

ARTICLE XI

Temporary Physical Disability**Section 1. Police and Fire Clinic (PFC):**

The Police and Fire Clinic (PFC), located on the grounds of Providence Hospital at 920 Varnum Street, N.E., 20017, is open daily except Saturdays, Sundays and holidays from 0700 hours to 2300 hours. The telephone number is (202) 269-7400. The PFC will be open for scheduled appointments and non-scheduled visits for treatment of immediate medical problems.

All members using the PFC shall park in the lot on the east side of the building.

Members reporting to the PFC for medical or psychiatric treatment shall:

1. Report for sick call between 0700 to 0830 hours Monday through Friday unless reporting for a scheduled appointment. Members reporting late for scheduled appointments will not be seen and will be cited appropriately.
2. Do not bring any person other than members of the Department to the PFC.
3. Report to the check-in desk and give the appropriate information to the PFC Receptionist.
4. Remain in the waiting area until called by the doctor.
5. Report to the PFC Receptionist at the check-out desk before leaving the building to sign-out and to schedule any future appointments.
6. Fill out a F&EMSD Form 36 if necessary.
7. Notify the on-duty company officer of your current duty status before leaving the PFC.
8. Members must not place themselves under the influence of intoxicants or any controlled substances (other than prescribed medications) prior to visits to the PFC.
9. Members under the care of a PFC provider shall comply with all directives issued by the provider.

Except for special reasons such as visits to the hospital for treatment, taking x-ray tests that cannot be performed at the PFC, etc., on-duty members shall, after checking out at the PFC, return to their current assignment without unnecessary delay. When a member will not return directly to their current assignment for reasons stated above, they shall so notify the on-duty company officer of their station/immediate supervisor prior to leaving the PFC. In the Fire Fighting Division, if unable to reach the on-duty company officer, the member shall notify; (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order.

When the duty status of a member is changed as the result of a visit to the PFC, they shall report this fact to the PFC Receptionist at the check-out desk.

Members placed on sick leave or limited duty, or continued on sick leave or limited duty resulting from a visit to the PFC, shall advise the on-duty company officer or their station/immediate supervisor as to the future date and time they are scheduled to return for a follow-up examination. A PFC staff member will notify the Medical Services Officer if the member fails to report to the PFC at the scheduled time or date.

Members shall promptly notify the on-duty company officer or their station/immediate supervisor of the fact that they have been placed on sick leave and must furnish all information as to where they can be reached while on sick leave. In the Fire Fighting Division, if unable to reach the on-duty company officer, the member shall notify; (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order.

This information shall be recorded in the company journal.

Members on sick leave shall not engage in any employment other than that of the Department.

Section 2. Urgent Care:

Urgent Care (emergency room care, hospitalization, and in-patient services) will be provided at both Providence Hospital and the Washington Hospital Center, and will be available at all times when the PFC is closed. Members whose last names begin with A through K will use the Urgent Care Facility at the Emergency Room of the Washington Hospital Center and those members whose last names begin with L through Z will use the Urgent Care Facility at the Emergency Room of Providence Hospital. When reporting, members shall have their official Identification Card and shall inform the emergency room staff that they are a member of the Fire and EMS Department.

Members reporting for Urgent Care on the weekends should report as early as possible. The emergency rooms are very busy on weekends and service will be provided on a priority basis. Members of the Department will be considered a priority but not to the extent that a very minor ailment will be treated before a far more serious one. In order to minimize delays in treatment, the best reporting time is 0730 hours.

Section 3. Reporting Sick:

[Members who are incapacitated by illness/injury, and desire to be placed on sick leave other than by the "Minor Illness Program," shall adhere to the following guidelines:

In The Fire Fighting Division

1. If off-duty at the time and;
 - a. the PFC is open, and urgent/critical care is not needed, call to make an appointment to see a doctor, and notify the on-duty company officer of their station as soon as their intent to report sick becomes certain. Being unable to make an appointment shall not delay notification of

the on-duty company officer. If unable to reach the on-duty company officer, the member shall notify; (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order. In no event shall such notice be given less than one hour prior to the time that the member is scheduled to report for duty.

If an appointment cannot be made prior to the PFC closing that day, the member shall report to the PFC at 0700 hours the next day that the PFC is open.

- b. **the PFC is closed**, all members of the Fire Fighting Division and members assigned to other divisions who call in sick during the hours that the PFC is closed will be required to report to the PFC on the next day that it is open by 0700 hours.

When a member notifies his/her company/supervisor of his/her intention to be placed on sick leave, the on-duty company officer/supervisor shall cause a journal entry to be made giving all of the appropriate information. Additionally, the platoon commander/supervisor will contact the Deputy Fire Chief-FFD through the chain of command. The Deputy Fire Chief shall notify the Medical Services Officer at 202-269-7433 at 0700 hours on the next day the PFC is open.

The PFC shall record the names of the members as received by the Deputy Fire Chief. This information shall be maintained by the MSO and shall be reported at monthly intervals.

- 2. If on-duty at the time and;

- a. **the PFC is open**, the member shall notify their company officer of their illness/injury. The company officer shall call to make an appointment for the member to see a doctor.

If an appointment cannot be made, or the injury/illness requires urgent care, the member should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

- b. **the PFC is closed**, the member shall notify their company officer of their illness/injury.

The member shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

Divisions Other Than Fire Fighting Uniformed Members

- 1. If off-duty at the time and;

- a. **the PFC is open**, and urgent/critical care is not needed, call to make an appointment to see a doctor. The member shall notify their immediate supervisor during their usual business hours. If an appointment cannot be made prior to the PFC closing that day, the member shall report to the PFC at 0700 hours the next day that the PFC is open.

- b. **the PFC is closed**, report to their assigned Urgent Care Facility or nearest appropriate hospital if critical care is needed. Members not requiring urgent/critical shall report to the PFC 0700 hours the next day that the PFC is open. The member shall notify their immediate supervisor during their usual business hours.

In any case any member reporting to urgent/critical care still must report to the PFC by 0700 hours the next day the PFC is open.]

2. [If on-duty at the time and;]

- a. **the PFC is open**, the member shall notify their immediate supervisor of their illness/injury. The immediate supervisor shall call to make an appointment for the member to see a doctor. If an appointment cannot be made, or the injury/illness requires urgent care, the member should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.
- b. **the PFC is closed**, the member shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

Any member who visits the PFC or Urgent Care Facility shall notify, or cause to be notified, the on-duty company officer of their station/immediate supervisor of the results of their visit.

Any member who visits an urgent/critical care facility is required to report to the PFC by 0700 hours the next day the PFC is open.

Members are reminded that the expense of any procedure, i.e., x-rays, prescriptions, etc., performed at the PFC or Urgent Care Facility in addition to or beyond the initial treatment will be borne by the individual.

If medical treatment beyond the initial visit is required for a Performance of Duty (POD) injury/illness, members will be assigned to a PFC Case Manager who will be responsible for assuring that the member promptly receives the necessary care.

When notifying the on-duty company officer/immediate supervisor, members shall furnish all pertinent information relative to the illness/injury, so that the F&EMSD Form 44 may be properly executed by their company officer/immediate supervisor. Full documentation of such incident will be made in company and division journals.]

Section 4. Minor Illness Program (MIP):

Uniformed members are permitted to use sick leave chargeable to their accrued account without personally appearing at the PFC for examination by a physician. This process is known as the "Minor Illness Program" (MIP) and is administered within the following guidelines:

1. Probationary members are excluded from this program.

2. Absence due to a minor illness/injury such as the common cold, viruses, influenza, nausea, upset stomach, diarrhea or toothache, etc. may be handled within this plan's provisions. Absences due to any illness/injury incurred in the performance of duty are not within the scope of the "Minor Illness Program".

3. Uniformed members of the Fire Fighting Division are permitted to use an amount of their sick leave not to exceed the hourly equivalent of one working day (24 hours) for each absence under this program. In no event shall a member's use of this program span any portion of two tours of duty. The maximum permissible hourly charge total for any one absence cannot be exceeded without a visit to the PFC.

Uniformed members of divisions other than Fire Fighting are permitted to use an amount of their sick leave not to exceed the hourly equivalent of three working days (24 hours) for each absence under this program. However, the charged sick leave does not have to occur on consecutive days because of intervening assigned days-off. In no event shall a member's use of this program span any portion of four tours of duty. The maximum permissible hourly charge total for any one absence cannot be exceeded without a visit to the PFC.

Members will be allowed not more than one MIP absence in each of the three four-month periods of each year. The four-month periods shall be January through April, May through August and September through December. Additional sick leave will require a PFC visit and doctor authorization during any of these four-month periods.

Members who lose their MIP privileges due to abuse will have said privileges denied for a twelve (12) month period commencing at the time of denial.

[When a member's MIP privileges are denied, entries shall be made in the company journal, battalion journal, and on the back of the F&EMSD Form 33.1 under the remarks column, including date of denial.]

4. Once a member has chosen to use chargeable sick leave under this program, they cannot at a later date request that it be charged to an illness/injury which occurred in the performance of duty.

Whenever a member elects to take chargeable sick leave under this program, they shall:

1. If serving in the Fire Fighting Division, and:

a. If off-duty at the time, notify the on-duty company officer of their station as soon as the intent to report sick becomes certain. Such notice shall not be given less than one hour prior to the time they are due to report for duty.

b. If on-duty at the time, notify their on-duty company officer.

2. If serving in a division other than Fire Fighting, and:

- a. If off-duty at the time, notify their immediate supervisor during usual business hours.
- b. If on-duty at the time, notify their immediate supervisor.

When notifying the on-duty company officer/immediate supervisor, members shall furnish all pertinent information relative to the illness/injury. Full documentation of MIP will be made in unit, battalion and division journals.

When it becomes apparent that a MIP period will not be sufficient to overcome the illness/injury, the member shall notify the on-duty company officer of their station/immediate supervisor, and shall report to the PFC no later than 0700 hours on what would be their next duty day. If the PFC is closed on that day, then the member shall report to the PFC the next day it is open.

[If member elects to use only 12 hours sick leave under the MIP program they must notify their on-duty company officer by 1200 hours that day of their intent to assume duty that evening at 1900 hours. However, this 12 hour absence will count as their one MIP for the current MIP period.]

On the first day of their return to duty, the member shall complete a F&EMSD Form 36. On the Form 36, they shall mark the block entitled, "Request Sick Leave, Minor Illness Program" and sign the appropriate place. Then in the block headed "Diagnosis & Remarks By Clinic Physician", the member shall enter the initials "MIP" and thereafter, the nature and extent of their illness/injury and the cause, if known. The original of the Form 36 shall be placed in the member's personnel file and all remaining copies of the form shall be forwarded to the PFC. If MIP is used for an injury a F&EMSD 44 shall be executed and forwarded through proper channels to the PFC.

In instances where illness/injury is thought to be simulated or feigned, inquires by telephone or home visits to members may be made. Should such investigation reveal that a member has abused the privileges of the Minor Illness Program, they shall be charged with the violation of appropriate Articles of the Rules and Regulations, Order Book, and/or District Personnel Manual.

Section 5. Notification Of Change Of Duty Status:

Any member whose duty status is changed by a PFC physician shall immediately notify, or cause to be notified, the on-duty company officer/immediate supervisor of their station and, if on detail to another division, their immediate supervisor. In the Fire Fighting Division, if unable to reach the on-duty company officer, the member shall notify; (1) their on-duty battalion commander, (2) any on-duty battalion commander, or (3) the division commander in that order.

[When a member is placed on sick leave other than at the PFC, the on-duty company officer of said member shall immediately notify, by telephone if during business hours, the Medical Services Officer at the PFC. If serving in the Fire Fighting Division the battalion commander shall be notified, by the company officer, for every instance of sick leave.]

Monthly, the Medical Services Officer shall prepare a report to the Fire Chief listing the names of members who are on sick leave, limited duty and those hospitalized. A copy of this report shall be sent to the Deputy Fire Chief - FFD.

Section 6. Sick Leave Certification:

The F&EMSD Form 36, Sick Leave Certification, shall be prepared by the on-duty company officer for on-duty visits to the PFC and all copies (1 white, 1 pink, 1 yellow and 1 gold) shall be presented at the check-in desk by the member concerned.

In preparing the Form 36, the member shall request the appropriate type of leave by marking the suitable block and signing their name below.

[When a member is returned to full duty or limited duty, the member shall complete the Form 36, and on the basis of information obtained from company records, shall insert the number of hours of sick leave or limited duty in the proper block and the number of visits made by the member concerned with regard to the particular illness/injury.]

On return to duty of any type, copies of the Form 36 (except those associated with the Minor Illness Program) will be distributed as follows:

1. The white copy shall be returned to the company officer by the member.
2. The yellow copy shall be retained at the PFC (attached to the corresponding F&EMSD Form 44) for use in completion of the necessary records and used by the Medical Services Officer in making the ruling on the type of leave (performance of duty or sick leave). It will then be forwarded by the Medical Services Officer to the member's company officer to be filed in their personnel file with a copy of the corresponding Form 44, if applicable. If the leave has been ruled "Performance of Duty" (POD), the company officer/supervisor shall correct the DC Form 251, Time and Attendance Report, and indicate that they have made the correction by marking the front of the yellow copy with an "E", their initials and the date the correction was made.

The on-duty company officer/immediate supervisor shall promptly notify the member of the Medical Services Officer's ruling on the type of leave (performance of duty or charged sick leave) and make a journal entry of the date and the time the member was notified.

3. The pink and gold copies shall be retained at the PFC.

Copies of the Form 36 associated with the Minor Illness Program will be distributed as follows:

1. The white copy shall be retained at the company or division level and placed in the member's personnel file.
2. The yellow, pink and gold copies shall be forwarded to the PFC for use in the completion of the necessary records.

3. The yellow copy will be forwarded by the Medical Services Officer to the member's company/office to be filed in the member's personnel file; the supervisor shall check the DC Form 251 for proper entry and mark the front of the yellow copy with an "E", their initials and the date.
4. The pink and gold copies shall be retained at the PFC.

If at any time a discrepancy is found in the amount of sick leave posted by the PFC on the Form 36, it shall be the responsibility of the company officer/immediate supervisor to notify the MSO of the correct amount.

[Section 7. Illness/Injury Reported:

The F&EMSD Form 44, Report of Illness or Injury to Uniform Member, shall be prepared in quintuplicate by the member concerned, unless incapacitated. If incapacitated, the Form 44 shall be prepared by the company officer of the member concerned at the time of the illness/injury. In this case the company officer shall note "incapacitated" where members signature is to appear. The F&EMSD Form 44 is to be typed, and prepared in a professional manner.]

This form is for all illnesses/injuries incurred in the performance or non-performance of duty. However, the Form 44 shall not be prepared for an illness related to the Minor Illness Program. In cases where MIP is used for an injury, the F&EMSD form 44 shall be prepared and forwarded to the PFC.

The Form 44 shall be prepared and submitted immediately after an illness/injury is sustained or within 24 hours of notification to the on-duty company officer/immediate supervisor. Reports shall be submitted for such incidents as smoke inhalation, exhaustion, apparent heart attack, fainting spells, etc. The Form 44 shall be considered as documentation of an illness/injury and while a journal entry shall be made, it will not be considered as documentation. Company officers and the member concerned shall be held responsible for this procedure.

Under statement of facts, include all pertinent information vital to a determination of status. This shall include a narrative statement relative to the date, time, place and onset of illness/injury, with a brief reference to the member's physical condition immediately prior to being placed off duty (include prominent symptoms such as fever, redness, swelling, etc.; location of injury or area of distress, etc.). Relate how the illness/injury occurred or was brought on or if exposed to a communicable disease. This statement of facts shall be comprehensively written so that it could be easily understood by a person having no knowledge of the incident or circumstances leading to the illness/injury. The statement shall be a complete, written documentation of the entire scenario that would give a comprehensive picture of exactly what occurred. The names of all witnesses shall also be included.

Witnesses named in the report shall have their names typed on the back of the form, including the date, above the certifying officer's name, one witness per line, and signed by that witness. Witnesses may be required to submit a special report as to the circumstances contained on the Form 44.

In all cases, when completing the section "Give complete statement of facts", members shall give sufficient detailed information so that the Medical Services Officer may make a proper decision as to whether the member should be billed for services provided at the PFC.

The certifying officer (on-duty company officer/immediate supervisor at the time of the illness/injury) shall, after thoroughly investigating the reported illness/injury and the incidents relating to same, state in writing on the reverse side of the form under "Investigation and Certification", a statement as to the facts presented in the report. This statement of facts shall be comprehensively written so that it could be easily understood by a person having no knowledge of the incident or circumstances leading to the illness/injury.

The certifying officer shall then sign and date the report.

Members are not to certify their own Form 44. This practice negates the chain of command. These forms could very well be considered as being false.

Noting or endorsing officials shall not accept reports or forms that are not comprehensive or do not contain enough information for anyone else to understand exactly what happened to cause the illness/injury. The Medical Services Officer will return all reports or forms which do not contain sufficient information to make a just and fair ruling on an allowance of sick leave or POD.

[In the event the Form 44 must be submitted without the signature of the member concerned, the on-duty company officer/immediate supervisor shall contact the incapacitated member and obtain from the member sufficient information to complete the necessary section of the Form 44. In this case the company officer shall note 'incapacitated' where members signature is to appear. In any event, upon the first or subsequent visit to the PFC, the member shall sign this section of the form and enter the date thereafter, thus attesting to the information recorded by the on-duty company officer/immediate supervisor.]

