Attachment J. 5

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

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GENERAL ORDER

Series	Number	Originating Unit	Effective Date	Expiration Date
2009	06	OFC	June 02, 2009	N/A

Subject:

Manual Changes – Order Book

Make the following changes to the ***FEMS Bulletin Book:***

1. Remove and destroy Article XI of the Order Book and replace with the revised, attached Article XI, ***Maintenance of Employee Wellness General Police and Fire Clinic (PFC) Operational Guidelines.***

Dennis L. Rubin
Fire & EMS Chief

Attachment(s):

ARTICLE XI

Maintenance of Employee Wellness
General Police and Fire Clinic (PFC) Operational Guidelines

PART I. General Rules

[This article shall apply to Departmental personnel entitled to utilize the Police and Fire Clinic (PFC) as outlined below.] In general, information in Part I applies to all employees of the Fire and EMS Department. Rules pertaining to Uniform personnel are contained in Part II, and rules pertaining to Civilian employees and Single Role EMS providers are contained in Part III.

[Statement of Compliance: In carrying out the requirements of this article, the Department will abide by all HIPAA/ PHI regulations.]

Section 1. Definitions:

1. Civilian Employees: All department employees other than sworn Firefighters.
2. Operational Personnel: Personnel assigned to the Operations and Special Operations Divisions, Fire Investigations Units, and EMS response units.
3. Single-Role EMS Providers: [Non-sworn uniformed personnel who are employed as EMT's, EMT/I's or Paramedics.]
4. Support Personnel: Personnel (Uniform and Civilian) not assigned to response units.
5. Uniform Personnel: [Sworn multi-role Firefighter personnel.]

Section 2. Police and Fire Clinic (PFC):

1. PFC Services. The Police and Fire Clinic provides the following services:

    a. Uniform personnel: Performance of Duty reviews, treatment and referrals for injuries incurred in the Performance of Duty; Physicals (Annual, Promotional, Return to Duty and Fitness for Duty), and Sick Call for non-performance of duty injuries and illnesses.

    b. Civilian personnel: Disability compensation reviews, treatment and referrals for injuries incurred in the Performance of Duty.

    c. Single-Role EMS Providers: Disability compensation reviews, treatment and referrals for injuries incurred in the Performance of Duty and Physicals (Annual, Return to Duty and Fitness for Duty).

2. Reporting Instructions:

The Police and Fire Clinic (PFC) is located on the grounds of Providence Hospital at 920 Varnum Street NE, 20017.

[The PFC is open daily except Saturdays, Sundays and holidays, from 0700 hours to 2300 hours. The telephone number is (202) 269-7400. In the event there is a determination made to open the PFC outside of the normal hours of operation due to a special event or some other specific need of the Department, notification will be made to the Departmental in advance.]

Employees reporting to the PFC for medical and/or psychiatric treatment and/or evaluation shall:

a. Report for Sick Call between 0700 to 0830 hours Monday through Friday unless reporting for a scheduled appointment. Employees reporting late for scheduled appointments will not be seen and will be cited appropriately. Employees may report to the afternoon sick call (1300 to 1430 hours) only with the approval of the Medical Services Office.

b. Park in the lot on the east side of the building.

c. Not bring any person other than members of the Department to the PFC.

d. Report to the check-in desk with proper identification and give the appropriate information to the PFC Receptionist.

e. Remain in the waiting area until called by the doctor.

f. Be governed by the direction of the Medical Staff of the PFC.

g. Not leave the PFC prior to their release by the attending medical care provider.

h. Report to the PFC Receptionist at the check-out desk before leaving the building to sign-out and to schedule any future appointments and report any change in Duty Status.

i. Notify the on-duty Company Officer or Immediate Supervisor of their current Duty Status before leaving the PFC.

j. Not place themselves under the influence of intoxicants or any controlled substance (other than prescribed medications) prior to visits to the PFC.

k. [Comply with all directives issued by the PFC medical provider. These directives may include a request for Medical Records or other pertinent information from a private physician or other outside source.]

l. Return to their current assignment without unnecessary delay if on duty, unless scheduled for further medical treatment. When employees do not return directly to their current assignment, they shall so notify their on-duty Company Officer or Immediate Supervisor prior to leaving the PFC.

3. Electronic Recording of PFC Physician:

The use of electronic audio, video, or image recording devices, either surreptitiously or overtly, is strictly prohibited within the clinic or at PFC scheduled treatment. The use of the camera function on cell phones for the purpose of recording any medical records or other official documentation within the PFC is strictly prohibited.

This policy is limited to the use of electronic recording devices; it shall not be misconstrued to prohibit employees from making notes.

4. Rescheduling Appointments at the PFC:

Employees must contact the Clinic Liaison at the Medical Services Office (202-269-7509) for permission to reschedule their appointments. Appointments will only be rescheduled due to emergencies or unforeseen situations. Employees will be required to provide documentation supporting the request. Approval will be at the discretion of the Medical Services Office.

5. [Missed Appointments at the PFC:

Any Department personnel who is being carried on Administrative Leave: Sick (POD) who fails to report for a scheduled appointment at the PFC, or for treatment or therapy as directed by the PFC, will be carried on his/her own Sick Leave beginning at the time of the missed appointment or infraction and continuing until they report as properly rescheduled and/or properly follow the instructions of the PFC. All employees who miss appointments, or violate the instructions of the PFC or the referred specialists will be charged with the appropriate violations.]

6. Unscheduled Outside Medical Treatment:

[Whenever an employee receives medical treatment from a source 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 employee receiving treatment. This procedure is to be adhered to in all cases except emergencies.]

7. Prohibited Conduct :

All employees are prohibited from outside employment while on Sick Leave, Administrative Leave - Sick (POD), or while on continuation of pay or leave without pay due to a work related injury or illness; for those employees serving on boards, commissions or other duly authorized appointments, the Fire Chief will give permission on a case by case basis.

Section 3. Annual Physical Examinations:

1. Annual Physical

All Uniform Employees and Single Role EMS providers will be administered a complete physical examination every year during the employee's active service. The examination will consist of:

- Laboratory tests
- Drug tests
- [Physical examination and a personal interview with a PFC medical provider]

2. Preparing for the Physical

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

a. 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.

b. Do not use any powders, lotions, colognes or perfumes.

c. If you wear glasses, bring them for the vision examination. If you wear contact lenses, you must identify this to the technician doing your examination.

d. Avoid excessive noise exposure 24 hours prior to the examination.

e. Bring a list of all current medications.

f. [When an employee is required to provide a sample for the purposes of urinalysis, and the quality or quantity of that sample is deemed insufficient by the lab technician, the employee will be required to produce a second sample prior to leaving the PFC using the PFC urinalysis protocols. Failure to produce a second sample shall be deemed a Refusal to Test and shall be considered grounds for disciplinary actions up to and including termination. Dilute Samples - Dilute urine specimens will be reported to the PFC from the testing laboratory. Follow-up testing will be conducted and facilitated using the PFC guidelines.]

3. Scheduling Appointments:

a. Employees shall call the receptionist at the PFC to schedule an appointment. The appointment telephone number is (202) 269-7400.
b. [Employees will contact the PFC to schedule their Annual Physical examination within the two (2) months prior to the month in which the examination is to occur. This will insure that the examination takes place within their birth month.
c. The member bears the responsibility to make and appear for the appointment he/she had scheduled at the PFC. The member will notify their Company Officer or Supervisor as appropriate, of the appointment. Company Officers and/or Immediate Supervisors will track the appointments made by the members of their Company/Unit and report same to their Battalion Chief.
The MSO will forward a quarterly list to the appropriate Assistant Chiefs of all Department personnel who failed to complete their physical as required. If there is no justification determined for the missed physical, the member shall be held accountable and appropriate disciplinary action will follow.]

