

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 9

February 17, 2026

**SUBJECT: EXPOSURE TO CONTAGIOUS DISEASES – REVISED; MEDICAL TREATMENT FOR OFFICERS INJURED ON DUTY – RENAMED AND REVISED; REFERRALS TO BEHAVIORAL SCIENCE SERVICES – REVISED; DIRECTED REFERRAL – REVISED; RECOMMENDED REFERRAL – REVISED; AND, BLOODBORNE PATHOGEN EXPOSURE PROTOCOL FIELD NOTEBOOK DIVIDER, FORM 18.38.01 – REVISED**

**PURPOSE:** The purpose of this Order is to revise various Department policies and the procedure regarding the referral of personnel to Behavioral Science Services following an on-duty exposure to a bloodborne pathogen.

**PROCEDURE:**

- I. EXPOSURE TO CONTAGIOUS DISEASES – REVISED.** Department Manual Section 3/712.05, *Exposure to Contagious Diseases*, has been revised and is attached with the revisions in italics.
- II. MEDICAL TREATMENT FOR OFFICERS INJURED ON-DUTY – RENAMED AND REVISED.** Department Manual Section 3/720.10, *Medical Treatment for Officers Injured On-Duty*, has been revised and renamed “*Medical Treatment for Employees Injured On-Duty*,” and is attached with revisions in italics.
- III. REFERRALS TO BEHAVIORAL SCIENCE SERVICES – REVISED.** Department Manual Section 3/799, *Referrals to Behavioral Science Services*, has been revised and is attached with the revisions in italics.
- IV. DIRECTED REFERRAL – REVISED.** Department Manual Section 3/799.10, *Directed Referral*, has been revised and is attached with the revisions in italics.
- V. RECOMMENDED REFERRAL – REVISED.** Department Manual Section 3/799.20, *Recommended Referral*, has been revised and is attached with the revisions in italics.
- VI. BLOODBORNE PATHOGEN EXPOSURE PROTOCOL FIELD NOTEBOOK DIVIDER, FORM 18.38.01 – REVISED.** The Bloodborne Pathogen Exposure

Protocol Field Notebook Divider, Form 18.38.01, has been revised. The revised Field Notebook Divider, Form 18.38.01, is attached with revisions in italics.

**FORM AVAILABILITY:** The revised Form 18.38.01 is available in E-Forms on the Department's LAN and is attached for immediate use and duplication. The "Form Use" for the revised form is unchanged. All other versions of the form shall be marked "obsolete" and placed into Area/divisional recycling bins.

**AMENDMENT:** This Order amends Sections 3/712.05, 3/720.10, 3/799, 3/799.10, and 3/799.20, of the Department Manual.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in blue ink, appearing to read "Jim McDonnell", is written over the typed name and title.

JIM McDONNELL  
Chief of Police

Attachments

DISTRIBUTION "D"

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**712. EMPLOYEE EXPOSURE TO HEALTH HAZARDS - REPORTING PROCEDURES.**

**712.05 EXPOSURE TO CONTAGIOUS DISEASES.**

**Employee Responsibilities.** On-duty employees having contact with persons believed to have *contagious diseases* shall:

- Contact *Medical Services Division (MSD), Personnel Department, City of Los Angeles* for advice during normal business hours;
- Complete an Employee's Report, Form 15.07.00; *and,*
- Submit the Employee's Report to *their* supervisor or watch commander.

*Note:* Contact *Department jail dispensaries*, or a physician at a contract hospital when *MSD* is closed.

*The Employee's Report* shall include:

- The name, address, and date of birth of the person suspected of having *a contagious disease*;
- The date, time, and location of the contact;
- The circumstances which caused the employee to suspect the person's condition;
- The name of the *Department jail* dispensary, or contract hospital *the* employee contacted, and the advice received; and,
- A copy of any related reports.

*Note:* If more than one employee was exposed from the same occurrence, one *Employee's Report* may be submitted listing the names and serial numbers of each exposed employee.

**Supervisor/Watch Commander-Responsibilities.** Upon *being notified* that an employee has been *in contact with or* exposed to a serious *contagious* disease, the supervisor/watch commander shall:

- Conduct a thorough and immediate investigation and determine which employee(s) *was* exposed *to or* has been in contact with any bloodborne pathogen or bodily fluids during the incident;
- Collect and approve an Employee's Report, listing each exposed employee, and forward *it* with any related reports to the commanding officer of the Area/division of occurrence; and,

*Note:* Contact must be with blood, urine, fecal matter, saliva, or other potentially infectious bodily fluid.