[No uniformed member of the Department will be granted performance of duty status (POD) for an illness/injury if that member does not obtain immediate medical treatment from a PFC physician during the hours the PFC is open or by reporting to the appropriate Urgent/Critical Care Facility when the PFC is closed. The only exception to this will be when a member is incapacitated. Proper notification to the Medical Services Officer by the member concerned must be made, or caused to be made, as soon as possible in the event further arrangements need to be made.]

Section 8. First Aid On The Fire Ground:

Upon arrival of an EMS unit at the scene, the EMS crewpersons shall establish a first aid station. The fire ground first aid station shall be located at some point near the scene and the Incident Commander and Communications shall be notified of the location.

Section 9. Injuries To On-duty Officers Or Members Out Of Quarters:

Whenever a member becomes ill/injured at the scene of an emergency and is to be transported to the hospital, the following guidelines shall be used:

1. ~~The person requesting an EMS unit on the scene shall limit their transmission to requesting the EMS unit for the ill/injured member.~~
2. [Provisions of Section 3 of this article shall be adhered to for members requiring transport.]
3. [The ACIC of the EMS unit transporting the member shall, upon arrival at the appropriate facility, give the following information to Communications by telephone:
 - a. The name.
 - b. The unit.
 - c. The extent of illness/injury.
 - d. Communications shall immediately notify the Deputy Fire Chief - FFD.]

[Section 10. On-duty Members Transported To The Hospital:

Whenever a member is transported to a hospital for treatment or examination, their immediate supervisor shall prepare a F&EMSD Form 44 and the member concerned shall report to the PFC the next day the PFC is open, in order that the appropriate diagnosis and notation may be made on the Form 44 and entered on their medical record. This shall be done whether or not the member is placed on sick leave. Whenever a member is injured regardless in or out of quarters the on-duty company officer shall contact the shift Safety Officer.]

Section 11. Hospitalized Members:

Whenever a member has been admitted to or released from a hospital, it shall be the responsibility of the member to notify, or cause to be notified, Communications and the head of said member's division through the chain of command.

When an on-duty member is transported to a hospital for treatment or examination, a PFC Case Manager shall contact the treating physician at the hospital to determine what treatment the member requires.

Section 12. Extended Periods Of Sick Leave Or Limited Duty:

Members on extended periods of sick leave or limited duty must report in person to the PFC for progress evaluation at such intervals as directed by the attending PFC physician.

Section 13. Full Duty Status:

In order to be certified for full duty status, members must be able to safely perform a range of physically rigorous activities such as prolonged walking, bending, standing, climbing, riding in vehicles or on trucks and prolonged exposure to severe weather conditions including extreme cold and heat. It should be noted that although a member's current duty status may be sedentary or administrative, there is no assurance that the member will remain in that duty assignment.

[Members who have been on extended sick leave or limited duty shall, after returning to a full duty status, be directed to the Training Academy for refresher training.]

Section 14. Limited Duty:

When available, the assignment of members to a limited duty status shall be for POD and non-POD illnesses/injuries. These assignments are temporary in nature.

[A member suffering a minor on-duty disability, or convalescence, and placed on limited duty by the PFC, shall perform limited service as may be directed and approved in each individual case by the Assistant Fire Chief of Services (AFCS). The AFCS shall be guided by the advice of the PFC physician involved.]

[The detail of a member in a limited duty status will be predicated upon the member's physical condition, limitations of activities, the availability of limited service positions, specific talents of the individual and the projected length of time a member will be in a limited duty status.]

The AFCS shall notify the bureau/division head, giving the name and disability of any member under the latter's command who has been placed in a limited duty status. The AFCS may detail a member in a limited duty status to a bureau/division other than that to which the member is regularly assigned.

Section 15. Return To Duty - Written Authority Therefore:

[No member shall return to duty, or be permitted to return to duty, from sick leave or limited duty unless they present to their company officer/immediate supervisor written authority (F&EMSD Form 36 for uniformed firefighters) from the PFC.]

Section 16. Calculation Of Sick Leave:

Sick leave for partial tours of duty shall be calculated in accordance with the hourly equivalents in the Time and Attendance Handbook.

[In case of personnel ordered on sick leave while on duty, the leave shall be calculated from the time the member is relieved from duty or leaves quarters for medical treatment.]

In case of personnel ordered on sick leave while off duty, the leave shall be calculated from the time when the member is next scheduled to assume duty.

In case of personnel ordered on sick leave while on annual leave, such sick leave shall be calculated from the time the member is ordered on sick leave, unless it involves a member of the off-duty platoon, in which case the leave shall be calculated in accordance with the preceding paragraph.

Sick leave shall be reported in hourly equivalents. In all cases of a fractional hour, if the period of sick leave is 30 minutes or more, one 1 hour or equivalent shall be charged.

Section 17. Sick Leave Earned:

Sick leave for members of the Fire Fighting Division will be earned at the rate of 4.5 hours per pay period. Sick leave for members of divisions other than Fire Fighting will be earned at the rate of 4 hours per pay period.

Section 18. Granting Sick Leave:

Sick leave is a period of absence with pay, granted members in any of the following circumstances:

1. When incapacitated for the performance of duty by illness/injury, medical, dental and optical examination or treatment.

Note: Requests for sick leave for dental or optical appointments must be submitted in advance on the SF 71. Under "Remarks", indicate as "Dental Examination" or "Optical Examination". Such requests for sick leave will be considered by leave-granting supervisors based on the availability of personnel.

2. When a member of the immediate family of a member is afflicted with a contagious disease and requires the care and attendance of the member.
3. When through exposure to a contagious disease, the presence of the member at their post of duty would jeopardize the health of others.
4. Sick leave can only be charged to an accrued balance and cannot be advanced without approval. A D.C. Standard Form 1199, Request for Advance Leave or Leave Without Pay, shall be submitted to the appropriate division head for consideration, with final approval by the Fire Chief, to request advance sick leave. An advance of sick leave is in effect an "extension of credit" in that if it is not repaid it will represent a financial loss to the Department. Therefore, determinations must be based on standards of eligibility which give assurances of repayment as well as assurance of a member's needs.

A member of the Fire Fighting Division may be advanced sick leave in amounts not to exceed 288 hours. A member of a division other than Fire Fighting may be advanced sick leave in amounts not to exceed 240 hours.

Section 19. Change Of Sick Leave To Annual Leave:

A member who is absent due to illness/injury may request, by submission of the F&EMSD Form 11.5, Request for Annual Leave in Lieu of Sick Leave, to the appropriate division head for members below the rank of Deputy Fire Chief and to the Fire Chief for division heads and above, that all or any part of such leave be charged to annual leave on a current basis. Retroactive requests submitted at or near the end of the year for the purpose of avoiding a loss of annual leave will not be honored. [The F&EMSD Form 11.5 shall only be used for the current pay period concerned.]

[Section 20. Inefficiency - Medical Aid Indicated/Fitness for Duty Physical:

A personnel authority or agency may require an individual who has applied for or occupies a position which has established physical or medical standards for selection or retention or established occupational or environmental standards which require medical surveillance to report for a medical evaluation as follows:

1. Prior to appointment or selection (including reemployment on the basis of full or partial recovery from a medical condition);
2. On a regularly recurring, periodic basis; and
3. Whenever there is a direct question about an employee's continued capacity to meet the requirements of the position or conditions of employment.

A comprehensive report, which would be of assistance to a doctor in guiding the member on a better road to health, shall be forwarded to the MSO, through the appropriate division head. The supervisor may include a request for consultation with a PFC physician. In all cases, the supervisor shall notify the MSO by telephone, to apprise the MSO of the member's impending visit to the PFC. By this method the MSO will be able to assist the member in receiving the proper medical care when they report to the PFC.]

Section 21. Exposure to Communicable Disease:

The F&EMSD Form 44.1, Report of Possible Exposure to a Communicable Disease, shall be submitted in duplicate by members of the Department whenever they are possibly exposed to a communicable disease; either on or off duty, including performing mouth-to-mouth resuscitation.

In addition, the F&EMSD Form IC1, Occupational Exposure Incident Report, shall be submitted, single copy only, to the Infection Control Office (ICO). Both sides of the form shall be completed. This form shall be executed by both firefighters and EMS personnel.

The on-duty supervisor shall place the Form IC1 and a copy of the F&EMSD Form 151 (if possible) that documents the exposure into a sealed envelope and deliver them to their battalion commander/immediate supervisor, who is to deliver them to the Infection Control Office by the end of their duty shift.

[Members who are victims of bites of any kind (human or animal) or who are directly exposed (via needle pricks, etc.) to blood-borne pathogens (hepatitis, AIDS, etc.) shall respond to the PFC during operating hours or Providence Hospital Emergency Room during the hours that the PFC is closed, regardless of last name, for testing. Members shall be tested within one hour of exposure.

[The involved member shall contact the Infection Control Officer on (202) 673-3257, and if ICO is not available leave a voice mail message and/or page the ICO at (202)-542-2140. The ICO can then advise if treatment and/or counseling is needed.]

The member will be notified by the ICO as to the status of the source patient and as to what, if any, follow-up treatment will be necessary.

If symptoms of an infection appear after such exposure, the member concerned shall report to the MSO at once. Both firefighters and EMS personnel shall also make notification to the ICO within 24 hours.

The following simple guidelines will practically ensure that the member who comes in contact with infectious disease will be safe, as far as acquiring the disease, if he/she:

1. Avoid the breath of the individual and skin-to-skin contact as much as possible.
2. Scrub the hands thoroughly with soap and water immediately after contact.

Section 22. Prescriptions:

Prescriptions issued at the PFC shall only be filled by an authorized pharmacist selected from a list of pharmacies contracted by the PFC. The Department will not assume responsibility for the cost of prescriptions written by a physician who is not a PFC physician unless it is associated with a performance of duty related illness/injury and the treatment by an outside physician was specifically authorized by the Medical Services Officer.

Section 23. Blood Donations:

The information concerning blood donations is located in the Fire and EMS Department Bulletin No. 41 and shall be complied with in its entirety.

Section 24. Determination Of Administrative Leave - Sick:

Although the F&EMSD Form 44.2, Determination of Administrative Leave - Sick, may be submitted with the initial Form 44, the Form 44.2 shall be submitted to the Medical Services Officer by the regularly assigned company officer or supervisor. This form shall be submitted when a member has used 84 hours of sick leave or has 48 hours or less credited to their account. [Those making the request shall anticipate the need for a ruling and shall submit the 44.2 with enough time to allow the MSO to receive the 44.2 taking into account department mail, weekends, and holidays. F&EMSD Form 44.2, submitted without a copy of F&EMSD 44 will not be ruled on.] The request for a ruling as to whether the absence is chargeable to sick leave or administrative leave - sick shall include the dates of the leave, the number of hours involved and a copy of the applicable Form 44. No further requests are necessary for the current period of absence unless new information becomes available which is germane to the case.

The on-duty company officer/immediate supervisor shall promptly notify the member of the Medical Services Officer's ruling on the type of sick leave (performance of duty or charged sick leave) and make a journal entry of the date and time the member was notified.

A determination rendered by the Medical Services Officer shall apply to the current illness/injury only. Any subsequent absences claimed to be a result of the original illness/injury shall be processed as an original request.

Section 25. Appeal Of Decision, Administrative Leave - Sick:

Whenever a ruling has been made categorizing an absence due to illness/injury as sick leave and the affected member believes that through the presentation of additional facts a different ruling would be made, the member may appeal such ruling and submit whatever information or descriptive testimony they desire.

A special report shall be submitted, through channels, to the Assistant Fire Chief Services (AFCS). This appeal shall include a copy of all Form 36s that pertain to this illness/injury, the original Form 44 and all subsequent Form 44s as they relate or apply to the illness/injury, the dates of the leave and the number of hours involved. The appeal shall be submitted within thirty days from the date the member was notified of the ruling.

Whenever an appeal is submitted, all witnesses shall submit a separate special report as an addendum to the primary report, giving a complete and thorough statement of what they actually observed concerning the incident. All information pertaining to the witness's knowledge of the occurrence shall also be included in the report. If additional information is available which could shed light on the ruling of an appeal, the certifying officer shall also submit an addendum report. All addendum reports, if possible, shall be attached to the appeal report.

The member will be notified, in writing, by the AFCS of the results of the appeal. The decision of the AFCS is final.

For clarification purposes, the following terms are defined to reiterate the policy of the Department and to make members aware of the basis on which decisions will be made concerning administrative leave - sick and appeals thereof:

1. POD Illness/Injury - All illnesses/injuries sustained or contracted as a result of performing tasks while on-duty which are required or directly related to duties and responsibilities of the position to which assigned or detailed as determined by reports, witnesses, investigations, responsible PFC staff and Department officials.
2. [Aggravation - The patient presents with a worsening or deterioration of a previous unresolved injury. Example: known chronic, ongoing low back pain [whether returned to full duty or not] with a worsening of low back pain.
3. New Injury - Either: (a) the patient states that the condition is new; or (b) although the patient has had a similar problem in the past, there is documentation that the past symptoms had completely resolved. Example: the patient has a prior history of low back sprain from a lifting injury at work, but the patient states it had resolved or there is documentation that the symptoms

had resolved, and the patient now presents with a new disk herniation which is unrelated to that prior muscle injury. There is no direct casual relation between that prior lifting injury and the new disk condition.]

Section 26. Annual Report Of Administrative Leave - Sick:

On or before the 15th of January of each year, company officers shall execute the F&EMSD Form 158, Report of Administrative Leave - Sick, for members of their command who were ruled on POD for the preceding year.

In preparing the Form 158, company officers shall ensure that the POD granted for the period of absence is correct and that any unused portion of the form is crossed out. Company officers will ensure the accuracy of the form by using the member's Time and Attendance Reports, the F&EMSD Form 36 and the F&EMSD Form 33.1. It shall be the responsibility of the company officer to ensure that the number of hours listed on these documents is identical (for each instance of POD) at the company level and at the MSO. Company commanders shall double check for accuracy and "Note" same. The Form 158 shall be forwarded to the battalion commander who shall "Attest" to the accuracy and return the forms to the company concerned for dissemination.

Section 27. Absence From The Metropolitan Area - Sick Leave:

Members on sick leave desiring to leave the Metropolitan area shall prepare a F&EMSD Form 34, stating the reasons for such request, using the following procedures:

- [1. Member shall make an appointment to be seen at the PFC. Members shall hand carry all copies of the form 34 to the PFC physician.]
2. A PFC physician will certify that the member's medical condition is such that they may or may not leave the Metropolitan area for the stated time without further endangering their health.
3. The Medical Services Officer will approve or disapprove the request. The original will be kept at the MSO and copies will be sent to the appropriate company, battalion, and division commander.

Final approval for an officer above the rank of captain will be made by the bureau head under whom they serve. Bureau heads will be approved by the Fire Chief.

No member shall leave the Metropolitan area until they have final approval of their request. Permission is only for the period indicated.

Any disapproval will be explained on the back of the Form 34.

Section 28. EMS Billing To Members Of The Department:

Whenever a member from this Department is transported by the EMS Bureau and it is necessary for the Medical Services Officer to determine whether or not such transportation arose from a performance of duty illness/injury, the following action shall be taken:

1. If the EMS Bureau can determine from the Form 151 that the patient was a member of the Department, they will forward a copy of the Form 151 to the MSO before billing the member. However, if they cannot determine that the patient was a member of the Department and a bill is sent, the member shall forward the bill to the MSO.
2. The Medical Services Officer shall certify his/her determination on the copy and return the bill or the Form 151 to the EMS Bureau.
3. If the transportation is determined to have arisen from a performance of duty illness/injury or have been part of diagnostic treatment, the bill shall be written off as provided in the EMS Bureau procedure.
4. If the transportation is determined not to have arisen from the performance of duty, the member shall be responsible for the payment of the bill as provided by law.

All EMS bills for civilian members not paid by Federal Employee's Compensation will be the responsibility of the individual concerned.

Section 29. Unscheduled Outside Medical Treatment:

Whenever a member receives medical treatment from other than a PFC physician without such treatment first being authorized by the Medical Services Officer, the cost shall not be chargeable to the District. Medical bills for unscheduled visits or treatment will be charged to the member receiving treatment. This procedure is to be adhered to in all cases except emergencies.

Section 30. Confidentiality Of Medical Records:

In order to maintain the confidentiality of member's personal medical records, all medical bills, forms and special reports pertaining to illness/injury, shall be placed in a sealed envelope and addressed to the appropriate officials. This is in effect for any transaction of medical information, whether it is through Department mail, divisions and/or Department officials. [Members who have requested personal medical records shall call the MSO to determine the status of their request. Members will be required to report in person to pick up said records.]