4. Official Time:

For the purpose of these examinations, Operational employees shall schedule their appointment for their off-duty time and shall be reimbursed, hour for hour, in compensatory time.

All others shall schedule their appointment for their on-duty hours.

5. If an employee is required to reschedule an appointment, they must contact the Medical Services Office for permission. Employees will be required to provide documentation supporting the request. Approval will be at the discretion of the Medical Services Office. In no case shall the rescheduled appointments occur later than 30 days from the original appointment date.

6. Employees 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.

7. Employees on extended Sick Leave /Limited Duty are still required to take an Annual Physical. The guidelines set forth in Section 3(D) of this Article shall be adhered to.

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

[Section 4. Confidentiality of Medical Records:

In order to maintain the confidentiality of an employee'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 MSO and marked as **"Protected Information".** The employee should

make every attempt to hand deliver this information to the MSO. This requirement is in effect for any transaction of Medical Information, whether or not it is through Department mail.

All personnel shall take care to ensure that no protected health information (PHI) is entered into Company Journals, included in Special Reports, Department forms, or electronic communications. PHI should only be submitted on the Form 44 Medical by the employee or by the Company Officer/Immediate Supervisor if the employee is incapacitated.

- The Form 44 Medical does not need to be certified or noted by the employee's chain of command.
- All certifications will be carried out on the Form 44.4 Safety "Injury Reporting Form".
- The Form 44 Medical will not be retained at the Company; it will be the responsibility of the member to retain a personal copy of his/her Form 44 Medical.

Employees will be required to report in person to sign the "Authorization to Release Medical Information" form and to pick up said records when notified that they are ready. Employees who have requested personal medical records may call the MSO to determine the status of their request.]

Section 5. Family and Medical Leave:

The information concerning Family and Medical Leave located in DC FEMS Bulletin 30 shall be complied with in its entirety.

Section 6. Injuries in the Performance of Duty:

Whenever an employee becomes ill or injured in the performance of duty 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. [The ACIC of the EMS unit transporting the employee shall, upon arrival at the appropriate facility, give the following information by telephone to the Fire Liaison Officer (FLO) or Medical Liaison Officer (ELO) at the OUC:

   a. The name of the injured employee;

   b. The unit;

   c. The extent of illness/injury.

   d. The FLO shall immediately notify the Deputy Fire Chief – Operations Division.]

3. Whenever an on duty employee is injured in or out of quarters, the on-duty Company Officer (OIC) shall make notification by telephone or through the Office of Unified Communication notifying the on duty Safety Officer (SAFO). If the injury is significant, involves the use of

equipment, PPE or stems from the violation of department policy, the Safety Officer will immediately report to the scene and conduct an interview with any injured member(s) and any subsequent witnesses to include those hospitalized. If it is unpractical to interview a hospitalized member, a follow up investigation shall be conducted by the Safety Officer assigned to the platoon group of the injured member(s).

Circumstances involving injuries such as burns, lacerations and trauma which transpired while members were wearing Personnel Protective Equipment (PPE) shall require the on duty Safety Officer to investigate the incident and take possession of the PPE worn by the injured member(s). However, this shall exclude contaminated gear which shall be handled in accordance with applicable Departmental procedures.

[The Company Officer shall investigate the injury or illness and complete the Form 44.4: Safety. This form shall be completed and forwarded within 24 hours from the date of occurrence or notification. The distribution of the completed form is as follows: Original-Safety Office and a copy to the Medical Services Office (MSO). If additional investigation is warranted, the On-Duty Safety Officer will submit a supplemental Form 44.4 Safety documenting the investigation.]

4. Documentation of On-Duty Injuries:

a. [Uniformed employees: Whenever a uniformed employee requests that an absence due to injury or illness be covered by Administrative Leave: Sick (POD) the employee or their Company Officer/Immediate Supervisor shall prepare a Form 44 Medical: "Report of Illness or Injury to Uniform Member". The Company Officer/Immediate Supervisor shall also prepare a Form 44.4 Safety: "Injury Reporting Form" to serve as certification of the occurrence. The employee concerned shall report to the PFC the next day the PFC is open, in order that the appropriate notation may be made on the Form 44 and entered on their medical record. This shall be done whether or not the employee is placed on Sick Leave or POD.

b. Civilian employees: Whenever a civilian employee is transported to a hospital for treatment or examination, he shall report to the PFC the next day that the PFC is open and be guided by their direction. This shall be done whether or not the employee is placed on Sick Leave or POD. All employees must be guided by the Medical Services Officer and no employee may return to duty without PFC approval.

The responsible Battalion Fire Chief or Immediate Supervisor shall prepare District of Columbia Disability Compensation Program (DCDCP) Forms 1, 2, and 3.

Section 7. Sick Leave (Not Incurred in the Performance of Duty):

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

a. In case of personnel ordered on Sick Leave while on duty, the leave shall be calculated from the time the employee is relieved from duty or leaves quarters for medical treatment.

b. In case of personnel ordered on Sick Leave while off duty, the leave shall be calculated from the time the employee is next scheduled to assume duty.

c. In case of personnel ordered on Sick Leave while on Annual Leave, such Sick Leave shall be calculated from the time the employee is ordered on Sick Leave, unless it involves an employee of the off-duty platoon, in which case the leave shall be calculated from the time the employee is next scheduled to assume duty.

d. 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.

e. Sick Leave for Uniform members of the Operations Division will be earned at the rate of 4.5 hours ~~per~~ pay period. Sick Leave for other members will be earned at the rate of 4 hours per pay period.

2. Granting Sick Leave: Sick Leave is a period of absence with pay granted employees in any of the following circumstances:

a. When incapacitated for the performance of duty by illness or injury, or for 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.

b. When a member of the immediate family of an employee has a contagious disease and requires the care and attendance of the employee.

c. When through exposure to a contagious disease, the presence of the employee at their post of duty would jeopardize the health of others.

d. Sick Leave can only be charged to an accrued balance and cannot be advanced without approval. A DC Standard Form 1199, *Request for Advance Leave or Leave Without Pay*, a FEMS Form 11.4, *Request for Advance Leave*, and a Special Report will be submitted to the appropriate Division head for consideration, with final approval by the Fire/EMS 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 an employee's needs.

e. [A uniform member of the Operations and Special Operations Divisions may be advanced Sick Leave in amounts not to exceed 288 hours. A member of a Division other than Operations may be advanced Sick Leave in amounts not to exceed 240 hours.]

3. Change of Sick Leave to Annual Leave:

An employee who is absent due to illness or injury may request that all or any part of such leave be charged to Annual Leave on a current basis, by submission of the Form 11.5. Request for Annual Leave in Lieu of Sick Leave to the appropriate division head for employees below the rank of Deputy Fire Chief, and to the Fire/EMS Chief for Division Heads and above. 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. Denial of this request shall be type written with a complete explanation of the denial. The Form 11.5 shall only be used for the current pay period concerned.