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- If contact with any bodily fluid(s) or an exposure has occurred, the supervisor shall *ensure* the concerned employee immediately cleanses and/or disinfects the contaminated area if the employee has not already done so. If there is a reasonable likelihood that the bodily fluid may be relevant evidence for the investigation, photographs shall be taken immediately. All evidence shall be booked in accordance with Department policy. Cleansing and/or disinfecting the exposed area **shall not** be delayed *in order* to obtain a camera.

*Note: Personnel may use Body-Worn Video, and/or Department cell phone camera in the absence of a Department camera.*

In addition, any supervisor involved in the separation, transportation, and monitoring of involved/witness employees following a Categorical Use of Force incident shall:

- Determine if any clothing or equipment worn by an employee during the use of force incident has been in contact with an involved person's bodily fluids. In such cases, the employee shall be allowed to immediately change or remove contaminated clothing and/or equipment;
- Preserve *as evidence*, towels, cloths, or other items used by an exposed employee to cleanse bodily fluids from *their* skin, and all items of the employee's clothing and/or equipment containing traces of bodily fluids as evidence;
- Notify the incident commander and Force Investigation Division investigators of all actions taken pursuant to this *section* and document them in a Sergeant's Daily Report, Form 15.48.00; *and*,
- The incident commander shall ensure that bloodborne pathogen *or contagious disease* exposure, injury treatment and reporting *protocols* are followed.

**Commanding Officer-Responsibilities.** The Area/division commanding officer receiving the Employee's Report, and related reports shall review and forward them to Personnel Division.

**Commanding Officer, Personnel Division-Responsibilities.** The Commanding Officer, Personnel Division, upon receiving a copy of the Employee's Report and related reports shall:

- *Ensure* a copy of the *Employee's Report* is placed in each employee's medical package at Medical Liaison Section; and,
- In cases of exposure to a *person with tuberculosis*, forward a copy of the *Employee's Report* and any necessary related reports to the *Tuberculosis Control Program*, County of Los Angeles Public Health Department.

**BLOODBORNE PATHOGEN EXPOSURE.** When an employee requires an evaluation or treatment for exposure to a bloodborne pathogen, which occurs during regular business hours (6:00 A.M. to 3:30 P.M., Monday through Friday), *they* shall contact or respond to MSD, within **two hours** of the original exposure.

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**Note:** If the incident occurs after regular business hours, the employee shall contact or respond to a Department jail dispensary, Metropolitan Jail Section, Valley *Jail Section* (Van Nuys *Division*) or 77<sup>th</sup> Street (*77<sup>th</sup> Street Division*), within **two hours** of the original exposure.

**Commanding Officer's Responsibilities.** Upon notification that an employee under *their* command has *experienced* an occupational bloodborne pathogen exposure, the commanding officer shall:

- Ensure that the employee is immediately evaluated by MSD medical staff at one of the City's *jail* dispensaries;
- Meet with the involved employee(s) to discuss the process that will occur (e.g., MSD Procedures);
- Ensure that the initial needs of the involved employee are met (e.g., ensure *all required* medical attention is provided and provide transportation, *if necessary*, to their residence at the conclusion of *treatment and* interviews);
- Ensure that the exposure incident is properly documented (e.g., Employee's Report, Occupational Injury or Illness, State Form 5020); *and*,
- *If the employee appears psychologically distressed or responds affirmatively to the offer of psychological support from Behavioral Science Services, a directed referral shall be scheduled on an on-duty basis for a critical incident exposure (per Department Manual Section 3/799.10).*

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**720. MEDICAL EXAMINATIONS OR TREATMENT.**

**720.10 MEDICAL TREATMENT FOR *EMPLOYEES INJURED ON-DUTY.*** An *employee* shall immediately notify *their* watch commander or supervisor of any injury or illness incurred on-duty or *injured on-duty* related medical appointments. *For any occurrence* where medical treatment, beyond *first aid* is given, or in which the *employee* is placed off work by a Workers' Compensation treating physician beyond the date of the injury or illness, an Employer's Report of Occupational Injury or Illness, State Form 5020, shall be completed by a supervisor.

