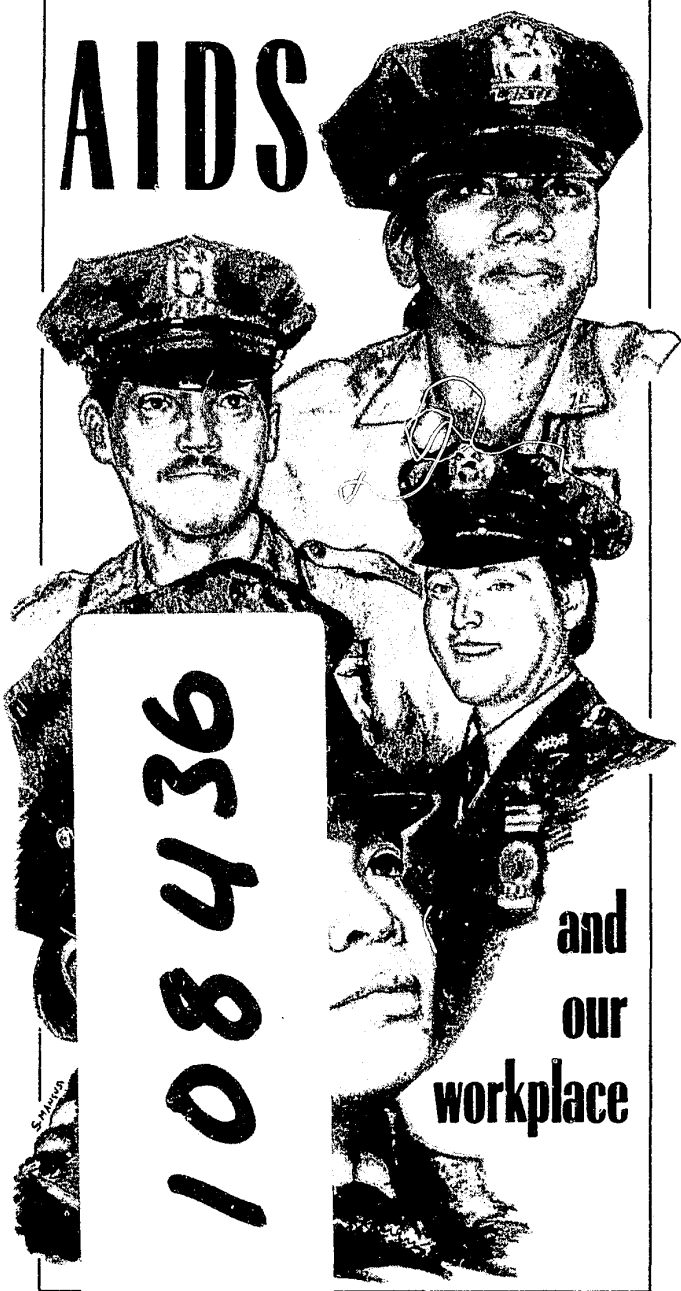


AIDS

108436

and
our
workplace





BENJAMIN WARD
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Supervising Chief Surgeon

NOVEMBER, 1987

AIDS AND OUR WORKPLACE

New York City Police Department

N.Y.P.D.

H-E-L-P-L-I-N-E

718-271-7777

NOVEMBER 1987

THIS GUIDE IS THE PROPERTY OF:

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TABLE OF CONTENTS

PAGE #

Message from the Surgeon General On Professional Responsibility	1
What Is AIDS?	2
Be Educated - Be Prepared	2
How is AIDS Transmitted?	3
Blood Products	3
Body Fluids	4
AIDS Is Not Spread Through Casual Contact	4
Signs and Symptoms	6
Police Officer and AIDS	8
Puncture Wounds and AIDS	9
Bites and AIDS	11
Employees and AIDS	12
Guarding a Hospitalized Prisoner	12

TABLE OF CONTENTS
(continued)