4. Return to Duty - ~~Written~~ Authority Therefore:

No employee, uniform or civilian shall return to duty, or be permitted to assume duty, from Sick Leave or Limited Duty unless they present to their Company Officer/Immediate Supervisor written authority from the PFC : i.e. the Clinic Data Record

Section 8. Fitness for Duty Physical:

Individuals who have applied for or occupy a position which has established physical or medical standards for selection or retention or established occupational or environmental standards which require medical surveillance are required to report for a medical evaluation as follows:

1. Prior to appointment or selection (including re-employment 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.

4. [Whenever an employee is not in a full duty status for 30 days or more, he/she will be required to take a Return to Duty or Fitness for Duty Physical at the discretion of the MSO.]

A comprehensive report shall be forwarded to the MSO, through the appropriate Division Head requesting a Fitness for Duty Physical. 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 employee's impending visit to the PFC. By this method the MSO will be able to assist the employee in receiving the proper medical care when they report to the PFC.

Section 9. EMS Billing to Members of the Department:

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

1. [If the billing office can determine from the patient care report that the patient was an employee of the Department, they will forward a copy of the patient care report to the MSO before billing the employee. However, if they cannot determine that the patient was a member of the Department and a bill is sent, the employee shall insure that the bill is delivered to the MSO if the employee believes that the transport arose from a Performance of Duty illness or injury.]
2. The Medical Services Officer shall certify his/her determination on the bill and shall notify the billing office that the bill should be written off.
3. If the transportation is determined not to have arisen from the performance of duty, the employee shall be responsible for the payment of the bill as provided by law.

Section 10. Exposure to Communicable Disease:

The Form 44.1 Report of Possible Exposure to a Communicable Disease shall be submitted in duplicate by employees 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 IC-1, Occupational Exposure Incident Report, shall be submitted on-line to the Infection Control Office (ICO).

[The on-duty Company Officer/Immediate Supervisor shall place the Form IC1 and a copy of the patient care report if possible that documents the exposure into a sealed envelope and deliver them to their Battalion commander/EMS Supervisor, who is to deliver them to the Infection Control Office by the end of their duty shift.]

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

[Uniform employees reporting for medical care at the PFC or Providence Hospital for an exposure must complete a Form 44 Medical to document and track care. The Company Officer shall investigate the injury or illness and complete Form 44.4 Safety. This form shall be completed and forwarded within 24 hours from the date of occurrence or notification.]

Civilian employees reporting to the PFC or Providence Hospital for an exposure must complete the DCDCP Form 1 to document and track care. Treatment beyond the initial visit will require that all DCDCP Forms are submitted. (DCDCP Forms 1, 2, and 3)

The involved employee 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) 302-5334. The ICO can then advise if treatment and/or counseling are needed.

The employee will be notified by the ICO if any follow-up treatment will be necessary.

If symptoms of an infection appear after such exposure, the employee concerned shall report to the PFC at once. All personnel must make notification to the ICO within 24 hours.

PART II. Uniformed Personnel

Section 1. Reporting Sick Uniform Employees:

For any non-POD illness/injury, all employees of the department are reminded that when reporting to the PFC or to an Urgent Care Facility for sick call, all expenses other than the visit itself will be the responsibility of the employee. This includes x-rays, diagnostics, prescriptions, medications and any other required procedures. Any employee who visits the PFC or an Urgent Care Facility shall notify, or cause to be notified, the on-duty Company Officer or Immediate Supervisor of the results of their visit.

1. [Uniform Operational Personnel. Uniform operational personnel 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:

    a. [When the employee is off duty. When an employee notifies his/her Company Officer/Immediate Supervisor of his/her intention to be placed on Sick Leave, the on duty Company Officer/Immediate Supervisor shall cause a journal entry to be made giving all of the appropriate information. Additionally, the Company Officer/Immediate Supervisor will contact the Deputy Fire Chief-OPS through the chain of command. Each Battalion Fire Chief shall send a list by e-mail to the Medical Services Officer and MSO Liaison containing the names of personnel who have called in sick for each tour of duty.

    b. If the employee is off-duty and;

        i. **The PFC is open and urgent/critical care is not needed**: Call to make an appointment to see a doctor that day, and notify the on-duty Company Officer or Immediate Supervisor as soon as their intent to report sick becomes certain. In no event shall such notice be given less than one hour prior to the time the employee is scheduled to report for duty. Being unable to make an appointment shall not delay notification of the on-duty Company Officer or Immediate Supervisor. If unable to reach the on-duty Company Officer or Immediate Supervisor, the

employee shall notify their on-duty Battalion Fire Chief. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC for sick call between 0700 to 0830 hours the next day that the PFC is open.]

ii. **The PFC is closed and will not be open in the next 12 hours**: Report to their assigned Urgent Care Facility to see a provider. The employee shall notify their Company Officer or Immediate Supervisor as soon as their intent to report sick becomes certain. If unable to reach the on-duty Company Officer or Immediate Supervisor, the employee shall notify their on-duty Battalion Fire Chief. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC at 0700 hours the next day that the PFC is open. In no event shall such notice be given less than one hour prior to the time the employee is scheduled to report for duty.

iii. **The PFC is closed and will open in the next 12 hours**: Report to the PFC by 0700 hours the next day that the PFC is open.

c. When the employee is on duty. If on-duty at the time and;

i. **The PFC is open**: The employee shall notify their Company Officer that they are sick or injured. The Company Officer shall call to make an appointment for the employee to see a doctor. The PFC will make every effort to treat on-duty injuries to personnel. If an appointment cannot be made, or the injury/illness requires urgent care, the employee should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

ii. **The PFC is closed:** The employee shall notify their Company Officer that they are sick or injured; the employee shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

2. Non-Operational Uniform Employees

a. If off-duty at the time and;

i. **The PFC is open and urgent/critical care is not needed:** Call to make an appointment to see a doctor that day. The employee shall notify their Immediate Supervisor during their usual business hours. If an appointment cannot be made prior to the PFC closing that day, the employee shall report to the PFC at 0700 hours the next day that the PFC is open.

ii. **The PFC is closed and will not be open in the next 12 hours:** Report to their assigned Urgent Care Facility to see a provider. The employee shall notify their immediate supervisor during their usual business hours.

iii. **The PFC is closed and will open in the next 12 hours:** Report to the PFC by 0700 hours the next day that the PFC is open.

b. If on-duty at the time and;

i. **The PFC is open:** The employee shall notify their Immediate Supervisor that they are sick or injured. The Immediate Supervisor shall call to make an appointment for the employee to see a doctor. If an appointment cannot be made, or the injury/illness requires urgent care, the employee should be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed. The employee may be directed to report to Sick Call at 1300 hrs with permission of the MSO or MSO Liaison.

ii. **The PFC is closed**: The employee shall be transported to the appropriate urgent care facility or nearest appropriate hospital if critical care is needed.

Section 2. Minor Illness Program (MIP) Uniform Employees:

Uniform employees 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 employees 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. Uniform employees of the Operations 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 an employee'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.

4. Uniform employees of divisions other than Operations are permitted to use an amount of their Sick Leave not to exceed twenty-four (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 an employee's use of this program span any portion of four tours of duty. The maximum permissible hourly charge of twenty-four (24) hours for any one absence cannot be exceeded without a visit to the PFC.

5. Employees 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.

6. Employees 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.

7. When an employee's MIP privileges are denied, entries shall be made in the Company journal, Battalion journal, and on the back of the F Form 33.1 under the remarks column, including date of denial.