**Note:** In case of an emergency, serious injury or illness, request a Rescue Ambulance, or call 911, or transport the employee to the nearest hospital emergency room (Department Manual Section 3/275.10).

In all cases of serious injury or illness, hospitalization, or transportation via Rescue Ambulance, Medical Liaison Section, Personnel Division, shall immediately be notified of the circumstances of the incident *during business hours, or the Department Operations Center during off hours* (Department Manual Section 3/711.22).

**Note:** Commanding officers shall, upon notification that an employee under *their* command has *experienced* an occupational bloodborne pathogen exposure, ensure that the employee is immediately evaluated by Medical Services Division (MSD), *Personnel Department, City of Los Angeles* medical staff at one of the Department's jail dispensaries. Commanding officers shall also ensure that the exposure incident is properly documented.

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**799. REFERRALS TO BEHAVIORAL SCIENCE SERVICES.** When an employee's commanding officer or supervisor becomes aware that the employee is exhibiting behavior that *is perceived* as interfering with the individual's job performance, and/or may pose a threat to the safety or well-being of the employee or others, *and/or has been involved in an on-duty critical incident*, a Behavioral Science Services (BSS) psychologist **shall** be contacted for professional advice. Generally, the commanding officer **shall** contact BSS; however, under emergency circumstances, a supervisor *with direct knowledge of the concerns may do so*.

*Note: Consult with a BSS Police Psychologist for possible referrals, regardless of whether observable distress is present. These referrals are typically well received and offer additional benefits, including reinforcing employee value, demonstrating organizational support, and providing psychoeducation to promote long-term professional wellness.*

*From a psychological standpoint, a "critical incident" is any high-stress event that may cause significant emotional or psychological impact, with effects that may vary in intensity and be delayed. For both sworn and civilian personnel, examples include: officer-involved shootings, disasters, terrorist events, major traffic collisions, child deaths, in-custody deaths, graphic crime scenes, lifesaving efforts, and similar events.*

*Behavioral Science Services may be contacted for consultation during normal business hours. For after-hours emergencies, an on-call BSS psychologist is available via the Department Operations Center (DOC).*

The commanding officer or supervisor shall *provide a detailed explanation of the circumstances or observations that indicate an employee may require a referral*. Behavioral Science Services shall evaluate the request and advise the commanding officer or supervisor *if a directed or recommended referral to BSS is appropriate*. Documentation is not required by the commanding officer or supervisor. However, if initiated, it should **only** indicate that the employee was either directed or *recommended* to BSS, and a copy of the documentation shall be provided to the employee.

**799.10 DIRECTED REFERRAL.** *A directed referral to BSS, is an order issued by a commanding officer to an employee who exhibits at risk behaviors related to job performance, wellness, and/or safety concerns, or has been involved in an on-duty critical incident after recommendation for evaluation has been made by BSS.*

When a directed referral is recommended by BSS, the commanding officer shall meet with the employee. When an emergency exists and there may be an unacceptable delay in the commanding officer's arrival, a supervisor *with direct knowledge of the concerns* may meet with the employee.

When meeting with the employee, the commanding officer or supervisor shall discuss the rationale for the directed referral. The commanding officer or supervisor **shall** inform the

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employee that the directed referral is not disciplinary or punitive in nature, but is *intended* to assist or support the employee with the relevant concern(s) or circumstances.

The commanding officer or supervisor shall schedule the appointment(s) with BSS and notify the employee of the date and time of the appointment(s).

*Note:* An employee's attendance at BSS sessions resulting from a directed referral is required and shall be conducted on an on-duty basis; however, the employee's active participation in session(s) is voluntary. After the session(s), BSS will contact the commanding officer to confirm the employee's attendance and, if applicable, provide recommendations for the purpose of determining a temporary assignment, as suitable. If the BSS psychologist is unable to provide recommendations due to the employee's level of participation, the commanding officer will consult their chain of command for further guidance. No other information will be provided by BSS to a referring commanding officer or supervisor unless the employee has signed the City of Los Angeles Personnel Department – Medical Services Division, Medical Section Authorization for Release of Information, Bilateral Release Request Form or when disclosure is specifically authorized and/or required by law.