Section 31. Procedures for Determining the Duty Status of Pregnant Personnel:

The following procedures shall be utilized in determining the duty status of personnel who are determined to be pregnant:

1. When an employee advises a PFC physician that she is pregnant, the employee shall be given a ~~F&EMSD Form 44.3 to take to her private physician for completion. The Form 44.3 requests that the private physician provide the expected date of delivery and recommendations (including restrictions) concerning the employee's activities. The employee shall be directed to schedule a return visit to the PFC within five business days so that a PFC physician can review the completed Form 44.3.~~
2. During the initial visit to the PFC, the duty status of the employee shall not be changed unless the employee's medical condition prevents the performance of full duty as outlined in Section 13 of this Article. The mere fact that an employee is pregnant will not be deemed sufficient justification for a change in duty status. [However, the member may request a change in duty status out of concern for her health or the health of the unborn.] Specific medical justification must be articulated in writing if a change is made in the employee's duty status. The attending PFC physician may consult with an OB-GYN prior to making a determination as to the duty status, as deemed appropriate.
3. When an employee returns to the PFC with the completed Form 44.3, she and the PFC physician will review the form. Additionally, the PFC physician shall review all available medical information and, if necessary, consult with the employee's private physician to determine the appropriate duty status for the employee. Any additional physical examination will be at the discretion of the attending PFC physician. The same requirements set forth in paragraph 2 above shall be followed to determine the appropriate duty status for the employee.
4. An employee whose pregnancy has been confirmed and who is continued in a full duty status shall be directed to return to the PFC for follow-up visits at intervals as prescribed by the PFC physician. During the follow-up visits, the procedures in paragraph 3 above shall be followed to determine the appropriate duty status of the employee.
5. When an employee's medical condition requires a change in duty status, subsequent visits to the PFC during the prenatal period will be at the discretion of the attending PFC physician.
6. If the attending PFC physician believes that it is necessary to deviate from the procedures set forth in this section, he/she shall bring the matter immediately to the attention of the Medical Services Officer.
7. After delivery, the employee shall report to the PFC with a doctor's letter outlining her return to duty. Employees may request sick leave or annual leave to cover any absence from duty during this period of maternity.
- [8. During the time a member is pregnant and detailed to another division, she will be required to wear maternity uniforms provided by the Department.]
- [9. Being pregnant does not absolve the member of the requirements of Section 32 of this Article.]

Section 32. Physical Examinations:

All members who are authorized will be administered a complete physical examination every year during the member's active service. The examination will consist of (1) laboratory tests, (2) drug tests, (3) physical examination, and (4) a personal interview with a PFC physician.

Members shall call the receptionist at the PFC direct to schedule an appointment. The appointment telephone number is (202) 269-7400. Members are required to contact the PFC to schedule their annual physical examination two (2) months prior to the month in which the examination shall occur (their birth month). For example, members born in December must contact the PFC during October to schedule a physical examination at an appropriate time in December. The [company commander or those acting in their stead] will notify division heads of any member of their [company] who fails to schedule an appointment for their annual physical examination by the first day of the month before the examination shall occur and order these members to schedule by the 15th. In the above example, on November 1 division heads will receive a list of members of their command who have not scheduled an examination for December. The division head will order these members to schedule a physical examination by the 15th of November. Failure to comply will result in disciplinary action.

For the purpose of these examinations, members of the Fire Fighting Division shall schedule their appointment for their off-duty time and shall be reimbursed, hour for hour, in compensatory time.

Members of other divisions shall schedule their appointment for their on-duty hours.

[When scheduling an annual physical members shall notify the company officer and a journal entry shall be made.]

[Section 33 shall govern rescheduling of appointments. And in no case shall the rescheduled appointments occur later than 30 days from the original appointment date.]

Members shall bring their official identification card and one other photo I.D. (e.g., driver's license) with them at the time of their appointment.

[Members on extended sick leave/limited duty are still required to take an annual physical. The guidelines set forth in Section 32 of this Article shall be adhered to.]

In order to receive unbiased and accurate results from the various tests, members shall, unless specifically ordered otherwise by a PFC physician, comply with the following instructions:

1. Take nothing by mouth, except water and necessary medications, at least six to eight hours prior to the physical. Do not chew gum or smoke.
2. Do not use any powders, lotions, colognes or perfumes.
3. If you wear them, bring glasses for the vision examination. If you wear contact lenses, you must identify this to the physician doing your examination.
4. Avoid excessive noise exposure 24 hours prior to the examination.
5. Bring a list of all current medications.

Each member of the Department receiving a physical examination shall be sent a letter from the PFC relating any problems found. Failure to receive a letter indicates that no problems were found.

[Section 33. Rescheduling Appointments at the PFC:

Due to emergencies or unforeseen situations members must contact the Medical Services Officer (MSO) for permission to reschedule their appointments.]

[Section 34. Missed Appointments at the PFC:

Any member who is being carried on administrative sick leave status and fails to report for a scheduled appointment, at the PFC, or for treatment, or therapy as directed by the PFC physician, shall be carried on his/her own sick leave beginning at the time of the missed appointment and continuing until they report for a rescheduled appointment.]

[Section 35. Electronic Recording of PFC Physician:

Electronic recording devices, either surreptitiously or overtly, is strictly prohibited within the clinic.

This policy is limited to the use of electronic recording devices, it shall not be misconstrued to prohibit members from making notes, etc.]

[Section 36. Family and Medical Leave:

The information concerning Family and Medical Leave located in the District Personnel Manual Chapter 12 shall be complied with in its entirety.]

MEDICAL REQUIREMENTS- MPD, DCFD

Medical Requirements for Police Officers and Fire Fighters:

This document follows an outline similar to that of the National Fire Protection Association (NFPA) Standard 1582: Medical Requirements for Firefighters, identifying Category A and B conditions as follows:

Category A Condition:

A medical condition that would preclude an Applicant or Incumbent from performing as a Police Officer (PO) or Firefighter (FF) by presenting a *significant risk* of safety and health of the person or others.

Category B Condition:

A medical condition that, *based on its severity or degree, could* preclude a person from performing as a Police Officer (PO) or Firefighter (FF) by presenting a *significant risk* of safety and health of the person or others. *Such a condition must be carefully considered as to whether or not it is of sufficient severity to prevent an Applicant from performing, with or without reasonable accommodation (to be determined by the Employer), the 'essential' functions of a Police Officer or Firefighter without posing a significant risk of substantial harm/risk to the safety and health of the Applicant or others.* In some instances, conditions may result in the use of sick leave which may be in excess of the amount that can be reasonably accommodated (to be determined by the Employer). It is prudent to take into consideration the past performance of individual in previous employment (especially jobs similar to being a Police Officer or Firefighter).

Before an Applicant or Incumbent Member is disqualified based on a Category B Condition, it will be first reviewed by the PFC Medical Director.

Other Definitions:

Applicant: a person whose has made application to commence as a Police Officer or Firefighter.
Incumbent or Current Police Officer or Firefighter: a person who is already a Member and whose duties require the performance of 'essential' Police Officer or Firefighting functions.
Essential Job Function: task or assigned duty that is critical to successful performance of the job.

The document is adapted from several national guidelines (see references). It is meant to be in compliance with the Americans with Disabilities Act and should be defensible against litigation. This document is meant to serve as a guideline, rather than strict standards, as Applicants and Incumbents are to be individually assessed. This document is not so excessively stringent as to needlessly prevent an Applicant from being considered a Member or an Incumbent from continuing as an active Police Officer or Firefighter.

In compliance with the American with Disabilities Act, if the Applicant or Incumbent presents with an acute medical problem or newly acquired chronic medical condition, medical evaluation should be postponed until that person has recovered from this condition if waiting time does not pose 'undue hardship' for the Police or Fire Department. Prior to recommending disqualifying an Applicant or Incumbent, or when uncertain as to the degree of threat posed by an individual,

PFC Associates, LLC will, to the extent possible, attempt communication with the individual's personal physician, who typically has a more extensive health history which can be useful in making employment recommendations. PFC Associates, LLC may also recommend that an individual undergo evaluation by a specialist to evaluate more complex conditions at the Applicant's/Incumbents own expense or through their private insurance. The added weight of this other medical opinion serves also in defending an employment decision if an individual is in disagreement of a recommendation. PFC Associates, LLC also supports that the reason(s) for a rejection should be fully explained to an Applicant or Incumbent in an effort to prevent a feeling of unfairness and legal challenge to rejection.

NB. After the stated condition, the denotation PO means pertaining to a Police Officer, FF means pertaining to a Firefighter, and PO,FF means pertaining to both.

Eyes and Vision:

Category A:

a. far visual acuity: at least 20/30 vision in *each* eye - corrected (glasses or contact lenses); at least 20/100 vision in *each* eye - uncorrected. Individuals who do not have glasses or contact lenses *and* have worse than 20/30 vision in each (*but not* worse than 20/100 vision in each eye) must be given the opportunity to be evaluated for corrective lenses at their own expense and then re-evaluated (PO,FF).

Successful long-term (i.e. > 6 months) soft contact lens wearers should be granted waivers of uncorrected vision requirements. It is suggested that vision records be obtained to verify this. With proper administrative controls in place, the likelihood of either noncompliance or dislodgment (especially bilateral dislodgment) is low (PO,FF).

b. monocular vision is not acceptable (PO,FF).

c. visual fields: the minimal accepted visual fields are defined as follows: a minimum of 120 degrees of total horizontal field in each eye, at least 100 degrees of vertical field, and no significant scotomas (PO,FF).

d. color blindness deficiency must *not* be an automatic exclusion. The Police Officer or Firefighter must possess basic color naming skills. Applicants with milder forms of color vision deficiencies (anomalous trichromacy, which is an alteration of one pigment) still possess basic color naming skills. *Applicants with dichromotony (total absence of all pigments) or monochromotony do not possess the color naming skills required of a Police Officer or Firefighter.* Those Applicants who appear to have color vision deficiency with standardized testing techniques should be referred at their own expense to a professional in order to determine whether or not they have either normal or anomalous trichromacy (PO,FF).

Failures on visual field screening should routinely be encouraged to have another professional evaluation (for Applicants, at their own expense) as screening tests have low sensitivity and specificity (PO,FF).

Category B:

- a. diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis (PO,FF).
- b. ophthalmological procedures such as radial keratotomy or repair of retinal detachment (evaluation should be deferred for 6 months post-op for those <35 years of age, and 12 (twelve) months for those 35 or more (PO,FF).
- c. any other eye condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. failure to have adequate visual acuity to read placards, street signs or other warning signals, or license plates especially during high-speed driving or night conditions or respond to imminently hazardous situations.
2. failure to have adequate peripheral vision could result in inability to view objects/suspect in the far right or left or driving under emergency situations and could also result in not being able to use one eye to see around a corner.
3. failure to have adequate color vision to identify cars, clothing and other items, as well as detect traffic lights, street lights, and related highway lights.
4. Inability to properly sight a weapon with one eye.

Additional notes:

1. soft contact lenses are preferred over other types of contact lenses (e.g. rigid gas permeable or hard lenses) due to concerns of particle entrapment and dislodgment.

Ears and Hearing:

Screening audiometry will be performed in a manner which meets the requirements of 29 CFR 1910.95 and ANSI (American National Standards Institute) S3.6-1969.

Category A:

- a. None.

Category B:

- a. hearing deficit in the pure tone thresholds in the *unaided* worst ear:

Either:

greater than 25 dB in 3 (three) of the 4 (four) frequencies: 500 Hz, 1000 Hz, 2000 Hz, or 3000 Hz

Or:

greater than 30 dB in any one of the 3 (three) frequencies: 500 Hz, 1000 Hz, 2000 Hz AND an average greater than 30 dB for the 4 (four) frequencies: 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz (PO,FF).

- b. auditory canal - atresia, severe, stenosis or tumor (PO,FF).
- c. severe external otitis (PO,FF).
- d. auricle - severe agenesis or traumatic deformity (PO,FF).
- e. mastoid - severe mastoiditis or surgical deformity (PO,FF).
- f. Meniere's disease or labyrinthitis (PO,FF).
- g. any other or hearing condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

- 1. inability to hear sounds of low intensity or to distinguish voice from background noise which might lead to failure to respond to imminently dangerous situations.
- 2. interviewing suspects, officials and the public at large.

Additional notes:

- 1. hearing aids are acceptable but must not interfere with the proper use of protective equipment (e.g. respirators). Aided employees must meet the same quantitative criteria; the aided ear must meet the same criteria as unaided hearing.
- 2. in determining the etiology of hearing deficits, the ears will be examined for inflammatory, infectious or other conditions involving the external and middle ear components, the presence of occluding cerumen, and the integrity of the tympanic membranes.
- 3. speech understanding is presumed adequate if audiometry is normal. In borderline cases, adequate speech recognition must be demonstrated. This may require a formal Audiology evaluation.

Head and Neck:

Category A:

- a. None.

Category B:

- a. deformities of the skull such as depressions or exostoses (PO,FF).
- b. deformities of the skull associated with evidence of disease of the central or peripheral nervous system (PO,FF).
- c. loss or congenital absence of the bony substance of the skull (PO,FF).
- d. any other head condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Nose, Oropharynx, Trachea, Esophagus and Larynx:

Category A:

- a. tracheostomy (PO,FF).
- b. aphonia (PO,FF).
- c. anosmia (FF).

Category B:

- a. congenital or acquired deformity (PO,FF).
- b. allergic respiratory disorder (FF).
- c. recurrent sinusitis (FF).
- d. dysphonia (PO,FF).
- e. any other nose, oropharynx, trachea, esophagus or larynx condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. inability to properly wear protective equipment (e.g. respirator).
2. inability to perform job functions due to limitations of endurance.
3. inability to communicate effectively.
4. inability to smell smoke or hazardous materials resulting in failure to respond to imminently dangerous situations.

Dental:

Category A:

- a. None.

Category B:

- a. diseases of the jaws or associated tissues, orthodontic appliances or extensive loss of oral tissues that precludes the ability to use protective equipment (e.g. respirator) (FF).
- b. relationship between the mandible and maxilla that precludes satisfactory postorthodontic replacement or ability to use protective equipment (FF).
- c. any other dental condition that results in not being able to perform as a Firefighter (FF).

Respiratory:

Category A:

- a. active hemoptysis, emphysema, current pneumonia, pulmonary hypertension, active tuberculosis, or infectious diseases of the lungs or pleural space (PO,FF)

Category B:

- a. pulmonary resectional surgery, chest wall surgery, or pneumothorax (PO,FF).
- b. bronchial asthma or reactive airways disease (PO,FF).
- c. fibrothorax, chest wall deformity, or diaphragm abnormalities (PO,FF).
- d. chronic obstructive airways disease (e.g. FEV₁/FVC is lower than 70%) (PO,FF).
- e. hypoxemic disorders (PO,FF).
- f. interstitial lung diseases (e.g. FVC is lower than 80% of predicted and without respiratory infection over the past 6 (six) weeks) (PO,FF).

- g. pulmonary vascular diseases, pulmonary embolism (PO,FF).
- h. bronchiectasis (PO,FF).
- i. any other lung or chest wall condition that results in not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. running, apprehending/controlling suspects/crowds, lifting and carrying.
2. inability to perform job functions due to limitations of endurance.
3. sudden incapacitation.
4. frequent therapy/medical attention/hospitalization (e.g. more than anticipated amount of allotted sick leave).

Heart:

As in the evaluation of other body systems, evaluation of the Heart in Applicants and Incumbents may result in situations in which the significance and severity of findings may be of questionable significance (e.g. LBBB or resting ST-T wave abnormalities on an EKG or past history of cardiac disease but currently asymptomatic). In those circumstances, a Cardiologist should be consulted to determine significance in being able to perform as Police Officer or Firefighter. This consultation will be at the Applicant's/Incumbents's own expense. Further testing might be necessary (e.g. ambulatory EKG (stress-testing), echocardiography etc.).

Category A:

- a. current angina pectoris (PO,FF).
- b. left bundle branch block or second degree Type II atrioventricular block (PO,FF).
- c. current heart failure, other than the New York Heart Association Class 1 ('patient has cardiac disease but no resulting limitation of physical activity; ordinary activity does not cause fatigue, palpitation, dyspnea or anginal pain') (PO,FF).
- d. acute pericarditis, endocarditis, or myocarditis (PO,FF).
- e. recurrent syncope (PO,FF).
- f. automatic implantable cardiac defibrillator (AICD) (PO,FF).

Category B:

- a. significant valvular lesions of the heart including prosthetic valves (PO,FF).
- b. coronary heart disease including history of myocardial infarction, coronary artery bypass surgery, or coronary angioplasty, and similar procedures (PO,FF).
- c. atrial tachycardia, flutter or fibrillation (PO,FF).
- d. third-degree atrioventricular block (PO,FF).
- e. ventricular tachycardia (PO,FF).
- f. hypertrophy of the heart (PO,FF).
- g. recurrent paroxysmal tachycardia (PO,FF).
- h. history of congenital abnormality (PO,FF).
- i. chronic pericarditis, endocarditis, or myocarditis (PO,FF).
- j. cardiac pacemaker (PO,FF).

k. coronary artery vasospasm (PO,FF).

l. any other cardiac condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. running, apprehending/controlling suspects/crowds, lifting and carrying.
2. inability to perform job functions due to limitations of endurance.

Vascular:

Category A:

a. hypertension, if systolic pressure (treated or untreated) is 180 mm Hg or greater, OR diastolic pressure (treated or untreated) is 105 mm Hg or greater (PO,FF).

