

IV. Placement

- A. DOES will notify the EMPLOYER, prior to the anticipated hiring dates, of the number of applicants DOES will refer as agreed. DOES will make every reasonable effort to refer at least two qualified applicants for each job opening.
- B. The EMPLOYER will make all decisions on hiring new employees but will in good faith use reasonable efforts to select its new hires or employees from among the qualified applicants for each job opening.
- C. In the event DOES cannot refer the qualified personnel requested, within five (5) business days (Monday – Friday) from the date of notification, the EMPLOYER will be free to directly fill remaining positions for which no qualified applicants have been referred. In this event, the EMPLOYER will still be required to meet the 51% goal.
- D. After the EMPLOYER has selected its employees, DOES will not be responsible for the employees' actions and the EMPLOYER hereby releases DOES from any liability for employee's actions.

V. Training

DOES and EMPLOYER may agree to develop skills training and on-the-job training programs; the training specifications and cost for such training will be mutually agreed upon by the EMPLOYER and DOES and covered in a separate Training Agreement.

VI. Controlling Regulations and Laws

- A. If this Agreement conflicts with any labor laws or governmental regulations, the laws or regulations shall prevail.
- B. DOES will work within the terms of all collective bargaining agreements to which the EMPLOYER is a party.
- C. The EMPLOYER will provide DOES with written documentation that the EMPLOYER has provided the representative of any involved collective bargaining unit with a copy of this Agreement and has requested comments or objections. If the representative has any comments or objections the EMPLOYER will provide them to DOES.

VII. Agreement Modifications, Renewal, and Monitoring

- A. If, during the term of this Agreement, the EMPLOYER should transfer possession of all or a portion of its business concerns affected by this Agreement to any other party by lease, sales, assignment or otherwise, the EMPLOYER as a condition of transfer shall:

1. Notify the party taking possession of the existence of the EMPLOYER'S Agreement.
 2. Notify the party taking possession that full compliance with this Agreement is required in order to avoid termination of the project.
 3. EMPLOYER shall, additionally, advise DOES within seven (7) days of the transfer. This advice will include the name of the party taking possession and the name and telephone of that party's representative.
- B. DOES shall monitor EMPLOYER'S performance under this Agreement. The EMPLOYER will cooperate in DOES' monitoring effort and will submit a Contract Compliance Form to DOES monthly.
- C. To assist DOES in the conduct of the monitoring review, the EMPLOYER will make available payroll and employment records for the review period indicated.
- D. If additional information is needed during the review, the EMPLOYER will provide the requested information to DOES.
- E. The EMPLOYER and DOES, or such other agent as DOES may designate, may mutually agree to modify this Agreement.
- F. The project may be terminated because of the EMPLOYER'S non-compliance with the provisions of the Agreement.

Dated this _____ day of _____ 19 _____

Signed:

 DEPARTMENT OF EMPLOYMENT SERVICES SIGNATURE OF EMPLOYER

 NAME OF COMPANY

 ADDRESS

 TELEPHONE

EMPLOYMENT PLAN

Instructions:

- Submit original to the Department of Employment Services (DOES) with First Source Employment Agreement.
- Upon approval of project by the originating agency, DOES will contact Employer.

NAME OF FIRM _____

ADDRESS _____

TELEPHONE NUMBER _____ FEDERAL IDENTIFICATION NO. _____

CONTACT PERSON _____ TITLE _____

TYPE OF BUSINESS _____

ORIGINATING DISTRICT AGENCY _____

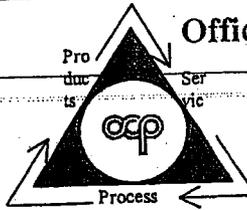
TYPE OF PROJECT _____ FUNDING AMOUNT _____

PROJECT START DATE _____ PROJECT DURATION _____

NEW JOB CREATION PROJECTION (Attach additional sheets, as needed). Please indicate the new position(s) your firm will create as a result of this project.

	JOB TITLE	# OF JOBS FT/ P/T	SALARY RANGE	UNION MEMBERSHIP REQUIRED NAME LOCAL #	PROJECT ED HIRE DATE
A					
B					
C					
D					
E					

ATTACHMENT J.7 COST-PRICE DATA PACKAGE



Office of Contracting & Procurement

*** Government of the District of Columbia

COST / PRICE DISCLOSURE CERTIFICATION

RFP Number: _____ Closing Date: _____

Caption: _____ Total Proposed Amount: _____

The undersigned _____

(please print name and title of offeror's authorized signatory) hereby certifies that, to the best of my knowledge, the cost and pricing data (i.e. at the time of price agreement this certification represents that all material facts of which prudent buyers and sellers would reasonably expect to affect price negotiations in any significant manner) submitted was accurate, complete, and current as of _____ (date of RFP closing or conclusion of negotiations as appropriate).

The undersigned further agrees that it is under a continuing duty to update cost or pricing data through the date that negotiations, if any, with the District are completed. The undersigned further agrees that the price, including profit or fee, will be adjusted to exclude any significant price increases occurring because the cost or pricing data was inaccurate, incomplete or not current. (See D.C. Procurement Regulations, 27 DCMR, Chapter 6, Section 699, Chapter 16, Section 1624; and Section 32 of the Standard Contract Provisions for Use with District of Columbia Government Supply and Services Contracts, October 1, 1999, as amended).

Signed: _____ Date: _____

Title: _____

Company: _____

Address: _____

DUNS #: _____

Phone: _____

Fax: _____

COST/PRICE DATA REQUIREMENTS

1. GENERAL INFORMATION:

- 1.1 Offerors submitting cost/price proposals, in response to a District Request For Proposal (RFP), sole source procurement, change order, or contract modification exceeding \$500,000 in total value, must include a complete cost and pricing data breakdown (i.e., data that is verifiable and factual) for all costs identified in the proposal, and relevant to the performance of the contract. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the Offeror has been submitted, either actually, or by specific identification, to the District. If not available at the time of submission, as later information comes into the Offeror's possession, it should be promptly submitted to the District in a manner that clearly demonstrates its relationship to, and effect on, the Offeror's cost/price proposal. This requirement continues up to the date of final agreement on price and/or other issues, as agreed upon between the parties.
- 1.2 There is a clear distinction between submitting cost or pricing data and merely making available books, records and other documents without identification or context. By submitting a cost/price proposal, the Offeror, if selected for negotiation, grants the Contracting Officer, or an authorized representative, the right to examine, at any time before award, those books, records, documents, and other types of factual information, regardless of form or whether such supporting information is specifically referenced or included in the proposal as a basis for pricing, that will permit an adequate evaluation of the proposed cost/price.
- 1.3 The cost/price proposal will represent the offeror's understanding of the RFP's requirements and the offeror's ability to organize and perform those requirements effectively and efficiently. The evaluation of the Offeror's cost/price proposal will be based on an analysis of the realism and completeness of the cost data, the conformity of the cost to the offeror's technical data and the proposed allocation of labor-hours and skill sets. Pertinent cost information, including but not limited to Defense Contract Auditing Agency (DCAA) and/or the Department of Labor (DOL) recommended rates for direct labor, overhead, general and administrative expense (G&A), etc., as necessary and appropriate, must be used to arrive at the most probable cost to be incurred by the Offeror. If the District considers the proposed costs to be unrealistic, the Offeror should adjust its proposed costs accordingly. Any inconsistency, whether real or apparent, between promised performance and cost or price should be explained in the cost/price proposal. The burden of proof for cost credibility rests with the Offeror.
- 1.4 The Offeror must submit its cost/price proposal in hard copy as well as on a diskette, which is in a format (i.e. MS Office, Lotus 1-2-3, etc.) specified and/or provided by the Agency Contracting Officer in the solicitation package. All cost/price proposals should provide a cost summary by all cost elements, cross-referenced to supporting documentation. See Table No. (1.4).

1.5 The following information shall be included in this section, for the prime contractor and each proposed subcontractor:

- (a) A properly completed "Cost/Price Disclosure Certification."
- (a) Identification of any estimates, along with the rationale and methodology used to develop them, including judgmental factors used in projecting future costs, based on known data, and the timing, nature and extent of any material contingencies.
- (c) Disclosure of any other activities or likely events which could materially impact specific costs (i.e., existing large material and supply inventories, management/ownership changes, new technologies, collective bargaining agreements, etc.)
- (d) Disclosure of any and all awarded and pending contracts with the District of Columbia, including contract number(s), amount, type (fixed price, cost reimbursement, etc.), agency, and a brief description of services.
- (e) Source of approval and the latest date of approval of the offeror's Accounting system.

Table (1.4)
Example Cost Summary Format

Cost Item	Task 1		Task 2		Task 3		Task 4, etc.		Base Term Total
	R	H	R	H	R	H	R	H	
Direct Labor Categories									
♦ Employee A									
♦ Employee B									
♦ Employee C									
Total Labor Hours									
Total Labor Dollars									
Fringe Benefit									
Labor Overhead *									
Total Direct Labor									
Other Direct Costs									
♦ Equip. & Supplies									
♦ Materials									
♦ Travel									
♦ Other									
Subcontractors									
♦ Sub A									
♦ Sub B									
ODC Overhead *									
Total ODC & Subcontractors									
G&A									
Fee/Profit									
Total Price									

H = Hours R = Rate D = Dollars (Rate X Hours = Dollars)

Note: Provide cost information similar to the above format for each option/out-year

* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.

Table (1.4)
Example Cost Summary Format

Cost Item	Task 1		Task 2		Task 3		Task 4, etc.		Option Year 1		
	R	H	R	H	R	H	R	H	D	Total	
Direct Labor Categories											
♦ Employee A											
♦ Employee B											
♦ Employee C											
Total Labor Hours											
Total Labor Dollars											
Fringe Benefit											
Labor Overhead *											
Total Direct Labor											
Other Direct Costs											
♦ Equip. & Supplies											
♦ Materials											
♦ Travel											
♦ Other											
Subcontractors											
♦ Sub A											
♦ Sub B											
ODC Overhead *											
Total ODC & Subcontractors											
G&A											
Fee/Profit											
Total Price											

H = Hours R = Rate D = Dollars (Rate X Hours = Dollars)

Note: Provide cost information similar to the above format for each option/out-year

* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.

Table (1.4)
Example Cost Summary Format

Cost Item	Task 1		Task 2		Task 3		Task 4 etc		Option Year 2 Total	
	R	H	R	H	R	H	R	H	D	D
Direct Labor Categories										
♦ Employee A										
♦ Employee B										
♦ Employee C										
Total Labor Hours										
Total Labor Dollars										
Fringe Benefit										
Labor Overhead *										
Total Direct Labor										
Other Direct Costs										
♦ Equip. & Supplies										
♦ Materials										
♦ Travel										
♦ Other										
Subcontractors										
♦ Sub A										
♦ Sub B										
ODC Overhead *										
Total ODC & Subcontractors										
G&A										
Fee/Profit										
Total Price										

H = Hours R = Rate D = Dollars (Rate X Hours = Dollars)

Note: Provide cost information similar to the above format for each option/out-year

* Note: Small, field-based trade providers typically have a labor or combined overhead cost components. Larger, more diversified providers may have separate labor, and/or ODC or combined overhead component.

2. SUPPORTING COST DATA:

2.1 The Offeror shall provide, for each cost element, a narrative description, in sufficient detail, to demonstrate price reasonableness, credibility and reliability. The Offeror shall provide its assumptions and methodologies used to estimate each cost element (significant item and quantity estimates, labor hour expenditure patterns and mix, etc.). The following information shall be included in this section:

- 2.1.1. The Offeror's total estimated costs plus its fee (if applicable) for providing all of the requirements of the RFP, as proposed in their technical proposal. Offerors should support their best estimates of all costs (direct, indirect, profit, etc.) to be incurred in the performance of the contract.
- 2.1.2. When proposing multiyear/option year pricing, the estimated proposed costs shall include a breakdown of all cost elements for the base year as well as each option/out-year. Labor, other direct costs, indirect costs and profit shall each be clearly identifiable. If different from the Defense Contract Auditing Agency (DCAA) or Department Of Labor (DOL) recommended rates, the Offeror shall provide a thorough explanation for the variation(s) of rates.
- 2.1.3. The Cost Summary Format (Table 1.4) provides a format for the Offeror to submit to the District a pricing proposal of estimated cost by line item, along with supporting documentation that is adequately cross-referenced and suitable for cost realism analysis. A cost-element breakdown shall be attached for each proposed line item and must reflect any other specific requirements established by the Contracting Officer. When more than one contract line item is proposed, a summary of the total amount covering all line items must be furnished for each cost element.
- 2.1.4. If the Offeror has an agreement with a federal, state, or municipal government agency on the use of a Forward Pricing Rates Agreement (FPRA) or other rate agreement for labor, fringe benefits, overhead and/or general and administrative expense, the Offeror must identify the agreement, provide a copy and describe its nature, terms and duration.

3. SPECIFIC COST ELEMENTS:

A well-supported cost/price proposal reduces the effort needed for review and facilitates informed negotiations. The following are the minimum criteria that constitute an acceptable cost/price proposal:

- 3.1 **Direct labor:** A task-phased annual breakdown of labor rates and labor hours by category or skill level, including the basis for the rates and hours estimated (i.e., payroll registers, wage determinations, collective bargaining agreements, historical experience, engineering estimates, etc.).

- 3.1.1 The Offeror shall use the following Table No. (3.1.1) to exhibit its total labor hours by prime contractor and subcontractor(s). A separate table should be completed for each year (base and out-years).

**Table (3.1.1)
Annual Labor Summary**

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
<u>Labor Category, Prime</u> <ul style="list-style-type: none"> • Employee A • Employee B • Employee C 					
<u>Labor Category, Sub.</u> <ul style="list-style-type: none"> • Employee D • Employee E • Employee F 					
<u>Labor Category, Consultant</u> <ul style="list-style-type: none"> • Employee G • Employee H 					
Total Labor Hours by Task					

Note: Do not include wage rates in this table

- 3.1.2 A standard of 40 hours/week, 1,920 hours/year is recommended. If another standard is used, it should be precisely defined. Any deviation from the above labor-hour projection without substantiation may form the basis to reject the response to the RFP. The proposed labor-hours shall include prime contractor, subcontractor and consultant hours.
- 3.1.3 The Offeror shall also submit Table No. (3.1.4.b), depicting the labor mix percentages as proposed for the base year as well as the out-years and should match the personnel experience requirements specified in the RFP, Section **(to be referenced by the Contract Specialist)**, under Personnel Experience. All of the RFP Key positions must be included within the Senior Staff categories. To provide a better understanding of this format, Table No. (3.1.4.a) is provided as an example.
- 3.1.4 The Offeror shall describe how the hourly direct labor rate was derived and indicate whether these rates are subject to any collective bargaining agreement(s), the Service Contract Act (SCA), Davis-Bacon, or any other special agreement which controls the labor rate indicated. When proposing price escalation for option/out-years, the Offerors must follow instructions provided under Economic Price Adjustments, Section H, of this RFP.

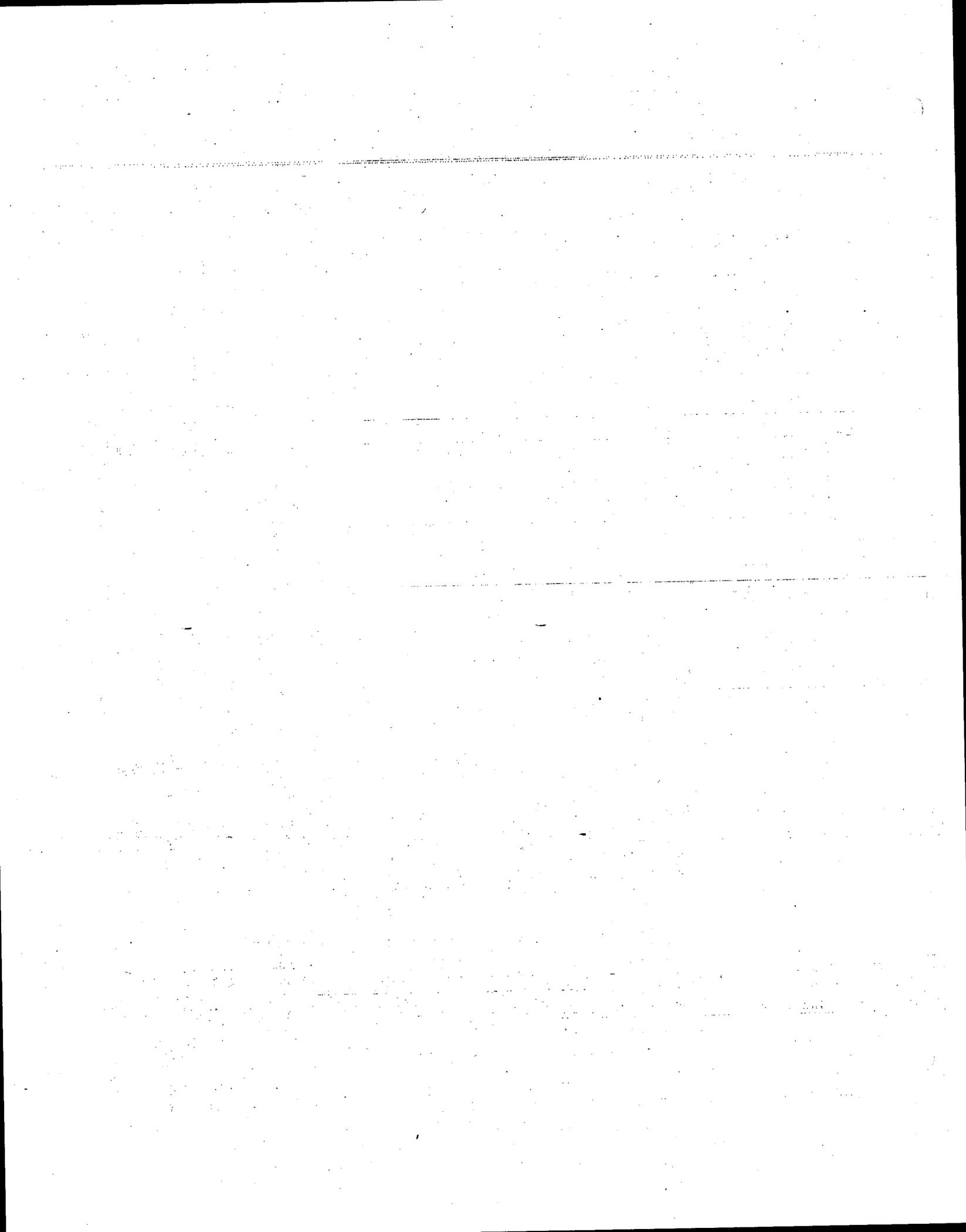


Table (3.1.4.a)

Summary of Proposed Annual labor Mix Category (with examples)

NAME (Note 1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
Able, Jackson	Sr. Staff Level 1	Program Director	PT/10%	N/A	PCE/E
Black, William E.	Sr. Staff Level 1	Psychiatrist	PT/20%	C.3	PCE/E
White, Pamela A.	Sr. Staff Level 2	Clinic Manager	PT/50%	C.4.1	PCE/P
Green, Robert T.	Sr. Staff Level 3	Counseling Supvs.	PT/50%	C.4.2	PCE/P
Ross, Allen	Jr. Staff Level 1	Counselor	FT/100%	C.4.3	PCE/E

Note 1: Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

Table (3.1.4.b)

Summary of Proposed Annual labor Mix Category

NAME (Note 1)	LABOR MIX (Note 2)	OFFEROR'S LABOR CATEGORY (Note 3)	PERCENT OF TIME ON CONTRACT (Note 4)	PLANNED SOW ASSIGNMENT (Note 5)	STATUS (Note 6)
<u>Labor Category, Prime</u> • Employee A • Employee B • Employee C • Employee D <u>Labor Category, Sub.</u> • Employee E • Employee F • Employee G <u>Labor Category, Consultant</u> • Employee H Employee I					

Last name, first name, middle initial, grouped by task as specified in SOW. Attach resume for each name on list. The names on this list and the resumes are to be in the same order.