8. Once an employee 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 that occurred in the performance of duty.

Whenever an employee elects to take chargeable Sick Leave under this program, they shall:

1. If serving in the Operations or Special Operations Divisions, 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 Operations or Special Operations, 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, employees need only state their intent to utilize the MIP. The request will be noted in the Company, Unit, Battalion and Division journals, taking care not to include PHI as described in Part 1, Section 4: Confidentiality of Medical Records.]

When it becomes apparent that a MIP period will not be sufficient to overcome the illness/injury, the employee shall notify the on-duty Company Officer of their Station/Immediate Supervisor, and shall report to the PFC for Sick Call between 0700 and 0830 hours on what would be their next duty day. If the PFC is closed on that day, then the employee shall report to the PFC the next day it is open.

If an employee 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 use of the MIP for the current MIP period.

[On the first day of their return to duty, the employee shall complete an Form 44.6 MIP. The Form 44.6 MIP shall be forwarded to the appropriate Battalion Fire Chief.
No additional documentation (Form 44 or 44.4) is required.]

In instances where illness/injury is thought to be simulated or feigned, inquires by telephone or home visits to employees may be made. Should such investigation reveal that an employee 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 3. Notification of Change of Duty Status:
Any employee 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. Operational personnel, if unable to reach the on-duty Company Officer, the employee shall notify: (1) their on-duty Battalion Commander, (2) any on-duty Battalion Commander, or (3) the Division Commander in that order.

When an employee is placed on Sick Leave other than at the PFC, the on-duty Company Officer of said employee shall immediately notify, by telephone if during business hours, the Medical Services Officer at the PFC. For Operational personnel, the Battalion Commander shall be notified by the Company Officer for every instance of Sick Leave.

Section 4. Sick Leave Certification (Clinic Data Record Form):

When a uniformed employee reports to the PFC for sick call, physicals of any nature and follow up appointments, the Clinic Data Record is time and date stamped and given to the employee for completion. The gray portion of the Clinic Data Record form shall be completed prior to any treatment being rendered. The Clinic Data Record shall also be time stamped at the conclusion of the employee's visit to the PFC as part of the check-out procedure. Corrections to the pre-printed areas of the Clinic Data Record shall be made on the Clinic Data Record, and should be brought to the attention of the PFC receptionist. Correct contact information is necessary to ensure proper treatment and follow-up care.

[The Clinic Data Record shall be completed as required by PFC staff. By signing the Clinic Data Record the employee acknowledges that he/she has read the form.

After the required information has been placed on the Clinic Data Record, the form is photocopied. When an employee is returned to full duty from an injury or illness, the employee shall receive one copy of the Clinic Data Record Form. The Clinic Data Record shall be presented to his on-duty Platoon Commander upon the employee's return to duty for verification of return to full duty status, and shall be retained by the employee for his/her personal records. The original is retained by the receptionist and filed in the employee's medical file. When an employee is continued in a non-full duty status, he/she shall receive one copy of the Clinic Data Record for his/her personal records.

The Clinic Data Record shall serve as verification of PFC appointments and Sick Call attendance, but will be retained by the employee. Documentation of Duty Status changes will be forwarded by the MSO on the Form 44.5 Tracking.]

The Clinic Data Record shall also be used in calculating compensatory time hours due the employee for Annual Physicals.

Section 5. Illness/Injury Reported:

[The Form 44 Medical: Report of Illness or Injury to Uniform Employee shall be prepared in duplicate by the employee concerned, unless incapacitated. If incapacitated, the Form 44 Medical shall be prepared by the Company Officer of the employee concerned at the time of the illness/injury. In this case, the company officer shall note "incapacitated" where the employee's signature is to appear. The Form 44 Medical is to be typed and prepared in a professional manner. The original of the Form 44 Medical is to be sent directly to the MSO, bypassing the chain of command. One copy of the Form 44 Medical is to be retained by the employee; in cases where the employee is incapacitated the PFC will retain the initial copy sent by the company officer. The Form 44.5 Tracking received from the MSO will serve as confirmation that the appropriate information was forwarded from the initial incident; a copy of which will be placed in the company personnel file.

The Form 44 Medical is for all illnesses/injuries incurred in the performance or non-performance of duty excluding uses of the Minor illness Program. The Form 44 Medical shall be prepared and submitted immediately after an illness/injury is sustained or within 24 hours of notification of an injury 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 Medical shall be considered as the official documentation of an illness/injury; a journal entry is made simply to document an incident has occurred. Company Officers and the Employee concerned shall be held responsible for this procedure.

Uniform personnel reporting to the PFC for the initial visit after an injury or illness should fill out a Form 44 Medical by hand. This will serve as a record of the injury or illness, but does not relieve the Company Officers/Immediate Supervisors of the responsibility to submit a typed and certified Form 44.4 Safety within 10 days of notification of the illness or injury if the employee is requesting POD for the absence.

Under statement of facts on the initial Form 44 Medical, the employee shall present all information relative to the injury or illness; written in such a way as to 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. Employees shall give sufficient detailed information so that the Medical Services Officer may make a proper decision as to whether the employee should be granted Administrative Leave – Sick (POD) for the absence.

Witnesses may be required to submit a Special Report as to the circumstances contained on the Form 44 Medical and Form 44.4 Safety at the discretion of the MSO.

Employees should initial the appropriate box "I request that this absence be compensated by Sick Leave or Administrative Leave-Sick." The MSO will notify the Company by phone of his preliminary ruling and will return a Performance of Duty or Non-Performance of Duty ruled

Form 44.5 Tracking to the employee's Company or Assignment. The completed Form 44 Medical with rulings and certifications will be retained at the PFC and will be placed in the member's medical folder. When the employee returns to Full Duty a Performance of Duty or Non-Performance of Duty ruled Form 44.5 Tracking will be sent to the employee's Battalion and/or Company or Assignment. The Form 44.5 Tracking will include the total amount Administrative Leave – Sick (POD) hours or charged Sick Leave hours for the absence of the members documented injury or illness.

After consultation with the Police and Fire Clinic providers on the nature and cause of the injury or illness, the Medical Services Officer shall determine, based on a review of the completed F&EMSD Form 44 Medical, and the accompanying Form 44.4 Safety submitted by the Certifying Officer whether the member's injury or illness was sustained by the member in the performance of duty. This is an administrative determination only as to the correct category of duty status based on the information at the time it is presented.

The on-duty Company Officer/Immediate Supervisor at the time of the illness/injury shall complete the Form 44.4 Safety.

Employees are not to submit their own Form 44.4 Safety.

The Medical Services Officer will return all Form 44.4 Safety that do not contain sufficient information to make a just and fair ruling on an allowance of Sick Leave or Administrative Leave – Sick (POD).]

In the event the Form 44 Medical must be submitted without the signature of the employee concerned, the on-duty Company Officer/Immediate Supervisor shall contact the incapacitated employee and obtain from them sufficient information to complete the necessary section of the Form 44 Medical. In this case the Company Officer shall note "incapacitated" where the employees signature is to appear. In any event, upon the first or subsequent visit to the PFC, the employee 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 uniform employee of the Department will be granted Administrative Leave – Sick (POD) for an illness/injury if that employee 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 an employee is incapacitated. Proper notification to the Medical Services Officer by the employee concerned must be made, or caused to be made, as soon as possible in the event further arrangements need to be made.

The F&EMSD Form 44 Medical shall be in the office of the Medical Services Officer no later than ten calendar days from the reported time of injury.