	PAGE #
Cleaning of Uniforms	13
Vouchering Evidence Stained With Blood	14
Transporting of Aided Cases/ Prisoner With AIDS	16
Prisoners With AIDS - When Medical Attention Required	17
Protective Clothing and AIDS	17
Good Hygiene	18
Legal Issues and AIDS	19
Discrimination and AIDS	20
Hotline Numbers	22
Where is Additional Information Available?	24
Sources	26

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PROFESSIONAL RESPONSIBILITY

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"At the beginning of the AIDS epidemic, many Americans had little sympathy for people with AIDS. The feeling was that somehow people from certain groups 'deserved' their illness. Let us put those feelings behind us. We are fighting a disease, not people. Those who are already afflicted are sick people and need our care as do all sick patients. The country must face this epidemic as a unified society. We must prevent the spread of AIDS while at the same time preserving our humanity and intimacy."

- C. Everett Koop, M.D., Sc.D.,
United States Surgeon General

* * * * *

WHAT IS AIDS?

* * * * *

AIDS, the Acquired Immune Deficiency Syndrome is spread by a virus. It attacks the body's built-in "security system" or immune system, leaving a person unprotected and unable to fight off other often life threatening diseases. The AIDS virus is commonly referred to as the HIV virus. Through July 1987, there have been 38,000 adult cases of AIDS reported in the United States.

* * * * *

BE EDUCATED - BE PREPARED

* * * * *

Be prepared. Learn as much about AIDS as you can. Learn to separate scientific information from rumor and myth. And remember: AIDS does NOT discriminate! While the concentration of AIDS cases is in the larger urban areas today, it has been found in every state and with the mobility of our society, it has afflicted individuals of every race, color, gender and sexual orientation.

* * * * *

HOW IS AIDS TRANSMITTED?

* * * * *

1. Sexual intercourse (anal, vaginal, and possibly oral);
2. Needle sharing;
3. Blood-to-blood contact.

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BLOOD PRODUCTS

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Contaminated blood products received before 1985, caused a small number of AIDS cases. The antibody test now checks all blood for signs of the presence of antibodies to the virus and has made the blood supply safer than ever.

GIVING BLOOD IS ABSOLUTELY SAFE!

* * * * *

BODY FLUIDS

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The HIV virus is found in blood, semen, and vaginal secretions and can be transmitted through these body fluids. The HIV virus has also been isolated in very low concentrations in saliva, tears, urine, amniotic fluid, breast milk, and spinal fluid, but no evidence of transmission via these body fluids has been found. The virus has not been isolated in feces or vomit, however, it is highly recommended that officers use the same precautions outlined later in this booklet when in contact with these body secretions.

* * * * *

AIDS IS NOT SPREAD THROUGH CASUAL CONTACT

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AIDS IS NOT SPREAD BY COMMON EVERYDAY CONTACT. IT IS SPREAD BY SEXUAL CONTACT (PENIS/RECTUM/VAGINA/MOUTH) WITH A PERSON WHO HAS THE HIV VIRUS AND BY INJECTION OF CONTAMINATED BLOOD.

YET, THERE IS GREAT MISUNDERSTANDING RESULTING IN UNFOUNDED FEAR THAT AIDS CAN BE SPREAD BY CASUAL, NON-SEXUAL CONTACT. THE FIRST CASES OF AIDS WERE REPORTED IN THIS COUNTRY IN 1981, AND RESEARCHERS HAVE BEEN STUDYING THE VIRUS SINCE THEN. THE MEDICAL COMMUNITY WOULD KNOW BY NOW IF AIDS IS PASSED BY CASUAL, NON-SEXUAL CONTACT. IT IS NOT! IT IS NOT SPREAD BY COUGHING, KISSING, HUGGING, SNEEZING, TOUCHING DOORKNOBS, DISHES, TELEPHONES, TOILET SEATS, SHARING TOOTHRUSHES, DRINKING GLASSES, OR CIGARETTES. AIDS IS NOT TRANSMITTED WHERE EMPLOYEES SHARE WORKPLACES.