Note 2: Staff levels in each Labor Mix should be classified by the level of expertise and years of experience.

Note 3: Offerors internal labor category.

Note 4: State whether the individual is employed full time (FT) or part time (PT) and the planned percentage of the named person's production time that is to be applied as a direct charge to the contract.

Note 5: Identify by SOW paragraph(s) and task number, the major tasks to which the individual is expected to be assigned.

Note 6: Enter PCE if individual is to be a prime contractor employee; enter SCE if the individual is to be a subcontractor employee; enter CON if individual is to be a consultant. Enter E if employee as of the date of this proposal; enter P if the individual is a pending employee as of date of the proposal. Signed Commitment Agreements are required for all individuals with P status. A copy of each agreement is to be inserted behind the resume section in the technical proposal.

3.2 **Indirect Costs:** The Offeror shall indicate it's proposed Fringe, Overhead and General & Administrative rates for each applicable fiscal or calendar year (as appropriate). The Offeror shall indicate if these rates are subject to a Forward Pricing Rate Agreement. If the proposed Indirect Rates differ from the Forward Pricing Rate Agreement, the Offeror shall provide an explanation. The Offeror shall provide its actual indirect rates for overhead, G&A and fringe benefits for at least the past three (3) years and shall explain the basis for any significant rate difference between the prior three year period and the rates proposed now.

3.3 **Other Direct Costs:** Other Direct Costs consists of materials, travel, reproduction, postage, telephone, supplies for the prime and all subcontracted effort. This includes all other direct costs associated with performance of the contract. Travel costs shall be in accordance with GSA Joint Travel Regulations for airfare, hotel, and per diem allowances. All other direct costs should be specifically identified and explained. If an allocated portion of a Direct cost is also included in an Offeror's indirect rate (such as General and Administrative), the Offeror should state so and list the types of expenses included in the indirect rate.

3.3.1 The Offeror should identify types, quantities, and costs of all materials and supplies proposed including a non-loaded priced listing of individual materials or supplies ordered, or a consolidated and priced bill of materials for the entire proposal. A thoroughly documented bill of materials includes part numbers, description, unit costs, quantity required, extended cost (including delivery charges) and basis for the proposed cost (price quotation, prior buy, signed purchase orders, etc.) plus any other non-recurring costs. Deliverable materials are items delivered as a part of the work product. Examples of this are copies and binders delivered to the Government as a report or software ordered for and installed on a computer in a District Government office.

3.3.2 The Offeror shall use the following Table (3.3.2) to exhibit its total other direct costs (ODC) by prime and subcontractor(s). A separate table should be completed for each year (base and out-years).

Table (3.3.2)

Other Direct Costs (ODC) Summary

Item	Task 1	Task 2	Task 3	Task 4	Base Year Total
Supplies and Materials					
Office Equipment					
Travel					
• Airfare					
• Hotel					
• Meals & Incidentals					
• Ground Transportation					
Telecommunications					
Occupancy					
• Rent					
• Utilities					
• Building Maintenance					
Transportation					
Client Care Cost					
• Food					
• Medical					
• Clothing					
• Personal Hygiene					
Other					
Total ODC by Task					

Note: State each individual cost element being proposed. Describe in the narrative section of the cost proposal, how each cost element is derived and why it is being proposed. (Not all cost elements in the table above will apply to each solicitation. The above table should be tailored to the requirements of the RFP.)

3.4 **Subcontracting Costs:** Each subcontract must be addressed separately. For any subcontract exceeding \$25,000 the cost/price proposal must show the names, quantities, prices, deliverables, basis for selection, and degree of competition used in the selection process. The subcontractor's cost or pricing data should be included along with the prime Offeror's proposal. If available, the Offeror should also include the results of its review and evaluation of the subcontract proposals. The Offeror shall provide copies of any cost or price analyses of the subcontractor costs proposed.

3.5 **Start-up Costs:** As appropriate, the Offeror shall identify all start up costs associated with this effort.

3.6 **Other Historical Data:** All offerors with current or past experience (within three to five years) for similar requirements, as described herein, must submit, as a part of their cost data, the following:

- (a) Contract Number.
- (b) Government agency (federal, state, District, municipal) the contract was awarded by.
- (c) Name and phone number of the Contracting Officer.
- (d) Name and phone number of the Contract Administrator.
- (e) Name and phone number of the Contracting Officer's Representative (if applicable) and the Contract Administrator.
- (f) Period of Performance of the Contract.
- (g) Total amount of contract(s)

In addition to the above data, the following table (No. 3.6) will be completed and submitted with the cost data:

Table (3.6)

Format for Historical Data

	Proposed Contract			Delivered Contract *		
	Number Of Hours**	Contract Value	Average Hr Rate	Number Of Hours**	Contract Value	Average Hr Rate
Direct Labor						
Loaded Labor***						

* Should include any increased scope officially added to contract.

** If provided different number of hours, the difference should be explained.

*** Loaded labor should include all loading and profit. If significant material (i.e., greater than 5%) is included in the contract, data shall be presented both with and without material cost.

In addition, any other data the offeror believes is necessary should be provided in this section.

Note: For data submitted in the above table for "delivered Contract", the Offeror shall indicate the date as of which, the submitted data is current.

PAST PERFORMANCE EVALUATION FORM

(Check appropriate box)

Performance Elements	Excellent	Good	Acceptable	Poor	Unacceptable
Quality of Services/ Work					
Timeliness of Performance					
Cost Control					
Business Relations					
Customer Satisfaction					

1. Name & Title of Evaluator: _____
2. Signature of Evaluator: _____
3. Name of Organization: _____
4. Telephone Number of Evaluator: _____
5. State type of service received: _____
6. State Contract Number, Amount and period of Performance _____
7. Remarks on Excellent Performance: Provide data supporting this observation. Continue on separate sheet if needed)
8. Remarks on unacceptable performance: Provide data supporting this observation. (Continue on separate sheet if needed)

RATING GUIDELINES

Summarize Contractor performance in each of the rating areas. Assign each area a rating of 0 (Unacceptable), 1 (Poor), 2 (Acceptable), 3 (Good), 4 (Excellent), or ++ (Plus). Use the following instructions a guidance in making these evaluations.

	Quality Product/Service	Cost Control	Timeless of Performance	Business Relations
	<ul style="list-style-type: none"> -Compliance with contract requirements -Accuracy of reports -Appropriateness of personnel -Technical excellence 	<ul style="list-style-type: none"> -Within budget (over/under target costs) -Current, accurate, and complete billings -Relationship of negated costs to actual -Cost efficiencies -Change order issue 	<ul style="list-style-type: none"> -Meet interim milestones -Reliable -Responsive to technical directions -Completed on time, including wrap-up and contract administration -No liquidated damages assessed 	<ul style="list-style-type: none"> -Effective management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of contract problems -Reasonable/cooperative -Flexible -Pro-active -effective contractor recommended solutions -Effective small/small disadvantaged business Subcontracting program
0. Zero	Nonconformances are comprises the achievement of contract requirements, despite use of Agency resources	Cost issues are comprising performance of contract requirements.	Delays are comprising the achievement of contract requirements, Despite use of Agency resources.	Response to inquiries, technical/service/administrative issues is not effective and responsive.
1, Unacceptable	Nonconformances require major Agency resources to ensure achievement of contract requirements.	Cost issues require major Agency resources to ensure achievement of contract requirements.	Delays require major Agency resources to ensure achievement of contract requirements.	response to inquiries, technical/service/administrative issues is marginally effective and responsive.
2. Poor	Nonconformances require minor Agency resources to ensure achievement of contract requirements.	Costs issues require minor Agency resources to ensure achievement of contract requirements.	Delays require minor Agency resources to ensure achievement of contract requirements.	Responses to inquiries, technical/service/administrative issues is somewhat effective and responsive.
3. Acceptable	Nonconformances do not impact achievement of contract requirements.	Cost issues do not impact achievement of contract requirements.	Delays do not impact achievement of contract requirements.	Responses to inquires, technical/service/administrative issues is usually effective and responsive.
4. Good	There are no quality problems.	There are no cost issues.	There are not delays.	Responses to inquiries, technical/service/administrative issues is effective and responsive,
5. Excellent	The contractor has demonstrated an exceptional performance level in some or all of the above categories.			

ATTACHMENT J.8.A

Experience Questionnaire

9. Organization and work that will be available for this project:

- a. (1) Minimum number of employees: _____ and a (2) Maximum number of employees: _____?
- b. Are employees regularly on your payroll; Yes No
- c. Specify equipment available for this contract: _____

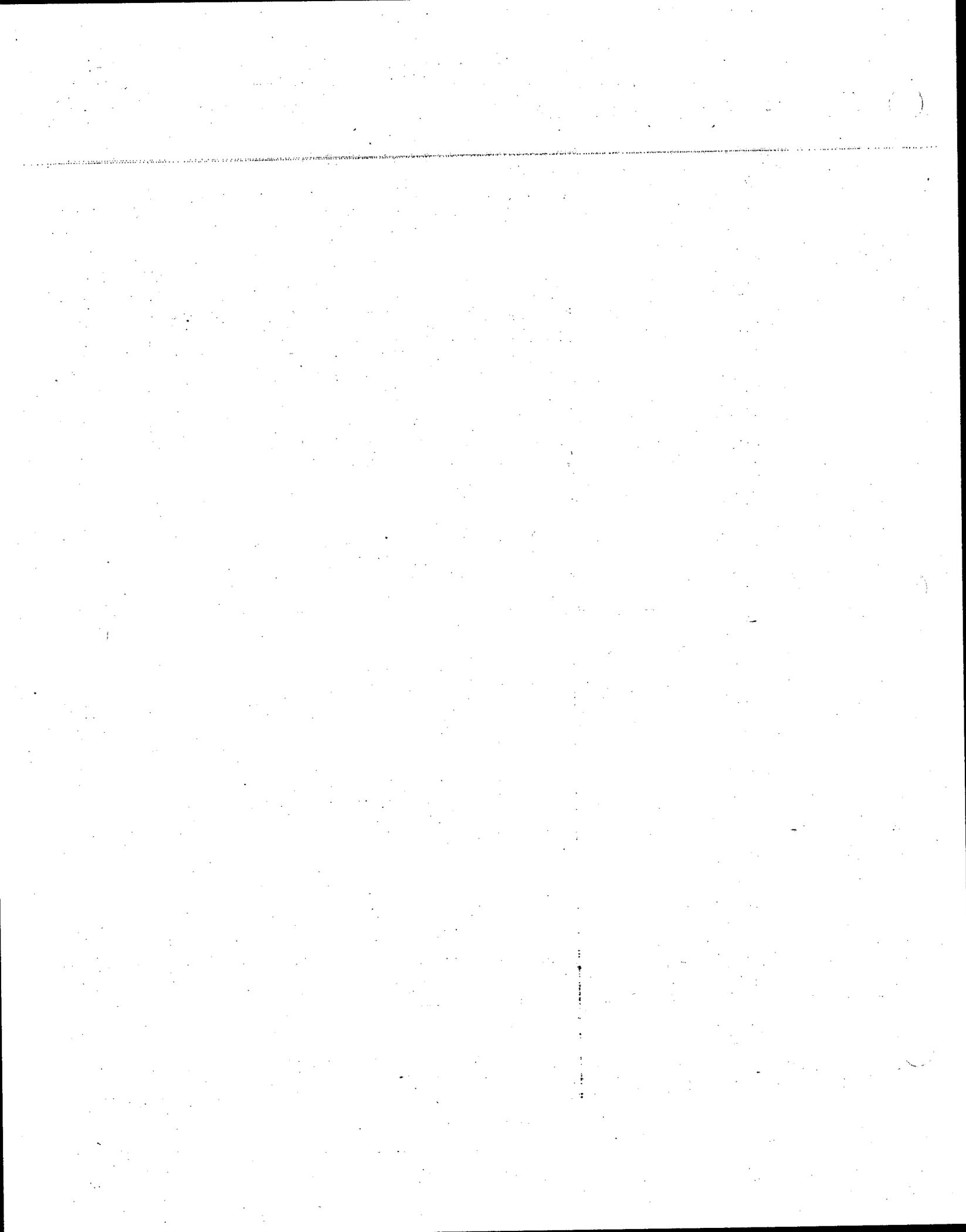
- d. Estimate rate of progress below (such as 2.0 acres/man/day):
(1) Minimum progress rate: _____ and (2) Maximum progress rate: _____

10. List below the experience of the principal individuals of your business:

INDIVIDUAL NAME	PRESENT POSITION	YEARS OF EXP	MAGNITUDE OF TYPE OF WORK

11. REMARKS - SPECIFY BOX NUMBERS (Attach sheets if extra space in needed to fully answer any above question..)

<p style="text-align: center;">CERTIFICATION</p> <p>I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the District with any information needed to verify my capability to perform this project</p>	12a. CERTIFYING OFFICIAL 'S NAME AND TITLE	
	b. SIGNATURE (Sign in ink)	13. DATE



ATTACHMENT J.9

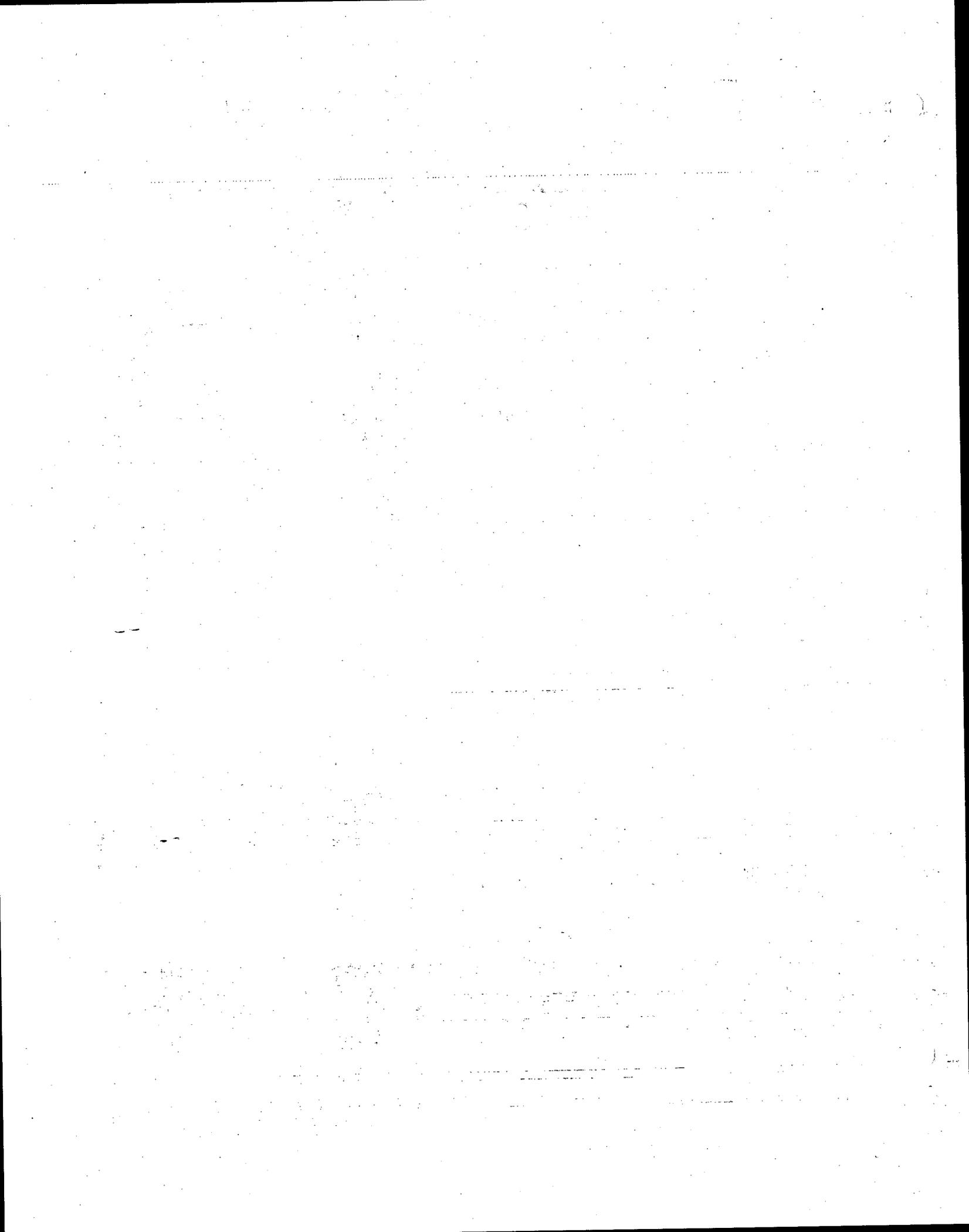
(11- DOCUMENTS)