Section 6. Urgent Care:

1. To ensure the best possible care for injured department personnel, all personnel injured in the line of duty suffering from ANY type of burn injury are to be transported to MEDSTAR. Transport to other facilities is permitted if medically indicated, but every effort shall be made to transport to MEDSTAR. Even small burns may cause complications and may delay a full recovery if specialized care is delayed. If a burn patient can not be directly transported to MEDSTAR, they should be transported to the closest appropriate trauma facility, and transferred to the Burn Center at the earliest opportunity. Follow-up care will be coordinated through the Burn Center and the Police and Fire Clinic.

2. All employees shall report to Urgent Care for work-related injuries at those times when the PFC is closed. When the PFC is closed, employees whose last names begin with A through K will use the Emergency Room of the Washington Hospital Center and those employees whose last names begin with L through Z will use the Emergency Room of Providence Hospital. When reporting for urgent care, employees shall have their Official Identification Card and shall inform the emergency room staff that they are an employee of the Fire and EMS Department. Personnel may be required to give their personal insurance information even though they believe their being treated for POD injuries; in this case Fire and EMS Department personnel should inform the intake clerk that the visit is covered by "Workman's Compensation".

3. Employees 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. Employees are reminded that the expense of any procedure for a non-work related injury, such as x-rays or prescriptions, performed at an Urgent Care Facility in addition to or beyond the initial treatment will be borne by the individual.

4. Any employee who visits an Urgent Care facility is required to report to the PFC for sick call between 0700 to 0830 hours the next day the PFC is open. The employee shall bring in a copy of the Emergency Room discharge sheet to verify his/her visit. A copy shall be retained at the PFC for the patient file. The narrative or certification section of the Form 44 Medical should contain a statement of the fact that an employee has been seen at Urgent Care.

5. If medical treatment beyond the initial visit is required for a work-related injury, employees will be assigned to a PFC Case Manager who will be responsible for assuring that the employee promptly receives the necessary care.

Section 7. Change of Duty Status:

1. [Personnel 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 immediate supervisor as soon as they are aware of any change in their duty status and the dates and time of any and all scheduled follow-up or return visits. A PFC staff member will

notify the Medical Services Officer if an employee fails to report to the PFC at the scheduled time or date.]

2. Personnel shall promptly notify the on-duty Company Officer or their 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. This information shall be recorded in the company journal. If operational personnel are unable to reach the on-duty Company Officer, the personnel shall notify; (1) their on-duty Battalion commander, (2) any on-duty Battalion commander, or (3) the Division commander in that order.

Section 8. Hospitalized Employees:

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

a. When an on-duty employee 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 employee requires.

b. [Members shall attempt to obtain a copy of the hospital diagnosis and prognosis. Members will be required to sign a Medical Release Form to provide information to the PFC provider if needed. This documentation should be hand-carried by the member to their next PFC appointment or visit.]

Section 9. Extended Periods of Sick Leave or Limited Duty:

Employees 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 medical provider.

Section 10. Full Duty Status:

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

Employees, who have been on extended Sick Leave or Limited Duty for over one year or otherwise as determined by their Battalion Commander or higher, shall be ordered to the Training Academy for refresher training after returning to a Full Duty status.

Section 11. Limited Duty:

When available, the assignment of uniform employees to a Limited Duty status shall be for POD and non-POD illnesses/injuries. These assignments are temporary in nature.

A uniform employee 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 Planning & Standards (AFC-PS). The AFC-PS shall be guided by the advice of the PFC physician involved.

[The detail of an employee in a Limited Duty status will be predicated upon the employee's physical condition, limitations of activities, the availability of Limited Duty positions (as conditions permit and the availability of facilities to accommodate), specific talents of the individual and the projected length of time an employee will be in a limited duty status
The AFC-PS or designee shall notify the Bureau/Division head, giving the name and disability of any employee under their command who has been placed in a Limited Duty status. The AFC-PS or designee may detail an employee in a Limited Duty status to a Bureau/Division other than that to which the employee is regularly assigned.]

The following procedures for receiving Limited Duty assignments shall be strictly adhered to: After checking out at the PFC desk, employees shall immediately report to the Medical Services Lieutenant's office (2nd Floor–PFC) to receive their Limited Duty assignment. If the Lieutenant is not available, employees are to leave their Limited Duty Certification Form with the MSO secretary. If the employee is placed on Limited Duty during the hours in which the Medical Services Office is closed, the employee shall leave the Limited Duty Certification Form at the PFC receptionist desk, and shall contact the Medical Services Lieutenant at 0700 the next business day (202-269-7509). If at this time the Medical Services Lieutenant is unavailable, the employee is to call 202-269-7400 and request to speak to a staff member of the Fire & EMS Department.

Annual Leave requests while on Limited Duty shall be made to the Company Officer/ Immediate Supervisor of the Limited Duty assignment. Employees requesting to take Annual Leave while on Limited Duty shall notify or cause to be notified the Medical Services Lieutenant, the Officer of the Limited Duty assignment, and their Company Officer/Immediate Supervisor for the purposes of timekeeping.

[Section 12. Determination of Administrative Leave - Sick:

All determinations of Sick Leave or Administrative Leave – Sick (POD) will be made on the Form 44.5 Tracking. Employees should initial the appropriate box on the Form 44 Medical.

I request that this absence be compensated by: Administrative Leave-Sick (POD) Sick Leave.

The MSO will make a ruling on the absence within 21 but no later than 30 days, per District Law- Pursuant to the Omnibus Public Safety Amendment Reform Act of 2004. The MSO will notify the Company by phone, and will return a Performance of Duty or Non-Performance of Duty ruled copy Form 44.5 Tracking to the employee's Battalion and/or Company or Assignment. The completed Form 44 Medical with the request for POD will be retained at the PFC and a copy placed in the member's medical folder. When the employee returns to Full Duty, a Performance of Duty or Non-Performance of Duty ruled copy Form 44.5 Tracking will be sent to the employee's assignment. The Form 44.5 Tracking will include the total amount

Administrative Leave – Sick (POD) hours or charged Sick Leave hours for the particular incident.

The Form 44 Medical and Form 44.4 Safety shall be submitted to the Medical Services Officer no later than ten calendar days from the reported time of injury. No further requests are necessary for the current period of absence unless new information becomes available.

The on-duty Company Officer/Immediate Supervisor shall promptly notify the employee of the Medical Services Officer's ruling on the type of Sick Leave (Performance of Duty or charged Sick Leave) and shall make a journal entry of the date and time the employee 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 13. Appeal of Decision, Administrative Leave - Sick:

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

A Special Report shall be submitted through channels, to the AFC-PS. This appeal shall include the original Form 44.4 Safety and all subsequent Form 44.4 Safety(s) 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 (30) days from the date the employee 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 employee will be notified, in writing by the AFC-PS, of the results of the appeal. The decision of the AFC-PS is final.

For clarification purposes, the following terms are defined to reiterate the policy of the Department and to make employees aware of the basis on which decisions will be made concerning Administrative Leave - Sick and appeals thereof:

1. Performance of Duty (POD) Illness/Injury - All illnesses or 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 have been completely resolved. Example: the patient has a prior history of low back sprain from a lifting injury at work, but the patient states it has been resolved or there is documentation that the symptoms have been 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 14. 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 employee's Time and Attendance Reports, the Form 44.5 Tracking, and the F&EMSD Form 33.1. It shall be the responsibility of the employee to accurately report to the Company Officer their correct duty and leave status. Any willful misrepresentation of duty status as it pertains to POD, non-POD, Administrative or Full Duty by the employee may be interpreted as fraud and appropriate action will be taken. It is 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 15. Absence from the Metropolitan Area - Sick Leave:

Uniform employees 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. The uniformed employee shall make an appointment to be seen at the PFC. The employee shall hand carry all copies of the Form 34 to the PFC physician.