No one has gotten AIDS from living with, touching, or caring for a person with AIDS. Even in households with young children where non-sexual intimate contact is substantial, no transmission of the virus has been recorded.

INSECTS - There are no known cases of AIDS transmission by insects. AIDS is not carried by mosquitoes.

PETS - Dogs, cats and domestic animals are not a source of infection from the AIDS virus.

TEARS AND SALIVA - Although the AIDS virus has been found in very low concentrations in tears and saliva, no instance of transmission from these body fluids has been reported.

AIDS COMES FROM SEXUAL CONTACT WITH PERSONS WHO HAVE THE HIV VIRUS AND FROM SHARING NEEDLES WITH PEOPLE WHO HAVE THE VIRUS. THERE IS NO DANGER OF INFECTION WITH THE AIDS VIRUS BY CASUAL SOCIAL CONTACT.

* * * * *

SIGNS AND SYMPTOMS

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- A. ASYMPTOMATIC: Some people appear apparently well after infection with the AIDS virus. They may have no physically apparent symptoms of illness. However, if proper precautions are not used with sexual contacts and/or intravenous drug use, infected individuals can spread the virus to others. Anyone who thinks he or she is infected or involved in high risk behaviors should not donate his/her blood, organs, tissues, or sperm, because they may now contain the AIDS virus.

B. ARC: AIDS-Related Complex (ARC) is a condition caused by the AIDS virus in which the patient tests positive for the AIDS infection and has a specific set of clinical symptoms. However, ARC patients' symptoms are often less severe than those with the disease we call classic AIDS. Signs and symptoms of ARC may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, or swollen lymph nodes. These are also signs and symptoms of many other diseases so only a qualified physician is capable of making an accurate diagnosis.

C. AIDS: Patients suffering from AIDS have severely weakened immune systems which leave them unprotected against opportunistic infections. Some symptoms of those infections include a persistent cough and fever, shortness of breath or difficulty breathing which may be the symptoms of Pneumocystis carinii pneumonia. Multiple purplish blotches and bumps may appear on the skin and may be a sign of Kaposi's sarcoma, a cancer which occurs frequently to those infected with the HIV virus. Individual reaction to the virus may differ from person to person.

D. Long Term: The AIDS virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis, or mental disorder. These symptoms may occur alone, or with other symptoms mentioned earlier.

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POLICE OFFICERS AND AIDS

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Police officers have a professional responsibility to render assistance to those who are in need of our services. We cannot refuse to help. Persons with infectious diseases must be treated with the care and dignity we show all citizens.

Outlined below are various questions posed by police officers concerning contact with AIDS. The responses are based upon extensive medical research and the actions recommended will permit officers to perform their professional duties safely.

* * * * *

WHAT SHOULD I DO IF...

* * * * *

(1) WHAT SHOULD I DO IF I RECEIVE A
PUNCTURE WOUND FROM A HYPODERMIC
NEEDLE OR SYRINGE?

RESPONSE: The risk of transmission
of the HIV virus by this route is
presumed to be extremely low.
However, because intravenous drug
users are at high risk for Hepatitis
B, the officer should follow these
instructions:

- a. Wash the injury with soap and
water.
- b. Immediately notify the Desk
Officer who will then follow
the Line of Duty Injury
procedure, and in addition;

c. The Desk Officer will notify the Health Services Division Sick Desk of the incident.

d. The Chief Surgeon or designee, if necessary will direct the officer to a private physician, hospital or clinic for appropriate follow-up.

Remember: Officers should always exercise special care during searches to avoid accidental needle punctures. Never blindly place hands in areas where there may be sharp objects that could puncture the skin. In addition, many inadvertent puncture wounds occur when an officer tries to safeguard a hypodermic needle during the vouchering process. Officers should not attempt to dislodge the needle from the syringe. Simply place the full hypodermic needle into the plastic tube which has been made available to each command. Those hypodermic syringes which are longer than the tubes should be placed inside the tube, needle first, and then secured with masking tape.