**BOOK OF MEDICAL REQUIREMENTS FOR
THE
EMPLOYEES OF THE
DISTRICT OF COLUMBIA
POLICE AND FIRE CLINIC**

TABLE OF CONTENTS FOR ATTACHMENT J.9

<u>ATTACHMENT</u>	<u>NAME</u>	<u>APPLICABLE SECTION</u>
1.	MPD General Order 1001.1 (Medical Services)	C.3.3.1
2.	MPD General Order 1001.2 (Optional Sick Leave)	C.3.3.1
3.	MPD General Order 1002.1 (Physical Examinations)	C.3.3.1
4.	MPD General Order 1002.2 (Health Maintenance)	C.3.3.1
5.	MPD General Order 1002.4 (Drug Screening Program)	C.3.5.2
6.	MPD General Order 1002.5 (Random Drug Screening Program)	C.3.5.2
7.	MPD General Order 1003.1 Public Safety Officers' Benefits	C.3.3.1
8.	DCFEMS General Order 17-00/9-99 (D.C. Fire & EMS Departments) (Article X1- Temporary Physical Disability)	C.3.3.1
9.	Medical Requirements For Police And Firefighters	C.3.3.1
10.	Medical Requirements for Emergency Medical Technicians & Paramedics	C.3.3.1

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| 11. | Medical Requirements For
DCFEMS Communication Operators | C.3.3.1 |
| 12. | DCDC Applicant Physical Protocols | C.3.3.1 |
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Standards For Employees Of The
United States Secret Service | C.3.3.1 |
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GENERAL ORDER



Subject: <p style="text-align: center;">Medical Services</p>	Series	Number	Distribution
	1001	1	A
	Effective Date		
January 9, 1998			Revision Date
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The purpose of this order is to establish policy and procedures for sworn members utilizing the services of the Police and Fire Clinic (Clinic) and other medical facilities. This order sets forth the reporting and compliance requirements applicable to all sworn members on general health and medical related matters. Members who seek guidance and instructions when confronted with circumstances or concerns which are not specifically addressed by the provisions of this order shall direct their questions to the Director, Medical Services Division. This order consists of the following parts:

PART I Responsibilities and Procedures for Members of the Department

- A. General.
- B. Medical Leave.
- C. Limited Duty.
- D. Procedures for Reporting Performance of Duty Illnesses and Injuries.
- E. Procedures for Reporting Non-Performance of Duty Injuries.
- F. Reporting of Non-Performance of Duty Related Injuries/Illnesses.
- G. Reporting Pregnancy.
- H. Procedures for Seeking Medical Care at the Clinic.
- I. Procedures for Seeking Medical Care at an Outside Medical Facility.
- J. Payment of Medical Expenses.
- K. Payment for Care of Members Injured by Third Parties.
- L. Prescriptions Issued at the Clinic.
- M. Admission and Release from a Hospital.
- N. Blood Donations.
- O. Organ Donations.
- P. Request to Leave the Washington Metropolitan Area While on Performance of Duty Sick Leave.

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PART II Responsibilities and Procedures for Supervisory and Command Personnel

- A. Officials.
- B. Commanding Officers.
- C. Watch Commander, Communications Division.
- D. Director, Communications Division.
- E. Clinic Physicians.
- F. Director, Medical Services Division.

PART I

A. General.

1. The Police and Fire Clinic, referred to in this order as the Clinic, shall provide medical and psychiatric treatment to sworn members of this department for Performance of Duty injuries/illnesses and shall evaluate and monitor Non-Performance of Duty injuries/illnesses.

2. When the Clinic is not open, members who need emergency or urgent medical services, for Performance of Duty injuries/illnesses only, shall report to the Urgent Care facility at either Washington Hospital Center or Providence Hospital. (Conditions such as sore throats, upset stomachs, etc are not considered urgent or an emergency.)

3. Members whose last names begin with A through K shall report to the Urgent Care facility at Washington Hospital Center while members whose last names begin with L through Z shall report to the Urgent Care facility at Providence Hospital.

4. Members shall not bring anyone, including children, to the Clinic who is not authorized to use the facility unless the visitor is providing transportation or is a family member who is scheduled for consultation with a physician.

5. Members reporting to the Clinic shall report no later than 15 minutes before their scheduled appointment time, except in cases where the member is delayed while on official police business, in which case the delayed member shall be responsible for ensuring that the Clinic is notified of the delay as soon as practicable.

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6. Members reporting to the Clinic shall have in their possession their department-issued service weapons, badge, and identification folder, unless their police powers have been previously revoked. Members are not permitted to bring off duty weapons into the Clinic.

7. Any member who comes in direct contact with a person who has a communicable disease shall notify the Clinic no later than the next Clinic business day and be guided by the Clinic's instructions. In addition, the member shall complete a PD Form 318 (Communicable Disease Contact Form) as soon as possible. Members who have been exposed to a person with the HIV virus, where bodily fluids have been exchanged, **MUST** respond to the Clinic, if open, or to either the Washington Hospital Center or Providence Hospital Urgent Care Facility **WITHIN ONE HOUR OF THE EXPOSURE** to begin a blood-borne pathogen antibiotic treatment.

8. When a member fails to secure prompt medical attention from a Clinic physician, he/she shall document the facts surrounding the incident in a written memorandum which shall be submitted through channels to the Director, Medical Services Division.

9. References to notification of an official by a member in this order means that the notification shall be to an official of higher rank than the member. Where reference is made to a notification to the Clinic, notification shall be made to a Clinic liaison officer at the rank of sergeant or higher.

10. Unless a member is incapacitated, as determined by the treating physician at the Police and Fire Clinic, the member shall not be released from their duty commitments such as court subpoenas, summonses for other than court matters, CANS, Random Drug Screening, etc.

11. During the hours 0800 and 1630, Monday through Friday, excluding holidays, the member shall, before leaving their residence, or any other place they are staying during the extent of their sick leave, for any period of time, contact the person designated by the commanding officer and provide the information.

B. Medical Leave.

1. A member may apply for medical leave when the member is unable to perform his/her duties due to a serious health condition as certified by his/her health care provider.

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2. Members may elect to use any one, or combinations of, annual leave, compensatory leave, or sick leave in lieu of leave without pay. Medical leave may be taken as a block of time or intermittently when medically necessary, over a 24 month period.

3. Members unable to perform their duties due to a serious health condition must respond to the Clinic for an evaluation prior to requesting leave pursuant to the Family and Medical Leave Act of 1990.

C. Limited Duty.

Limited Duty is a temporary status for members who, because of injury or other temporary medical disability, are not able to perform full police duties, but are certified by a Clinic physician as being capable of effectively performing certain types of limited duty. It is the policy of the department to afford limited duty assignments to members capable of performing such duty, consistent with the department's responsibility to efficiently and effectively perform its mission and with the criteria set forth in this order.

D. Procedures for Reporting Performance-of-Duty Illnesses and Injuries.

1. A member shall orally report an injury/illness immediately to an official of his/her organizational element whenever:

- a. The member incurs the injury/illness while on duty, or
- b. The member detects an injury/illness that he/she believes was incurred while on duty.

2. Immediately report to the Clinic (or the Urgent Care Facility if the Clinic is not open, for emergency or urgent care cases only) for a medical evaluation on the day that the injury is detected if physically able to do so.

3. In instances where a delay in notification is unavoidable, the member shall immediately notify, or cause to be notified, an official of his/her organizational element as soon as he/she becomes capable. Untimely notifications may result in a Non-Performance of Duty determination.

4. If the member is on duty at the time the injury occurs, the member shall submit a completed PD Form 42 prior to the completion of their tour of duty. If the member is off duty when the injury occurs or the symptoms of the illness are detected, the member shall submit the completed PD 42 within 24 hours of the occurrence or the detection of his/her illness/injury.

5. The member shall sign the completed PD 42 unless physically incapacitated in which case the PD 42 shall be signed by the member's commander.

6. If a member requests a reconsideration of a Non-Performance of Duty ruling regarding a PD Form 42, he/she shall submit the request in writing to the Director, Medical Services Division, (MSD) within 10 days of receipt of the decision.

- a. A copy of all statements and/or documentation that would support a change in the original determination shall be submitted with the request.
- b. The review shall in no way interfere with the member's right to an appeal at a later date.

7. A member may appeal a Non-Performance of Duty ruling of a PD Form 42 to the Human Resources Officer.

- a. This appeal must be submitted within 30 days of receipt of the Medical Services Director's original decision or denial of reconsideration.
- b. The appeal shall include any supportive documentation or materials.
- c. The Human Resources Officer shall render a final decision which will be communicated to the member in writing, together with an explanation in support of his/her action.
- d. The Human Resources Officer's decision shall constitute the final agency action on the matter. However, the member may appeal this decision to the D.C. Office of Employee Appeals (OEA). The Human Resources Officer's response to the member will include instructions for an OEA appeal.

8. All rules regarding the submission of PD Forms 42 (Injury or Illness Report) shall apply to the submission of supplemental PD Forms 42.

E. Procedures for Reporting Non-Performance-of-Duty Injuries.

- shall:
1. Whenever a member sustains an injury while off duty, he/she shall:
 - a. Notify an official of his/her organizational element as soon as he/she is capable, and provide an account of the injury;
 - b. Report to the Clinic for a medical evaluation on the day that the injury is detected, if physically able to do so, and if the Clinic is open for business. Members shall respond to the Clinic during the first sick call period immediately following detection. If the Clinic is not open the member shall respond on the next business day during sick call hours.
 - c. Probationary members shall not be assigned to limited duty for a cumulative period of more than thirty (30) days without the express approval of the Human Resources Officer.
 2. In those instances where the member is physically unable to report to the Clinic as a result of his/her injury he/she shall:
 - a. Adhere to the related procedures outlined in Part I.M of this order if the injury results in a hospital admission;
 - b. When physically able to do so, respond to the clinic and provide the attending Clinic physician with a-summary of the events leading up to the injury.
 - c. Submit a completed PD Form 42 to an official at his/her organizational element, within 24 hours after the occurrence or detection of the injury, if physically capable.
 3. Anytime a member is injured or has an illness that renders such member to be incapacitated and such incapacitation makes it impossible for the member to safely handle their service weapon, the MPD Liaison shall immediately revoke the member's police powers until such time the member can demonstrate that he or she can safely handle their service weapon.

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4. When a member's police powers are revoked based on their inability to safely handle their service weapon due to incapacitation, the MPD Liaison shall complete a PD 77 placing the member on sick leave using the "explain the status section" of the PD 77 form

F. Reporting Medical Treatment Received from Other than Clinic Physicians.

1. All sworn members being treated by their private physicians for injuries/illnesses not incurred in the performance of duty or for other pre-existing medical conditions, i.e., hypertension, coronary heart disease, which are not temporary, i.e., colds, flu, shall:

- a. Report the medical condition to a Clinic physician immediately upon becoming aware of the existence of the medical condition, including whether the member is taking prescription medication or has been prescribed prescription medication and
- b. Provide a report to the Clinic physician from their private physician which gives the diagnosis and prognosis of the medical condition.
- c. Use their own sick or annual leave for medical or therapy appointments associated with the non-performance of duty injury.

2. Members who fail to comply with these provisions shall be prohibited from claiming an aggravation of a pre-existing medical condition as the result of an on-duty related incident.

G. Reporting Pregnancy.

1. Female members, when they believe or confirm that they are pregnant, shall report to a Clinic physician.

2. The duty status of a pregnant member shall not be changed unless a medical condition exists, which impairs or prevents the member from performing the full range of police duties. Pregnancy is not considered a medical condition unless the member's condition prevents the performance of the full range of police duties.

3. Female members who are pregnant shall submit a statement to the Clinic from their primary treating physician.

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4. The Clinic Medical Director has determined that a female member who reaches her 32nd week of pregnancy is no longer able to perform the full range of police duties due to anatomical and physiological changes that occur during this phase of the gestation period. Accordingly, the duty status of members shall be changed to their appropriate status; limited duty or sick leave. Any exception to this provision requires the specific approval of the Clinic Medical Director.

H. Procedures for Seeking Medical Care at the Clinic.

1. When on duty and leaving their assignment for the purpose of going to the Clinic, members shall report directly to the Clinic.
2. Upon arrival at the Clinic, members shall report to the Clinic Reception Area.
3. Members who have completed their Clinic visit shall return directly to the Clinic Reception Area in order to begin the exit process.
4. Upon completion of the exit process, members shall return directly to their duty assignment unless other instructions have been given by an official.
5. Whenever a member is physically unable to report to the Clinic for an appointment due to police related business, he/she shall notify an official of his/her organizational element and the Clinic Liaison Office and be guided by their instructions in order to obtain a new appointment.
6. Failure to appear at the Clinic when scheduled or at a scheduled session at another medical facility or failure to cancel a scheduled appointment on a timely basis shall be handled as a "no-show" for a duty assignment. The member shall be considered to be Absent Without Leave (AWOL) and may be subject to disciplinary action.
7. When a member in the performance of official police duties is involved in an event as described below, he/she shall, if physically able, request an appointment at the Clinic for the next business day for a debriefing by a Clinic psychiatrist or psychologist.
 - a. The member is involved in the fatal or serious wounding of another person;
 - b. The member is wounded or fired upon; or

c. The member is an eye witness to the fatal or serious wounding of a citizen or police officer.

I. Prohibition Against Seeking Non-Emergency Medical Care at an Outside Medical Facility.

1. Members shall not seek medical treatment other than at the Clinic (or at the designated Urgent Care facility when the Clinic is closed) in non-emergency situations, for POD illnesses, without the prior express permission of the Director, Medical Services Division.

2. A member may be referred to an outside medical facility at the discretion of a Clinic physician for consultation and/or treatment.

J. Payment of Medical Expenses.

1. This department shall assume financial responsibility for all authorized medical expenses where a determination has been made that an injury/illness occurred in the performance of duty.

2. The department shall not assume financial responsibility for medical expenses when the member concedes or does not claim that an injury/illness occurred in the performance of duty. Members are further reminded that failure to comply with administrative reporting requirements for claiming Performance of Duty injury/illness may form the basis for denial of benefits.

3. Diagnostic services initiated at the discretion of a Clinic physician shall be paid by this department when the diagnostic or referral service is initiated to satisfy the administrative needs of the department.

4. The member is responsible for the costs of treatment of Non-Performance of Duty injuries and illnesses. Such treatment will no longer be provided through the Clinic. However, the Department continues to require members to report to the Clinic for evaluation and monitoring of Non-Performance of Duty injuries and illnesses for administrative purposes. Members are not billed for Clinic visits made in order to satisfy administrative requirements.

K. Payment for Care of Members Injured by Third Parties.

1. Within 10 days of any member making a claim against, or instituting a proceeding against, or entering into settlement negotiations with a third person, as a result of an injury or illness for which the member has received medical or other care from or at the expense of the District Government, the

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member shall submit written notification, along with a copy of the PD Form 42 and PD Form 839 (Supervisor's Report of Accident), if applicable, by certified mail, return receipt requested to the Commanding Officer, the District of Columbia Corporation Counsel, Civil Division and to the Office of the Chief of Police, respectively.

2. The member shall also provide written notice of the District's lien interest to the third party at the time of making a claim or instituting a proceeding or entering into settlement negotiations.

3. A member may request that the District Government compromise, settle, release, or waive its claims for care provided to him/her, by making such a request in writing; indicating the reasons for the request, to the Corporation Counsel.

4. Within five (5) days of receiving any proceeds of a recovery or settlement against any third party for an injury sustained or illness contracted, the member shall ascertain from the Corporation Counsel the amount of any lien on behalf of the District of Columbia and pay the amount of any such lien.

5. No member shall disburse any proceeds of a recovery or settlement against a third party for an injury sustained or illness contracted without first complying with Part IK3 of this order.

L. Prescriptions Issued at the Clinic.

1. Prescriptions issued at the Clinic shall only be filled by an authorized pharmacist selected from a list of pharmacies contracted by the Clinic.