Category B:

- a. hypertension, until it is brought under satisfactory control (i.e. individuals <50 years of age: must be <140/90; \geq 50 years of age: must be <150/90) (PO,FF).
- b. peripheral vascular disease such as Raynaud's syndrome (PO,FF).
- c. recurrent thrombophlebitis (PO,FF).
- d. chronic lymphedema due to lymphadenopathy or severe venous valvular incompetency (PO,FF).
- e. congenital or acquired lesions of the aorta or major vessels (PO,FF).
- f. marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, and severe peripheral vasomotor disturbances (PO,FF).
- g. aneurysm of the heart or major blood vessel (PO,FF).
- h. carotid artery stenosis (PO,FF).
- i. any other vascular condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. strenuous physical activities may cause further elevation of already elevated blood pressure and can result in catastrophic events (e.g. myocardial infarction, arrhythmias, or stroke).

Additional notes:

1. blood pressure levels are usually classified according to diastolic readings as follows: mild: 90-104 mm Hg, moderate: 105-114 mm Hg, and severe: \geq 115 mm Hg. Systolic hypertension refers to systolic blood pressures consistently above 140 mm Hg in the absence of diastolic disease.

Gastrointestinal:

Category A:

- a. chronic active hepatitis (PO,FF).

Category B:

- a. cholecystitis (PO,FF).
- b. gastritis (PO,FF).
- c. hemorrhoids (PO,FF).
- d. acute hepatitis (PO,FF).
- e. hernia (requires surgical clearance) (PO,FF).
- f. inflammatory bowel disease (PO,FF).
- g. intestinal obstruction (PO,FF).
- h. pancreatitis (PO,FF).
- i. bowel resection (PO,FF).
- j. gastrointestinal ulcer (PO,FF).
- k. hepatic or biliary cirrhosis (PO,FF).
- l. unexplained elevations in liver-associated enzymes may indicate infection with hepatitis, alcohol abuse etc.. This requires an evaluation by a private physician. If liver-associated enzymes are elevated (especially at a level of 2 times normal or greater) for a period of more than 6 (six) months, this evaluation should consider including a liver biopsy (PO,FF).
- m. any other gastrointestinal condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. hernias and gallstones can result in sudden incapacitation.
2. a bleeding ulcer can cause insidious or sudden incapacitation.
3. hemorrhoids and ulcerative colitis can interfere with prolonged sitting and surveillance work.
4. ulcerative colitis and hepatitis can be so severe as to require extensive sick leave in excess of the amount which can be reasonably accommodated.
5. irritable bowel syndrome can be significantly aggravated by stress.
6. urgent diarrhea may disrupt necessary activity.
7. psychological stress might trigger exacerbation of symptoms.

Reproductive:

Category A:

- a. None.

Category B:

- a. pregnancy: for its duration (PO,FF).
- b. dysmenorrhea (PO,FF).
- c. endometriosis, ovarian cysts, or other gynecological conditions (PO,FF).

d. testicular or epididymal mass (PO,FF).

e. any other genital condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Urinary:

Category A:

a. None.

Category B:

a. diseases of the kidney (PO,FF).

b. diseases of the ureter, bladder or prostate (PO,FF).

c. any other urinary condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Musculoskeletal:

Category A:

a. None.

Category B:

a. arthritis (PO,FF).

b. structural abnormality, fracture or dislocation (PO,FF).

c. lumbosacral spine disease (e.g. herniation of nucleus pulposus, episode of lumbosacral pain that resulted in activity restriction for 3 months or more within the last year, or history of laminectomy) (PO,FF).

d. scoliosis with an angle of greater than 45 degrees (increased likelihood of chronic pain, radicular symptoms, and restriction of lung volumes) (PO,FF).

e. limitation of motion of a joint (PO,FF).

f. amputation or deformity of a joint or limb (PO,FF).

g. dislocation of a joint (PO,FF).

h. joint reconstruction, ligamentous instability, or joint replacement (PO,FF).

i. chronic osteoarthritis or traumatic arthritis (PO,FF).

j. inflammatory arthritis (PO,FF).

k. history of locking or unstable knee or loose body greater than 5 mm within the knee joint, until surgical correction and rehabilitation (PO,FF).

l. any other musculoskeletal condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. using force/equipment to protect self and others.
2. administer CPR/first aid.
3. operate a motor vehicle.

4. lifting/carrying.

Neurological:

Category A:

- a. ataxias of heredo-degenerative type (PO,FF).
- b. cerebral arteriosclerosis as evidenced by documented episodes of neurological impairment (PO,FF).
- c. multiple sclerosis with activity or evidence of progression within the previous three years (PO,FF).
- d. progressive muscular dystrophy or atrophy (PO,FF).
- e. Burr holes greater than 1.5 cm (PO,FF).
- f. all epileptic conditions to include partial simple, complex partial, generalized, and psychomotor seizure disorders other than those with complete control during previous 5 (five) years, AND normal neurological examinations, AND no neurological/neuropsychological side effects from medications that could significantly impair job performance (may require full neuropsychological evaluation) AND a definitive statement from qualified neurological specialist. If a change is made in the medical regimen that has provided a 5-year seizure-free interval of an epileptic Police Officer or Firefighter, that individual should not be cleared for return to duty until he/she has completed 5 years without a seizure on the new regimen. Seizures triggered during critical incidents are disqualifying (PO,FF).

Category B:

- a. congenital malformations (PO,FF).
- b. migraine, if there is a risk of sudden incapacitation, the Police Officer or Applicant would require more than the usual amount of sick leave per year, poor control, or if there is episodic impairment of neuropsychiatric functioning due to medications (PO,FF).
- c. clinical disorders with paresis, paralysis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation or complaint of pain (PO,FF).
- d. subarachnoid or intracerebral hemorrhage (PO,FF).
- e. abnormalities from recent head injury such as severe cerebral contusion or concussion (PO,FF).
- f. any other neurological condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. physical performance impairments.
2. potential for sudden incapacitation as well as subtle impairment of cognitive functioning.

Additional notes:

1. if an epileptic Applicant or Incumbent is deemed qualified but continues on medications, he/she must agree to maintain compliance and allow verification of compliance (e.g. periodic serum drug levels) and seizure status in a manner determined by PFC.LLC.
2. a serum drug level should be obtained on the day of the examination.

Skin:

Category A:

- a. None.

Category B:

- a. acne or severe inflammatory condition (dermatitis) (PO,FF).
- b. eczema (PO,FF).
- c. severe facial scarring or burns which interfere with the proper use of protective equipment (e.g. respirators) (FF).
- d. disorders due to heat, cold or vibration (e.g. sweat retention, Raynaud's disease, urticaria) and abnormal reactions to light (photo dermatitis, polymorphic light reaction, solar urticaria) which may affect the Police Officer's or Firefighter's ability to work outdoors, or in other adverse environments (PO,FF).
- e. any other skin condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. an effective skin barrier to infection or injury must be maintained.
2. vigorous physical activity may be hampered by severe skin conditions.
3. performance of job duties can be adversely affected by discomfort or itching associated with severe skin conditions.

Additional notes:

1. systemic cutaneous lesions may represent secondary disorders of other conditions that require evaluation.

Hematologic:

Category A:

- a. hemorrhagic states requiring replacement therapy (PO,FF).
- b. homozygous sickle cell disease (PO,FF).

Category B:

- a. anemia which interferes with exercise capacity (PO,FF).
- b. leukopenia (PO,FF).
- c. polycythemia vera (PO,FF).
- d. splenomegaly (PO,FF).
- e. history of thromboembolic disease (PO,FF).
- f. any other hematologic condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. running and pursuing suspects.
2. apprehending/controlling suspects/crowds.
3. lifting/carrying.

Endocrine and Metabolic:

Category A:

- a. diabetes mellitus (with insulin or oral hypoglycemic agent) AND with a history of one or more episodes of incapacitating hypoglycemia in the past 5 years (PO,FF).

Category B:

a. diseases of the adrenal gland (e.g. corticosteroid insufficiency can cause fatigability, weakness, anorexia, vomiting, hypotension and hypoglycemia; excess steroids can cause hypertension, glucose intolerance, gastrointestinal problems and psychological symptoms) pituitary gland, parathyroid gland (e.g. excess calcium can cause fatigue, mental confusion, depression, anorexia, vomiting, and cardiac arrhythmias), or thyroid gland (e.g. hyperthyroidism can cause emotional lability, nervousness, excessive sweating, heat intolerance, and cardiac arrhythmias; hypothyroidism can cause lethargy and slowing of intellectual ability) of clinical significance (PO,FF).

- b. nutritional deficiency disease or metabolic disorder (PO,FF).
- c. diabetes mellitus (requiring treatment with insulin or oral hypoglycemic agent) *without* a history of episodes of incapacitating hypoglycemia in the past 5 (five) years (PO,FF).
- d. unstable body weight (> 10% change) that is likely related to an endocrine or metabolic condition (PO,FF).
- e. postural blood pressure changes (orthostasis) (PO,FF).
- f. obesity (PO,FF).
- g. any other endocrine or metabolic condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

1. when activity is unplanned or cannot be anticipated, glucose regulation becomes very complex and the risk of hyperglycemia multiplies.
2. running, climbing, controlling crowds, lifting.
3. responding rapidly to tense situations.
4. working under extreme tension and pressure.
5. visually demanding situations (e.g. operating vehicles, working in smoke-filled environment, working at night, using firearms and fire suppression equipment).

Additional Notes:

1. All diabetic Applicants and Incumbents must provide documentation of recent (within the past year) normal eye examination by an Ophthalmologist.
2. To the extent possible, documentation of good medical control of diabetes and absence of hypoglycemia in the last 5 years causing incapacitation or requiring medical care should be

obtained by the Applicant or Incumbent from his/her private physician and provided to PFC Associates, LLC.

Systemic Diseases and Miscellaneous Conditions:

Category A:

- a. None.

Category B:

- a. connective tissue disease, such as dermatomyositis, lupus erythematosus, scleroderma, and rheumatoid arthritis (PO,FF).
- b. residuals from past thermal injury (PO,FF).
- c. documented evidence of predisposition to heat stress with recurrent episodes or resulting residual injury (FF).
- d. any other systemic condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Tumors and Malignant Diseases:

Category A:

- a. None.

Category B:

- a. malignant disease that is newly diagnosed, untreated, or currently being treated (PO,FF).

Additional notes:

1. acceptability is based upon normal exercise tolerance and likelihood of disease-free survival.

Psychological/Psychiatric:

Category A:

- a. None.

Category B:

- a. history of a psychological condition or substance abuse problem but based on the individual's current condition (PO,FF).
- b. any other psychological condition that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Chemical, Drugs or Medications:

Category A:

- a. None.

Category B:

- a. anticoagulant medications (PO,FF).
- b. cardiovascular medications (PO,FF).
- c. narcotics (PO,FF).
- d. sedative-hypnotics (PO,FF).
- e. stimulants (PO,FF).
- f. psychoactive medications (PO,FF).
- g. steroids (PO,FF).
- h. any other chemical, drug or medication that results in a person not being able to perform as a Police Officer or Firefighter (PO,FF).

Examples of Implications for Job Performance:

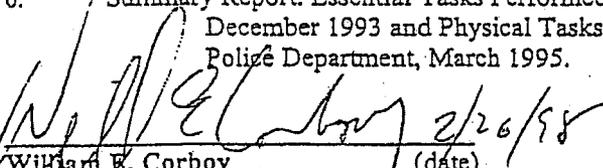
- 1. the use of certain medications may not be appropriate for Police Officers or Firefighters who must make split-second decisions, or whose personal safety (and the safety of others) may be compromised by decreases in vigilance or reaction times.

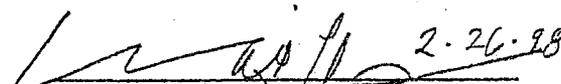
Additional notes:

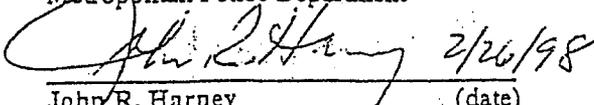
- 1. the Physician may wish to consider ordering formal neuropsychological testing to ascertain an individual's impairment.

References:

- 1. National Fire Protection Association (NFPA) standard 1582: Medical Requirements for Firefighters.
- 2. State of California Commission on Peace Officer Standards and Training: Medical Screening Manual for California Law Enforcement, 1995.
- 3. United States Preventive Services Task Force: Guidelines for Preventive Services, 1996.
- 4. Shetty, J.E. Police Vision Standards, Journal of Police Science and Administration, Volume 8, No. 3, 1980.
- 5. Shetty, J.E. et al. Recommended Vision Standards for Police Officer, Journal of the American Optometric Association, Volume 54, No. 10, October 1983.
- 6. Summary Report: Essential Tasks Performed by Metropolitan Police Department Patrol Officers, December 1993 and Physical Tasks Questionnaire: Testing and Standards Division, Metropolitan Police Department, March 1995.


William E. Corboy (date) 2/26/98
Captain/Director, Medical Services Division
Metropolitan Police Department


Craig D. Thorne, M.D., MPH (date) 2-26-98
Medical Director, PFC Associates, LLC


John R. Harney (date) 2/26/98
Captain/Medical Services Officer
District of Columbia Fire Department

Memo

To: All Clinical Staff
Case Managers

From: Dr. M. Smith-Jefferies *WRM*
Medical Director, PFC

CC: Mr. Ira Stohlman

Date: 04/06/00

Re: Lateral Transfer Applicants

Please review the document from the Metropolitan Police Department regarding the medical and psychological pre-employment evaluation of lateral transfer applicants. This information is located in the medical standard binder for your reference. In summary, lateral applicants should receive a pre-employment psychological evaluation. The medical guidelines used for MPD incumbents should be applied to applicants for lateral transfer.

Medical Services Division
Police and Fire Clinic

Physical and Psychological Testing For Lateral Hires

Authority: D.C. Act 13-231, the "Lateral Appointment of Law Enforcement Officers Clarifying Emergency Amendment Act of 1999."; DPM Section 873.7¹ and DPM Section 873.9²

Summary of Issuance: To permit the Medical Services Director to issue certain medical suitability guidelines for lateral hires.

1. **Psychological/Psychiatric testing:** Lateral hires will be tested in the same manner as new recruits. This testing ensures that the lateral officer possesses a personality that is compatible with police work in Washington, D.C., is fit to continue training as a police officer and possesses the ability to react to the basic stresses to be expected in the role of police officer.

2. **Height/Weight Guidelines:** Lateral Hires will be held to the height and weight guidelines issued for incumbent MPD officers. Lateral hires are presumed to be physically suitable in these areas based upon their previous law enforcement experience within the past 12 months.

¹ Each candidate shall undergo medical testing conducted at MPD Police and Fire Clinic by properly licensed health care practitioners or by licensed health care practitioners to whom candidates have been referred for further evaluation by the Medical Director of the Police and Fire Clinic. Medical testing shall consist of a complete physical examination and such other tests as determined by the Police and Fire Clinic.

² The Medical Director of the Police and Fire Clinic shall make the medical determination for each candidate.

BOARD OF POLICE AND FIRE SURGEONS

October 7, 1993

Minimal Medical Standards for the re-hiring of Retired Police Officers.

Medical Requirements for Positions in the D.C. Police Department

1. *The head and face must have no deformities or conditions that would preclude the wearing of the authorized uniform.*
2. *Eyes must be normal and applicants distant vision must be able to read at 20/20 in each eye with the use of glasses.*
3. *Color blindness is disqualifying.*

Incumbents must be able to distinguish colors, and report information using color references.

4. *Hearing loss of 30 or more decibels in the 500, 1000 and 2000 Hz or hearing loss of 40 or more decibels in the 3000, 4000, 6000 and 8000 Hz is disqualifying.*

Incumbents must be able to hear indistinct speech to get information.

5. *Chronic respiratory infections and conditions resulting in decreased pulmonary function are disqualifying.*

Incumbents may be subject to strenuous exertion for extended periods of time. Some of the work will be performed in areas of heavy smoke or dust.

6. *Organic heart disease is disqualifying. A pulse rate obtained in a recumbent position must not exceed 100 or go below 50. Blood pressure readings that exceed 140/90 are disqualifying and peripheral vascular disease such as insufficiencies or moderate varicosities is also disqualifying.*

Blood pressure controlled with medication are eligible unless they have evidence of end-organ involvement, i.e., an electrocardiogram revealing left ventricular hypertrophy or cardiac arrhythmias, or abnormal fundoscopic examinations, or proteinuria.

The work of this position may require lifting and other physical exertion such as climbing flights of stairs.

7. Applicants with a history of a chronic back disorder, including disc disease, or with any condition of the back or extremities that result in a lack of motion or a loss of function will be disqualified.

Incumbents may be required to carry accident victims in areas where the footing is uncertain, such as on construction sites. Any condition which prevents normal agility is therefore disqualifying.

8. Chronic medical conditions, such as chronic anemia, arthritis, and asthma, or other chronic medical conditions which limit functional ability are disqualifying.

Incumbents may be subject to strenuous exertion for extended periods of time. Incumbents may be required to run, jump, and climb.

9. Neurological disorders that are progressive or reduce function are also grounds for disqualification. Diabetes unless controlled by diet and/or oral medication is disqualifying.

Same justification as number 7.

10. All applicants must possess mental and emotional stability.

Incumbent must respond immediately and frequently to calls for assistance, and most responses must be carried out under considerable stress. The ability to respond effectively under these circumstances is often a matter of life and death.