(2) I AM BITTEN BY SOMEONE WHO HAS
AIDS. WILL I GET THE VIRUS?

RESPONSE: It is almost always the individual doing the biting who comes into contact with the blood of the victim. The officer cannot be infected unless the person who has bitten the officer has blood in his/her mouth and it comes into contact with the officer's blood. The HIV virus has been found only in extremely low concentrations in saliva and there is no reported case of transmission via this route. However, as part of a course of good basic hygiene, the officer should wash the area thoroughly with soap and hot water. When confronted with an uncooperative person, officers should take special care to avoid getting blood in their eyes or mouth. If simple skin contact with blood, saliva, or other body fluid occurs, thorough washing with soap and water is sufficient to kill the HIV virus.

(3) A CIVILIAN OR A FELLOW OFFICER I
WORK WITH HAS AIDS; CAN I REFUSE
TO WORK WITH THAT PERSON?

RESPONSE: No. Our job does not entail contact of a more than casual nature among employees, therefore, there is no reason or medical excuse for asking to be relieved from an assignment with a fellow worker who has AIDS. AIDS is treated administratively and medically like any other illness. An officer or a civilian can work until he/she is placed on Sick Report. In that event, the normal sick leave guidelines apply.

(4) I AM GUARDING A HOSPITAL
PRISONER WITH AIDS; SHOULD I
WEAR GLOVES, GOWN, OR A MASK?

RESPONSE: Gloves are not needed unless the officer will be in contact with the prisoner's blood or body fluids. Neither masks nor gowns are needed by police officers. Sometimes hospital personnel suggest that the AIDS patient wear a mask for his/her protection from an airborne disease such as tuberculosis.

(5) WHAT SHOULD I DO IF MY UNIFORM
HAS BEEN STAINED WITH BLOOD OR
SOILED WITH BODY FLUIDS FROM AN
AIDED CASE OR A PRISONER WITH
AIDS?

RESPONSE: The AIDS HIV virus is very
fragile. Machine washing in the hot
cycle with commercial detergent is
sufficient to kill the HIV virus.

Stronger measures such as bleach
dilutions are often recommended to
control more rugged viruses such as
Hepatitis B. A bleach dilution
consisting of ten parts water, one
part bleach, should be used to clean
blood and body fluid spills on hard
surfaces such as floors and
countertops (bleach should not be used
on clothing or hands). For shoes, dab
the area with rubbing alcohol and then
wipe with a damp cloth and polish when
dry.

(6) I HANDLED EVIDENCE WHICH IS
STAINED WITH BLOOD, IS IT
VOUCHERED DIFFERENTLY FROM OTHER
EVIDENCE?

RESPONSE: An officer should use the following guidelines for vouchering evidence that is stained with either blood or body fluid:

- a. Use care in handling any object that has blood or body fluids upon it and wear gloves when packaging the evidence.
- b. If a serological analysis by the Police Laboratory is required the stained evidence MUST be packaged in a paper evidence envelope not a plastic security envelope.
- c. Each vouchered item should be placed in a separate paper property envelope.
- d. Each paper property envelope should then be placed in a single unsealed plastic bag. The plastic bag must remain unsealed and open so that the article within the sealed paper envelope can still "breathe". If the plastic bag is sealed, stained

evidence will decompose and make a serological analysis impossible. If the item is too large for enclosure in a paper evidence envelope and a serological analysis is required then wrap the item securely, in paper (newspaper, if necessary). This paper-wrapped item should then be placed in an open unsealed plastic bag to avoid leakage or staining of other objects.