2. The department will not assume responsibility for the cost of prescriptions written by a physician who is not an employee of the Clinic. In Performance of Duty cases only, members shall contact the Clinic in order to obtain a new prescription, written by a Clinic physician.

3. Failure to adhere to the provisions of this order with regard to prescriptions shall result in the member having to assume financial responsibility for the filling of the prescription.

M. Admission and Release from a Hospital.

1. Except in life threatening situations, members requiring treatment for POD injuries or illness shall be admitted to Providence Hospital or Washington Hospital Center at the discretion of the Clinic. When a member is

admitted to a medical facility other than Providence Hospital or Washington Hospital Center, the reasons for the deviation from this policy shall be documented on the PD 42 submitted for this incident.

2. A member who is admitted to or released from a hospital shall notify his/her organizational element as soon as possible.

3. During hours when the Clinic is closed, the member shall notify the Watch Commander, Communications Division, and provide the following information:

- a. His/her name, and organizational element;
- b. The name and location of the hospital where the member received treatment;
- c. The reason why he/she was admitted to a hospital; and
- d. The date he/she received treatment or was admitted/released from the hospital.

4. In the event a member is unable to notify the Clinic Liaison Office that he/she has been admitted to or released from a hospital, the responsibility for the notification shall be assumed by the member's commanding officer.

5. Should the need arise to hospitalize an on-duty member pursuant to the provisions of General Order 308:4 (Hospitalization of Suspected Mentally Disturbed Persons), an official shall contact the Clinic Medical Director through the Communications Division to arrange for a psychological examination.

- a. The member shall be taken to the emergency room of the Washington Hospital Center or Providence Hospital.
- b. An official who can provide the necessary information to the hospital staff shall accompany the member.

N. Blood Donations.

1. Members in good health may make voluntary donations of blood to a recognized blood bank or hospital without having to obtain authorization from a Clinic physician.

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2. Members who elect to donate blood without compensation from the blood bank or hospital may be granted up to five hours administrative leave, prior to the conclusion of their tour of duty, for the purposes of traveling to the donation facility and the actual donation. In exceptional cases, a maximum of eight hours of administrative leave may be authorized.

3. Any member who is rejected as a donor shall immediately return to his/her organizational element and resume his/her assigned duties. In this case, administrative leave shall be authorized for the necessary travel time to and from the blood donation facility, and the time spent while at the facility.

O. Organ Donations.

Members who are confronted with a situation in which they are considering the donation of an organ, (i.e. a kidney to a relative) shall report to the Clinic and consult with a physician.

P. Request to Leave the Washington Metropolitan Area While on POD Sick Leave.

1. Any member who is on sick leave due to a Performance of Duty (POD) injury or illness and wishes to leave the Washington Metropolitan Area, (NOTE: For the purpose of this order, the "Washington Metropolitan Area" shall be defined as any point extending to a 25-mile radius from the U.S. Capitol Building) shall be placed in a chargeable leave category (sick and/or annual) for the duration of his/her absence.

2. Members shall submit their request to leave the area to the Human Resources Officer through the commanding officer of his/her organizational element on a PD Form 358 (Request to Leave the Washington Metropolitan Area While on Sick Leave).

3. Upon receiving approval by the Human Resources Officer, the member shall complete a Standard Form 71 (Application for Leave) and attach it to the PD Form 358. The Standard Form 71 along with the PD Form 358 shall be submitted to the Time and Attendance Clerk for notification prior to placing the PD Form 358 in the member's personnel folder.

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PART II

A. Officials.

Officials shall:

1. Respond to the Clinic upon receiving notification that a member of their organizational element has been revoked for medical reasons by an official at the Clinic;
2. Take possession and safeguard those items of equipment required to be surrendered in accordance with department policy;
3. Adhere to the following procedures when preparing and/or certifying PD Forms 42:
 - a. Interview police and civilian witnesses and the member reporting the injury/illness, in order to clarify or obtain new information or to address any deviations from the original statement;
 - b. Have the reporting member identify his/her complaints in order that they may be visually observed, if appropriate.
 - (1) A visual observation of an injury by non-medical personnel shall be on a voluntary basis and only involve those areas of the body (e.g., hand, arm, ankle, head, etc.) which are normally exposed;
 - (2) Note on the PD Form 42 if there are no visible signs of injury;
 - (3) If the member was treated at a facility other than the Clinic, Providence Hospital or Washington Hospital Center, note on the PD 42 the nature of the emergency that required treatment at another facility.
 - c. Examine the scene where the injury occurred and observe conditions which may have been a contributing factor to the injury;

- d. In the case of an injury, record any spontaneous statements made by the injured member at the time of occurrence;
- e. Inspect all equipment and/or vehicle(s) involved and determine the relationship of any damage or defect to the injury/illness that the member sustained;
- f. In the event of a traffic accident, indicate in the statement made on the PD Form 42 if a traffic violation by an MPD member contributed to the accident. Indicate the extent of damage to the vehicle(s) involved;
- g. Indicate if there is any evidence to suggest that the member's conduct may have contributed to the injury;
- h. On the reverse side, record the results of their investigation and certify the PD Form 42 as to accuracy and truthfulness. Officials shall not simply repeat the member's statement of facts. They shall conduct a thorough investigation and report their independent findings of fact;
- i. Refrain from making recommendations as to whether or not an injury/illness should be classified as performance or non-performance of duty; and
- j. Officials shall include in their certification documentation that the member reported the performance of duty claim, prepared the PD 42, and reported to the Clinic as required under the provisions of this order;
- k. In cases where emergency care is received at other than the Clinic, Washington Hospital Center, or Providence Hospital, indicate the reason the member was treated at a non-contracted facility and what authorization was received for the treatment;
- l. Only in the most unusual circumstances shall an official prepare and sign the member's statement of facts. In every instance where the PD 42 is prepared on behalf of the member, the certifying official shall include a detailed explanation in the certification.

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4. Complete a PD Form 839 (Supervisor's Report of Accident) when a member, while on duty, sustains a personal injury or illness, regardless of the severity of the injury or illness, including fatalities.

5. Refer members to the Clinic when the member is a witness to, or participates in, on-scene actions concerning potentially traumatizing incidents such as serious traffic or industrial accidents, or airplane crashes where death or serious injury has occurred.

6. The official receiving the request and authorizing sick leave shall prepare a PD Form 79 (Sick Leave Certificate) when notified by a member that he/she is reporting sick. The PD Form 79 shall be attached to the PD Form 42, if applicable, and forwarded to the clinic. The PD Form 79 prepared for the use of optional sick leave shall also be forwarded to the clinic.

B. Commanding Officers.

Commanding officers shall:

1. Notify the Director, Medical Services Division, whenever a member of his/her command is hospitalized and unable to make the required notifications to the Clinic;

2. Ensure that a thorough investigation is conducted into every injury/illness reported on a PD Form 42 by a member under his/her command;

3. Direct the member's immediate official to prepare the PD Form 42 in the event that the member is unable to prepare it;

4. Ensure that the member signs the completed PD 42 to acknowledge agreement with the summary of the incident recorded on the PD 42.

5. Ensure that every PD Form 42 in which a member is claiming a performance of duty injury/illness is certified within 72 hours. A PD Form 42 that is not related to a performance-of-duty injury/illness shall be certified within five (5) business days;

6. Respond, or designate an official to respond, to the hospital to take possession of the member's service weapon, badge, cap plate, and identification folder for safekeeping upon receiving information that a member under his/her command has been admitted to a hospital for an injury/illness which occurred in the performance of duty;

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7. Notify the appropriate chaplain in the event of a serious injury or illness of a member assigned to his/her command;

8. Notify the Director, Medical Services Division, prior to 0900 hours on the next business day and provide the names of members of his/her command who were involved in any incident outlined in Part IH8 of this order;

9. Investigate the circumstances when a member fails to report to the Clinic or another medical facility for a scheduled medical appointment and submit a report to the Human Resources Officer; and

10. Request the services of a Clinic psychiatrist through the Director, Medical Services Division, as soon as possible, should the reaction of a member during the post-shooting period warrant immediate counseling and/or hospitalization. During non-business hours of the Clinic, the request for the "on-call" Clinic psychiatrist shall be placed through the Watch Commander, Communications Division.

C. Watch Commander, Communications Division.

The Watch Commander, Communications Division, shall:

1. Notify the Clinic Case Manager on emergency call, during the hours when the Clinic is closed, and provide the name of the hospital in the event that a member is hospitalized at other than Washington Hospital Center or Providence Hospital; and

2. Provide the official who is standing by or is responding to the hospital, with the name of the Case Manager who will be responding and the estimated time of arrival of the Case Manager, so that this information may be communicated to the appropriate hospital personnel.

D. Director, Communications Division

The Director, Communications Division, shall:

1. Establish a log for recording all notifications (e.g., requests for on-call Clinic physicians, etc.) made to the Communications Division. The log shall contain the following information:

a. The date, time, element, name of the member being admitted to the hospital and the name of the member making the notification; and

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- b. A brief statement as to the reason for the notification, name of the person(s) to be notified, and name of the person recording the notification;

2. Submit a daily report by telephone to the Director, Medical Services Division, providing the names of those members admitted to hospitals other than Washington Hospital Center and Providence Hospital. The information contained in this report shall be based on notifications made to the Communications Division. Record the name of the MPD Clinic liaison officer who received the notification of hospitalization.

E. Clinic Physicians.

Clinic physicians shall:

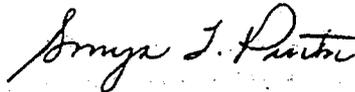
1. Prepare a PD Form 305 (Certification of Limited Duty) whenever a member is ordered to assume limited duties due to a medical disability.

F. Director, Medical Services Division.

The Director, Medical Services Division, shall:

1. Forward a written report, which will be prepared by PFC Associates, LLC to the Chief of Police by the tenth day of the beginning of each fiscal year, and a written activity report by the tenth day of each month, indicating the number of members treated or consulted at the Clinic, and such other information as may be required by the Chief of Police;
2. Establish a liaison between the department and other government agencies utilizing the services of the Clinic;
3. Render decisions in matters pertaining to sick leave as described in Commissioners Order No. 65-528 (Amended 4-11-67).
4. When a member is placed in a limited duty status for medical reasons or on Sick Leave for more than 10 days by a Clinic physician or when a liaison official determines that a member's police powers should be revoked, immediately cause a Clinic official to:
 - a. Revoke the member's police powers;
 - b. Take possession of all items of equipment which the member is required to surrender in accordance with departmental orders;

- c. Turn the above items of equipment over to an official of the member's organizational element; and
 - d. Prepare a PD Form 77 (Revocation of Police Powers and Notice of Duty and Pay Status) for issuance to the revoked member.
5. Notify the member's commanding officer in those instances where a member either fails to respond to the Clinic or to a referral medical facility as scheduled, or as directed, or reports late.
6. In the case of a member who is injured and confined to a hospital or residence, ensure that the initial post-shooting debriefing is arranged at the member's earliest convenience.
7. Receive and review all certifications by the Clinic medical staff as to a member's incapacitation to perform duty related commitments such as attendance at court.
8. Administer the department's drug screening program.



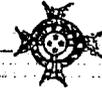
Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk

Metropolitan Police Department □ Washington, D.C.



GENERAL ORDER



Subject: Optional Sick Leave	Series	Number	Distribution
	1001	2	A
	Effective Date January 9, 1998		
	Revision Date *		

The purpose of this order is to establish procedures allowing members the option of using a maximum of three (3) working days of chargeable sick leave at any one time, in bona fide cases, without personally appearing at the Police and Fire Clinic (Clinic) for an examination. This order consists of the following parts:

PART I Responsibilities and Procedures for Members of the Department

- A. Definitions.
- B. Reporting Sick.
- C. Accumulating Sick Leave.
- D. Restriction of Activities.
- E. Return to Duty.
- F. Use of Forms.
- G. Revocation from and Restoration to Participation in the Optional Sick Leave Program.

PART II Responsibilities and Procedures for Special Assignment Personnel

- A. Distribution of PD Form 79.
- B. Time and Attendance Clerks.

PART III Responsibilities and Procedures for Supervisory and Command Personnel

- A. Supervisory Officials.
- B. Watch Commanders.
- C. Commanding Officers.

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PART I

A. Definitions.

The terms used in this order shall have the following meanings:

1. **Illness** - Common illnesses which occur frequently, such as the common cold, influenza, virus, nausea, cough, sore throat, headache, upset stomach, and diarrhea.
2. **Bona Fide Cases** - Bona fide cases are restricted to instances when a member is incapacitated to perform duty due to illness (not incurred in the performance of duty) or for dental or optical examination or treatment. This order does not pertain to members who are injured in any way, either on or off duty, or who are ill as a result of the performance of duty.
3. **Injury** - Implies the marring of appearance or any physical wound which produces pain, harm or damage of any kind. Strains, sprains, bruises, lacerations, dislocations, abrasions, backaches, and inflamed joints are examples of injuries.
4. **Chargeable Sick Leave** - Sick leave deducted from a member's accrued sick leave balance, at the member's request, in order to participate in the Optional Sick Leave Program. A member must have an adequate amount of sick leave in order to participate in the Optional Sick Leave Program.

B. Reporting Sick.

1. Members who are ill and request sick leave shall notify their organizational element as soon as their intent to report sick becomes certain. In no event shall an official at the organizational element be notified less than one (1) hour prior to the time the member is to report for their next tour of duty, assignment, or detail.
2. Members who become ill while on duty and do not wish to report to the clinic, and who are not injured or sick as a result of the performance of duty, shall notify one of their officials of their condition and follow all other applicable procedures specified in this order. This shall be counted as the first day of the optional sick leave privilege.

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3. When a member notifies an official of their intention to report sick, the member shall inform the official whether they intend to use optional sick leave or report to the Clinic. The member shall also provide information as to where they can be reached while on sick leave, giving an address, telephone number, and any other information which would allow communication with the member if they intend to stay at any location other than their residence. This information shall be recorded in the sick leave book maintained by the member's unit. During their scheduled tour of duty, on their scheduled work days, the member shall, before leaving their residence, or any other place they are staying during the extent of their sick leave, for any period of time, contact the person designated by the commanding officer and provide the same information as above. This information shall then be recorded in a log maintained for that purpose, along with the date and time the member called in.

4. In cases where it is apparent that a total of three (3) working days of sick leave will not be sufficient to overcome an illness, or anytime a fourth working day or more is needed, the member shall report to the Clinic, no later than the fourth working day, during sick call hours, for a proper medical examination.

5. Members who fail to report to the Clinic on the fourth day, as required above, shall be considered Absent Without Leave (AWOL). A full investigative report outlining the facts, will be prepared by the member's commanding officer and submitted to the Human Resources Officer, within three (3) working days of the initial failure to report to the Clinic.

6. Once a member has chosen to use chargeable sick leave, they may not at a later time change it or request it to be changed to illness incurred in the performance of duty.

7. Members must have sufficient accumulated leave to cover the period of time they wish to be placed on optional sick leave. Members who do not have sufficient leave to cover the period of time they wish to be on sick leave must report to the Clinic for medical treatment.

C. Accumulating Sick Leave.

1. Members are reminded that sick leave which is not used continues to accumulate and is available for use in succeeding years. Accrued sick leave is, in a sense, a guaranteed insurance policy that is always available when needed, and to abuse it could prove to be a serious detriment at a later time.

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2. Members are further reminded that a sick leave record is a permanent record and always a significant factor to be considered when determining one's overall efficiency.

D. Restriction of Activities.

1. While on sick leave members shall:

- a. Not accept or engage in any employment other than that of the department, provided that this restriction does not apply to the use of sick leave for routine medical or dental appointments.
- b. Not leave the Washington Metropolitan Area unless granted permission by the Human Resources Officer. PD Form 358 (Request to Leave the Washington Metropolitan Area While on Sick or Administrative Leave) shall be used for this purpose. (For the purpose of this order, the "Washington Metropolitan Area" shall be defined as any point extending to a 25-mile radius from the U.S. Capitol Building.)

2. Members shall comply with the optional sick leave requirements set forth in sections a and b below whenever they are who are on optional sick leave and their day off falls on a day for which they have taken sick leave.

- a. Part IB3 and ID1, with respect to leaving his/her residence or other place, or the Washington Metropolitan Area, and
- b. General Order 201.17 (Outside Employment and Financial Statements) regarding outside employment.

3. Before a member is released from the above restrictions, he/she must call the station and inform one of the officials on duty that he/she is no longer ill and will report to work for his/her next scheduled duty assignment. Members must work a full tour of duty before they can work authorized outside employment.

E. Return to Duty.

1. Members who intend to report back to duty after using optional sick leave shall notify their organizational element, not less than one (1) hour prior to the time they are to report for their next tour of duty, assignment, or detail.

2. Upon returning to duty, the member shall certify the PD Form 79 (Sick Leave Certificate) by checking the block which reads "Request sick leave, illness not in POD," and signing it. Once a member has completed the PD Form 79, the form shall be given to the watch commander.

F. Use of Forms.

1. Sick leave, eight (8) hours or less, used for the purpose of dental or optical examination or treatment, shall be requested and reported using Standard Form 71 (Application for Leave). Use of dental and/or optical sick leave for less than eight hours shall not be considered optional sick leave in accordance with section (G)(2) below.

2. All other sick leave used in conformity with this order shall be reported on PD Form 79.

3. PD Form 78 (Notification to Member Relative to the Expected Tardiness or Optional Sick Leave Program) shall be used to warn, revoke and restore a member, or to extend a member's revocation period.