11. Weight should conform to Metropolitan Police Department's weight chart, and must fall within twenty (20) percent of allowable maximum. Height must be sixty inches, in bare feet.

4/27 1551

ESSENTIAL JOB FUNCTIONS - MPD

METROPOLITAN POLICE DEPARTMENT
Testing and Standards Division

SUMMARY REPORT

ESSENTIAL TASKS PERFORMED BY
METROPOLITAN POLICE DEPARTMENT PATROL OFFICERS

I. ADMINISTRATION & RECORD KEEPING

1. Reads and understands department policies, procedures & orders.
2. Reads and understands federal and local statutes.
3. Completes DUI arrest reports.
4. Completes paperwork.
5. Reads and reviews reports and notes for court testimony.
6. Reads and reviews warrants for completeness and accuracy.
7. Locates documents and information in files.
8. Analyzes crime and accident statistics.

APPREHENSIONS

9. Apprehends persons.
10. Conducts frisks and pat downs.
11. Handcuffs suspects or prisoners.
12. Impounds property.
13. Draws weapon.
14. Plans strategies for conducting searches or making arrests.
15. Obtains search warrants.
16. Advises persons of constitutional rights.
17. Discharges firearms at persons.
18. Participates in raids.
19. Engages in high speed pursuits.

III. INVESTIGATIONS

20. Seizes contraband.
21. Identifies wanted vehicles or persons.
22. Searches premises or property.
23. Interviews complainants, witnesses, medical personnel & others.

24. Locates witnesses to crimes.
25. Reviews information on criminal activity in area.
26. Investigates suspicious persons or vehicles.
27. Determines whether incidents are criminal or civil matters.
28. Searches crime scenes for physical evidence.
29. Secures accident and disaster scenes.
30. Documents chain-of-custody of evidence.
31. Diagrams crime and accident scenes.
32. Records location of physical evidence at crime scenes.
33. Determines need for specialized assistance at crime scenes.
34. Determines whether recovered property is linked with a previous crime.
35. Tracks persons from scenes.
36. Estimates the value of stolen or recovered goods.
37. Recovers and inventories stolen property.
38. Participates in investigations with other law enforcement officers.
39. Conducts surveillance of individuals or locations.
40. Analyzes and compare incidents for similarity of M.O. & other factors.
41. Interrogates suspects.
42. Establishes the *modus operandi* of suspects.
43. Transports property or evidence.
44. Verifies the identity of deceased persons.
45. Examines, collects & packages evidence & personal property from crime scenes.

IV. LAW ENFORCEMENT COMMUNICATIONS

46. Describes persons to other officers (e.g., suspects, missing persons).
47. Testifies for cases or hearings (civil and/or criminal).
48. Writes technical or incident reports.
49. Confers with prosecutors or attorneys concerning court cases.
50. Exchanges necessary information with other law enforcement personnel.
51. Summarizes in writing the statements of witnesses and complainants.
52. Directs the actions of other officers or personnel on scenes.
53. Presents evidence in legal proceedings.
54. Participates in meetings with other officers (e.g., briefings, roll call).

V. PUBLIC RELATIONS & COUNSELING

55. Talks with persons in assigned area in order to establish rapport.
56. Refers persons to agencies providing social services.
57. Mediates civil and domestic disputes.
58. Notifies citizens of damage to their property.
59. Comforts emotionally upset persons.
60. Explains nature of complaints to offenders.
61. Gives street directions to others.
62. Advises property owners/agents of potentially hazardous conditions.
63. Establishes field contacts (e.g., business owners, citizen groups).
64. Explains vehicle laws and procedures to citizens.
65. Responds to general information questions from the public.
66. Advises victims of the prosecution procedures.
67. Listens and reacts to citizen complaints about tickets.
68. Delivers emergency messages (e.g., injuries, deaths).
69. Recruits confidential informants.
70. Counsels juveniles.

VI. ROUTINE ACTIVITIES

71. Patrols assigned area by foot, car & other methods.
72. Completes incident reports.
73. Requests backup assistance.
74. Checks for warrants on persons through computers.
75. Controls crowds & other groups, hostile and peaceful.
76. Checks condition of assigned equipment.
77. Cleans and inspects assigned weapons.
78. Checks schools, playgrounds, parks & recreation centers.
79. Checks the stolen status of property through computers.
80. Operates computer terminals.
81. Prepares clothing & equipment to meet department standards.
82. Requests verification of warrants before service.
83. Serves subpoenas.
84. Processes evidence seized and custodial searches.
85. Checks persons/businesses for compliance with licensing requirements.
86. Makes entries in individual patrol log.
87. Examines and tests doors and windows of dwellings & businesses.
88. Advises vehicle owners to remove abandoned vehicles.
89. Takes statements.
90. Warns offenders in lieu of arrest or citation.

91. Performs routine maintenance on assigned vehicle.

VII. SAFETY PREPARATIONS

92. Searches businesses/dwellings for signs of illegal entry.
93. Evacuates persons from dangerous areas.
94. Takes precautions to prevent additional accidents at scenes.
95. Notifies public agencies or utilities of damage to their equipment.
96. Places children in protective custody.
97. Patrols locations in assigned area which are potentially hazardous to citizens (e.g., constructions sites).
98. Removes hazards from the roadway.
99. Checks homes of persons on vacation.

VIII. SPECIAL CIRCUMSTANCES

100. Confronts groups of agitated people in riot formation.
101. Participates in large-scale area searches.
102. Transports injured or disabled persons or prisoners.
103. Administers first aid.

IX. TRAFFIC & PARKING

104. Requests assistance for accidents as required.
105. Issues parking or traffic citations.
106. Interviews persons involved in traffic accidents.
107. Identifies owners of vehicles involved in accidents.
108. Informs drivers of towed vehicles' locations.
109. Locates witnesses to traffic accidents.
110. Determines factors contributing to accidents.
111. Instructs persons involved in accidents to exchange information.
112. Directs traffic using barriers, flares, hand signals, etc.
113. Follows suspicious vehicles.
114. Investigates traffic and off-road vehicle accidents.
115. Inspects operators' identification.
116. Evaluates capability of drivers to operate vehicles.
117. Determines fault in accident situations.
118. Directs activities at scenes of accidents.
119. Monitors traffic for violations.
120. Inspects for vehicle identification numbers.
121. Impounds vehicles.
122. Verifies vehicle title & registration information.

123. Explains legal procedures to traffic violators.
124. Collects physical evidence from accident scenes.
125. Administers roadside sobriety test.
126. Calculates vehicle speed.
127. Issues warning tickets.
128. Checks vehicles for proper registration.
129. Follows up on extent of personal injuries resulting from accidents.
130. Measures skid marks to calculate speed.
131. Patrols roads.
132. Arranges for sobriety tests.

X. TRAINING

133. Participates in firearms training.
134. Attends in-service training.
135. Participates in physical exercise program.

XI. PHYSICAL TASKS

136. Pull or drag heavy object on own. (Average distance = 17 feet)
137. Push heavy object on own. (Average distance = 10 feet)
138. Lift and carry heavy object on own. (Average distance = 27 feet)
139. Climb stairs at a walking pace. (Average = 3 flights)
140. Run up stairs. (Average = 3 flights)
141. Climb fence or wall. (Average height = 6 feet)
142. Walk rapidly on rocky/slippery surface. (Average distance = 20 feet)
143. Jump down on an object. (Average distance = 3 feet)
144. Jump over an object. (Average distance = 2 feet)
145. Run. (Average distance = 2 city blocks)
146. Crawl through a window. (Average = 5 feet off ground)
147. Push, or assist in pushing, a vehicle off a roadway. (Average = 10 feet)
148. Grab a weapon from a suspect or duck suddenly to avoid physical harm.
149. Grip a piece of equipment or a weapon tightly to ensure own safety.
150. Stand for a long period of time. (Average duration = 6 hours)
151. Walk for a long period of time. (Average duration = 8 hours)

Typical objects pushed or pulled:

Bodies, tires, benches, boxes, batteries, gas cans, traffic cones, appliances, furniture, debris/roadway obstructions, tree limbs, vehicles,

rocks, photocopy paper boxes, fire extinguisher, boxes of flares, tire repair equipment, office furniture.

In a one-year time period, the average:

- Farthest distance reached: 3 feet.
- Frequency of stooping: 100 incidents.
- Frequency of physically subduing or restraining a person following a pursuit of less than 50 feet (no assistance): 5 incidents.
- Frequency of physically subduing or restraining a person following a pursuit of over 50 feet (no assistance): 1 incident.
- Height of smallest person subdued: 5' 4"
- Height of largest person subdued: 6' 2"
- Weight of persons subdued: 164 pounds

XII. EQUIPMENT PERCEIVED AS ESSENTIAL:

Flashlight	First aid kit
Riot Equipment	Portable radio
Handcuffs	Rifle/shotgun
Body armor	Canine
Baton	Radar
Semiautomatic pistol	Computer
Lights & siren	Public address system
Flares	Typewriter
Car radio	Jumper cables
Spotlight	Business directory
Fire extinguisher	Breathalyzer
Automobile	Fax machine
Motorcycle	Binoculars
Gas mask	Photographic equipment
Evidence processing kit	Narcotics field identification kit

These data are based on the patrol officer job analysis conducted by Stanard & Associates, Inc. in December 1993 (n = 114) and on the results of a Physical Tasks Questionnaire administered by the Testing and Standards Division in March 1995 (independent sample = 113).

Essential Job Functions - Firefighters:

Adapted from:

NFPA 1582 Medical Requirement for Firefighters

Prepared by:

Craig D. Thorne, M.D., MPH

Medical Director, PFC.LLC

NB. This statement of Essential Job Functions is meant to be a generic guide for the Physician in determining fitness for duty. It is not intended to be substituted for any existing detailed job descriptions.

1. Physical Performance Standards:

Working in areas where sustaining traumatic or thermal injuries is possible.

Tolerating Extreme Temperature Fluctuations:

Tolerating extreme temperature fluctuations while performing duties. Must perform physically demanding work in hot (up to 400 degrees F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms. Experiencing frequent transition from hot to cold and from humid to dry temperatures.

Working in different environments and many different surfaces:

Spend extensive time outside exposed to the elements. Working in areas which may be wet, icy or muddy. Performing a variety of tasks on slippery, hazardous surfaces such as rooftops or from ladders.

Working while carrying heavy weights:

Wearing personal protective equipment that weighs approximately 50 (fifty) pounds while performing firefighting tasks.

Working while wearing positive pressure breathing equipment:

Performing physically demanding work while wearing positive pressure breathing with 1.5 inches of water column resistance to exhalation at a flow rate of 40 (forty) liters per minute.

Perform life-threatening tasks during life-threatening emergencies.

Work for long periods of time, requiring sustained physical activity and intense concentration.

Make rapid transitions from rest to near maximal exertion without warm up

periods.

Use manual and power tools in the performance of duties.

2. Other Physical Exposures:

Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contacts.

Face exposure to infectious agents such as Hepatitis B or HIV.

Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.

Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

3. Mental/Psychological:

Face life or death situations during emergency conditions.

4. Interpersonal:

Operate both as a Member of a team and independently at incidents of uncertain duration.

DC FIRE AND EMS DEPARTMENT

September 23, 1999

MEDICAL REQUIREMENTS—Emergency Medical Technicians and Paramedics

Medical Requirements for Emergency Medical Technicians and Paramedics

This document follows an outline similar to that of the National Fire Protection Association (NFPA) Standard 1582: Medical Requirements for Firefighters and is modified to meet the requirements of emergency medical technicians and paramedics. Category A and B conditions are defined as follows:

Category A Condition:

A medical condition that would preclude an Applicant or Incumbent from performing as an emergency medical technician or paramedic by presenting a *significant risk* of safety and health of the person or others.

Category B Condition:

A medical condition that, *based on its severity or degree*, could preclude a person from performing as an emergency medical technician or paramedic by presenting a *significant risk of safety and health of the person or others. Such a condition must be carefully considered as to whether or not it is of sufficient severity to prevent an Applicant from performing, with or without reasonable accommodation (to be determined by the Employer), the essential functions of a emergency medical technician or paramedic without posing a significant risk of substantial harm/risk to the safety and health of the applicant or others.* In some instances, conditions may result in the use of sick leave which may be in excess of the amount that can be reasonably accommodated (to be determined by the Employer). It is prudent to take into consideration the past performance of an individual in previous employment (especially jobs similar to being an emergency medical technician or paramedic).

Before an Applicant or Incumbent is disqualified based on a Category B Condition, it will be first reviewed by the PFC Medical Director.

Other Definitions:

Applicant: a person whose has made application to commence as an emergency medical technician or paramedic.

Incumbent or Current Emergency Medical Technician or Paramedic: a person who is already a Member and whose duties require the performance of 'essential' emergency medical technician or paramedic functions

Essential Function: Essential function means the fundamental job duties of the position.

The document is adapted from several national guidelines (see references). It is meant to be in compliance with the Americans with Disabilities Act and should be defensible against litigation. This document is meant to serve as a guideline, rather than strict standards, as Applicants and Incumbents are to be individually assessed. This document is not so excessively stringent as to needlessly prevent an Applicant from being considered or an Incumbent from continuing, as an emergency medical technician or paramedic.

In compliance with the American with Disabilities Act, if the Applicant or Incumbent presents with an acute medical problem or newly acquired chronic medical condition, medical evaluation should be postponed until that person has recovered from this condition if waiting time does not pose "undue hardship" for the Fire and Emergency Medical Services Department. Prior to recommending disqualifying an Applicant or Incumbent, or when uncertain as to the degree of threat posed by an individual, PFC Associates, LLC will, to the extent possible, attempt communication with the individual's personal physician, who typically has a more extensive health history which can be useful in making employment recommendations. PFC Associates, LLC may also recommend that an individual undergo evaluation by a specialist to evaluate more complex conditions at the Applicant's/Incumbent's own expense or through their private insurance. The added weight of this other medical opinion serves also in defending an employment decision if an individual is in disagreement with a recommendation. PFC Associates, LLC also supports that the reason(s) for a rejection should be fully explained to an Applicant or Incumbent in an effort to prevent a feeling of unfairness and legal challenge to rejection.

Eyes and Vision:

Category A: (Applicants Only)

a. Far visual acuity: at least 20/30 vision in both eyes - corrected or uncorrected (glasses or contact lenses). Individuals who do not have glasses or contact lenses and have worse than 20/30 vision in both eyes must be given the opportunity to be evaluated for corrective lenses at their own expense and then re-evaluated.

b. Near visual acuity: at least 20/30 vision with both eyes - corrected (glasses or contact

lenses).

c. Monocular vision is not acceptable.

d. Visual fields: the minimal accepted visual fields are defined as follows: a minimum of 160 degrees of total horizontal field in each eye and no significant scotomas.

e. Color blindness deficiency must not be an automatic exclusion. The emergency medical technician or paramedic must possess basic color naming skills. Applicants with milder forms of color vision deficiencies still possess basic color naming skills. Applicants with dichromotomy (total absence of all pigments) or *monochromotomy do not possess the color naming skills required of a Paramedic or emergency medical technician*. Those Applicants who appear to have color vision deficiencies with standardized testing techniques should be referred at their own expense to a professional in order to determine whether or not they have either normal color vision or anomalous trichromacy. People who can not distinguish red and green shall be disqualified.

Category A: (Incumbents Only)

a. Far visual acuity: at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses. Distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses.

b. Near visual acuity: at least 20/40 vision with both eyes corrected (glasses or contact lenses).

c. Monocular vision is not acceptable.

d. Visual fields: the minimal accepted visual fields are defined as follows: minimum of 70 degrees in the horizontal meridian in each eye.

e. Color blindness deficiency must not be an automatic exclusion. The emergency medical technician or paramedic must possess basic color naming skills. Applicants with milder forms of color vision deficiencies still possess basic color naming skills. Applicants with dichromotomy (total absence of all pigments) or *monochromotomy do not possess the color naming skills required of a Paramedic or emergency medical technician*. Those Applicants who appear to have color vision deficiencies with standardized testing techniques should be referred at their own expense to a professional in order to determine whether or not they have either normal color vision or anomalous trichromacy. People who can not distinguish red and green shall be disqualified.

Failures on visual field screening should routinely be encouraged to have another professional evaluation (for Applicants, at their own expense) as screening tests have low

sensitivity and specificity.

Category B.

- a. Diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis.
- b. Ophthalmological procedures such as radial keratotomy or repair of retinal detachment (evaluation should be deferred for 6 months post-op for those <35 years of age, and 12 months for those 35 or more).
- c. Any other eye condition that results in a person not being able to perform as a emergency medical technician or paramedic.

Examples of Implications for Job Performance:

- 1. Failure to have adequate visual acuity to read placards, street signs or other warning signals, especially during high-speed driving or night conditions or responding to imminently hazardous situations.
- 2. Failure to have adequate peripheral vision could result in inability to view objects in the far right or left while driving under emergency situations.
- 3. Failure to have adequate color vision to identify cars, clothing and other items, as well as detect traffic lights, street lights, and related highway lights.
- 4. Inability to see lettering on equipment or on a video display.

Additional notes:

Soft contact lenses are preferred over other types of contact lenses (e.g., rigid gas permeable or hard lenses) due to concerns of particle entrapment and dislodgment.

