects.
12. Officers may arrange for an examination by a physician, at City expense, if they have made what they consider to be a serious on-the-job contact with a contagious disease carrier, resulting in a high likelihood of contracting a contagious disease. The appropriate approval and documentation should be completed through the Chief's Office.

An emergency response is not necessary, and in fact is not recommended. In most cases, a simple blood test will reveal the presence of a contagious disease; however, a thorough AIDS examination takes time and preparation. Also, some tests are not available at every health facility.

13. Monitor your body for any of the symptoms listed above. When not easily or otherwise explained, the appearance of any of these symptoms should be

discussed with a health care professional who is familiar with contagious disease diagnosis and treatment.

14. Most contagious diseases and the HIV are easily killed by soap and hot water or common industrial disinfectants, heat, ethanol or sodium peroxide.

For cleaning up spills and general disinfecting purposes, a 1:10 dilution of 5.25% sodium hydrochloride (household bleach) and water is an effective disinfectant. This dilution should be poured onto the spill and let it soak for at least 30 seconds.

Never add sodium hydrochloride from the bottle directly into biological spills as toxic chlorine and nitrous oxide gasses may be liberated at dangerous levels.

Contaminated clothing should be handled carefully. Wash once with cold water to remove gross contamination and then wash in hot water to sterilize.

15. All officers can help minimize their chances of becoming infected with AIDS or other diseases by (1) careful observation and awareness of subjects dealt with, (2) limiting their number of sexual partners, (3) limiting drug and alcohol use, (4) having adequate sleep and nutrition, and (5) practice good personal hygiene habits.

✓
ABILENE POLICE DEPARTMENT GUIDELINES
CONCERNING CRIME SCENE EVIDENCE COLLECTION
WHERE CONTAGIOUS BODILY FLUIDS ARE PRESENT

Officers are advised to consider the following precautions when entering crime scenes when potentially contagious bodily fluids are present:

1. Disposable plastic or rubber gloves should be worn, if available.
2. Officers who contact blood or other bodily fluids should wash their hands with soap and water immediately after making contact, or as soon as possible.
3. Handle all evidence clothing or other material carefully. Officers' clothing can be decontaminated by normal means such as dry cleaning or washing in hot water and detergent. Properly dispose of non-evidenciary blood-stained material such as paper or plastic by incineration.
4. Decontaminate all non-disposable materials (e.g. handcuffs, pens) which were used and stained during the investigation and collection of evidence at the scene. In most cases, decontamination can be accomplished by use of hot water and detergent or a bleach solution.
5. Do not enter a crime scene when there are exposed body fluids present or have any contact with persons diagnosed as having AIDS if: you have been diagnosed as having leukemia or other form of cancer, are taking any steroids, or are taking any other medication which suppresses your immune system.
6. Do not eat drink or smoke at the scene..

PATROL OFFICER'S GUIDE TO COLLECTION AND PRESERVATION OF PHYSICAL EVIDENCE

TO MINIMUMIZE CONTACT WITH A CONTAGIOUS DISEASE

<u>TYPE EVIDENCE</u>	<u>HOW TO COLLECT</u>	<u>HOW TO PACKAGE</u>	<u>PRECAUTION</u>	<u>NOTES</u>
Blood				
a. dry stains	Book object on which stain is present, or scrape dry blood on-to white paper.	Each object wrapped seperately in paper bag or envelope.	Do not touch stain Do not wrap in plastic.	Use vinyl examination gloves.
b. wet stains	As above.	As above; allow to <u>air dry thoroughly</u> before wrapping.	As above.	As above.
c. liquid blood	Medicine dropper & glass tube & normal saline solution.	Seal tube against leakage.		As above.
Clothing and Shoes		Wrap each item seperately.	If bloodstained, see above.	As above; booked suspect has no legal right to refuse.
Fibers	Whenever possible, collect item on which fibers rest; other times, use tweezers.	Place in piece of paper, tape securely to prevent loss. Then put into Property Envelope.	Do not place tape on fibers.	Use vinyl examination gloves.
Hair	Same as for Fibers.	Same as for Fibers.	Do not place tape on hairs.	As above. Collect and book separately a sample of suspect hair by combing of head hair or cutting of hair from other parts of body.
Semen Stains	On clothing or bedding, fold so as not to crease stain.	Allow to air dry. Wrap each item seperately.	Do not touch stained area. On bedding, write location of head & foot of bed.	Use vinyl examination gloves.