G. Revocation From and Restoration to Participation in the Optional Sick Leave Program.

1. A member who uses the Optional Sick Leave Program four (4) times within a 12-month period shall be issued a PD Form 78 by their commanding officer and warned that the next use of optional sick leave within the 12-month period will result in the member's immediate revocation from the program.

2. A member shall be revoked from participating in the Optional Sick Leave Program, for six (6) months, when they have used the privilege five (5) times within a 12 month period. Absences of less than eight (8) hours used for dental or optical appointments shall not be counted.

3. A member shall be issued a PD Form 78 by their commanding officer when their use of the optional sick leave privilege has been revoked. A copy of the PD Form 78 shall be forwarded to the clinic for inclusion in the member's medical file.

4. After a member has been revoked, they shall comply with the regular provisions of General Order 1001.1 (Medical Services) for reporting illnesses or injuries, until such time as they have been restored to participation in the program.

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5. A member whose privilege to use the Optional Sick Leave Program has been revoked in writing and who fails to report to the Clinic as required shall have their revocation period extended for six (6) months from the date they failed to report.

6. A member shall be issued a PD Form 78 to restore them to participation in the program six (6) months after having been revoked unless the member's revocation period was extended as described above.

PART II

A. Distribution of PD Form 79.

Distribution of PD Form 79 shall be as follows:

1. The white copy shall be given to the member's time and attendance clerk for recording and retention.
2. The yellow copy shall be sent to the Director, Medical Services Division.
3. One of the remaining copies shall be forwarded to the member and the final copy shall be destroyed.

B. Time and Attendance Clerks.

Time and Attendance clerks shall:

1. Monitor the sick leave record of all members of their respective organizational element and immediately notify the commanding officer when any member uses optional sick leave for the 4th and 5th times within a 12-month period.

2. Distribute PD Forms 79 as specified in Part IIA.

PART III

A. Supervisory Officials.

1. The official receiving a call from a member reporting sick according to the provisions of this order shall ascertain the member's illness to ensure that the member does not report sick for what should be considered an injury or illness in the performance of duty.

2. The official receiving the above notification shall:
 - a. Prepare a PD Form 79 filling in the necessary information in each block, including the nature of the illness given by the member reporting sick and checking the block indicating that the remarks were made by the member reporting sick;
 - b. Initial the PD Form 79 in the upper right-hand corner;
 - c. Forward the PD Form 79 to the watch commander for his information and handling when the member returns to duty; and
 - d. Inquire whether the member will use optional sick leave or report to the clinic.
 - e. Record the required information, including where the member will be recuperating and the phone number where the member can be reached, in the sick leave book.

3. The organizational element's administrative official in charge of the unit's time and attendance section shall ensure that members' participation in the Optional Sick Leave Program are monitored and that their immediate supervisor is notified so that the appropriate notifications and revocations can be made.

B. Watch Commanders.

Watch commanders shall:

1. Have access to the file of PD Form 79s of members that are on optional sick leave.
2. Sign the PD Form 79 after a member has signed the form upon their return to duty.
3. Cause the delivery of the signed PD Form 79 to the element's time and attendance clerk.

C. Commanding Officers.

Commanding officers shall:

1. Ensure that the sick leave record of all members of their command are properly monitored and that the appropriate warnings and revocations (PD Form 78) are issued to members whose use of optional sick leave requires such action.

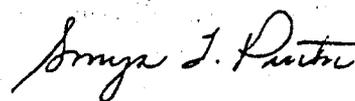
2. Investigate any subordinate who appears to be feigning sickness in order to evade duty, and order to the Clinic, for the present intended absence, any member who uses sick leave for the apparent purpose of evading duty, or for some other reason that is not in the interest of the department and well-being of the individual.

3. When an investigation and the physician's examination reveals that a member has abused sick leave, cite the member for misconduct.

a. The provision in Part IG notwithstanding, upon institution of the above charge, the commanding officer shall revoke the member in writing from participation in the Optional Sick Leave Program.

b. The member shall be restored to participation as provided by Part IG6.

4. Investigate members who fail to report to the Clinic after three (3) consecutive days of Optional Sick Leave or after their Optional Sick Leave privileges have been revoked.



Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk



GENERAL ORDER



Subject: <p style="text-align: center;">Physical Examinations</p>	Series	Number	Distribution
	1002	1	A
	Effective Date		
	January 9, 1998		
Revision Date			*

The purpose of this order is to establish the policy and procedures for administering physical examinations and/or medical evaluations of sworn personnel of this department as prescribed by the Board of Police and Fire Surgeons. This order consists of the following parts:

PART I Responsibilities and Procedures for Members of the Department

- A. General.
- B. Probationary Physical Examination.
- C. Pre-Five Year Tenure Physical Examination.
- D. Biennial Physical Examination.
- E. Military Leave Physical Examination.
- F. Pre-Promotion Physical Examination.
- G. Fitness for Duty Medical Evaluation.

PART II Responsibilities and Procedures for Supervisory and Command Personnel

- A. Commanding Officers.
- B. Director, Medical Services Division.
- C. Human Resources Officer.

PART I

A. General.

1. Members shall take the necessary steps to ensure that their personal hygiene is appropriate for a physical examination.
2. Members who are taking medication and find it necessary to continue during the period immediately before their physical examination shall contact a Clinic physician and be guided by his/her instructions.

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3. Members scheduled for physical examinations shall report to the Clinic no later than 15 minutes before their scheduled appointment time.

4. When a member reports, or is directed to report to the Clinic for a physical examination, the member shall have his/her identification folder; or identification card if his/her police powers are revoked.

5. In the event a member is unable to report to the Clinic for his/her scheduled physical because of illness, injury, emergency leave, or court appearance, it shall be that member's responsibility to notify his/her commanding officer and the Clinic to obtain a new examination date.

6. Members having any questions concerning the procedures in this order shall contact the Director, Medical Services Division.

B. Probationary Physical Examination.

Probationary officers shall be scheduled for a probationary physical examination prior to the completion of their 14th month of service.

C. Pre-Five Year Tenure Physical Examination.

1. Members who are in their fourth year of service shall be required to undergo a physical examination no later than three months prior to the end of the five year tenure period in order to enable the Clinic Medical Director to review their medical qualifications for continued service with the department.

2. This physical examination consist of the following:

- a. Laboratory tests,
- b. Physical examination (including a structured psychological examination),
- c. Interview with a Clinic physician, and
- d. Drug screening.

3. The member shall be responsible for obtaining an appointment for the pre-five year tenure physical examination no less than six months before their five year tenure date. Following the scheduling of the appointment, the member shall submit this information to the Medical File Coordinator of his/her unit.

4. Members who fail to schedule and appear for their pre-five year appointment will be subject to disciplinary action, including involuntary separation.

D. Biennial Physical Examination.

1. All members shall be required to submit to a biennial physical examination during an odd or even year based on their year of birth, following their pre-five year tenure physical examination. Once established in this sequence, a member shall be medically examined every two years for the remainder of his/her career.

2. Members born in an even-numbered year shall report to the Clinic in the month of their birth every even-numbered year; whereas those members born in an odd-numbered year shall report to the Clinic in the month of their birth every odd-numbered year.

3. Members shall contact the Clinic to request an appointment for the Biennial Physical Examination no less than two months before their birth month.

E. Military Leave Physical Examination.

1. When the leave requested is for 15 days or less, the member shall:

- a. Schedule an appointment at the Clinic for a partial physical examination on the last business day that the Clinic is open prior to the member's departure on military leave.
- b. Schedule an appointment at the Clinic for a complete physical examination on the first day that the Clinic is open for business after returning from military leave, and prior to working a tour of duty with this department.

2. A member scheduled for military leave in excess of 15 days shall schedule an appointment at the Clinic prior to his/her departure on military leave and upon his/her return. The "departure" and "return" physical examinations shall be scheduled simultaneously.

F. Pre-Promotion Physical Examination.

1. All sworn members whose names are reached on the promotion register, and those who are nominated for promotion above the rank of captain,

4. Members who fail to schedule and appear for their pre-five year appointment will be subject to disciplinary action, including involuntary separation.

D. Biennial Physical Examination.

1. All members shall be required to submit to a biennial physical examination during an odd or even year based on their year of birth, following their pre-five year tenure physical examination. Once established in this sequence, a member shall be medically examined every two years for the remainder of his/her career.

2. Members born in an even-numbered year shall report to the Clinic in the month of their birth every even-numbered year; whereas those members born in an odd-numbered year shall report to the Clinic in the month of their birth every odd-numbered year.

3. Members shall contact the Clinic to request an appointment for the Biennial Physical Examination no less than two months before their birth month.

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2. A member scheduled for military leave in excess of 15 days shall schedule an appointment at the Clinic prior to his/her departure on military leave and upon his/her return. The "departure" and "return" physical examinations shall be scheduled simultaneously.

F. Pre-Promotion Physical Examination.

1. All sworn members whose names are reached on the promotion register, and those who are nominated for promotion above the rank of captain,

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shall be required to report to the Clinic to undergo a physical examination. This physical examination shall be used to determine if the member is physically and mentally capable of performing the duties of the position to which he/she is to be promoted.

2. Those members who are to be promoted shall complete a PD Form 845 (Medical History for Potential Promotees).

3. Members who are found to be unable to perform the full range of police duties due to a physical or psychological reason shall be passed over for promotion at that time.

4. Members whose names have been reached on the promotion register but were passed over for medical reasons, shall have a subsequent pre-promotional physical examination prior to the expiration of the register in effect at the time they first failed the physical examination or within 12 months of the date the physical was failed, whichever is greater.

5. Should a member fail to pass this subsequent physical examination within the required time period, he/she shall not be considered for promotion from the promotion register from which the member was originally passed.

G. Fitness for Duty Medical Evaluation.

1. Definitions.

a. Medical Conditions.

A health impairment which results from injury or disease, including psychiatric disease, or other physical or mental impairment which may affect an individual's capacity to safely and satisfactorily perform his/her assigned duties.

b. Medical Evaluation.

An examination conducted by a Clinic physician to determine whether a medical condition exists.

2. A "fitness for duty" medical evaluation shall be requested by a supervisor when he/she has reason to believe that a member has a medical condition.

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3. When a member is believed to have a medical condition, the supervisor shall submit a report, through channels, to the Director, Medical Services Division.

- a. The report shall include observations, statements, or other objective information, including other written documentation, to support the supervisor's belief that the member has a medical condition, and a recommendation that the member be ordered to submit to a medical evaluation.
- b. Officials reviewing the request and recommendation shall forward the report through the chain of command without delay.
- c. The request must be approved by the Human Resources Officer before being forwarded to the Director, MSD.

4. Upon review of the approved request for a "fitness for duty" medical evaluation, after consulting with the member's commanding officer, the Director, MSD shall notify the member by telephone to report to the Clinic at an appointed time.

5. In any case where a supervisor believes that a member is suffering from a sudden loss of control of his/her physical or mental functions, and it is not advisable to take the time to go through the written procedure, the supervisor shall immediately consult with his/her commanding officer.

- a. Upon the commanding officer concurring with the supervisor's opinion, the commanding officer shall:
 - (1) Verbally contact the Human Resources Officer,
 - (2) Explain the critical nature of the circumstance, and
 - (3) Request a waiver of the procedure in Part IG3 of this order.
- b. Upon approval of this emergency procedure by the Human Resources Officer, the commanding officer shall prepare a written request in which:

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- (1) The original shall be forwarded to the Human Resources Officer; and
 - (2) A copy of the written request shall be hand-carried to the Director, MSD by the supervisor, for a medical evaluation of the member.
- c. Upon the arrival of the supervisor, the Director, MSD shall immediately arrange for a consultation between the supervisor and the evaluating physician.
- d. The Director, MSD shall then:
- (1) Set an appointment for the member to report to the clinic for the evaluation, and
 - (2) Explain that the regular procedure has been waived.

PART II

A. Commanding Officers.

Commanding officers shall:

1. Conduct an investigation and submit a report with recommendations, through channels, to the Human Resources Officer, in all instances where a member fails to report to the Clinic for his/her scheduled physical examination/medical testing without making the appropriate prior notifications; and
2. Perform those duties prescribed in Part I concerning fitness for duty medical evaluations.
3. Ensure that all members requiring probationary or pre-five year physicals are scheduled for appointments as prescribed.

B. Director, Medical Services Division.

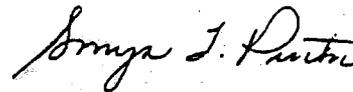
1. Provide an alternate appointment in those instances where a member is unable to keep the appointment for his/her scheduled physical examination, e.g., pre-five year tenure, biennial, etc.;

2. Advise the member of the new appointment for appearing at the Clinic;
3. Notify the commanding officer of the organizational element to which a member is assigned when that member fails to report to the Clinic;
4. Submit a report to the Human Resources Officer, listing the name, rank, and organizational element of those members who fail to report for a scheduled physical examination/medical testing;
5. Notify the member's commanding officer in order to arrange a return date and time for the member to meet with a Clinic physician, if the results of the physical examination warrant a personal interview;
6. Perform those duties prescribed in Part I concerning fitness for duty medical evaluations; and
7. Grant a waiver for a physical examination if the member has completed a physical examination within 120 days of the scheduled physical date. If a waiver is granted, the member will be required to submit a urine specimen for drug screening.

C. Human Resources Officer.

The Human Resources Officer shall:

1. Make the final decision of approving or disapproving all requests for waivers; and
2. Forward all requests for waivers to the Director, Medical Services Division after making the final decision.



Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk

Metropolitan Police Department □ Washington, D.C.



GENERAL ORDER CHANGE



Subject:

General Order 1002.2

Series
98

Number
3

Distribution
B

Effective Date
January 9, 1998

Expiration Date *

I. REMOVE FROM:

N/A

INSERT IN:

N/A

II. RESCIND:

General Order 1002.2
Pages 1 thru 4 dated
April 30, 1992

ADD:

General Order 1002.2
Pages 1 thru 4 dated
January 9, 1998

III. NOTES:

The purpose of General Order 1002.2 is to enhance the individual prospects for good health by influencing personal behavior.

IV. RESCISSION OF OTHER DOCUMENTS

N/A.

Sonya T. Proctor
Interim Chief of Police

STP:SMP:smp

Metropolitan Police Department □ Washington, D.C.



GENERAL ORDER



Subject: Health Maintenance Program	Series	Number	Distribution
	1002	2	B
	Effective Date January 9, 1998		
	Revision Date *		

This Department has changed its philosophy in the manner in which police services are provided to the community. This philosophy, known as Community Empowerment Policing (CEP), was embarked upon as an aggressive approach to involve members of the community, in partnership with the Department, in enhancing the quality of their lives. As we continue to move forward with the CEP concept, it is equally important that steps be taken to enhance the quality of life for sworn members of the Department.

As a part of the CEP initiative the Department implemented a Health Maintenance Program (HMP) for sworn members. The HMP is geared towards enhancing the individual prospects for good health by influencing personal behavior. The HMP will enhance the quality of life of the individual and the work group. Personnel studies have shown that the indirect costs of employee illness and dysfunction actually exceed the direct costs. Absenteeism, decreased morale, sick leave utilization and decreased judgement and discretion are some of the indirect costs. They all can lead to decreased productivity and unwanted turnover. Added to the enormous direct costs of health care, hospitalization, worker's compensation and long term disability, these costs will continue to soar.

This HMP will consist of three parts: the Non-Smoking Policy, Physical Fitness Standards, and a Wellness Program. The department's non-smoking policy and procedures are published in this general order. The Department is in the process of developing Physical Fitness Standards which will be published at a later date as part of this general order. The Department's Wellness program is provided through its Police and Fire Clinic.

PART I Responsibilities and Procedures for Members of the Department

- A. Policy.
- B. Definitions.
- C. Prohibitions.
- D. Non-Smoking Areas.
- E. Disciplinary Action.

**PART II Responsibilities and Procedures for
Supervisory and Command Personnel**

- A. Commanders/Directors.
- B. Director, Medical Services Division.

PART I

A. Policy.

Smoking is harmful to those who smoke and under certain conditions is harmful to non-smokers who are in close contact with those who smoke. Accordingly, the department will seek to protect the health, environment and comfort of the public and its members by prohibiting smoking in all police facilities, vehicles and other areas described in this bulletin. The ultimate goal is to encourage members of the Department to eventually quit smoking by modifying their behavior, thus enhancing their quality of life. This policy will be applicable to all sworn and civilian members of the Department to include crossing guards, cadets and reserve officers.

B. Definitions.

1. "Smoking" or "To Smoke" - means the act of burning, puffing, inhaling or having in one's possession, holding or carrying a lighted or smoldering cigarette, cigar, pipe or any other lit tobacco product.
2. Police Facility - is any building that is utilized by the department either in whole or in part to conduct police business.
3. Police Vehicle - is any vehicle owned or leased by the department that is utilized by members to include tactical vehicles. For the purpose of this order "Police Vehicle" also will include department owned aircraft and marine vessels.
4. Non-Smoking Area - is any area which is not a designated smoking area.
5. Designated Smoking Area - is any area in a public facility or police facility in which smoking is allowed.
6. Shared Office Space - is any office in a public facility or police facility where two or more members share the same office during the same tour of duty.

C. Prohibitions.

Smoking of any tobacco product shall be prohibited by Members in all police facilities and vehicles whether on or off duty. Smoking also shall be prohibited by sworn members while on duty in all public facilities. Additionally, members are prohibited from smoking inside the private residences of citizens while conducting official police business.

D. Non-Smoking Areas.

Effective July 1, 1992 smoking was prohibited in all areas of police facilities, inside all departmental vehicles and in areas in which a fire or safety hazard exist to include areas where departmental vehicles are fueled.