Ears and Hearing:

Screening audiometry will be performed in a manner which meets the requirements of 29 CFR 1910.95 and ANSI (American Vocational Standards Institute) S3.6-1969.

Category A:

- a. None.

Category B:

a. Hearing deficit in the pure tone thresholds in the *unaided* worst ear:

Either:

greater than 25 dB in 3 (*three*) of the 4 (*four*) frequencies: 500 Hz, 1000 Hz, 2000 Hz, or 3000 Hz

Or:

greater than 25 dB in *any one* of the (three) frequencies: 500 Hz, 1000 Hz, 2000 Hz AND average greater than 30 dB for the 4 (four) frequencies: 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz.

- b. Auditory canal - atresia, severe, stenosis or tumor.
- c. Severe external otitis.
- d. Auricle - severe agenesia or traumatic deformity.
- e. Mastoid - severe mastoiditis or surgical deformity.
- f. Meniere's disease or labyrinthitis.
- g. Any other or hearing condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implication for Job Performance:

1. Inability to hear sounds of low intensity or to distinguish voice from background noise which might lead to failure to respond to imminently dangerous situations.
2. Interviewing patients, officials, and the public at large.
3. Inability to hear radio or telephone communications.

Additional notes:

1. Hearing aids are acceptable but must not interfere with the proper use of protective equipment. Aided employees must meet the same quantitative criteria; the aided ear must meet the same criteria as unaided hearing.
2. In determining the etiology of hearing deficits, the ears will be examined for inflammatory, infectious or other conditions involving the external and middle ear components, the presence of occluding cerumen, and the integrity of the tympanic membranes. Binaural speech recognition (50 monosyllabic words) in a sound field shall be 70% or better at a +5dB signal-to-noise ratio.
3. Speech understanding is presumed adequate if audiometry is normal. In borderline cases,

adequate speech recognition must be demonstrated. This may require a formal Audiology evaluation.

Head and Neck:

Category A:

a. None.

Category B:

a. Deformities of the skull such as depressions or exostoses.

b. Deformities of the skull associated with evidence of disease of the central or peripheral nervous system.

c. Loss or congenital absence of the bony substance of the skull.

d. Any other head condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Nose, Oropharynx, Trachea, Esophagus and Larynx:

Category A:

a. Tracheotomy

b. Aphonia

c. Anosmia

Category B

a. Congenital or acquired deformity.

b. Allergic respiratory disorder.

c. Recurrent sinusitis.

d. Dysphonia.

e. Any other nose, oropharynx, trachea, esophagus or larynx condition that results in person not being able to perform as an emergency medical technician or

paramedic.

Examples of Implications for Job Performance:

1. Inability to properly wear protective equipment (e.g. respirator).
2. Inability to perform job functions due to limitations of endurance.
3. Inability to communicate effectively.
4. Inability to smell smoke or hazardous materials resulting in failure to respond to dangerous situations.

Respiratory:

Category A:

- a. Active hemoptysis, emphysema, current pneumonia, pulmonary hypertension, active tuberculosis, or infectious diseases of the lungs or pleural space.

Category B:

- a. Pulmonary resectional surgery, chest wall surgery, or pneumothorax.
- b. Bronchial asthma or reactive airways disease.
- c. Fibrothorax, chest wall deformity, or diaphragm abnormalities.
- d. Chronic obstructive airways disease (e.g. FEV/FVC is lower than 70%).
- e. Hypoxemic disorders.
- d. Interstitial lung diseases (e.g. FVC is lower than 80% of predicted and without respiratory infection over the past 6 (six) weeks).
- g. Pulmonary vascular diseases, pulmonary embolism.
- h. Bronchiectasis.
- i. Any other lung or chest wall condition that results in not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance:

1. Lifting and carrying patients and equipment; climbing stairs.
2. Inability to perform job functions due to limitations of endurance.
3. Sudden incapacitation.
4. Frequent therapy/medical attention/hospitalization (e.g. more than anticipated amount of allotted sick leave).

Heart:

As in the evaluation of other body systems, evaluation of the heart in Applicants and Incumbents may result in situations in which the significance and severity of findings may be of questionable significance (i.e. LBBB or resting ST-T wave abnormalities on an EKG or past history of cardiac disease but currently asymptomatic). In those circumstances, a Cardiologist should be consulted to determine significance in being able to perform as an emergency medical technician or paramedic. This consultation will be at the Applicant's/Incumbent's own expense. Further testing might be necessary (e.g. ambulatory EKG (stress-testing), echocardiography etc.).

Category A:

- a. Current angina pectoris.
- b. Current heart failure, other than the New York Heart Association Class I (patient has Cardiac disease but no resulting limitation of physical activity; ordinary activity does not cause fatigue, palpitation, dyspnea or anginal pain).
- c. Acute pericarditis, endocarditis, or myocarditis.
- d. Recurrent syncope.
- e. Automatic implantable cardiac defibrillator (AICD).

Category B:

- a. Significant valvular lesions of the heart including prosthetic valves.
- b. Coronary heart disease including history of myocardial infarction, coronary artery bypass surgery, or coronary angioplasty, and similar procedures.
- c. Atrial tachycardia, flutter or fibrillation.
- d. Third-degree atrioventricular block.

- e. Ventricular tachycardia.
- f. Hypertrophy of the heart.
- g. Recurrent paroxysmal tachycardia.
- h. History of congenital abnormality.
- i. Chronic pericarditis, endocarditis, or myocarditis.
- b. Cardiac pacemaker.
- k. Coronary artery vasospasm.
- l. Any other cardiac condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance:

- 1. Running, lifting and carrying.
- 2. Inability to perform job functions due to limitations of endurance.

Vascular:

Category A:

- a. Hypertension, if systolic pressure (treated or untreated) is 160 mm Hg or greater, OR diastolic pressure (treated or untreated) is 105 mm Hg or greater.

Category B:

- a. Hypertension, until it is brought under satisfactory control (i.e. individuals <50 years of age: must be <140/90; \geq 50 years of age: must be <150/90).
- b. Peripheral vascular disease such as Raynaud's syndrome.
- c. Recurrent thrombophlebitis
- d. Chronic lymphedema due to lymphadenopathy or severe venous valvular incompetency.

- e. Congenital or acquired lesions of the aorta or major vessels.
- f. Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, and severe peripheral vasomotor disturbances.
- g. Aneurysm of the heart or major blood vessel.
- h. Carotid artery stenosis.
- i. Any other vascular condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance

Strenuous physical activities may cause further elevation of already elevated blood pressure and can result in catastrophic events (e.g., myocardial infarction, arrhythmias, or stroke).

Additional notes

Blood pressure levels are usually classified according to diastolic readings as follows: mild: 90-104 mm Hg, moderate: 105-114 mm Hg, and severe: ≥ 115 mm Hg. Systolic hypertension refers to systolic blood pressures consistently above 140 Hg in the absence of diastolic disease.

Gastrointestinal:

Category A:

- a. Chronic active hepatitis.

Category B:

- a. Cholecystitis.
- b. Gastritis.
- c. Hemorrhoids.
- d. Acute hepatitis.
- e. Hernia (requires surgical clearance).

from medications that could significantly impair job performance (may require full neuropsychological evaluation) AND a definitive statement addressing these requirements from a qualified neurological specialist. If a change is made in the medical regimen that has provided a 5-year seizure-free interval of an epileptic emergency medical technician or paramedic that individual should not be cleared for return to duty until he/she has completed 5 years without a seizure on the new regimen. Seizures triggered during critical incidents are disqualifying.

Category B:

- a. Congenital malformations.
- b. Migraine, if there is a risk of sudden incapacitation, the Applicant would require more than the usual amount of sick leave per year, poor control, or if there is episodic impairment of neuropsychiatric functioning due to medications.
- c. Clinical disorders with paresis, paralysis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation or complaint of pain.
- d. Subarachnoid or intracerebral hemorrhage.
- e. Abnormalities from recent head injury such as severe cerebral contusion or concussion.
- f. Any other neurological condition that results in a person not being able to perform as a emergency medical technician or paramedic.

Examples of Implications of Job Performance

- 1. Physical performance impairments.
- 2. Potential for sudden incapacitation as well as subtle impairment of cognitive functioning.

Additional Notes

- 1. If an epileptic Applicant or Incumbent is deemed qualified but continues on medications, he/she must agree to maintain compliance and allow verification of compliance (e.g. periodic serum drug levels) and seizure status in a manner determined by PFC. LLC.
- 2. A serum drug level should be obtained on the day of the examination.

Skin:

Category A:

- a. None.

Category B:

- a. Acne or severe inflammatory condition (dermatitis).
- b. Eczema .
- c. Severe facial scarring, or burns which interfere with the proper use of protective equipment (e.g. respirators).
- d. Disorders due to heat, cold or vibration (e.g. sweat retention, Raynaud's disease, urticaria) and abnormal reactions to light (photo dermatitis, polymorphic light reaction, solar urticaria) which may affect the emergency medical technician's or paramedic's ability to work outdoors, or in other adverse environments.
- e. Any other skin condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance

1. An effective skin barrier to infection or injury must be maintained.
2. Vigorous physical activity may be hampered by severe skin conditions.
3. Performance of job duties can be adversely affected by discomfort or itching associated with severe skin conditions.

Additional notes:

1. Systemic cutaneous lesions may represent secondary disorders of other conditions that require evaluation.

Hematologic:

Category A:

- a. Hemorrhagic states requiring replacement therapy.

b. Homozygous sickle cell disease.

c. People requiring Coumadin or Heparin.

Category B:

a. Anemia which interferes with exercise capacity.

b. Leukopenia.

c. Polycythemia vera.

d. Splenomegaly.

e. History of thromboembolic disease.

f. Any other hematologic condition that results in a person not being able to perform as an Emergency Medical Technician or Paramedic.

Examples of Implications for Job Performance:

1. Running and climbing steps.

2. Lifting/Carrying.

3. Performing CPR and ALS care.

Endocrine and Metabolic:

Category A:

a. Diabetes mellitus (with insulin or oral hypoglycemic agent) AND with a history of one or more episodes of incapacitating hypoglycemia in the past 5 years.

Category B:

a. Diseases of the adrenal gland (e.g., corticosteroid insufficiency can cause fatigability, weakness, anorexia, vomiting, hypertension and hypoglycemia; excess steroids can cause hypertension, glucose intolerance, gastrointestinal problems and psychological symptoms) pituitary gland, parathyroid gland (e.g., excess calcium can cause fatigue, mental confusion, depression, anorexia, vomiting, and cardiac arrhythmias), or thyroid gland (e.g. hyperthyroidism can cause emotional lability, nervousness, excessive sweating, heat intolerance, and cardiac arrhythmias; hypothyroidism can cause lethargy and slowing of intellectually ability) of clinical significance.

b. Nutritional deficiency disease or metabolic disorder.

c. Diabetes mellitus (requiring treatment with insulin or oral hypoglycemic agent) without a history of

episodes of incapacitating hypoglycemia in the past 5 (five) years.

- d. Unstable body weight (> 10% change) that is likely related to an endocrine or metabolic condition.
- e. Postural blood pressure changes (orthostasis).
- f. Obesity, defined as greater than 15% above the large body frame maximum weight on the Metropolitan Life Table and greater than 30% body fat.
- g. Any other endocrine or metabolic condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance

- 1. When activity is unplanned or cannot be anticipated, glucose regulation becomes very complex and the risk of hyperglycemia multiples.
- 2. Running, climbing, lifting.
- 3. Responding rapidly to tense situations.
- 4. Working under extreme tension and pressure.
- 5. Visually demanding situations (e.g. operating vehicles, working in smoke-filled environment, working and driving at night).

Additional Notes:

- 1. All diabetic Applicants and Incumbents must provide documentation of recent (within the past year) normal eye examination by an ophthalmologist.
- 2. To the extent possible, documentation of a good medical control of diabetes and absence of hypoglycemia in the last 5 years causing incapacitation or requiring medical care should be obtained by the Applicant or Incumbent from his/her private physician and provided to PFC Associates, LLC.

Systemic Diseases and Miscellaneous Conditions:

Category A:

- a. None.

Category B:

- a. Connective tissue disease, such as dermatomyositis, lupus erythematosus, scleroderma, and rheumatoid arthritis.

- b. Residuals from past thermal injury.
- c. Documented evidence of predisposition to heat stress with recurrent episodes or resulting residual injury.
- d. Any other systemic condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Tumors and Malignant Diseases:

Category A:

- a. None.

Category B:

- a. Malignant disease that is newly diagnosed, untreated, or currently being treated.

Additional Note:

1. Acceptability is based upon normal exercise tolerance and likelihood of disease-free survival.

Psychological/Psychiatric:

Category A:

- a. None.

Category B:

- a. History of a psychological condition or substance abuse problem, but based on the individual's current condition.
- b. Any other psychological condition that results in a person not being able to perform as an emergency medical technician or paramedic.

Chemical, Drugs or Medications:

Category A:

- a. None.

Category B:

- a. Anticoagulant medications. (For people requiring Coumadin or Heparin, see Hematalogic.)
- b. Cardiovascular medications.
- c. Narcotics.
- d. Sedative-hypnotics.
- e. Stimulants.
- f. Psychoactive medications.
- g. Steroids.
- h. Any other chemical, drug or medication that results in a person not being able to perform as an emergency medical technician or paramedic.

Examples of Implications for Job Performance

1. The use of certain medications may not be appropriate for emergency medical technicians or paramedics who must make split-second decisions, or whose personal safety (and the safety of others) may be compromised by decreases in vigilance or reaction times.

Additional notes:

1. The physician may wish to consider ordering formal neuropsychological testing to ascertain an individual's impairment.

References:

1. National Fire Protection Association (NFPA) standard 1582: Medical Requirements for Firefighters.
2. State of California Commission on Peace Officer Standards and Training: Medical Screening Manual for California Law Enforcement, 1995.
3. United States Preventive Services Task Force: Guidelines for Preventive Services, 1996.
4. Shetty, J.E et al. Police Vision Standards, Journal of Police Science and Administration. Volume 8, No. 3, 1980.
5. Shetty, J.E. et al. Recommended Vision Standards for Police Officer, Journal of the American Optometric Association, Volume 54, No. 10, October 1983.
6. Summary Report: Essential Tasks Performed by Metropolitan Police Department Patrol Officers, December 1993 and Physical Tasks Questionnaire: Testing and Standards Division, Metropolitan Police Department, March 1995.

[Signature] 9/24/99
Director/Medical Services Division (Date)

Metropolitan Police Department

Mark E Bloom 9/24/99
Captain/Medical Services Officer (Date)

District of Columbia Fire/EMS Department

[Signature] 9-25-99
Medical Director, PFC Associates (Date)

[Signature] 9-28-99
Medical Director, EMS (Date)

[Signature] 9-28-99
Medical Officer, EMS (Date)

MEMORANDUM

To: All Clinical Staff
Case Managers

From: Dr. Smith-Jefferies ^{my}
Medical Director, PFC

cc: Captain Mark Bloom

Date: May 18, 2001

Please note that EMS Applicants should be evaluated for excessive weight using the standard as written in the Medical Requirements – Emergency Medical Technicians dated September 23, 1999. The attached sheet summarizes this weight standard.

**MEDICAL REQUIREMENTS – EMERGENCY MEDICAL TECHNICIANS AND
PARAMEDICS**

Standard: Obesity – defined as greater than 15% above the large body frame maximum weight on the Metropolitan Life Table and greater than 30% body fat.

MAXIMUM WEIGHT		
HEIGHT	MEN (pds)	WOMEN (pds)
4' 10"		151
4' 11"		154
5' 0"		158
5' 1"		161
5' 2"	173	164
5' 3"	176	169
5' 4"	179	174
5' 5"	184	178
5' 6"	189	183
5' 7"	193	187
5' 8"	198	192
5' 9"	202	196
5' 10"	207	199
5' 11"	212	202
6' 0"	216	206
6' 1"	221	
6' 2"	227	
6' 3"	232	
6' 4"	238	

August 13, 1999

MEDICAL REQUIREMENTS-COMMUNICATIONS OPERATORS

Medical Requirements for Communications Operators

This document follows an outline similar to that of the National Fire Protection Association (NFPA) Standard 1582: Medical Requirements for Firefighters and is modified to meet the requirements of Communications Operators. Category A and B conditions are defined as follows:

Category A Condition:

A medical condition that would preclude an Applicant or Incumbent from performing as a Communications Operator by presenting a *significant risk* to safety and health of the person or others.

Category B Condition:

A medical condition that, *based on its severity or degree*, could preclude a person from performing as a Communications Operator by presenting a *significant risk to safety and health of the person or others*. Such a condition must be carefully considered as to whether or not it is of sufficient severity to prevent an Applicant from performing, with or without reasonable accommodation (to be determined by the Employer), the essential functions of a Communications Operator without posing a significant risk of substantial harm/risk to the safety and health of the applicant or others. In some instances, conditions may result in the use of sick leave which may be in excess of the amount that can be reasonably accommodated (to be determined by the Employer). It is prudent to take into consideration the past performance of the individual in previous employment (especially jobs similar to being a Communications Operator).

Before an Applicant or Incumbent is disqualified based on a Category B Condition, it will be first reviewed by the PFC Medical Director.

Other Definitions:

Applicant: a person whose has made application to commence as a Communications Operator.