2. A PFC physician will certify that the employee'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 uniform employee 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 16. Disability Retirement:

Pursuant to the Omnibus Public Safety Amendment Reform Act of 2004, as modified by the Injured Firefighter Relief Amendment Act of 2008, the Department will:

1. Within 30 calendar days from the date the uniformed reports a claim of an injury/illness, make a determination whether the injury/illness is POD or Non-POD.

    a. If the Department fails to make a ruling within 30 days, the claim shall be presumed to be a POD injury/illness, and the employee will receive non-chargeable Administrative Sick Leave until he/she receives a formal ruling on his/her claim.

2. Process for retirement of any uniform employee who spends 64/192 (Operations Division/Administrative Divisions) cumulative workdays in a less than full-duty status over any 24-month period as a result of any one POD or non-POD injury/illness, including complications related to the injury/illness.

    a. The 64/192 cumulative workdays are accrued over a 24-month period, and do not have to be accrued consecutively.

    b. The 64/192 cumulative workdays includes the time an employee spends on medical leave, performance of duty Sick Leave, AND in a limited duty status for any one POD or non-POD injury/illness.

    c. The 64/192 cumulative workdays does not apply to pregnant females in a limited duty status.

3. [These provisions shall not apply to members who are unable to perform the full range of duties as a result of pregnancy.]

Uniform employees shall be processed for retirement:

1. Who spend 64/192 cumulative workdays in a less than Full Duty status over any 24-month period as a result of any one POD or Non-POD injury/illness, including complications related to the injury/illness.

a. This shall occur regardless of whether the medical prognosis is that an employee will be able to perform in a Full Duty status after reaching maximum medical improvement.

b. The Medical Services Officer shall notify each employee when the employee has spent 32/96 cumulative workdays in a less than full duty status. Such notification shall inform the employee that his or her case is being reviewed for possible disability retirement.

2. The Medical Services Officer may recommend to the Fire Chief to provide the employee with additional POD Sick Leave until the employee achieves maximum medical improvement where:

   a. The employee has sustained a serious or life-threatening POD injury/illness that will require more than 24 months of medical treatment to achieve maximum medical improvement, and

   b. The prognosis is ~~that~~ the employee eventually will be able to perform in a Full Duty status.

   c. The Medical Officer shall notify the Fire Chief with the recommendation for extension of POD administrative Sick Leave 60 days before the employee is scheduled for referral to the retirement board.

   d. In consultation with the Clinic, the Fire Chief may extend the time a employee can remain on POD Sick Leave in cases where a employee has sustained a serious or life-threatening POD injury/illness that requires more than two years of medical treatment before the employee can receive a maximum medical improvement evaluation, and the prognosis is that, upon such maximum medical improvement, the employee will be able to return to a full duty status.

3. If a member of the Department has sustained, in the performance of duty at the scene of a fire or emergency, any serious or life-threatening injury or illness for which the member requires critical care treatment in a hospital intensive care unit or its equivalent, the member shall not be processed for retirement pursuant to subsection (2) of this section unless the member:

   a. As a result of the injury or illness sustained, has spent more than 170 cumulative work days in a less-than-full-duty status over the 2-year period following the date the member sustained the injury or illness; and

   b. Is unable to work in a less-than-full-duty capacity within the Department.

4. The member shall be provided with additional non-chargeable medical leave and disability compensation until the member achieves maximum medical improvement or is processed for retirement after having spent more than 170 cumulative work days in less-than-full-duty status over the 2-year period.

5. A member who has spent more than 170 cumulative work days in less-than-full-duty status over the 2-year period pursuant to subsection (3) of this subsection and continues to be unable to perform the full range of duties shall not be processed involuntarily for retirement under if the member is able and willing to work in any less-than-full-duty capacity within the Department, including staffing the divisions of the Training Academy, Professional Standards, Fleet Management, Facilities Maintenance, Fire Prevention and Education, and equipment maintenance, or other non-firefighting duty.

    a. The Department shall assign the member non-firefighting duties if the member continues to be unable to perform the full range of duties but is able and willing to work in a less-than-full-duty capacity after expiration of the 170 days.

    b. Nothing in this paragraph shall be construed as preventing the member from seeking retirement for disability.

Section 17. Performance of Duty Medical Bill Payment Procedure:

Whenever a uniform employee of the Fire and Emergency Medical Services Department receives a bill in reference to an injury which was ruled Performance of Duty by the Medical Services Officer, the employee shall forward the bill to the Medical Services Office. The Medical Services Officer shall forward the bill to the Financial Operations Division of the Police & Fire Clinic for payment.

Whenever PFC Associates LLC, declines to pay a bill, the Medical Services Officer shall forward the bill to the Contract Administrator for payment. If the Contract Administrator cannot resolve the situation, the bill shall be forwarded to the Assistant Fire Chief of Services so that payment can be made by department.

Any employee who is being contacted by creditors due to non payment of provider invoices for treatment of a Performance of Duty related injury may be provided a letter explaining that the employee is not financially responsible for payment of the bill.

Section 18. Prescriptions:

[Prescriptions issued to uniform employees at the PFC for POD injuries or illnesses shall only be filled by an authorized pharmacist selected from a list of pharmacies. Currently all **CVS Pharmacies** are contracted by the PFC. When an employee receives a prescription from a PFC outside specialist, the employee shall bring the prescription to the PFC and have it re-issued by the PFC. This procedure will ensure that no expense is borne by the employee. The member shall have the PFC prescription filled at **Providence Hospital Pharmacy or any CVS Pharmacy**.]

PART III. Civilian Employees

Section 1. Disability Compensation Civilian Employees:

Civilian employees of the department, including but not limited to employees assigned to Fleet Maintenance, the Supply Service Center, and Single-Role Emergency Medical Services providers (Emergency Medical Technicians and Paramedics) are covered by the following procedures when securing services from the District of Columbia Disability Compensation Program. All covered civilian employees who seek medical care for injuries and illnesses incurred in the Performance of Duty are required to use the Police and Fire Clinic as their treating physician. Procedures for filing claims and receiving compensation have not changed, and all procedures are outlined in the following section.

The D.C. Office of Risk Management (DCORM) provides oversight to manage the Disability Compensation Program.

The Disability Compensation Program is a program that pays benefits to eligible employees for lost wages, medical services related to injury and/or illness and for other services, such as vocational rehabilitation. This program is established by the District of Columbia Merit Personnel Act (D.C. Law 2-139; D.C. Official Code §1-623 et seq.).
All civilian employees claiming benefits under Disability Compensation for a work related injury will adhere to these procedures.