E. Disciplinary Action.

Disciplinary action for violations of this general order will be initiated only as a last resort to ensure compliance. Members will not be forced to stop smoking, however, where they smoke will be restricted. As previously stated, the ultimate goal is to encourage members of the Department to quit smoking, thus enhancing their quality of life. Quitting smoking is not easy for anyone, especially for heavy smokers. Most smokers try several times before they finally succeed in quitting. Supervisors will be expected to support, encourage, and help those members trying to quit while ensuring that the health, safety, and welfare of non-smokers are protected. Members found in violations shall initially be counseled and, if deemed appropriate, referred either to the Clinic, Metropolitan Police Employee Assistance Program or other organizations on the resource list to be provided by the Director, Medical Services Division.

PART II**A. Commanding Officers.**

Commanding officers of each organizational element shall be responsible for the following:

1. Ensuring the requisitioning and placing of No-Smoking signs at the entrance of and throughout the work place as applicable.
2. Ensuring the removal of all ash trays and other used tobacco product receptacles.

B. Director, Medical Services Division.

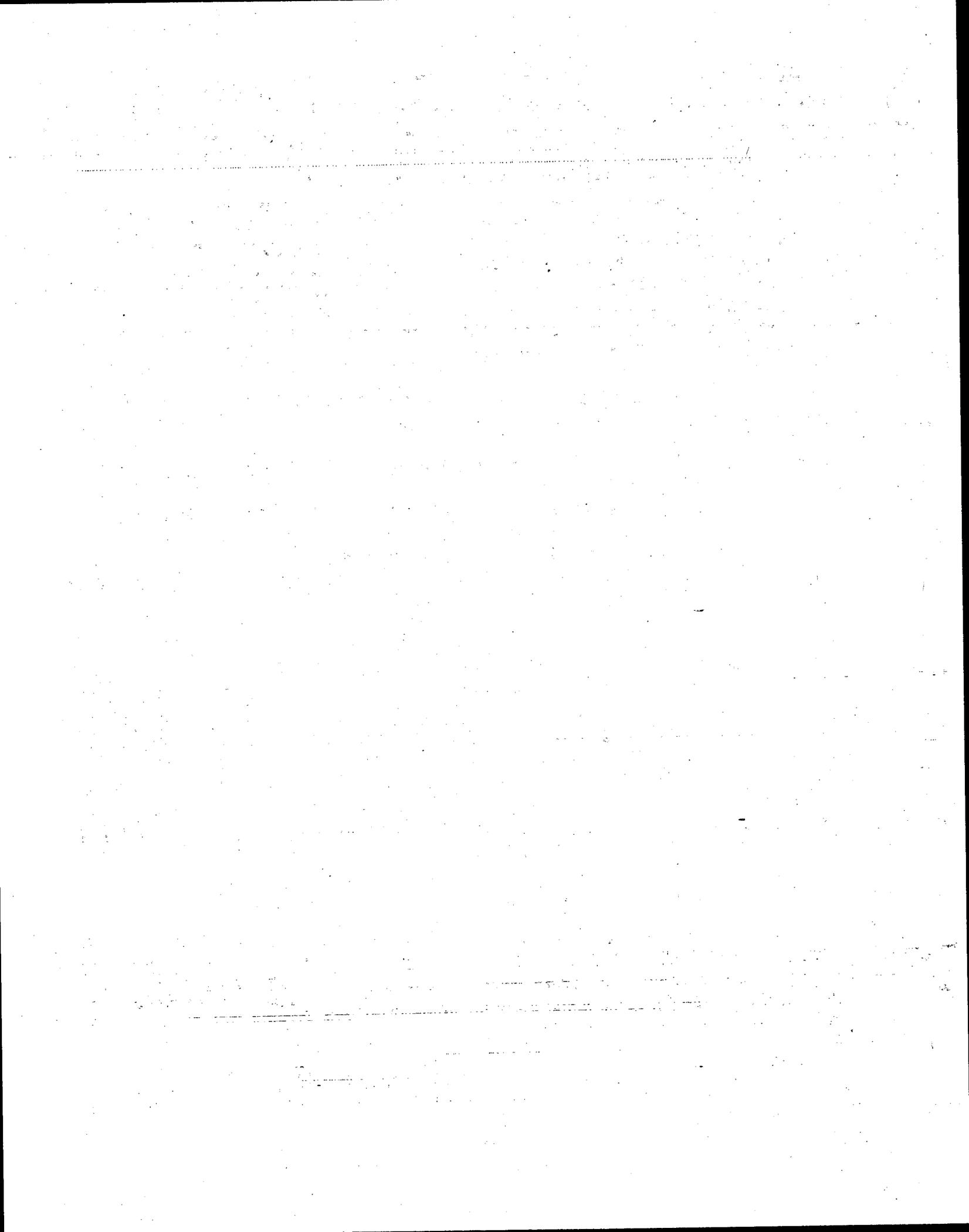
Recognizing tobacco use as an addiction is critical both for treating the tobacco user and for understanding why people continue to use tobacco despite the known health risks. Nicotine is a psychoactive drug with actions that reinforce the use of tobacco. Efforts to reduce tobacco use by members of the Department must address all the major influences that encourage continued use including psychological and pharmacologic factors. Therefore, the Director, Medical Services Division, shall be responsible for the following:

1. Providing a smoker's education program. The program shall address the following:
 - a. Methods of smoking cessation
 - b. Quitting tips
 - c. Weight gain after quitting
 - d. How to handle relapses
 - e. The health consequences of smoking
 - f. The health benefits of smoking cessation
 - g. Withdrawals symptoms
2. Working with the Clinic Medical Director to develop a protocol for a smoking cessation program when the use of medication is indicated for member seeking medical assistance to stop smoking.
3. Developing a resource list of organizations and government agencies that provide information and assistance to members who wish to quit smoking.



Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk



Metropolitan Police Department □ Washington, D.C.



GENERAL ORDER CHANGE



Subject: General Order 1002.4 Drug Screening Program General Order 1002.5 Random Drug Screening Program	Series 98	Number 1	Distribution A
	Effective Date January 9, 1998		
	Expiration Date *		

I. REMOVE FROM:

N/A

II. RESCIND:

General Order 1002.4
Pages 1 thru 2 dated
May 8, 1992

General Order 1002.5
Pages 1 thru 10 dated
May 13, 1994

III. NOTES:

The purpose of General Order 1002.4 is to establish testing procedures to ensure compliance with this department's policy against drug use by its members.

The purpose of General Order 1002.5 is to establish drug screening procedures to deter illicit drug use in order to further ensure the public's trust in our Department and to reinforce the public's confidence in the integrity of all sworn members.

IV. RESCISSION OF OTHER DOCUMENTS

Special Order 83-21 (Drug Testing for Illicit Narcotic for Controlled Substance Use) dated March 2, 1983
TT#17-091-94 (Random Drug Screening) and the Urine Specimen Collection Manual which served as an attachment to the above teletype.

Sonya T. Proctor
Interim Chief of Police

Metropolitan Police Department □ Washington, D.C.



GENERAL ORDER



Subject: Drug Screening Program	Series	Number	Distribution
	1002	4	A
	Effective Date January 9, 1998		
	Revision Date *		

The Director of the Medical Services Division has established testing procedures to ensure compliance with this department's policy against drug use by its members. The attached Urine Specimen Collection Manual (USCM) contains the department's policy, procedures, duties, and responsibilities concerning the Drug Screening Program and is incorporated by reference into this general order. All members shall comply with the procedures, duties, and responsibilities established in the USCM.

Policy Statement

The illicit use of drugs and controlled substances by members of the force will not be tolerated. Illegal drug use jeopardizes the safety of the members and the public we are sworn to protect. The use of urinalysis testing for illicit drug use and/or abuse, as established in the USCM, shall constitute the primary means of detecting and deterring drug use/abuse within the department. The confirmed finding of an illicit or controlled substance in the urine of a member, or the refusal of a member to submit to such testing, will result in the termination of that member from the Metropolitan Police Department.

Procedures

Prior to their next tour of duty, members shall notify their immediate supervisor when they are required to use prescription or over-the-counter medication which has the potential to impair job performance. The member shall advise the supervisor of the name, dosage, and known side effects of such medication and the prescribed period of use. The supervisor shall document this information in a memorandum and direct the member to report to the Police and Fire Clinic. The memorandum shall be provided to the Clinic Medical Director prior to the member's arrival at the Clinic. Members shall not ingest any controlled or over-the-counter medications in amounts greater than the recommended dosage.

Any member who unintentionally ingests, or is forced to ingest, a controlled substance shall immediately report the incident to their supervisor so that appropriate medical steps may be taken to ensure the member's health and safety.

The Medical Services Division will conduct urinalysis testing for narcotic, controlled and illegal substance use by any member of the force suspected of such drug use; randomly for all members of the force; prior to receiving additional pay related to promotions, increased duties or similar matters; and as a part of any routine physical examination conducted by that division. Accordingly, urine specimen testing shall be conducted in the following instances for all members of the department as approved by the Chief of Police:

1. Recruit Officers during Recruit Training
2. Probationary Physical
3. Pre-Five Year Physical
4. Biennial Physical
5. Random Drug Screening
6. Master Patrol Officer Physical
7. Detective I/II Physical
8. Emergency Response Team Physical
9. Range Physical
10. Scuba Diving Physical
11. Search and Emergency Rescue Team Physical
12. Technician Physicals
13. Promotion Physical
14. Return From Military Leave Physical
15. Return to Duty Physical
16. Fitness for Duty Physical
17. Reinstatement Physical

18. Leave in Excess of 30 days
19. Disability Retirement Physical
20. When Ordered for Reasonable Suspicion
21. Administrative Board Recommendation
22. Any Other Physicals recommended by the Clinic Medical Director



Sonya T. Proctor
Interim Chief of Police

Attachment

STP:DHW:rsk

METROPOLITAN POLICE DEPARTMENT

Human Resources Bureau
Medical Services Division

Drug Screening Program
URINE SPECIMEN COLLECTION MANUAL

January 9, 1998

ATTACHMENT TO GENERAL ORDER 1002.4

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INTRODUCTION

Goals and Objectives of Drug Screening Process

While it is the inherent duty and responsibility of the Metropolitan Police Department to maintain an accounting to the public which we serve, it is equally important for the department to protect itself and its members against the wrongful actions of a few members or prospective members who may eventually cause harm to their co-workers and/or to the public because of their use of illicit drugs. In the proper context, urine drug testing can also be used to deter drug abuse in general. To be a useful tool, the testing procedure must be capable of detecting drugs or their metabolites at concentrations sufficiently low to include occasional or infrequent users as well as recent users.

Urine is the body fluid most often tested because it can be readily obtained by relatively non-invasive means. However, the presence of a drug in a urine specimen is normally used to simply indicate the subject's use of the drug, and provides little insight as to whether the subject was under the influence of the drug at a specific time. Even so, the consequence of a positive urine test for an illegal drug can carry severe penalties. Even when punitive actions do not take place, the suggestion that drug abuse has occurred can be devastating to the life of the subject. For these reasons, urine drug test results must be as error-free as possible and defensible in the event that they are challenged during an administrative, civil or criminal proceeding. Reliable discrimination between the presence, or absence, of specific drugs or their metabolites is critical, not only to achieve the goals of the testing program but to protect the rights of those tested; thus, it is in the Department's interest to set standards which the Illicit Drug Screening Program must maintain in order to achieve maximum acceptability of test results.

The possible impact of a positive test result on an individual's livelihood, freedom or rights, together with the possibility of a legal challenge of the result, sets this type of test apart from most clinical laboratory testing. In fact, urine drug testing should be considered a special application of analytical forensic toxicology. That is, in addition to the application of appropriate analytical methodology, the specimen must be treated as evidence and all aspects of the testing procedure must be documented and preserved for possible administrative hearings or civil proceedings. The clinic laboratory shall acquire the services or advice of a qualified forensic toxicologist, or individual with equivalent qualifications (of experience, training, etc), to address the specific needs of the on-site testing facility including the demands of chain of custody of specimens, security, proper documentation of all records, storage of positive specimens for later or independent testing, presentation of evidence for administrative hearings or civil proceedings, and expert witness testimony.

PART I PROCESSING OF DONORS

The processing of donors and specimens shall be strictly controlled by the utilization of the Seven (7) Part Drug Testing Custody and Control Form (7 part form). The process shall be governed by the following guidelines:

1. The person giving the sample (donor) must be positively identified prior to any specimen being taken. The departmental identification folder (or temporary departmental identification card) shall be used for this purpose. In the event that the donor states that he/she does not have his/her identification card in his/her possession at that time, other forms of positive identification (driver's permit with picture, etc.) may be used at the discretion of the MPD liaison official or the donor's supervisor can be requested to appear at the Clinic and personally identify the donor. If positive identification cannot be made by some means, the person shall not be allowed to give a specimen.
2. Individuals who report for a Drug Screening shall not depart from the Clinic without submitting the required specimen. In the event an individual must leave the Clinic, the individual shall notify an MPD Clinic liaison official who will record the reason for the departure before a specimen was given.
3. Donors shall place their service weapon, personal items and hand carried objects in a "gun locker" before proceeding to the laboratory.
4. The donor will be given a written summary of the drug screening procedure to read before being escorted to the Clinic laboratory.

PART II SPECIMEN COLLECTION PROCEDURE

A. Collection Site Personnel

Collection site personnel shall be employees of PFC Associates, LLC. On occasions when it is necessary to obtain specimens at locations other than the Police and Fire Clinic, the specimens shall be collected by personnel from the Office of Internal Affairs trained in collection procedures.

Collection Site personnel shall meet the following requirements:

- a. Receive training in the procedures of urine collection.
- b. Work under the general supervision of the Clinic Medical Director.
- c. Receive semi-annual in-service training regarding collection procedures.

B. Collection Site

A designated collection site is a place where individuals present themselves for the purpose of providing urine specimens to be analyzed. The site shall possess all necessary personnel, materials, equipment, facilities, and supervision to provide for the collection, security, temporary storage and initial screening of urine specimens. The site shall be secured during urine collection and screening operations.

When it is necessary to collect a specimen at a site other than the Police and Fire Clinic, the Office of Internal Affairs personnel shall use the same Split Specimen Transport Box collection kits and 7 part form used at the Clinic. The specimen shall be produced under observation then transported immediately to the emergency room at Providence Hospital where it will be placed in a locked collection box for pick-up by Quest Laboratories. The Clinic Contract Administrator shall be notified that a specimen was collected and shall, in turn, notify Quest Laboratories to arrange for a special pick-up at Providence Hospital within 24 hours.

C. Collection Procedures

1. When the PFC collector is ready for a donor, the MPD sergeant shall escort the member to the Clinic laboratory.
2. No unauthorized personnel shall be permitted in any part of the collection site while urine specimens are being collected or tested.
3. The collector will verify the donor's identification and record the member's name and Social Security Number in the laboratory drug screening log and complete Step 1 of the 7 Part Chain of Custody form. The member's Social Security Number shall be used as the employee ID number on the 7 part form.
4. If the donor is there for a Fitness-For-Duty or a Reasonable Suspicion test or to be retested after a previous specimen was determined to be adulterated, diluted or otherwise tampered with, the donor will be directed to the dressing room to disrobe and put on a laboratory gown then return to the laboratory.
5. If the donor is not required to disrobe, the collector will direct the donor to remove all outer garments and to empty their pockets into a container.
6. The collector will supervise the donor while the donor thoroughly washes and dries his/her hands.

7. The donor will then be directed to select a sealed Split Specimen Transport Box from a supply of boxes and to break the seal on the transport box. The donor will retain custody of the complete collection container including the specimen bottles (sealed in plastic) until the donor turns the specimen over to the collector.

NOTE: A donor who is completing a physical examination may also be provided a vial for urine collection for medical test purposes only.

8. The donor will be directed to the washroom within the secured laboratory to give the sample. The water to the washroom shall be electronically turned off, blue dye placed in the commode and the soap dispensers removed to prevent sample adulteration with substances from the laboratory. The donor will not be directly observed unless the Department reasonably suspects that the donor might attempt to circumvent the drug screening process. If direct observation is deemed necessary, the observer will be a police official or a clinic staff member of the same sex as the donor. After producing the sample, the donor will give the collection container and the transport box to the collector. The donor will not be allowed to wash his/her hands until the specimen is separated into the two specimen bottles, the specimen bottles are sealed and the donor has initialed each seal.

9. The collector will immediately inspect the transport box to assure that the plastic bags containing the specimen bottles are intact and unopened and the transport bags were not tampered with. The collector shall observe the temperature strip on the container within four (4) minutes to determine if the specimen is within the acceptable range of 90 to 100 degrees Fahrenheit and record the temperature on the 7 part form. If the specimen temperature is outside of the acceptable range, the collector will immediately take and record a temperature reading using a thermometer then direct the donor to have his/her oral temperature taken. If the donor refuses or if the donor's temperature is not within 1 degree Celsius/1.8 degrees Fahrenheit of the specimen, the specimen will be treated as an adulterated sample as described below.

10. The collector will determine if the sample is sufficient for testing (at least 45ml) and will observe the specimen to detect obvious signs of adulteration or tampering such as non-urine color or temperature of the sample outside of the acceptable range. A red specimen may indicate a kidney or bladder disorder or menstruation; the collector will record the red color on the 7 part form but will not reject the specimen as adulterated. The collector will record any unusual features of the specimen on the 7 part form immediately.

11. If there is an insufficient volume of urine the collector will: record the specifics on the daily log for urine collection, have the donor initial the log entry, dispose of the initial sample and the specimen collection kit then direct the donor to select a new sealed Split Specimen Transport Box and produce a second sample. Under no circumstances will the second sample be added to the first sample to produce a sufficient volume of urine.