(4A)

ADDITIONAL INFORMATION SOURCES

NATIONAL TELEPHONE HOTLINES

U.S. Public Health Service AIDS Hotline
1-800-342-AIDS
1-800-342-2437

National Sexually Transmitted Diseases Hotline/
American Social Health Association
1-800-227-8922

National Gay Task Force
AIDS Information Hotline
1-800-221-7044

NATIONAL INFORMATION SOURCES

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey
Building, Room 725-H
200 Independence Avenue
S.W., Washington, DC 20201
(202) 245-6867

American Red Cross
AIDS Education Office
1730 D Street, NW
Washington, DC 20006
(202) 737-8300

American Association of Physicians for Human Rights
P.O. Box 14366
San Francisco, CA 94114
(415) 558-9353

Hispanic AIDS Forum
c/o APRED
853 Broadway, Suite 2007
New York, NY 10003
(212) 870-1902 or
(212) 870-1864

AIDS Action Council
729 Eighth Street SE, Suite 200
Washington, DC 20003
(202) 547-3101

Children and Youth AIDS Hotline
Einstein College of Medicine
Bronx, New York
(212) 430-3333

Gay Men's Health Crisis
P.O. Box 274
132 West 24th Street
New York, NY 10011
(212) 807-6655

Los Angeles AIDS Project
1362 Santa Monica Blvd.
Los Angeles, CA 90046
(213) 871-AIDS

Minority Task Force on AIDS
c/o New York City Council of Churches
475 Riverside Drive, Room 456
New York, NY 10115
(212) 749-1214

National Council of Churches/AIDS Task Force
475 Riverside Drive, Room 572
New York, NY 10115
(212) 870-2421

San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
(415) 863-2437
(415) 864-4376

Mothers of AIDS Patients (MAP)
c/o Barbara Peabody
3403 E Street
San Diego, CA 92102
(619) 234-3432

National AIDS Network
729 Eighth Street SE, Suite 300
Washington, DC 20003
(202) 546-2424

National Association of People with AIDS
P.O. Box 65472
Washington, DC 20035
(202) 483-7979

National Coalition of Gay Sexually Transmitted
Disease Services
c/o Mark Behar
P.O. Box 239
Milwaukee, WI 53201
(414) 277-7671

TEXAS INFORMATION SOURCES

Dallas AIDS Hotline
(214) 976-3676

Dallas County Health Department
AIDS Prevention Project
2936 Amlia Court
Dallas, Texas 75235
(214) 920-7916

Dallas AIDS Resource Center
392 Cedar Springs
P.O. Box 190712
Dallas, TX 75219
(214) 521-5124

AIDS Foundation Houston, Inc.
P.O. Box 66973, Suite 1155
Houston, TX 77006
(713) 524-AIDS

ABILENE INFORMATION SOURCES

Abilene AIDS Task Force
(A component of the Taylor-Jones-Haskell County Medical Society)
(915) 691-2413 Jan Devoto, RN, MSN
(915) 695-8700 Gordon R. Golden, M.D., Chairman

Abilene AIDS Hotline
(915) 677-AIDS
(915) 677-2437

American Red Cross - Abilene, TX
(915) 677-2622 Yolanda Clay, RN

Big Country AIDS Support Group
(915) 692-5590 Sam Brinkman, Ph.D.

Sex Therapy
(915) 672-4419 Edward Coates, Ed.D.

The Abilene Public Health Center, Curzon C. Ferris Jr., M.D.
2241 South 19th Street, Abilene, Texas.
The HIV (AIDS) test is available at this location for \$3.00.
(915) 692-5600

PUBLICATIONS

National Sheriff's Association, (703) 836-7827
(published and makes available a training monograph on
"AIDS: Improving the Response of the Correctional System")

AIDS Policy and Law, Buraff Publications, Inc. Washington,
DC, 202-452-7889, bi-weekly, approx. cost \$337.00 yearly

AIDS Alert, American Health Consultants, Inc. Atlanta,
Georgia 404-351-4523

Confronting AIDS: Directory for Public Health, Health Care,
and Research, The National Academy of Science - Institute of
Medicine, Harvard University Press

Mobilizing Against AIDS: The Unfinished Story of a Virus, The
National Academy of Science - Institute of Medicine, Harvard
University Press

An "AIDS Informational Videotape for Law Enforcement" is
available through the San Francisco California Sheriff's
Department, 415-553-9600