2. Procedure Incident or Accident

a. Single Role Provider injured while on duty.
   i. Employee or Immediate Supervisor places response unit out of service and contacts the Office of Unified Communications (OUC).

   ii. [Employee is transported to the PFC or nearest appropriate Medical Facility for treatment. In general, civilian employees will be transported to Urgent Care at Providence Hospital or the Washington Hospital Center unless protocols dictate closest facility.]

   iii. OUC notifies closest Battalion Fire Chief or EMS Supervisor.

   iv. Assigned Battalion Fire Chief or EMS Supervisor reports to the scene of the incident, the PFC, or the hospital where the injured employee is receiving emergency treatment.

b. Support personnel injured while on duty.
   i. Immediate supervisor carries out the responsibilities of the Battalion Fire Chief as described in section 2.

   ii. Employee is transported to the PFC or nearest appropriate Medical Facility for treatment. Civilian employees are not required but it is recommended to report to

Urgent Care at Providence Hospital or the Washington Hospital Center.

c. Employee is off duty when incapacitated from an On-Duty Injury.
   i. Notify the Company Officer or Immediate Supervisor and Battalion Chief of the intent to go off Sick, requesting Disability Compensation.

   ii. Report to the PFC at the next Sick Call.

   iii. If immediate treatment is indicated, report to the nearest appropriate Medical Facility for treatment. The Medical Services Officer (MSO) will carry out the responsibilities of the assigned Battalion Fire Chief or EMS Supervisor if none is available, and will complete the required forms. Additional reports will be ordered by the MSO as required.

3. Responsibilities of the Battalion Fire Chief

a. The Battalion Fire Chief or EMS Supervisor must contact the District of Columbia Disability Compensation hotline, **1-888-832-2524** to report the On-The-Job Injury and obtain a claim number for the employee. The claim number must be forwarded within twenty-four (24) hours to the Office of Compliance for processing of the injured or ill employee's continuation of pay (COP).

b. Submit written reports (DCDCP Form 1, Form 2, and Form 3) describing how, when and where the accident occurred. Forms are available on the department LAN and at http://orm.in.dc.gov/orm/lib/orm/initial_forms.doc

c. [Attempt to obtain a copy of the hospital diagnosis and prognosis. Member will be required to sign a Medical Release Form to provide information as needed.]

d. Place the employee on Sick Leave, and provide transportation to the Police and Fire Clinic if the PFC is open.

e. If the PFC is closed, order the employee to report for Sick Call between 0700 and 0830 the next day the PFC is open.

f. Submit all reports and forms to the Office of Compliance within twenty-four (24) hours of receipt.

Contact the employee's timekeeper, and ensure that the time is entered correctly into People Soft for the pay period. The timekeeper should forward a copy of the People Soft time sheet to the Office of Compliance.

4. Responsibilities of the Injured or Ill Employee

a. All covered civilian employees who seek medical care for injuries and illnesses incurred in the Performance of Duty are required to use the Police and Fire Clinic as their treating physician.

b. On-duty employees should be transported to the PFC for treatment unless medical care at an emergency room or trauma center is medically indicated. If an employee is seen at an Emergency Room, they should be ordered to report to the PFC at the next available Sick Call.

c. Employees who are incapacitated while off-duty but are claiming a work related injury must report to the PFC at the next Sick Call.

d. Employees must inform the PFC front desk that they are a civilian employee of the department. The DCDCP Form 1 must be filled out and signed by the employee at the initial visit to the PFC. The DCDCP Form 1 will be retained at the MSO, and will be forwarded to the Office of Compliance in addition to the DCDCP Form 1 filled out and submitted by the investigating Battalion Fire Chief or EMS Supervisor.

e. [Follow-up care and specialist care will be managed through the PFC, using Police and Fire Clinic network providers approved by DCORM.]

f. Employees will be returned to Full Duty by a PFC provider as part of their on-going care.

g. Employees must advise their Duty Station and the Office of Compliance of Duty status changes prior to leaving the PFC. Employees must bring a copy of the Clinic Data Record and a completed Form SF-71 to their Duty Station upon return to duty.

If the employee is seen at the emergency room and referred for a follow up by another physician, the employee must report to the PFC for follow-up care. The PFC will refer injured employees to Police and Fire Clinic network providers approved by DCORM. Employees should not contact their private physician for treatment concerning a Disability Compensation claim. If an employee receives care from an unauthorized physician, they will be responsible for the cost of this treatment.

To ensure prompt care and treatment, the employee must contact the Office of Compliance within 24 hours of the injury or illness to report the illness or injury. The employee must submit a copy of the treating physician's diagnosis and prognosis every 30 days to the Office of Compliance in order to continue the injured or ill employee in a continuation of pay status.

Employees hired BEFORE January 1, 1980, will be entitled to forty-five (45) calendar day continuation of pay (COP) for injuries if their claim is accepted by Disability Compensation.

Employees hired AFTER January 1, 1980, will be entitled to twenty-one (21) calendar day continuation of pay for injuries if their claim is accepted by Disability Compensation.

The employee's assigned claims adjuster may be contacted at: (202) 727-8600.

The Workman's Compensation Claims Office customer service line is: (202) 216-4700

While receiving continuation of pay benefits, the employee will receive a printout from the District of Columbia Disability Compensation Program (DCDCP), Office of Risk Management, consisting of three (3) forms.

a. DCDCP Form #1 Notice to Supervisor/Claim/Request for Continuation of Pay: (must be signed by the EMS employee, after verifying the information).

b. DCDCP Form #2 Supervisor's Report: (must be signed by BFC/EMS Supervisor or Compliance Officer).

c. DCDCP Form ~~#3 Me~~dical Report Form: (must be completed and signed by treating physician).

These three (3) forms are to be completed and returned to the Office of Compliance immediately. Once the Office of Compliance receives the signed forms, a copy will be placed in the employee's file and a copy faxed to the D.C. Office of Risk Management. The Office of Risk Management requires these forms within fifteen (15) days after receipt by the employee.

The Compliance Officer will initiate a Form CA-7 (Claim for Compensation) by contacting the injured or ill EMS employee to set up an appointment to discuss whether the injury or illness will extend beyond twenty (21) calendar days.

During this meeting, if it is determined that the injury or illness will exceed the limitation of continuation of pay, the Form CA-7 will be completed. These forms will then be forwarded to the Office of Risk Management for processing Disability Compensation benefits, which commence on the Twenty-Second (22) day of the injury or illness for employee hired AFTER January 1, 1980. Employees hired before January 1, 1980 will begin to receive benefits after 45 days in continuation of pay status.

After expiration of COP, the employee is responsible for submitting a DC Form 1199 and a Special Report requesting to be in Leave Without Pay (LWOP) status.

Upon the employee's return to a duty status, a Form CA-3 (report of return to duty) will be completed by the Compliance Officer and forwarded to the D.C. Office of Risk Management for discontinuation of Worker's Compensation benefits.

Employees returning from a job-related injury or illness to a Limited Duty status must:

a. Submit a certificate from the PFC or treating physician requesting Limited Duty and the approximate length of time Limited Duty may be required.

b. Report to the Office of Compliance at 0815 hours.

c. Submit an updated doctor's report monthly and documentation to support all doctors' appointments during duty hours.

Failure to adhere to these responsibilities may lead to disciplinary action and delay or denial of continuation of pay (COP) and disability compensation benefits.

Whenever a civilian employee of the Fire and Emergency Medical Services Department receives a bill in reference to an injury which was covered by Disability Compensation, the employee shall forward the bill his or her claims adjuster for payment.

Prescriptions issued to civilian employees at the PFC for injuries or illnesses covered by Workman's Compensation or COP may be filled by any pharmacist selected from a list of pharmacies contracted by DCORM. Bills for prescriptions should be forwarded to his or her claims adjuster for payment.]