12. If the donor cannot produce an adequate amount of urine, the collector will direct the donor to drink not more than 40 ounces of fluid and, after a period of up to two hours, again attempt to provide a complete sample. The donor will remain in the Clinic Waiting Room until the donor is ready to produce a second sample.

13. If the donor is still unable to provide an adequate amount of urine, the collector will call a clinic physician who will examine the patient to determine if a medical reason exists for the donor's inability to produce the specimen or if the inability to produce a specimen should be treated as a refusal to test.

14. If the specimen appears adulterated, the collector will immediately notify a Clinic liaison official. The liaison official may be asked to remain in the laboratory for the remainder of the collection procedure. The collector shall note the suspected adulteration in the daily log and the donor shall initial the notation. The initial sample will be poured into the two collection containers - approximately 30ml in container A and at least 15ml in container B. Both containers will be sealed and dated by the collector. The donor shall initial each label to signify that the donor witnessed this process and to confirm that the sample in each container came from the donor. The donor will also be directed to place his/her thumb print on the specimen B container which will be sent to the Fraternal Order of Police (FOP) Confirmation Laboratory, if directed by the FOP. Both samples will be sent to the confirmation laboratory to test for and confirm adulteration and, to the extent possible, specifically identify the adulterant and to test for illicit drugs. The results of confirmation testing will be used as evidence for possible administrative action against the donor.

15. The donor shall then be directed to select a second sealed Split Specimen Transport Box. The donor will then produce a second specimen under direct observation by a police official or a clinic staff member of the same sex as the donor. The collector will prepare a second 7 part form for the new sample. After the second specimen is produced, the donor's police powers shall be revoked, their badge and weapon collected and they shall immediately be placed on administrative leave with pay pending receipt of the confirmation test results.

16. If there is sufficient urine and the original or second sample does not appear to have been adulterated, the collector will pour a portion of the specimen into the two containers - approximately 30ml in container A and at least 15ml in container B. The collector will seal the containers with the security strips attached to the 7 part form and record the date on the seals. The donor will initial each label. The donor will also be directed to place his/her thumb print on the specimen B container which will be sent to the FOP Confirmation Laboratory, if directed by the FOP.

17. If the donor is there for Fitness-For-Duty or Reasonable Suspicion testing, the donor will follow the TRIAGE procedures for drug screening.

18. If the donor is there for any other type of drug screening, the donor will be directed to follow the screening procedure for drug screening.

D. TRIAGE Screening Test Procedures

1. The donor will be directed to select a sealed Triage Test Kit from a supply of Test Kits, verify that the expiration date on the test kit has not passed and break the seal. The collector will test the specimen in the presence of the donor by selecting a new pipet tip to extract a few drops from the initial sample and place the sample in the appropriate spot on the Triage Kit. The donor and the collector shall observe the test until the results are completely displayed. If a color bar appears next to a specific drug, the result is presumed to indicate the use of the corresponding drug by the donor.

2. The TRIAGE Kits will test for the presence of the following illicit drug classes:

- Phencyclidine (PCP)
- Cocaine
- Amphetamines
- Benzodiazepines
- Barbiturates
- Cannabinoids (Marijuana)
- Opiates

3. If the TRIAGE Kit indicates the presumed use of an illicit drug by the donor, the MPD liaison official shall be called to the laboratory. The donor's police powers shall be revoked, their weapon and badge retained and the donor placed on administrative leave with pay pending the results of the confirmation test. The TRIAGE Kit shall be discarded.

4. The collector shall arrange for the samples to be sent to the confirmation laboratory for testing. Chain-Of-Custody procedures shall be followed as documented on the back of the seven (7) part Chain-Of-Custody form.

5. If the TRIAGE Kit does not indicate the presence of controlled substances, the kit will be discarded. The remaining samples will be placed in the transport bag for this donor and retained in a locked freezer in the PFC laboratory for 7 days as required by the Clinical Laboratories Investigation Agency (CLIA). After the seven day period, the specimen will be disposed of by utilizing biohazardous procedures.

E. Screening Test Procedures

1. The collector will indicate on the seven (7) part form whether this specimen is to be tested for the NIDA five (5) drug panel or the seven (7) drug panel (applicants and new hires only), direct the member to sign the fourth copy of the 7 part form, tear-off the first three copies (white copies) and place the white copies in the front pouch of the transport bag. The samples shall then be placed in the back pouch of the clear transport bag. The collector shall seal the transport bag, place the bag in the shipping container, seal the container with the seal from the 7 part form and initial the seal.
2. The specimens shall be picked up daily by the screening and confirmation laboratory for initial drug screening.
3. The laboratory will test the specimen for adulteration and perform the initial drug screening. Negative results, consisting of the specimen serial number and a pass notation, shall be printed on a printer located in the PFC laboratory within 24 hours of the samples being received at the screening and confirmation laboratory. The positive screening results will not be transmitted to PFC except for the samples collected from new hires on the day before Swearing In.
4. For each specimen reported as positive for the presence of illicit drugs, the laboratory shall initiate confirmation testing.
5. If the laboratory screening indicates that a specimen may have been adulterated, a Clinic liaison official will be contacted immediately. The laboratory will initiate testing to identify the adulterant and to confirm adulteration. The donor shall be contacted and directed to report immediately to the Clinic for a second drug test which will be observed.
6. If the screening test does not indicate the presence of controlled substances, the initial specimen will be retained by the screening laboratory for 7 days as required by the Clinical Laboratories Investigation Agency (CLIA). After the seven day period, the specimen will be disposed of.

F. Chain of Custody

Only authorized personnel may handle urine specimens. The chain of custody procedures shall always be maintained to control and account for specimens from receipt through screening and confirmation if necessary. Every individual in the chain of custody shall be identified. PFC personnel will be responsible for all specimens in their possession and shall sign and complete the Chain of Custody forms for specimens as they are received and/or transferred.

The two specimen containers will be sent to the screening and confirmation laboratory under Chain-Of-Custody procedures.

1. The sealed specimen shipping container shall be maintained in a locked refrigerator in the PFC laboratory until the daily pickup from the screening and confirmation laboratory. The PFC laboratory shall be locked at all times when authorized personnel are not present. The keys to the laboratory shall be restricted to authorized personnel and the Providence Hospital security office.

2. When the courier arrives, a PFC employee shall remove the shipping containers from the secured refrigerator.

3. The PFC employee shall carefully inspect the containers for signs of tampering. If the inspections are satisfactory, the PFC employee shall sign the 7 part form, and record the date and time of the inspection and the condition of the packaging. If a discrepancy is noted, the information shall be recorded on the 7 part form and the Clinic Medical Director shall be notified for instructions before transferring the specimen to the courier.

4. The PFC employee shall then record turned over specimen to courier, his/her signature, time and date on the 7 part form and the Security Log Book.

5. The courier will then record received specimen, signature, time and date on the 7 part form and initial the PFC laboratory daily specimen collection log by each specimen to acknowledge receipt of the specified shipping containers.

If a sample is screened as positive and confirmed positive, the FOP will be contacted to arrange for the second sample (container B) to be transported to the FOP confirmation laboratory for an independent confirmation test.

PART III POSITIVE SCREENING RESULTS

Upon notification that the Pre-Swearing-In screening test or the TRIAGE test kit result was positive, the Clinic Medical Director shall notify the MPD liaison official.

PART IV DRUG SCREENING POLICY

It shall be the policy of the Metropolitan Police Department that all drug screening of members be processed in accordance with the provisions of this manual. All specimens that screen other than negative shall be analyzed (by GC/MS) prior to reporting final results.

PART V CONFIRMATION TEST POLICY

A second analytical procedure will be used to identify the presence of a specific drug or metabolite, which uses a different technique and chemical principle from that of the initial preliminary test in order to ensure reliability and accuracy. Gas chromatography/mass spectrometry (GC/MS) is the only authorized method for confirmation.

PART VI CONFIRMATION TEST RESULTS

Upon receipt of report(s) from the laboratory confirming the presence of an illicit/controlled substance in the urine sample of a member of the Metropolitan Police Department, the Medical Review Officer (MRO) will review the 7 part form for compliance with proper procedures before notifying MPD of the confirmed positive result.

The member will be contacted by MPD to schedule an appointment to meet with the MRO and an MPD liaison official for the purpose of determining whether there are any medical reasons for the positive test results. If the MRO determines that the positive test results were the result of prescribed or over-the-counter medication or other legally ingested substances, the MRO will determine that the drug screening results were negative.

If the member was tested positive for opiates but the MRO cannot positively conclude that the member actually used opiates, the member will be returned to duty and informed that he/she will be randomly selected for a new drug screening within 30 days.

If the confirmation results confirm the positive screening results, a case jacket shall be prepared by MPD containing copies of all documents relative to the collection and testing of the individual sample, including copies of all laboratory reports, administrative memoranda, and other applicable supporting documents. The administrative official who compiles the case jacket shall also prepare an "administrative hearing check sheet" which shall be utilized to ensure completeness of the record. As each required document is placed in the file, an appropriate entry with the date and initials of entering official shall be recorded.

Case jackets shall be clearly marked to indicate whether the member is a career officer or a probationer. The case jacket shall then be turned over to the Drug Screening Supervisor. The Drug Screening Supervisor shall complete the collection of necessary documents. When the case jacket is completed, a notification shall be made to the Internal Affairs Division to arrange for transfer of the package to the Internal Affairs Division investigator.

PART VII DRUG SCREENING AND CONFIRMATION DRUG SCHEDULE

Pursuant to the Metropolitan Police Department Drug Screening Program, the following schedule of drugs shall be screened and confirmed by primary laboratory and any laboratory conducting confirmation testing:

1. Amphetamines
2. Cocaine (Metabolite)
3. Phencyclidine (PCP)
4. Cannabinoids (Marijuana)
5. Opiates (Heroin)
6. Benzodiazepine (Fitness For Duty, Reasonable Suspicion and Pre-Swearing In only)
7. Barbiturates (Fitness For Duty, Reasonable Suspicion and Pre-Swearing In only)

NOTE: Information concerning screening and confirmation levels are not included in this manual. To obtain this data a written request must be made to the MPD Contract Administrator.

Screening for other drugs shall be conducted in accordance with the procedures set forth in this order when there is reason to suspect that a member has used another illegal or controlled substance.

PART VIII SUPPLEMENTARY DOCUMENTATION

Any deviation from the split specimen procedures outlined in this manual shall be documented by memorandum signed by the MPD Contract Administrator.

PART IX FUTURE REVISIONS

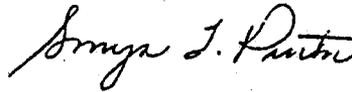
The MPD Contract Administrator may make minor modifications to these guidelines to reflect improvements and or changes in collection procedures. The Fraternal Order of Police Labor Committee will be notified of any changes in these procedures.

PART X INSPECTIONS

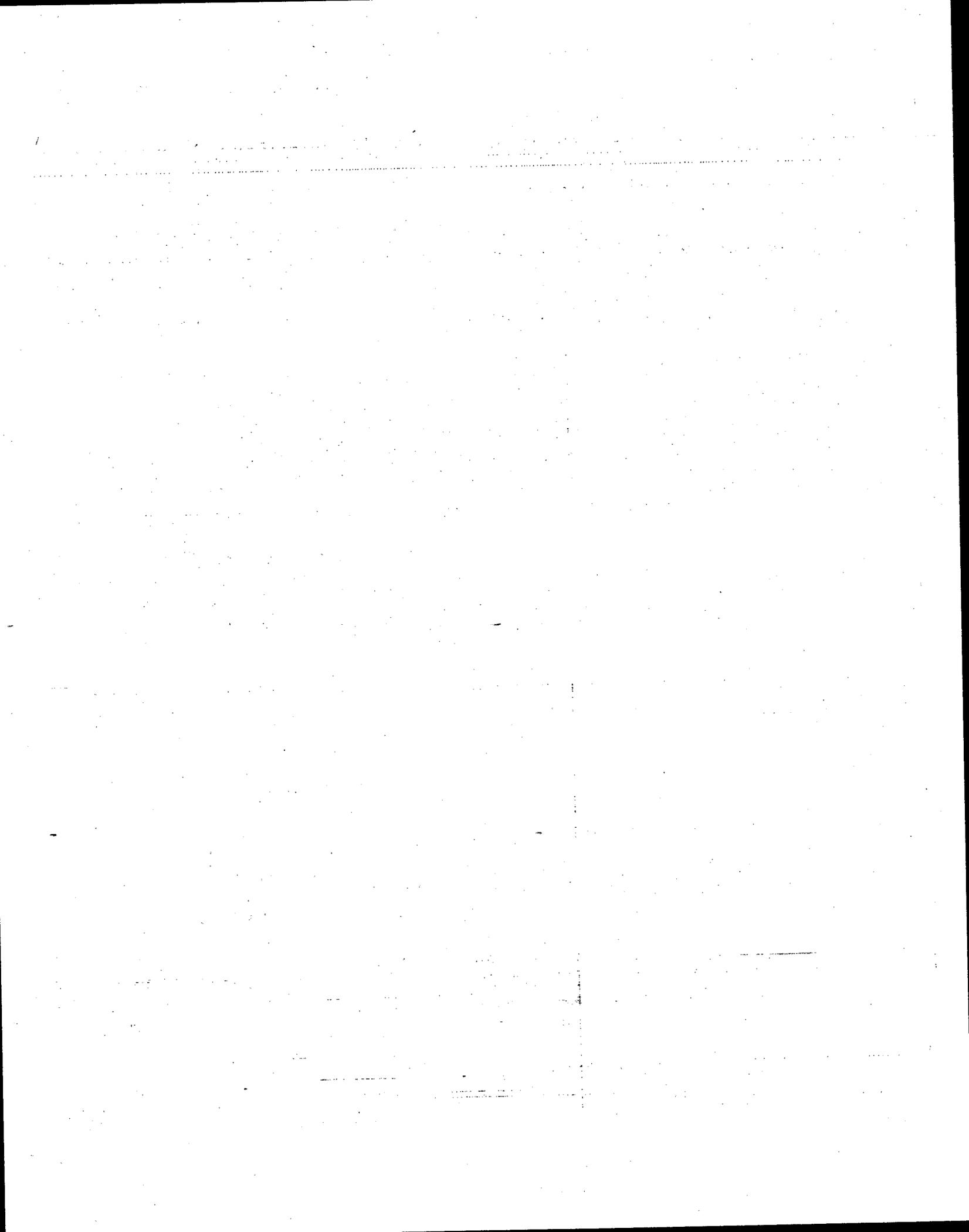
Internal Affairs Division personnel shall reserve the right to inspect the facility at any time, and are authorized to conduct unannounced inspections.

PART XI CONFIDENTIALITY OF RECORDS

The laboratory (Internal/External) shall ensure that the records are secured in compliance with the Privacy Act, 5 U.S.C. 552a and the patient access and confidentiality provisions of section 3112.2 of Chapter 31 of the District Personnel Manual. The Medical Services Division shall establish a Privacy Act System of Records to protect both the agency's and the contractor's records of employee urinalysis results. The Privacy Act System shall have specific provisions requiring that employee records are maintained and used with the highest regard for employee privacy.



**Sonya T. Proctor
Interim Chief of Police**





GENERAL ORDER



Subject: Random Drug Screening Program	Series	Number	Distribution
	1002	5	A
	Effective Date		
	January 9, 1998		
Revision Date			*

The Random Drug Screening Program is a key component of the Metropolitan Police Department's drug screening procedures to deter illicit drug use in order to further ensure the public's trust in our Department and to reinforce the public's confidence in the integrity of all sworn members. The law enforcement mission of the Department cannot be effectively achieved without public confidence in the integrity of its police officers. Any illicit drug use erodes that confidence and breeds disrespect for the law and for those entrusted with upholding it. This program is designed to be a proactive approach and deterrent to a serious societal problem facing all police officers and officials. Random drug screening, along with the routinely scheduled physical examination drug screening program, is a reasonable, preventative, and protective procedure that maintains the Department's image and capability as an effective law enforcement agency. This order consists of the following parts:

PART I Responsibilities and Procedures for Members of the Department

- A. General.
- B. Notification.
- C. Appearance at Screening Site.
- D. Refusal.
- E. Failure to Appear at the Clinic.
- F. Positive Screening Results Pending Confirmation.
- G. Confirmation of Test Results.
- H. Circumvention of Random Drug Screening Procedures.
- I. Adverse Action Proceedings.

PART II Responsibilities and Procedures for Command Personnel

- A. Officials.
- B. Command Personnel.
- C. Director, Medical Services Division.
- D. Office of Internal Affairs.

- E. Director, Information Services Division
- F. Human Resources Officer
- G. Support Services Officer
- H. Future Revisions
- I. Inspections
- J. Confidentiality of Records

PART I

A. General

For the purposes of this order the following definitions apply:

Clinic Medical Director - The physician (or designee) director of the Police and Fire Clinic.

MPD Liaison Official - The MPD official (or designee) assigned to the Police and Fire Clinic.

Medical Review Officer - The physician responsible for reading and interpreting drug screen analysis reports.

1. The confirmed finding of an illicit or unauthorized substance in the urine, the refusal of a member to submit to a drug screen, or the involvement of a member in any action which undermines the integrity of the drug screening program or circumvents the procedures established by this department in conjunction with this program shall result in an adverse action recommendation for termination of employment.

2. The collection procedures outlined in General Order 1002.4, Drug Screening Program and Urine Specimen Collection Manual, shall be used to collect and process urine specimens obtained pursuant to the provisions of this order.