**799.20 RECOMMENDED REFERRAL.** *A recommended referral is suggested to assist the employee with relevant concerns(s) or circumstances.*

When a commanding officer or supervisor contacts BSS for advice and a recommended referral is deemed to be appropriate, the commanding officer and/or supervisor shall meet with the employee to discuss the rationale for the recommended referral.

The commanding officer or supervisor **shall** inform the employee of the following:

- The recommended referral is not disciplinary or punitive in nature;
- The employee's attendance is voluntary;
- The referral is completely confidential; and,
- *The content of the BSS session is confidential.*

*Note:* The employee must schedule a recommended referral with BSS themselves, unless they specifically request assistance in doing so.

An employee's attendance at a BSS session(s) resulting from a recommended referral, or self-initiated referral, shall be on an off-duty basis, unless otherwise approved by the employee's commanding officer. These session(s) remain confidential, and no information (including attendance) will be provided to a referring commanding officer or supervisor unless the City of Los Angeles Personnel Department – Medical Services Division Medical Section Authorization for Release of Information, Bilateral Release Request Form has been signed by the employee or when disclosure is specifically authorized and/or required by law.

# BLOODBORNE PATHOGEN EXPOSURE PROTOCOL FIELD NOTEBOOK DIVIDER

The purpose of this Field Notebook Divider is to summarize the concepts and procedures necessary for preventing exposure to bloodborne pathogens in the field, and to outline what to do should an exposure occur.

## INTRODUCTION

### What are Bloodborne Pathogens?

Bloodborne pathogens are *infectious microorganisms, like viruses or bacteria, that are carried in human blood and can cause disease. These pathogens can be transmitted through contact with contaminated blood or body fluids.*

### What are “Other Potentially Infectious Body Fluids”?

Other than blood, the potentially infectious body fluids most likely to be encountered in the field are semen, vaginal fluid, breast milk, amniotic fluid and any other body fluid containing visible traces of blood (such as a traffic accident victim’s bloody vomit).

Saliva that has no traces of blood is not a potentially infectious body fluid.

### What are the Bloodborne Pathogens most likely to be encountered in the Field?

Hepatitis B, Hepatitis C, and *Human Immunodeficiency Virus (HIV)*, the virus that causes *Acquired Immunodeficiency Syndrome (AIDS)*.

### What is a Bloodborne Pathogen Exposure?

A bloodborne pathogen exposure requires that **two** criteria be met:

1. Contact must be with blood or another potentially infectious body fluid; and,
2. Contact must be through a portal of entry capable of introducing the blood or other potentially infectious body fluid into the bloodstream, such as a break in the skin or a mucous membrane such as the eyes or the inside of the nose or mouth.

Exposure has not occurred if only one of the above-criteria has been met. For example:

- An employee is exposed if *they are* punctured by a needle;
- An employee is not exposed if *they have* blood splashed onto intact skin; *and*,
- Transporting or interviewing a person who is infected with Hepatitis B or HIV is not an exposure.

## UNIVERSAL PRECAUTIONS

### How do I protect myself from Bloodborne Pathogens in the field?

Universal precautions shall be used to protect against bloodborne pathogen exposure.

### What are Universal Precautions?

Universal precautions are *California Occupational Safety and Health (Cal/OSHA)*-mandated procedures for reducing the risk of exposure to bloodborne pathogens. The key element of universal precautions is treating all blood and other potentially infectious body fluids, from all persons, at all times as if it is infectious. Universal precautions must be used since you can never know for sure who in the field is infected.

### How are Universal Precautions used in the Field?

Cal/OSHA and the Department mandate that all employees shall always use universal precautions in the field:

1. Latex gloves shall be worn when contact with blood or other potentially infectious body fluids is anticipated and shall be changed after each contact. Leather gloves are not an acceptable substitute for latex gloves;
2. Latex gloves shall be turned inside out when being removed and disposed of as indicated in Department Manual *Section (DMS) 3/712.13*;
3. Hands and skin surfaces shall be thoroughly washed as soon as possible after providing first aid, or after contact with blood or other potentially infectious body fluids. If a waterless cleanser was used to wash in the field, then hands shall be washed with soap and water as soon as possible afterwards;
4. Masks, protective eye wear, and gowns shall be worn if possible whenever splashing is anticipated;
5. Precautions shall be taken to prevent injuries caused by needles and other sharp instruments. For example, needles shall not be recapped, bent or broken by hand, and sharp objects taken into evidence shall be placed in an appropriate puncture resistant container. Searches shall be conducted with care. Remember: look before you reach;
6. *Cardiopulmonary Resuscitation (C.P.R.)* masks or other ventilation devices shall be used to reduce the risk of exposure to

bloodborne pathogens and other diseases;  
*and,*

7. An employee's open cuts or sores shall be covered with adhesive bandages. If blood soaks through the bandage, it shall be changed.