SOURCES OF INFORMATION FOR THIS BULLETIN

Dr. B.B. Trotter; Hendrick Medical Center; Abilene, Texas, also, a member of the Texas Department of Health Task Force on AIDS

Dr. Gordon R. Golden; Abilene Diagnostic Clinic, Associates; Abilene, Texas; also, Chairman of the Abilene AIDS Task Force, a component of the Taylor-Jones-Haskell County Medical Society

The Abilene Public Health Center, Dr. Curzon C. Ferris Jr. Director; Abilene, Texas

Representative Bob Hunter's staff, Texas House of Representatives, Austin, Texas

San Francisco Police Department; San Francisco, California

San Francisco County, Department of Public Health; San Francisco, California

San Francisco Police Officer's Association; San Francisco, California

Report of the (Texas) Commissioner of Health's Task Force on AIDS, November 14, 1986; Austin, Texas

State Remedies for the AIDS Epidemic, Raymond E. Glazier Jr., published in The Council of State Governments - State Government News, February 1987

Surgeon General's Report on Acquired Immune Deficiency Syndrome, C. Everett Koop, M.D., Sc.D., U.S. Department of Health and Human Services, U.S. Public Health Service; Washington, DC

Aids in Texas, Aids Foundation Houston, Inc.; Houston, Texas

Communicable Disease Prevention and Control Act (Article 4419b-1, Vernon's Texas Civil Statutes); Austin, Texas

The Dallas Morning News, June 29, 1987 Special Report on AIDS; Dallas, Texas

American Red Cross

U.S. Public Health Service

AIDS: A Primer for Police Officers; Police Times, volume XXVII, no. 4, July-August 1987; published by the American Police Academy, Washington, DC

The American Medical Association Family Medical Guide

The Columbia University College of Physicians and Surgeons
Complete Home Medical Guide

REPORT OF CONTACT WITH A POTENTIAL CONTAGIOUS DISEASE CARRIER

ABILENE POLICE DEPARTMENT

TO: POLICE ADMINISTRATION

NAME OF OFFICER	RANK	ID #	DIVISION/COMPANY
DATE OF OCCURRENCE	DATE OF REPORT	LOCATION OF OCCURRENCE	
NAME OF INFECTED PERSON		CASE # / ARREST #	
ADDRESS OF INFECTED PERSON		SUBJECT'S PHYSICIAN	
SUSPECTED CONTAGIOUS DISEASE		PHYSICIANS ADDRESS	
WAS RESUSCITATION USED? YES [] NO []			
DESCRIBE WHY YOU BELIEVE THAT THE SUBJECT HAS A CONTAGIOUS DISEASE?			
SIGNATURE OF OFFICER/DATE		RECEIVED BY SUPERVISOR/DATE	
CONFIRMATION OF DIAGNOSIS			
=====			
SOURCE	DATE	OFFICER NOTIFIED BY	

REPORT OF CONTACT WITH A POTENTIAL CONTAGIOUS DISEASE CARRIER

An officer should complete APD form #271 - REPORT OF CONTACT WITH A POTENTIAL CONTAGIOUS DISEASE CARRIER if he/she encounters either one of the two conditions described below. The officer should make one copy for their personal records and forward the original report to their supervisor.

An officer makes contact with a person (or the personal effects of the person) that they reasonably believe might be a carrier of a contagious disease or who displays one or more of the symptoms of a contagious disease described in the contagious disease information bulletin dated 09-01-87; and the officer has reason to believe he/she may have come into direct contact with the subject's blood or other bodily fluids; or

An officer places a subject under physical custody arrest, and the subject claims to have a contagious disease. If the arrested subject does not appear to need immediate emergency medical care, they are to be handled, transported and held according to present department procedures. The Taylor County Adult Detention Facility or the Taylor County Juvenile Detention Facility should be notified of the subject's claims. After the subject is booked into the facility, it will be the responsibility of the respective facility staff to have the subject evaluated by medical professionals.

OVER

ABILENE POLICE DEPARTMENT

RECEIPT FOR CITY PROPERTY

Officer's Name (last, first, mi)	ID#
Division/Company	Date Received
Item Received	
(1) SAMARITAN KIT	
Signature of officer	

Note:

The items in this Protective (CPR) Rescue Kit have been sterilized. After you have broken the seal of any of the sterilized items for use, dispose of the kit as soon as practical. Warning - Do not re-use any item from the kit.

Once the contents of a kit have been used, you or your supervisor should contact the Department designated Safety Officer for reissue of another kit.