3. The Human Resources Officer shall use a computer program to randomly select sworn members regardless of rank at the beginning of each working day (Monday through Friday exclusive of holidays) from the entire pool of sworn members on the Department's personnel file. All sworn members will have an equal chance of being selected each day, therefore, some members may be selected more than once before other members are selected. The potential for selection again shortly after a drug screening is an important element of the preventative aspect of this program.

4. The Human Resources Officer shall prepare a PD 317 (Notification to Report for Random Drug Screening) for each member selected that morning and ensure that the PD 317s are delivered directly to the appropriate Watch Commanders before the first roll call of the day.

5. Sworn members are prohibited from taking prescription medication that is not prescribed for them or taking medications in doses higher than recommended for their course of treatment.

B. Notification

Members will be notified to appear at the Clinic by means of a PD 317 presented by their Watch Commander as soon as possible after the Watch Commander receives the PD 317. The Watch Commander shall direct the member to report to the Clinic for testing. The Watch Commander shall notify the Human Resources Bureau (HRB) Lieutenant that the member has been directed to report for drug screening at the specified time. Members shall sign and date the notification form to document their acknowledgment that they were directed to report for drug screening. The original PD 317 shall be retained at the member's unit in a confidential file. A copy of the signed PD 317 shall be FAXED (or if necessary, hand carried) to HRB immediately after the form is signed.

1. If a member is on previously approved annual leave, military leave, sick leave, leave without pay or a scheduled day off when the notification is initially received by their unit, the Watch Commander shall document the reason that the member could not be tested on the PD 317. The PD 317 shall be FAXED (or if necessary, hand carried) to HRB immediately after roll call.

2. When selected, members on administrative leave and extended sick leave shall report for screening as directed by their unit Watch Commander.

3. Members working tours of duty that coincide with the Clinic hours of operation for drug testing from 0700 to 2100 shall report to the Clinic, while on duty, to provide a specimen. Members working a tour of duty that does not start during the time period when the Clinic is open shall be scheduled to report to the Clinic no later than the conclusion of their tour. Members that are scheduled to report after their normal tour ends will receive compensation pursuant to the provisions of G.O. 206.1. The member shall prepare a PD 1130 which will be signed by a Clinic official.

4. If the member has a scheduled court commitment on the screening day, the member shall be directed to report to the Clinic prior to going to court, or if that is not possible, report to the Clinic after leaving court. The Director, Court Liaison Division, shall be notified of the requirement that the member report for Random Drug Screening.

5. The Watch Commander shall send the Human Resources Officer an e-mail message confirming the names of the members that were directed to report for drug screening and the members selected for drug screening that could not report on the selected date including the reason the member could not report. If e-mail is unavailable, the Watch Commander shall FAX the confirmation message to HRB before the end of the tour.

C: Appearance at Screening Site

1. Members shall report to the Clinic on the date and time specified by their Watch Commander and shall:

- a. Ensure that their urine specimen is not contaminated with any foreign substance (adulteration) or diluted during the collection phase.
- b. Submit their own urine specimen, and ensure that the specimen has not been substituted for another substance.
- c. Not substitute their own urine specimen with any other person's specimen during the screening process.
- d. Not take any action that would undermine the integrity of the drug screening program or circumvent the procedures established by this Department in conjunction with the drug screening program.

2. When a member reports to the Clinic for screening under this program, the member shall have their identification folder, identification card for non-contact members, or other officially issued proof of identification that includes a photograph of the member.

3. When a member reports sick after being served with a PD 317 they shall notify an official and report to the clinic for screening as directed. If a member is physically unable to report to the Clinic due to an incapacitating illness

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or injury on their screening day, they shall notify an official. The official shall prepare an investigative report documenting the circumstances which shall be signed by the Watch Commander then forwarded to the Human Resources Officer.

4. Emergency annual leave will normally not be granted except under unusual circumstances after a member has been served with a PD 317. When requesting emergency leave the member shall advise the official that they have been served with a PD 317 and the specific reason(s) for the leave. If emergency leave is granted, a report documenting the unusual circumstances shall be submitted by the member to their supervisor on the member's return to duty. In turn, the official granting the emergency leave shall prepare an investigative report with recommendations, through channels, to the Human Resources Officer within three (3) business days. The official granting the emergency leave is responsible for verifying the emergency prompting the request.

D. Refusal

Refusal of a sworn member to submit to screening under this program shall result in the recommendation of termination of that member from the Metropolitan Police Department for refusal of Drug Screening.

E. Failure to Appear at the Clinic

Members that have been properly notified and fail to appear at the Clinic will be deemed to be in a "Refusal" status absent exigent circumstances. The member shall immediately report the existence of exigent circumstances to their unit Watch Commander, or if unavailable, to the Communications Division Watch Commander. A report documenting the exigent circumstances shall be submitted by the member to their immediate supervisor. In turn, the supervisor shall prepare an investigative report with recommendations, through channels, to the Human Resources Officer within three (3) business days. The validity of exigent circumstances shall be determined by the Human Resources Officer.

F. Positive Screening Results Pending Confirmation

The specimen of a member determined to be positive for illicit substances during the screening shall be tested using Gas Chromatography/Mass Spectrometry (GC/MS) to confirm the presence in the specimen of metabolites resulting from the use of illicit substances. The duty status of the member shall not be changed until the confirmation test results are received and reviewed by the Medical Services Division Director.

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G. Confirmation of Test Results

1. If the confirmation test is negative no further action will be taken.
2. If the confirmation test is positive, the member shall be contacted by an MPD Liaison officer and directed to report to the Clinic where they will be interviewed by the Medical Review Officer (MRO) and an MPD Clinic liaison official regarding the confirmed positive test results.
3. In the case of a positive confirmation of a sample wherein the testee states that they are taking medication and where the confirmation levels are consistent with the reported medication, the MRO shall interview the testee to verify the proper use of prescription medications that could explain the confirmation levels. If the positive test results can not be explained based on the prescription medication taken, the case shall be referred to the Office of Internal Affairs (OIA).

H. Circumvention of Random Drug Screening Procedures

Any attempt to circumvent the procedures of the random drug screening program shall be investigated by OIA. An investigative report shall be prepared, with recommendations, and forwarded to the Human Resources Officer within 30 calendar days.

I. Adverse Action Proceedings

The Human Resources Officer will initiate the preparation of termination proceedings based on the recommendations from OIA for all members with a confirmed positive urine test that are not the result of bona fide medical treatment by a licensed physician, psychiatrist, and/or dentist. Members refusing to appear for or submit to drug screening or the involvement of a member in any action which undermines the integrity of the drug screening program or circumvents the procedures of the program will also be recommended for termination.

PART II

A. Officials.

1. Officials shall ensure that members under their direction strictly comply with the procedures outlined in this program.

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2. Officials shall not post, publish, disseminate, or in any other way make known the names of members scheduled to be screened.

3. Because of the potential for the adverse "labeling" of a member, all activities associated with this program shall be considered confidential and personal. Violation of the confidentiality aspects of this program shall be considered as a circumvention of the random drug screening program and may subject the offending member to disciplinary action.

4. Officials shall take extreme care to respect the employee's personal integrity during the entire drug screening process.

B. Command Personnel.

Bureau Heads and Commanding Officers shall:

1. Ensure that the PD 317 is served as soon as possible on the day of receipt and that the member signs the PD 317 to document their acknowledgment of selection for random drug screening .

2. Ensure that the Clinic is notified when a member is scheduled for drug screening in accordance with the provisions of this order.

3. Ensure the verification of the status of members whose PD 317s show that they are on Suspension without Pay, Leave without Pay, or Extended Sick Leave without Pay. Upon verification, forward the PD 317s to the Human Resources Officer.

4. Ensure that the executed PD 317 is retained and filed at their unit for three years (3) and then destroyed.

5. Investigate all reports of attempts to circumvent the procedures of the random drug screening program, which are forwarded to them by the Director, MSD, including refusals and failures to appear. The completed investigative report will, in all instances, be forwarded in 30 calendar days through channels to the Human Resources Officer with adverse action recommendations.

6. Upon notification by the MSD Director of a positive confirmed drug test, order the member to report to OIA.

C. Director, Medical Services Division.

The Director shall:

1. Oversee urinalysis screening for narcotic or controlled substance use on all sworn members who are selected under this program and so notified.
2. Ensure that drug screening can be performed during the times and dates when members are scheduled to report.
3. Notify the Bureau Head of any member who refuses to submit to a drug screen or who fails to appear for screening.
4. Investigate confirmations of positive testing wherein the testee claims the use of prescribed medication.
5. Ensure that the provisions of General Order 1002.4 are followed with regard to collecting and processing urine specimens.
6. Establish and maintain Clinic guidelines and regulations that ensure the integrity of the drug screening program.
7. Ensure that OIA is notified in accordance with the provisions of this order.
8. Upon notification of a confirmed positive screening result, notify the member's Bureau Head and the OIA. The Director shall submit a preliminary report to the Chief of Police containing the facts of the case.

D. Office of Internal Affairs.

1. Upon notification of a confirmed positive screening result, prepare a final investigative report with recommendations to be forwarded to the Human Resources Officer.
2. Investigate all reports referred by the Human Resources Officer of members attempting to circumvent the established procedures for the random drug screening program and prepare recommendations to the Human Resources Officer.

E. Director, Information Services Division

The Director shall:

1. Support the operation of an automated process that will randomly select sworn members as outlined in Part IA3.
2. Ensure that the automated program is placed in a computer maintained within the Office of the Human Resources Officer with a security access code selected by and maintained by the Human Resources Officer.
3. Ensure that the Support Services Officer is provided with a security access code selected by and maintained by the Support Services Officer to be used during the absence of the Human Resources Officer.

F. Human Resources Officer

The Human Resources Officer shall:

1. Use the automated selection program to select members each morning when the Clinic is open.
2. Prepare the PD 317s and forward them in a sealed envelope to the BureauHead of the appropriate organizational elements each morning.
3. Review reports of non-compliance with, or the circumvention of, the random drug screening program submitted by Bureau Heads or Commanding Officers and initiate adverse action proceedings based on their recommendations.
4. Record the disposition of members selected for drug screening: not available for screening on this date, directed to Clinic but did not report, tested negative, tested positive.
5. Refer, as appropriate, reports of non-compliance or circumvention for further investigation to OIA.
6. Initiate the preparation of adverse action proceedings based on recommendations of the Director, Medical Services Division or the OIA.

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7. The Human Resources Officer may temporarily suspend the random selection of members in the event of a total mobilization of sworn members or for any other reason deemed appropriate by the Chief of Police. The FOP Labor Committee shall be notified of the suspended status of the program.

G. Support Services Officer.

The Support Services Officer shall be responsible for carrying out the provisions of Part II F during the absence of the Human Resources Officer.

H. Future Revisions.

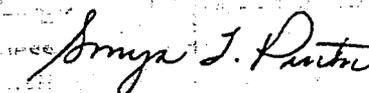
The Human Resources Officer may make minor modifications to this order to reflect improvements in the drug screening program. The FOP Labor Committee will be notified of any changes to this order prior to the effective date of any proposed changes.

I. Inspections.

Audit and Compliance Division, Office of Professional Responsibility personnel shall reserve the right to inspect the Clinic at any time, and are authorized to conduct unannounced inspections.

J. Confidentiality of Records.

The Director, Medical Services Division, shall ensure that the records are secured in compliance with the Privacy Act, 5 U.S.C. 552a and the patient access and confidentiality provisions of Chapter 31 of the District Personnel Manual. The Director shall establish a Privacy Act System of Records to protect both the agency's and the reference laboratories' records of employee urinalysis results. The Privacy Act System shall have specific provisions requiring that employee records are maintained and used with the highest regard for employee privacy.



Sonya T. Proctor
Interim Chief of Police



GENERAL ORDER



Subject: Public Safety Officers' Benefits Act	Series	Number	Distribution	Change Number
	1003	1	A	1
	Effective Date			
	March 22, 1994			
Revision Date				

The purpose of this general order is to establish the responsibilities and procedures to be followed by members of this department when applying for benefits provided by the Public Safety Officers' Benefits Act (PSOB). This order consists of the following part:

PART I Responsibilities and Procedures for Members of this Department

- A. Public Safety Officers' Benefits Act.
- B. Benefits.
- C. Eligibility.
- D. Survivors.
- E. Filing a Claim.
- F. Limitations and Exclusions.

PART I

A. The Public Safety Officers' Benefits Act.

1. The Public Safety Officers' Benefits Act of 1976, Public Law 94-43 provides a monetary benefit to the eligible survivors of a public safety officer, whose death is the direct and proximate result of a traumatic injury sustained in the line of duty. The PSOB Act also provides the same benefit to a public safety officer who has been permanently and totally disabled as the direct result of a catastrophic personal injury sustained in the line of duty. The injury must permanently prevent the officer from performing any gainful work.

B. Benefits.

1. For deaths that occurred on or after June 1, 1988, the amount of benefit paid to eligible survivors of a public safety officer is \$100,000.

2. Since October 1, 1988, and on each October 1st thereafter, the benefit will be adjusted by the percentage of change in the Consumer Price Index. The current benefit (Fiscal Year 1994) is \$127,499.

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3. The benefit is not reduced by any state or local benefits, but is reduced by certain payments made under the District of Columbia Code. Specifically, the amount of the benefit paid under the PSOB Act to eligible survivor(s) of a public safety officer exceeds the amount paid by the District of Columbia government. Eligible survivors will receive a \$50,000 lump sum payment from the District of Columbia and the remainder of the PSOB benefit. This combined amount, however, will not exceed the total PSOB payment.

4. When the U.S. Department of Justice determines, upon a showing of need and prior to taking final action, that a death benefit will probably be paid, an interim benefit payment not exceeding \$3,000 may be made to the eligible survivor(s).

5. The PSOB Act ensures that benefits will not be subject to attachment by creditors, nor will they be subject to Federal Income Tax or to Federal Estate Tax.

C. Eligibility.

1. A public safety officer is a person serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter or member of a public rescue squad or ambulance crew. Law enforcement officers include, but are not limited to police, corrections, probation, parole and judicial officers. Volunteer rescue squads and ambulance crews are covered if they are officially recognized or designated members of legally organized Volunteer Departments.

2. Employment with a "public agency" means an agency of the United States, any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States, or any unit of local government.

3. A public safety officer's death or disability must result from injuries sustained in the line of duty. "Line of duty" means any action that the public safety officer is authorized or obligated to perform by law, rule, regulation, or condition of employment. If law enforcement, fire suppression, rescue or ambulance service is not a person's primary function, then to be covered by the Act, that person must be engaged in his or her authorized duties when the fatal or disabling injury is sustained.

4. Federal, State and local law enforcement officers, firefighters and members of public rescue squads and ambulance crews are covered for deaths and injuries occurring on or after November 29, 1990.

D. Survivors.

1. An approved claim for death benefits will be made by lump sum payment.

2. Benefits will be distributed as follows:

- a. One hundred percent (100%) will be paid to the surviving spouse if there is no surviving child of the deceased officer.
- b. If there is a surviving child or children and a surviving spouse, fifty percent (50%) will be paid to the child (or children in equal shares) and fifty percent (50%) will be paid to the surviving spouse.
- c. If there is no surviving spouse, one hundred percent (100%) will be paid to the child (or children in equal shares).
- d. If there is no surviving spouse or children, one hundred percent (100%) will be paid to the parent or parents of the officer in equal shares.

3. A public safety officer must be survived by an eligible survivor for a benefit to be paid.

4. Members cannot name their own beneficiaries under the provisions of the PSOB Act.

5. Under the PSOB Act, a "child" means any natural, illegitimate, adopted, or posthumous child of a deceased officer who, at the time of the officer's death is:

- a. 18 years of age or younger.
- b. 19 through 22 years of age, who has not completed four years of education beyond high school, and who is pursuing a full-time course of study or training.
- c. 19 years of age or older and incapable of self-support because of a physical or mental disability.

E. Filing a Claim.

1. Eligible survivors or disability claimants may file claims directly with the U.S. Department of Justice, or may file a claim through the department.

2. Normally, the department provides the information that enables the U.S. Department of Justice to determine whether the circumstances of the death or disability entitle a claimant to a benefit payment.

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3. Claimants filing directly through the U.S. Department of Justice should mail their claim to:

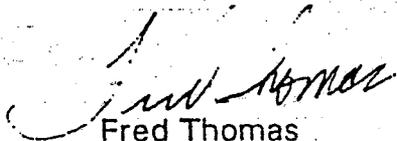
Public Safety Officers'
Benefits Program
Bureau of Justice Assistance
633 Indiana Avenue, N.W.
Washington, D.C. 20531
(202) 307-0635
FAX (202) 514-5956

4. Claimants filing through the department should contact the Medical Claims Review Officer, Administrative Services Bureau, 500 "E" Street, S.E., Washington, D.C. 20003, Extension 74393, FAX (202) 727-4028.

E. Limitations and Exclusions.

1. Under the provisions of the PSOB Act, no benefit will be paid:
 - a. If the death or disability was caused by intentional misconduct the officer or by the officer's intention to bring about his or her own death or disability.
 - b. If the officer was voluntarily intoxicated at the time of death or injury.
 - c. If the officer was performing his or her duties in a grossly negligent manner at the time of death or injury.
 - d. To a claimant whose actions were a substantial contributing factor to the death of the officer.

2. Deaths or disabilities resulting from stress and strain, occupational illness, or chronic progressive or congenital disease (such as heart disease) are not covered under the provisions of the PSOB Act.


Fred Thomas
Chief of Police

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