#### **How shall Universal Precautions Equipment be carried in the field?**

Cal/OSHA requires that Personal Protective Equipment Kits for universal precautions be provided by the City. Personal Protective Equipment Kits can be obtained from the *Area/division* kit room or supply locker.

#### **Who should carry Personal Protective Equipment Kits?**

- One complete Personal Protective Equipment Kit shall be stored in every police vehicle (car, van, bus, truck, etc.).
- Modified kits shall be carried by motorcycle, bicycle and mounted units. A modified kit shall contain at least one of each required item.
- The Department recommends that all uniformed officers assigned to enforcement activities, especially footbeat officers who may not have convenient access to their Personal Protective Equipment Kits, carry latex gloves, towelettes and a C.P.R. mask *on their person.*

#### **What are the contents of a complete Personal Protective Equipment Kit?**

##### Items:

Latex gloves (four pairs)  
C.P.R. mask (1)  
A surgical mask (1) Towelettes (6)  
Tube of hand cleaning gel (1)  
Evidence tube and cork (1 each)  
Disposable boot covers (two pairs)  
Jumpsuit (1)  
Apron (1)  
Contamination Bags (10)

#### **Who is responsible for ensuring that a Personal Protective Equipment Kit is complete?**

- Officers shall replace the items from the kit room or supply locker if there are any items missing from a kit;
- A supervisor shall be notified immediately if individual kit items are not available; *and,*
- Commanding officers are responsible for ensuring that an adequate supply of equipment is maintained in the kit rooms or supply lockers.

## **EXPOSURE EVALUATION AND TREATMENT**

#### **If there is a Bloodborne Pathogen exposure, are there treatments that can prevent an infection from occurring?**

Yes. There are treatments that are highly effective, but they must be taken promptly, and work best when begun within 2 hours after an exposure. Since these treatments must be authorized by City physicians, not contract hospital staff, the protocol described below must be followed to ensure prompt treatment.

#### **What should an Employee do if they believe they have sustained an exposure?**

The protocol depends upon whether or not the employee requires emergency medical care. A possible exposure by itself is not an injury requiring emergency medical care. For example, a suspect's blood splashed into an employee's eye is not an injury requiring emergency medical care. However, it is an exposure requiring evaluation and possible treatment by City medical staff.

#### **What should an Employee do if there is a possible exposure but no injury requiring Emergency Medical Care?**

The employee shall:

1. Immediately cleanse and/or disinfect the exposed area. Exposed mucous membranes shall be flushed with water;
2. Immediately report the incident to a supervisor. Supervisors are responsible for ensuring that bloodborne pathogen and injury reporting protocols are adhered to; *and,*
3. *Contact or respond to Medical Services Division or a Jail dispensary within 2 hours of exposure* for evaluation and possible treatment to prevent infection; Metropolitan Detention Center, Jail Dispensary, (213) 356-3750 or (213) 356-3425; Valley Jail Section, Jail Dispensary (818) 374-9965, and 77th Regional Jail Section, Jail Dispensary, (323) 786-5543; Medical Services Division, (213) 473-6960.

## SUPERVISOR'S RESPONSIBILITIES

Upon being notified that an employee has been in contact with or exposed to a serious contagious disease, the supervisor shall:

- Conduct a thorough and immediate investigation and determine which employee(s) was exposed to or has been in contact with any bloodborne pathogen or bodily fluids during the incident.
- Collect and approve an Employee's Report, listing each employee and forward it with any related reports to the commanding officer of the Area/division of occurrence.

**Note:** Contact must be with blood, urine, fecal matter, saliva, or other potentially infectious body fluid.

- If contact with any body fluid(s) or an exposure has occurred, the supervisor shall:
  - Ensure the concerned employee immediately cleans and/or disinfects the contaminated area; if the officer has not already done so.
  - If there is a reasonable likelihood that the body fluid may be relevant evidence to the investigation, photographs shall be taken immediately. Cleansing and/or disinfecting the exposed area **shall not** be delayed *in order* to obtain a camera.