- e. If no laboratory analysis is required and if the item is small enough then it should be placed in the plastic security envelopes which are now available at all commands.
- f. The officer should note on the envelope that the object is either blood-stained or stained with body fluid.
- g. If the vouchered object is capable of puncturing the packaging, officers should make the object safe by use of masking tape. Masking tape should not be placed on those objects intended for lab analysis since this may lessen the evidentiary value of the item.

h. Any item not suitable for enclosure in a plastic security envelope will be vouchered in the paper property envelopes.

i. In addition, the officer should note on the envelope that the object is either blood stained or stained with body fluids.

(7) WHAT SHOULD I DO IF I AM
TRANSPORTING AN AIDED CASE OR A
PRISONER WITH AIDS? WHAT
PRECAUTIONS SHOULD I TAKE?

RESPONSE: No extra precautions are
needed unless there is active
bleeding, and in that case, the
officer should wear gloves.

(8) IF A PERSON WITH AIDS SNEEZED OR
COUGHED IN MY PRESENCE, WHAT
SHOULD I DO?

RESPONSE: AIDS is not transmitted
through sneezing or coughing.

(9) A PRISONER STATES HE/SHE HAS AIDS, SHOULD WE TRANSPORT THE PRISONER TO THE NEAREST HOSPITAL FOR EVALUATION?

RESPONSE: No. Only if the prisoner requires medical attention should the prisoner be taken to a hospital. Therefore, previously promulgated Department guidelines, Patrol Guide section 112-3, for the treatment of prisoners with medical conditions should be followed. The recording and transportation of AIDS patients will be the same as for people suffering from any other illness.

(10) WHEN SHOULD I WEAR PROTECTIVE CLOTHING?

RESPONSE: Wear protective gloves when there is the presence of blood or body fluids. Always wear gloves when conducting a D.O.A. search. Always wash hands thoroughly after removal of gloves.

THE BEST APPROACH FOR A POLICE OFFICER IS TO ADOPT GOOD BASIC HYGIENE. IT IS THE BEST DEFENSE AGAINST ALL INFECTIONS AND TRANSMISSIBLE DISEASES. THE AIDS VIRUS IS DIFFICULT TO TRANSMIT AND THE VIRUS IS QUITE FRAGILE OUTSIDE THE HUMAN BODY. IT IS KILLED BY HEAT OR MANY COMMON HOUSEHOLD DISINFECTANTS AND DETERGENTS.

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GOOD HYGIENE DICTATES:

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- Wash your hands after every body search, cell search, or contact with body fluids.
- Wash your hands after you remove protective gloves.
- Cover or bandage any open wounds while at work since this creates a barrier against infection.
- Change your bandages if they become wet or soiled.
- Wash well and/or change clothing and equipment if you come into direct contact with any body secretions (saliva, blood, vomit, etc.).

(11) ARE THERE LEGAL ISSUES
PERTAINING TO AIDS THAT I SHOULD
KNOW ABOUT?

RESPONSE: There has been much discussion about mandatory testing and the issue of confidentiality. There is an antibody test now used on a voluntary basis to screen people for antibodies to the HIV virus. Some people have advocated broad mandatory screening programs. Substantial controversy surrounds any mandatory use of the test since the HIV test cannot determine whether a person in fact has AIDS. The test may not accurately predict either the presence of the HIV virus or whether an individual will develop AIDS symptoms in the future. In addition, there is a legal requirement that confidentiality of antibody test results be maintained. Otherwise, experts believe, people will be discouraged from seeking medical advice, and will unwittingly spread the disease.

The New York City Charter permits the Police Department to keep its records confidential. Sections 1113 and 1114 require that all city departments, except the Police Department, make copies of their records and reports available to the public. Patrol Guide procedure 104-1 prohibits the divulging of official department business. Members of the service are reminded that information received in an official capacity, such as information that an aided case has AIDS, is department business and should not be released, except as authorized.

(12) WHAT RIGHTS DO PEOPLE WITH AIDS
HAVE?