Incumbent or Current Communications Operator: a person who is already a Member and whose duties require the performance of 'essential' functions of a communications operator.

Essential Function: Essential function means the fundamental job duties of the position.

The document is adapted from several national guidelines (see references). It is meant to be in compliance with the Americans with Disabilities Act and should be defensible against litigation. This document is meant to serve as a guideline, rather than strict standards, as Applicants and Incumbents are to be individually assessed. This document is not so excessively stringent as to needlessly prevent an Applicant from being considered or an Incumbent from continuing, as a Communications Operator.

In compliance with the American with Disabilities Act, if the Applicant or Incumbent presents with an acute medical problem or newly acquired chronic medical condition, medical evaluation should be postponed until that person has recovered from this condition if waiting time does not pose "undue hardship" for the Fire and Emergency Medical Services Department. Prior to recommending disqualifying an Applicant or Incumbent, or when uncertain as to the degree of threat posed by an individual, PFC Associates, LLC will, to the extent possible, attempt communication with the individual's personal physician, who typically has a more extensive health history which can be useful in making employment recommendations. PFC Associates, LLC may also recommend that an individual undergo evaluation by a specialist to evaluate more complex conditions at the Applicant's/Incumbent's own expense or through their private insurance. The added weight of this other medical opinion serves also in depending an employment decision if an individual is in disagreement with a recommendation. PFC Associates, LLC also supports that the reason(s) for a rejection should be fully explained to an Applicant or Incumbent in an effort to prevent a feeling of unfairness and legal challenge to rejection.

Eyes and Vision:

Category A:

a. Visual fields: the minimal accepted visual fields are defined as follows: a minimum of 120 degrees of total horizontal field in each eye, at least 100 degrees of vertical field, and no significant scotomas.

c. Near visual acuity at least 20/30 vision with both eyes - corrected (contact lenses or glasses).

d. Color blindness deficiency must not be an automatic exclusion. The Communications Operator ~~must possess basic color naming skills. Applicants with milder forms of color vision deficiencies~~ (anomalous trichromacy, which is an alteration of one pigment) still possess basic color naming skills. Applicants with dichromacy (total absence of all pigments) or monochromacy do not possess the color naming skills required of Communications Operator. Those Applicants who appear to have color vision deficiencies with standardized testing techniques should be referred at their own expense to a professional in order to determine whether or not they have either normal or anomalous trichromacy.

Failures on visual field screening should routinely be encouraged to have another professional evaluation (for Applicants, at their own expense) as screening tests have low sensitivity and specificity.

Category B.

- a. Diseases of the eye such as retinal detachment, progressive retinopathy, or optic neuritis.
- b. Ophthalmological procedures such as radial keratotomy or repair of retinal detachment (evaluation should be deferred for 6 months post-op for those <35 years of age, and 12 months for those 35 or more).
- c. Monocular vision.
- d. Far visual acuity: at least 20/30 vision with both eyes - corrected (glasses or contact lenses). Individuals who do not have glasses or contact lenses and have worse than 20/30 vision with both eyes must be given the opportunity to be evaluated for corrective lenses at their own expense and then re-evaluated
- e. Any other eye condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance:

1. Failure to have adequate visual acuity to read instrument panels, video screens, or other lettering
2. Failure to identify color-coded lights or other markings.

Additional notes:

Soft contact lenses are preferred over other types of contact lenses (e.g., rigid gas permeable or

hard lenses) due to concerns of particle entrapment and dislodgment.

Ears and Hearing:

Screening audiometry will be performed in a manner which meets the requirements of 29 CFR 1910.95 and ANSI (American Vocational Standards Institute) S3.6-1969.

Category A:

- a. None.

Category B:

- a. Hearing deficit in the pure tone thresholds in the *unaided* worst ear:

Either:

greater than 25 dB in 3 (*three*) of the 4 (*four*) frequencies: 500 Hz, 1000 Hz, 2000 Hz, or 3000 Hz

Or:

greater than 25 dB in *any one* of the (three) frequencies: 500 Hz, 1000 Hz, 2000 Hz and *average* greater than 30 dB for the 4 (four) frequencies: 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz.

- b. Auditory canal - atresia, severe, stenosis or tumor.
- c. Severe external otitis.
- d. Auricle - severe agenesia or traumatic deformity.
- e. Mastoid - severe mastoiditis or surgical deformity.
- f. Meniere's disease or labyrinthitis.
- g. Any other or hearing condition that results in a person not being able to perform as a Communications Operator.

Examples of Implication for Job Performance:

1. Inability to hear sounds of low intensity or to distinguish voice from background noise which might lead to failure to respond appropriately to requests for emergency situations.

2. ~~Inability to communicate with callers, departmental personnel, medical professionals, officials, and the public at large.~~

3. Inability to hear radio or telephone communications.

Additional notes:

1. Hearing aids are acceptable. Aided employees must meet the same quantitative criteria; the aided ear must meet the same criteria as unaided hearing.
2. In determining the etiology of hearing deficits, the ears will be examined for inflammatory, infectious or other conditions involving the external and middle ear components, the presence of occluding cerumen, and the integrity of the tympanic membranes.
3. Speech understanding is presumed adequate if audiometry is normal. In borderline cases, adequate speech recognition must be demonstrated. This may require a formal audiology evaluation. Binaural speech recognition (50 monosyllabic words) in a sound field shall be 70% or better at a 5db+ signal-to-noise ratio.

Head and Neck:

Category A :

- a. None.

Category B:

- a. Deformities of the skull such as depressions or exostoses.
- b. Deformities of the skull associated with evidence of disease of the central or peripheral nervous system.
- c. Loss or congenital absence of the bony substance of the skull.
- d. Any other head condition that results in a person not being able to perform as Communications Operator.

Nose, Oropharynx, Trachea, Esophagus and Larynx:

Category A:

a. Tracheotomy.

b. Aphonia.

c. Anosmia.

Category B:

a. Congenital or acquired deformity.

b. Allergic respiratory disorder.

c. Recurrent sinusitis.

d. Dysphonia.

e. Any other nose, oropharynx, trachea, esophagus or larynx condition that results in person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance:

1. Inability to communicate effectively.

Respiratory:

Category A:

a. Active hemoptysis, emphysema, current pneumonia, pulmonary hypertension, active tuberculosis, or infectious diseases of the lungs or pleural space.

Category B:

a. Pulmonary resectional surgery, chest wall surgery, or pneumothorax.

b. Bronchial asthma or reactive airways disease.

c. Fibrothorax, chest wall deformity, or diaphragm abnormalities.

d. Chronic obstructive airways disease (e.g. FEV/FVC is lower than 70%).

- e. Hypoxemic disorders.

- d. Interstitial lung, diseases (e.g. FVC is lower than 80% of predicted and without respiratory infection over the past 6 (six) weeks).
- g. Pulmonary vascular diseases, pulmonary embolism.
- h. Bronchiectasis.
- i. Any other lung or chest wall condition that results in not being able to perform as a Communications Operator.

Examples of Implications for Job Performance:

1. Sudden incapacitation.
2. Frequent therapy/medical attention/hospitalization (e.g. more than anticipated amount of allotted sick leave).

Heart:

As in the evaluation of other body systems, evaluation of the heart in Applicants and Incumbents may result in situations in which the significance and severity of findings may be of questionable significance (i.e. LBBB or resting ST-T wave abnormalities on an EKG or past history of cardiac disease but currently asymptomatic). In those circumstances, a Cardiologist should be consulted to determine significance in being able to perform as a Communications Operator. This consultation will be at the Applicant's/Incumbent's own expense. Further testing might be necessary (e.g. ambulatory EKG (stress-testing), echocardiography etc.).

Category A:

- a. Current angina pectoris.
- b. Acute pericarditis, endocarditis, or myocarditis.
- c. Recurrent syncope.
- d. Automatic implantable cardiac defibrillator (AICD).

Category B:

- a. Significant valvular lesions of the heart including prosthetic valves.

- b. Coronary heart disease including history of myocardial infarction, coronary artery bypass surgery, or coronary angioplasty, and similar procedures.
- c. Atrial tachycardia, flutter or fibrillation.
- d. Third-degree atrioventricular block.
- e. Ventricular tachycardia.
- f. Hypertrophy of the heart.
- g. Recurrent paroxysmal tachycardia.
- h. History of congenital abnormality.
- i. Chronic pericarditis, endocarditis, or myocarditis.
- j. Cardiac pacemaker.
- k. Coronary artery vasospasm.
- l. Current heart failure.
- m. Any other cardiac condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance:

1. Sudden incapacitation.
2. Frequent therapy/medical attention/hospitalization (e.g. more than anticipated amount of allotted sick leave).

Vascular:

Category A:

- a. Hypertension, if systolic pressure (treated or untreated) is 160 mm Hg or greater; or diastolic pressure (treated or untreated) is 105 mm Hg or greater.

Category B:

- a. Hypertension, until it is brought under satisfactory control (i.e. individuals <50 years of age: must be <140/90; \geq 50 years of age: must be <150/90).
- b. Peripheral vascular disease such as Raynaud's syndrome.
- c. Recurrent thrombophlebitis
- d. Chronic lymphedema due to lymphadenopathy or severe venous valvular incompetency.
- e. Congenital or acquired lesions of the aorta or major vessels.
- f. Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, and severe peripheral vasomotor disturbances.
- g. Aneurysm of the heart or major blood vessel.
- h. Carotid artery stenosis.
1. Any other vascular condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance

Sudden incapacitation (e.g., myocardial infarction, arrhythmias, or stroke).

Additional notes

Blood pressure levels are usually classified according to diastolic readings as follows: mild: 90-104 mm Hg, moderate: 105-114 mm Hg, and severe: \geq 115 mm Hg. Systolic hypertension refers to systolic blood pressures consistently above 140 Hg in the absence of diastolic disease.

Gastrointestinal:

Category A:

- a. Chronic active hepatitis.

Category B:

- a. Cholecystitis.

- b. Gastritis.

- c. Hemorrhoids.
- d. Acute hepatitis.
- e. Hernia (requires surgical clearance).
- f. Inflammatory bowel disease.
- g. Intestinal obstruction.
- h. Pancreatitis.
- i. Bowel resection.
- j. Gastrointestinal ulcer.
- k. Hepatic or biliary cirrhosis.
- l. Unexplained elevations in liver-associated enzymes may indicate infection with hepatitis, alcohol abuse etc. This requires an evaluation by a private physician.
- m. Any other gastrointestinal condition that results in a person not being able to perform as a Communications Operator .

Examples of Implications for Job Performance

- 1. Hernias and gallstones can result in sudden incapacitation.
- 2. A bleeding ulcer can cause insidious or sudden incapacitation.
- 3. Hemorrhoids and ulcerative colitis can interfere with prolonged sitting.
- 4. Ulcerative colitis and hepatitis can be so severe as to require extensive sick leave in excess of the amount which can be reasonably accommodated.
- 5. Irritable bowel syndrome can be significantly aggravated by stress.
- 6. Urgent diarrhea may disrupt necessary activity.
- 7. Psychological stress might trigger exacerbation of symptoms.

Reproductive:

Category A:

- a. None.

Category B:

- a. Pregnancy: for its duration.
- b. Dysmenorrhea.
- c. Endometriosis, ovarian cysts, or other gynecological conditions.
- d. Testicular or epididymal mass.
- e. Any other genital condition that results in a person not being able to perform as a Communications Operator.

Urinary:

Category A:

- a. None.

Category B:

- a. Diseases of the kidney.
- b. Diseases of the ureter, bladder or prostate.
- c. Any other urinary condition that results in a person not being able to perform as Communications Operator.

Musculoskeletal:

Category A:

- a. None.

Category B:

- a. Arthritis.
- b. Structural abnormality, fracture or dislocation.

- c. Lumbosacral spine disease (e.g. herniation of nucleus pulposus), episode of lumbosacral pain that resulted in activity restriction for three months or more within the last year, or history of laminectomy.
- d. Scoliosis with an angle of greater than 45 degrees (increased likelihood of chronic pain, radicular symptoms, and restriction of lung volumes).
- e. Limitation of motion of a joint.
- f. Amputation or deformity of a joint or limb.
- g. Dislocation of a joint.
- h. Joint reconstruction, ligamentous instability, or joint replacement.
- i. Chronic osteoarthritis or traumatic arthritis.
- j. Inflammatory arthritis.
- k. History of locking or unstable knee or loose body greater than 5 mm within the knee joint, until surgical correction and rehabilitation.
- l. Any other musculoskeletal condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance

1. Ability to manipulate telecommunications equipment.
2. Ability to sit for long periods of time.

Neurological:

Category A:

- a. Ataxias of heredo-degenerative type.
- b. Cerebral arteriosclerosis as evidenced by documented episodes of neurological impairment.
- c. Multiple sclerosis with activity or evidence of progression within the previous three years.

d. Progressive muscular dystrophy or atrophy.

e. All epileptic conditions to include partial simple, complex partial, generalized, and psychomotor seizure disorders other than those who provide written medical documentation that they have not had a seizure during the previous 2 (two) years AND normal neurological examinations, AND no neurological/neuropsychological side effects from medications that could significantly impair job performance (may require full neuropsychological evaluation) AND a definitive statement addressing these requirements from a qualified neurological specialist. If a change is made in the medical regimen that has provided a 2-year seizure-free interval of an epileptic emergency medical technician or paramedic that individual should not be cleared for return to duty until he/she has completed 2 years without a seizure on the new regimen. Seizures triggered during critical incidents are disqualifying.

Category B:

a. Congenital malformations.

b. Migraine, if there is a risk of sudden incapacitation, the Applicant would require more than the usual amount of sick leave per year, poor control, or if there is episodic impairment of neuropsychiatric functioning due to medications.

c. Clinical disorders with paresis, paralysis, dyscoordination, deformity, abnormal motor activity, abnormality of sensation or complaint of pain.

d. Subarachnoid or intracerebral hemorrhage.

e. Abnormalities from recent head injury such as severe cerebral contusion or concussion.

f. Any other neurological condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications of Job Performance

1. Physical performance impairments, especially fine motor coordination.
2. Potential for sudden incapacitation as well as subtle impairment of cognitive functioning.

Additional Notes

1. If an epileptic Applicant or Incumbent is deemed qualified but continues on medications, he/she must agree to maintain compliance and allow verification of compliance (e.g.

periodic serum drug levels) and seizure status in a manner determined by PFC. LLC.

2. A serum drug level should be obtained on the day of the examination.

Skin:

Category A:

- a. None.

Category B :

- a. Acne or severe inflammatory condition (dermatitis).
- b. Eczema.
- c. Any other skin condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance

1. Performance of job duties can be adversely affected by discomfort or itching associated with severe skin conditions.

Additional notes:

1. Systemic cutaneous lesions may represent secondary disorders of other conditions that require evaluation.

Hematologic:

Category A:

- a. Hemorrhagic states requiring replacement therapy.

Category B:

- a. Anemia which interferes with exercise capacity.
- b. Leukopenia.

c. Polycythemia vera.

d. Splenomegaly.

e. History of thromboembolic disease.

f. Homozygous sickle cell disease.

g. Any other hematologic condition that results in a person not being able to perform as a Communications Operator.

Endocrine and Metabolic:

Category A:

a. Diabetes mellitus (with insulin or oral hypoglycemic agent) AND with a history of one or more episodes of incapacitating hypoglycemia in the past 2 years.

Category B:

a. Diseases of the adrenal gland (e.g., corticosteroid insufficiency can cause fatigability, weakness, anorexia, vomiting, hypertension and hypoglycemia; excess steroids can cause hypertension, glucose intolerance, gastrointestinal problems and psychological symptoms) pituitary gland, parathyroid gland (e.g., excess calcium can cause fatigue, mental confusion, depression, anorexia, vomiting, and cardiac arrhythmias), or thyroid gland (e.g., hyperthyroidism can cause emotional lability, nervousness, excessive sweating, heat intolerance, and cardiac arrhythmias; hypothyroidism can cause lethargy and slowing of intellectual ability) of clinical significance.

b. Nutritional deficiency disease or metabolic disorder.

c. Diabetes mellitus (requiring treatment with insulin or oral hypoglycemic agent) without a history of episodes of incapacitating hypoglycemia in the past 2 (two) years.

d. Unstable body weight (> 10% change) that is likely related to an endocrine or metabolic condition.

e. Postural blood pressure changes (orthostasis).

f. Any other endocrine or metabolic condition that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance

1. Responding rapidly to tense situations.
2. Working under extreme tension and pressure.
3. Visually demanding situations (e.g. reading video display).
4. Sudden incapacitation.

Additional Notes:

1. All diabetic Applicants and Incumbents must provide documentation of recent (within the past year) normal eye examination by an ophthalmologist.
2. To the extent possible, documentation of a good medical control of diabetes and absence of hypoglycemia in the last 2 years causing incapacitation or requiring medical care should be obtained by the Applicant or Incumbent from his/her private physician and provided to PFC Associates, LLC.

Systemic Diseases and Miscellaneous Conditions:

Category A:

- a. None.

Category B:

- a. Connective tissue disease, such as dermatomyositis, lupus erythematosus, scleroderma, and rheumatoid arthritis.
- b. Residuals from past thermal injury.
- c. Documented evidence of predisposition to heat stress with recurrent episodes, or resulting residual injury.
- d. Any other systemic condition that results in a person not being able to perform as a Communications Operator.