**Note:** Personnel may use Body-Worn Video, and/or Department cell phone camera in the absence of a Department camera.

In addition, any supervisor involved in the separation, transportation, and monitoring of involved/witness employees following a Categorical Use of Force incident **shall**

- Determine if any clothing or equipment worn by an employee during the use of force incident has been in contact with an involved person's body fluids. In such cases, the employee shall be allowed to immediately change or remove contaminated clothing and/or equipment.
- Preserve as evidence, towels, cloths, or other items used by an exposed employee to cleanse body fluids from *their* skin, and all items of the *employee's* clothing and/or equipment containing traces of body fluids;

- Notify the incident commander and Force Investigation Division (FID) investigators of all actions taken pursuant to DMS 3/712.05, and document them in a Sergeant's Daily Report, Form 15.48.00.

The incident commander shall ensure that bloodborne pathogen *exposure*, injury treatment and reporting *protocols* are followed.

### What should an Employee do if there is a possible exposure and there is an injury requiring Emergency Medical Care?

1. Immediately cleanse and/or disinfect the exposed area. Exposed mucous membranes shall be flushed with water;
2. The employee shall be taken to the nearest emergency hospital within 2 hours for treatment of the injury; *and*,
3. The responding supervisor or senior officer present shall immediately call City medical staff to report the possible exposure so that they can consult promptly with the emergency hospital about whether to begin treatment to prevent infection. Treatment to prevent infection shall not begin without consultation with City medical staff, who may be reached at one of the following locations: Metropolitan Detention Center, Jail Dispensary, (213) 356-3750 or (213) 356-3425; Valley Jail Section, Jail Dispensary (818) 374-9965, and 77<sup>th</sup> Regional Jail Section, Jail Dispensary, (323) 786-5543; Medical Services Division, (213) 473-6960.

## SOURCE PERSON TESTING

### What is a Source Person?

A source person is the individual whose blood or other potentially infectious body fluid is the source of the exposure. For example, a source person may be a suspect, a crime or accident victim, or a fellow officer.

### When should the Identity of the Source Person be recorded?

A source person's identifying information shall be recorded when necessary to complete relevant official reports, such as crime, or accident reports. However, the confidentiality of the source person's identity shall be maintained by all employees at all times.

**Can the Source Person be tested?**

Yes. Under certain circumstances, and only upon the recommendation of City medical staff based on objective medical criteria *a source person may be tested*. A source person's willingness to be tested is not sufficient grounds for testing.

The involved officer(s) shall then ensure *that* either their divisional detectives or detectives in the division of occurrence are notified and provided all relevant reports. The detectives, not the officers, shall then complete a request for involuntary testing and contact the City Attorney's Police General Counsel Section, at (213) 978-8130.

**What are the procedures for testing a Source Person?**

City medical staff must first determine that there is an objective medical basis to warrant testing. The procedures for testing then depend upon whether the source person voluntarily agrees to be tested.

If additional information is needed, the detective(s) shall call the Department's Medical Liaison Section, at (213) 486-4600. If Medical Liaison Section is closed, the detective (s) shall call Detective Support and Vice Division, at (213) 486-0910.

**What are the procedures if a Source Person Voluntarily consents to testing?**

In all cases, City medical staff must first determine that there is an objective medical basis to warrant testing. *The following protocols will then activate:*

If the source person is at a City facility:

City medical staff will obtain written consent and withdraw a blood sample for testing;

If the source person is at a non-City medical facility:

The medical staff at the facility will obtain written consent and withdraw a blood sample. A Department employee shall then transport the blood sample to City medical staff for testing.

If the source person is not at a medical facility:

City medical staff shall make arrangements to obtain written consent and have the source person tested.

**Can a Department Employee obtain the Source Person's consent to test?**

No. Under no circumstances, shall an officer or other Department employee *attempt to or* obtain consent.

**What if the Source Person refuses to consent to testing?**

*In certain situations, state law allows for collecting a blood sample from an individual and testing without consent.*

City medical staff must first determine that there is an objective medical basis to warrant testing. City medical staff must then determine that the source person refuses to be tested voluntarily.