RESPONSE: They have the same rights as those accorded to any other ill or disabled member of our society. Unfortunately, discriminatory action has been taken against some people with AIDS by employers, landlords, neighbors, co-workers, and others who apparently act out of unwarranted fears based on misinformation. In New York City this type of discrimination is expressly illegal as per New York City Administrative Code Sections 8-101, 8-102(16b), 8-107, and 8-108.

In addition, AIDS is considered a disability under the New York State Human Rights Law (sections 292 and 296). This law protects people who have AIDS, people perceived as having AIDS, people who live with or are related to someone who has AIDS, and people who have tested positive for HIV virus.

NOTE: Often people with AIDS have learned to anticipate hostility, fear and rejection from those they encounter, making it difficult for them to communicate with others. For these reasons, a caring, non-judgmental and friendly interaction from police and other emergency service providers is particularly important and highly appreciated.

(13) WHERE CAN I GET ADDITIONAL
INFORMATION ABOUT AIDS?

HOTLINES

A. N.Y.P.D. HELPLINE

**** (718) 271-7777 ****

The Health Services Division will staff a 24-hour helpline to respond to inquiries from members of the Department on all health-related issues. Referrals can be made by Health Services Division personnel. In appropriate cases the advice of a physician can be obtained.

B. New York State Health Department
Hotline:

1-800-541-2437

C. National AIDS Hotline:

1-800-342-2437

1-800-342-7514

D. New York City AIDS HIV-Testing
Hotline:

(718) 485-8111

E. State Health Department AIDS
Institute:

(212) 340-3300

(516) 473-0641

F. Telephone hotline and written information is available for different audiences concerning risk reduction, medical and psychological concerns, testing and legal issues at the Gay Men's Health Crisis Center:

(212) 807-6655

This organization consistently provides the most up-to-date information across a very broad range of AIDS related issues.

G. Atlanta Center On Disease
Control-AIDS Hotline:

(404) 329-2891

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FOR FREE PAMPHLETS OR FURTHER
INFORMATION WRITE OR CALL:

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1. New York State Department of
Health-AIDS Institute:

10 East 40th Street (11th Floor)
New York, New York 10016

HOTLINE:

1-800-541-2437

2. New York City Health Department
AIDS HIV-Testing:

HOTLINE:

(718) 485-8111

9 A.M. - 9 P.M.

3. AIDS Legal Rights Handbook: NGRA

540 Castro Street
San Francisco, CA. 94114
(Send a self addressed stamped
envelope)

4. New York City Commission on
Human Rights; AIDS
Discrimination Unit:

(212) 566-1826

(212) 566-5446

52 Duane Street (7th Floor)
New York, New York 10007

5. State of New York Division of
Human Rights:

(212) 587-5041

270 Broadway (9th Floor)
New York, New York 10007

6. Drug Information for those with
AIDS or ARC:

AZT: 1-800-843-9388

7. Suicide Counseling:

a. Samaritans:

(212) 673-3000

(24-hours a day, 7-days a week)

b. Help Line:

(212) 532-2400

(24-hours a day, 7-days a week)

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SOURCES FOR THIS INFORMATION BOOKLET:

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1. The Surgeon General's Report on AIDS
2. Atlanta Center on Disease Control-U.S. Department of Health and Human Services/Public Health Service
3. New York State Department of Health
4. New York City Department of Health
5. National Institute of Justice: Office of Communication and Research Utilization
6. New York City Commission on Human Rights
7. State of New York Division of Human Rights
8. Gay Men's Health Crisis Center
9. Beth Israel Hospital: Clinical Trials Program

10. Baltimore Police Department
11. San Francisco Police Department
12. New York State Police Academy
13. People with AIDS Coalition
14. New York City Gay and Lesbian
Anti-Violence Project
15. New York City Fire Department
16. New York City Department of
Correction
17. New York State Department of
Correction
18. New York City Health & Hospitals
Corporation
19. New York City Emergency Medical
Services
20. Saint Vincent Hospital (New York)
21. New York City Medical Examiner's
Office .