Tumors and Malignant Diseases:

Category A:

- a. None.

Category B:

- a. Malignant disease that is newly diagnosed, untreated, or currently being treated.

Additional Note:

- 1. Acceptability is based upon normal exercise tolerance and likelihood of disease-free survival.

Psychological/Psychiatric:

Category A:

- a. None.

Category B:

- a. History of a psychological condition or substance abuse problem, but based on the individual's current condition.
- b. Any other psychological condition that results in a person not being able to perform as a Communications Operator.

Chemical, Drugs or Medications:

Category A:

- a. None.

Category B:

- a. Anticoagulant medications.
- b. Cardiovascular medications.
- c. Narcotics.
- d. Sedative-hypnotics.
- e. Stimulants.
- f. Psychoactive medications.
- g. Steroids.

- h. Any other chemical, drug or medication that results in a person not being able to perform as a Communications Operator.

Examples of Implications for Job Performance

1. The use of certain medications may not be appropriate for Communications Operators who must make split-second decisions, or where the safety of others may be compromised by decreases in vigilance or reaction times.

Additional notes:

1. The physician may wish to consider ordering formal neuropsychological testing to ascertain an individual's impairment.

References:

1. National Fire Protection Association (NFPA) standard 1582: Medical Requirements for Firefighters.
2. State of California Commission on Peace Officer Standards and Training: Medical Screening Manual for California Law Enforcement, 1995.
3. United States Preventive Services Task Force: Guidelines for Preventive Services, 1996.
4. Sheddy, J.E et al. Police Vision Standards, Journal of Police Science and Administration, Volume 8, No. 3, 1980.
5. Sheddy, J.E. et al. Recommended Vision Standards for Police Officer, Journal of the American Optometric Association, Volume 54, No. 10, October 1983.
6. Summary Report: Essential Tasks Performed by Metropolitan Police Department Patrol Officers, December 1993 and Physical Tasks Questionnaire: Testing and Standards Division, Metropolitan Police Department, March 1995.

[Signature] 27 Aug 99
Director/Medical Services Division (Date)
Metropolitan Police Department

Mark E Bloom 8/23/99

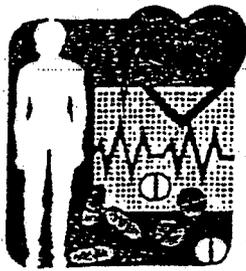
Captain/Medical Services Officer (Date)
District of Columbia Fire/EMS Department

[Signature] 8-23-99
Medical Director, PFC Associates (Date)

[Signature] 28 SEP 99
Communications Director (Date)

[Signature] 9-30-99
Medical Director, EMS (Date)

DC DEPARTMENT OF CORRECTIONS



DCDC APPLICANT PHYSICAL PROTOCOL

BASIC STANDARDS:

No age limits

No height or weight limits - As long as size does not prevent performance of on-the-job standards.

Uncorrected vision no less than 20/100 and corrected to no less than 20/30 - Retest referral can be granted in case of marginal failure.

Normal hearing - Retest referral can be granted in case of marginal failure.

Normal blood pressure - If no stated history of high blood pressure, second reading will be taken and applicant cleared if second reading is normal. Otherwise 3 readings over 3 months by private physician with written monthly reports to PFC required prior to clearance.

BASIC DISQUALIFIERS:

Lack of mental alertness and emotional stability

Active infectious disease

Organic heart disease

Severe varicose veins

Chronic constitutional disease

Marked abnormality of speech

Disabilities of extremities

Serious deformities

Other serious defects

Other serious disease

BASIC ON -THE - JOB STANDARDS:

Must be :

1. Alert at all times; willing and able to respond to emergencies.
2. Able to see and hear situations such as escape attempts and assaults.
3. Able to summon assistance by radio or telephone and be physically capable of assisting coworkers who need help in responding to an emergency or defending themselves.
4. Able to stand and/or sit for long periods of time.
5. Able to climb and descend stairs.
6. Able to smell smoke and drugs.
7. Able to lift 25 pounds.
8. Able to safely hold and operate a firearm.



Government of the District of Columbia
DEPARTMENT OF CORRECTIONS
Human Resource Management Division
Suite NLL - 13
1923 Vermont Avenue, N.W.
Washington, D.C. 20001

October 22, 1997

Ms. Diana Haines-Walton
Metropolitan Police Department
Human Resources Bureau, Room 4136
300 Indiana Avenue, N.W.
Washington, DC 20017

Dear Ms. Walton,

As per your October 8, 1997 request, please find enclosed a copy of the Federal Bureau of Prisons' medical and physical abilities requirements for correctional officers.

If you should have questions or require additional information, please contact Mr. Charles B. Wynn at (202) 673-2500, Ext. 208.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Louis J. Chaney, Jr.".

Louis J. Chaney, Jr.
Supervisory Personnel Liaison Coordinator

Enclosure

GS-007 (Continued)

Before appointment, candidates may be required to appear before a panel of specialists in correctional administration for an employment interview to determine the extent to which the candidates possess these and other qualities necessary to perform Correctional Officer duties adequately. The interview will also serve to acquaint applicants with further details of, and the environment surrounding, the position. A determination by the panel that a person who is otherwise qualified does not possess such personal characteristics to the required degree may result in removal of his/her application from further consideration.

MEDICAL REQUIREMENTS

The Department of Justice, Bureau of Prisons has established the following medical requirements for Correctional Officer positions:

The duties of these positions involve unusual mental and nervous pressure, and require arduous physical exertion involving prolonged walking and standing; restraining of prisoners in emergencies, and participating in escape hunts. Applicants must be physically capable of performing efficiently the duties of these positions, and be free from such defects or disease as may constitute employment hazards to themselves or others, and have no deformities, disfigurements, or abnormalities that tend to be conspicuous. Persons having remediable defects or curable diseases, and who are otherwise qualified, will be admitted to the examination but must submit proof, during the time the list of eligible competitors exists, that the defects or diseases have been remedied or cured before they may be considered for appointment. The duties of a Correctional Officer are arduous, and sound health and physical condition are required.

No height or weight limits are specified, but weight must be in proportion to height. Male applicants under 66 inches and female applicants under 63 inches in height will be especially evaluated for stamina and vigor.

Vision: Uncorrected vision must be no less than 20/100 (Snellen) in each eye, capable of full correction to 20/30 (Snellen) in each eye, provided that defective vision is not due to active or progressive organic disease.

Hearing: Hearing in each ear must be normal, i.e., 15/15 in each ear by the whispered voice test. Hearing aids are not acceptable.

General: Hernia (with or without truss); organic heart disease (whether or not compensated); severe varicose veins; serious deformities or disabilities of extremities (including weak feet); chronic constitutional disease; marked abnormality of speech; facial disfigurement; or other serious physical defect or disease will disqualify for appointment. Disease of the nervous system or history or presence of mental disease or emotional instability may disqualify an applicant for appointment. Before entrance on duty, appointees will be given, without expense to them, a physical examination by a Federal medical officer, and will be rejected if they do not meet the standards specified above. Any person reporting for duty at the place of assignment and found ineligible because of physical defects cannot be appointed.

ENCLOSUREQualification Standard for Positions Requiring Collateral
Correctional SkillsMedical Requirements

The duties of this position require frequent and direct daily contact with inmates from short to extended periods of time. Therefore, employees must be able to maintain constant mental alertness and physical responsiveness in order to insure the security of the institution, the safe detention of inmates and to be able to respond to emergencies and prevent any circumvention of the laws of the United States.

Each applicant must be able to perform safely (i.e., without direct risk of substantial harm to the individual's health or safety, or to the health or safety of any other person) the Bureau of Prisons Physical Ability Tests, and to complete safely firearms and self-defense training, and the essential functions of positions requiring collateral correctional skills. Therefore, any condition, disease, or impairment, whether permanent or temporary, that prevents an applicant from being able to perform the required correctional-related duties of the position or to safely participate in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training is disqualifying for employment consideration. The examining health care practitioner at the interview site will determine through a physical examination and medical history that each applicant is physically able to meet these requirements.

Certain conditions, diseases, and impairments present unusual or inherent risks to the applicant or others, or involve changing circumstances, such as disease processes that are progressing or receding. These can include pregnancy, injury to or loss of one or more limbs, epilepsy, heart disease, HIV positivity, AIDS, cancer, diabetes, and other acute or chronic conditions.

Applicants with such conditions may be required to obtain further medical or other assessment as to whether their condition precludes their being physically or medically able to safely perform essential job functions or to perform safely in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training. In such cases, applicants, to be considered eligible for consideration, will be required to obtain such certification in writing as specified by the Bureau of Prisons. However, otherwise qualified applicants cannot be excluded from employment consideration solely because of the existence of such a condition.

Similarly, past history of a disease, medical condition, or impairment cannot exclude solely an otherwise qualified

applicant from employment consideration if the applicant, with or without reasonable accommodation, can perform the essential job functions and can perform safely in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training.

Good distant vision in one eye and the ability to read printed material the size of typewritten characters are required, corrective lenses are permitted. The ability to hear conversational voice, with or without a hearing aid, is required.

GENERAL: the applicant must display mental and emotional stability. The examining health care practitioner shall evaluate mental and emotional stability based on a thorough past medical/psychiatric history as well as a current medical/psychiatric examination. Any history of inpatient psychiatric hospitalizations and outpatient psychiatric treatments will be considered when evaluating an applicant's mental health.

Active diseases that are infectious and may be spread by routine means such as handshakes, routine skin contact, and breathing, will exclude an applicant from employment consideration.

**ESSENTIAL JOB FUNCTIONS - D.C. Department of
Corrections (DCDC)**



Government of the District of Columbia
DEPARTMENT OF CORRECTIONS
Human Resource Management Division
Suite NLL - 13
1923 Vermont Avenue, N.W.
Washington, D.C. 20001

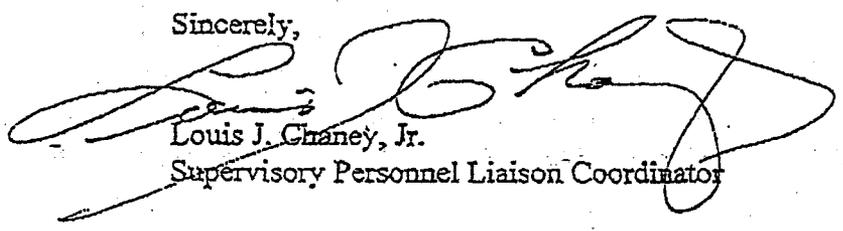
October 22, 1997

Ms. Diana Haines-Walton
Metropolitan Police Department
Human Resources Bureau, Room 4136
300 Indiana Avenue, N.W.
Washington, DC 20017

Dear Ms. Walton,

As per your October 8, 1997 request, please find enclosed a copy of the Federal Bureau of Prisons' medical and physical abilities requirements for correctional officers.

If you should have questions or require additional information, please contact Mr. Charles B. Wynn at (202) 673-2300, Ext. 208.

Sincerely,

Louis J. Chaney, Jr.
Supervisory Personnel Liaison Coordinator

Enclosure



United States
Office of
Personnel Management

Washington, DC 20415-0001

In Reply Refer To

Your Reference

SEP 18 1987

Ms. Debora Moss
Deputy Chief of Staffing
Federal Bureau of Prisons
U.S. Department of Justice
Washington, DC 20534

Dear Ms. Moss:

This letter approves the revised Medical Requirements for Positions Requiring Collateral Correctional Skills that you recently submitted to us.

The revised medical requirements can be implemented upon receipt of this letter, and will be included in the next transmittal to the Qualification Standards Operating Manual. For your convenience, a copy of the approved standard is enclosed.

Please let me know if we can be of further assistance.

Sincerely

A handwritten signature in cursive script that reads "Stephen Perloff".

Stephen H. Perloff, Chief
Qualification Standards
Washington Service Center
Employment Service

Enclosure

ENCLOSUREQualification Standard for Positions Requiring Collateral Correctional SkillsMedical Requirements

The duties of this position require frequent and direct daily contact with inmates from short to extended periods of time. Therefore, employees must be able to maintain constant mental alertness and physical responsiveness in order to insure the security of the institution, the safe detention of inmates and to be able to respond to emergencies and prevent any circumvention of the laws of the United States.

Each applicant must be able to perform safely (i.e., without direct risk of substantial harm to the individual's health or safety, or to the health or safety of any other person) the Bureau of Prisons Physical Ability Tests, and to complete safely firearms and self-defense training, and the essential functions of positions requiring collateral correctional skills. Therefore, any condition, disease, or impairment, whether permanent or temporary, that prevents an applicant from being able to perform the required correctional-related duties of the position or to safely participate in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training is disqualifying for employment consideration. The examining health care practitioner at the interview site will determine through a physical examination and medical history that each applicant is physically able to meet these requirements.

Certain conditions, diseases, and impairments present unusual or inherent risks to the applicant or others, or involve changing circumstances, such as disease processes that are progressing or receding. These can include pregnancy, injury to or loss of one or more limbs, epilepsy, heart disease, HIV positivity, AIDS, cancer, diabetes, and other acute or chronic conditions.

Applicants with such conditions may be required to obtain further medical or other assessment as to whether their condition precludes their being physically or medically able to safely perform essential job functions or to perform safely in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training. In such cases, applicants, to be considered eligible for consideration, will be required to obtain such certification in writing as specified by the Bureau of Prisons. However, otherwise qualified applicants cannot be excluded from employment consideration solely because of the existence of such a condition.

Similarly, past history of a disease, medical condition, or impairment cannot exclude solely an otherwise qualified

applicant from employment consideration if the applicant, with or without reasonable accommodation, can perform the essential job functions and can perform safely in Bureau of Prisons Physical Ability Tests and fire arms and self-defense training.

Good distant vision in one eye and the ability to read printed material the size of typewritten characters are required, corrective lenses are permitted. The ability to hear conversational voice, with or without a hearing aid, is required.

GENERAL: the applicant must display mental and emotional stability. The examining health care practitioner shall evaluate mental and emotional stability based on a thorough past medical/psychiatric history as well as a current medical/psychiatric examination. Any history of inpatient psychiatric hospitalizations and outpatient psychiatric treatments will be considered when evaluating an applicant's mental health.

Active diseases that are infectious and may be spread by routine means such as handshakes, routine skin contact, and breathing, will exclude an applicant from employment consideration.

339.1 PHYSICAL REQUIREMENTS FOR INSTITUTION POSITIONS

1. PURPOSE AND SCOPE. All positions located in correctional institutions are hazardous duty law enforcement officer positions. These positions require a physical examination prior to appointment and have higher physical requirements than non-law enforcement officer positions.

2. DIRECTIVES AFFECTED

Directives Referenced

OPM Handbooks X-118 and X-118-C

3. POSITIONS HAVING SPECIFIC PHYSICAL STANDARDS. Certain occupations have specific physical requirements as described in the qualifications standard. Refer to OPM Handbooks X-118 and X-118-C for specific occupational coverage. These standards are modified by the following paragraph, published in FPM Letter 339-15, dated September 24, 1979:

The physical requirements of this standard are based on the arduous or hazardous nature of the duties typically performed by most of the positions covered by the standard. However, since individual positions may not include all such duties, a physical condition or impairment may be disqualifying for appointment only if there is a direct relationship between the condition and the nature of the duties of the specific position to be filled. In some instances, a physical impairment will not disqualify an applicant for appointment if the condition is compensated for by a satisfactory prosthesis, mechanical aid, or by reasonable accommodation. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedule.

4. POSITIONS WITHOUT SPECIFIC PHYSICAL STANDARDS. Incumbents of positions in correctional institutions are considered law enforcement officers and must be alert at all times and able to recognize and respond effectively to emergencies. Inability to respond to an emergency may jeopardize the security of the institution and the safety of staff and inmates.

At a minimum, institution staff must be able to see and hear situations such as escape attempts and assaults, be able to summon assistance by radio or telephone and be physically capable of assisting co-workers who need help in responding to an emergency or defending themselves.

Correctional workers must be able to perform the following physical activities. Employees will be evaluated on these activities during their attendance at the Introduction to Correctional Techniques course.

- a. Walking for up to one hour;
- b. Standing for up to one hour;
- c. Seeing a human figure at a distance of one-fourth of a mile;
- d. Seeing a target at a distance of 250 yards;
- e. Hearing and detecting movement;
- f. Hearing commands and radio broadcasts;
- g. Ability to use various firearms, including pistols and shotguns;
- h. Ability to perform self-defense movements;
- i. Running a distance of 220 yards;
- j. Dragging a body a distance of 25 yards;
- k. Carrying a stretcher with one other person;
- l. Ability to smell smoke and drugs;
- m. Climbing stairs;
- n. Lifting objects weighing 25 pounds.

Inability to perform these activities may be compensated by prosthesis, mechanical aid or reasonable accommodation as described in paragraph 3.

5. ACTION BY THE APPOINTING OFFICIAL. Each position must be evaluated individually as to the physical requirements and acceptable compensation in the case of applicants who do not meet the requirements. Each applicant will be evaluated based on the physical requirements of the position, location of the position and abilities of the applicant. Appointing officials will determine the applicant's ability to perform the duties of the position based on these factors and information provided by the Medical Officer and Human Resource Manager.