Section 2. Sick Leave (Single Role Providers):

Sick Leave for Single Role EMS providers shall be governed by the applicable sections of the DPM (Chapter 12) and this article. Failure to comply may result in disciplinary action.

Notification that an Operational employee intends to call in for Sick Leave must be made at least 1 hour prior to the official start time of the work scheduled shift to the on-duty Company Officer of their assigned Duty Station. The Company Officer shall notify their Battalion Fire Chief. Notification that a support employee intends to call in for Sick Leave shall be made to their Immediate Supervisor. The Immediate Supervisor will notify the Office of Compliance.

A signed Medical Certificate from the employee's treating physician will be required as authorization to take Sick Leave if an employee remains on Sick Leave beyond a three (3) day period and/or has been placed on Sick Leave restriction. Employees shall report to the PFC during Sick Call, and shall present the signed Medical Certificate to the PFC provider. Failure to produce the proper certificate may result in a charge of Absence Without Leave and/or disciplinary action. The PFC Provider will certify the return to duty on the Clinic Data Record. Both the Medical Certificate and the Clinic Data Record will be presented to the employee's Company Officer/Immediate Supervisor on the return to Full Duty. Only the Medical Certificate will be retained in the Company Personnel File, the Clinic Data Record shall be retained by the employee.

In accordance with the DPM, Sick Leave may also be used when an immediate family member is afflicted with a contagious disease; otherwise leave for family illnesses or injuries must be requested as Emergency Annual Leave.

Section 3. Limited Duty:

When available, the assignment of civilian employees to a Limited Duty status shall be for work related and non-work related illnesses/injuries. These assignments are temporary in nature.

An employee placed on Limited Duty by the PFC or upon the acceptance of the recommendation of their private physician shall perform limited service as may be directed and approved in each individual case by the Compliance Officer in consultation with Deputy Chief-EMS Operations. The Deputy Chief-EMS Operations, shall be guided by the advice of the PFC provider involved

The detail of an employee in a Limited Duty status will be predicated upon the employee's physical condition, limitations of activities, the availability of limited service positions, specific talents of the individual and the projected length of time the employee will be in a Limited Duty status.

The MSO or Compliance Officer shall notify the appropriate Division Head, giving the name and disability of any employee under their command who has been placed in a limited duty status. The Compliance Officer may detail an employee in a Limited Duty status to a Bureau/Division other than that to which the employee is regularly assigned.

The following procedures for receiving Limited Duty assignments shall be strictly adhered to: After checking out at the PFC desk, employees shall immediately report to the Office of Compliance to receive their Limited Duty assignment. If the Compliance Officer is not available, employees are to leave their Limited Duty Certification Form with Office of Compliance staff.

Annual Leave requests while on Limited Duty shall be made to the Company Officer/ Immediate Supervisor of the Limited Duty assignment. The Office of Compliance must be notified of all uses of Annual or Sick Leave while an employee is on Limited Duty.

Metropolitan Police Department □ Washington, D.C.

GENERAL ORDER

Subject:	Series	Number	Distribution
Physical Examinations	1002	1	A
	Effective Date: January 9, 1998		
	Revision Date: *		

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

PART I **Responsibilities and Procedures for Members of the Department**

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

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

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

PART I

A. <u>General.</u>

1. Members shall take the necessary steps to ensure that their personal hygiene is appropriate for a physical examination.

2. Members who are taking medication and find it necessary to continue during the period immediately before their physical examination shall contact a Clinic physician and be guided by his/her instructions.

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

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

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

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

B. **Probationary Physical Examination.**

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

C. **Pre-Five Year Tenure Physical Examination.**

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

2. This physical examination consist of the following:

a. Laboratory tests,

b. Physical examination (including a structured psychological examination),

c. Interview with a Clinic physician, and

d. Drug screening.

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

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

D. **Biennial Physical Examination.**

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

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

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

E. **Military Leave Physical Examination.**

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

a. Schedule an appointment at the Clinic for a partial physical examination on the last business day that the Clinic is open prior to the member's departure on military leave.

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

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

F. **Pre-Promotion Physical Examination.**

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

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

D. **Biennial Physical Examination.**

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

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F. **Pre-Promotion Physical Examination.**

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

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

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

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

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

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

G. <u>Fitness for Duty Medical Evaluation</u>.

1. Definitions.

a. Medical Conditions.

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

b. Medical Evaluation.

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

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

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

a. The report shall include observations, statements, or other objective information, including other written documentation, to support the supervisor's belief that the member has a medical condition, and a recommendation that the member be ordered to submit to a medical evaluation.

b. Officials reviewing the request and recommendation shall forward the report through the chain of command without delay.

c. The request must be approved by the Human Resources Officer before being forwarded to the Director, MSD.

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

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

a. Upon the commanding officer concurring with the supervisor's opinion, the commanding officer shall:

(1) Verbally contact the Human Resources Officer,

(2) Explain the critical nature of the circumstance, and

(3) Request a waiver of the procedure in Part IG3 of this order.

b. Upon approval of this emergency procedure by the Human Resources Officer, the commanding officer shall prepare a written request in which:

(1) The original shall be forwarded to the Human Resources Officer; and

(2) A copy of the written request shall be hand-carried to the Director, MSD by the supervisor, for a medical evaluation of the member.

c. Upon the arrival of the supervisor, the Director, MSD shall immediately arrange for a consultation between the supervisor and the evaluating physician.

d. The Director, MSD shall then:

(1) Set an appointment for the member to report to the clinic for the evaluation, and

(2) Explain that the regular procedure has been waived.

PART II

A. **Commanding Officers.**

Commanding officers shall:

1. Conduct an investigation and submit a report with recommendations, through channels, to the Human Resources Officer, in all instances where a member fails to report to the Clinic for his/her scheduled physical examination/medical testing without making the appropriate prior notifications; and

2. Perform those duties prescribed in Part I concerning fitness for duty medical evaluations.

3. Ensure that all members requiring probationary or pre-five year physicals are scheduled for appointments as prescribed.

B. **Director, Medical Services Division.**

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

2. Advise the member of the new appointment for appearing at the Clinic;

3. Notify the commanding officer of the organizational element to which a member is assigned when that member fails to report to the Clinic;

4. Submit a report to the Human Resources Officer, listing the name, rank, and organizational element of those members who fail to report for a scheduled physical examination/medical testing;

5. Notify the member's commanding officer in order to arrange a return date and time for the member to meet with a Clinic physician, if the results of the physical examination warrant a personal interview;

6. Perform those duties prescribed in Part I concerning fitness for duty medical evaluations; and

7. Grant a waiver for a physical examination if the member has completed a physical examination within 120 days of the scheduled physical date. If a waiver is granted, the member will be required to submit a urine specimen for drug screening.

C. <u>Human Resources Officer.</u>

The Human Resources Officer shall:

1. Make the final decision of approving or disapproving all requests for waivers; and

2. Forward all requests for waivers to the Director, Medical Services Division after making the final decision.

Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk

Metropolitan Police Department □ Washington, D.C.

GENERAL ORDER

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

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

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

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

PART I Responsibliities and Procedures for Members of the Department

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

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

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

PART I

A. **Policy.**

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

B. **Definitions.**

1. "Smoking" or "To Smoke" - means the act of burning, puffing, inhaling or having in one's possession, holding or carrying a lighted or smoldering cigarette, cigar, pipe or any other lit tobacco product.

2. Police Facility - is any building that is utilized by the department either in whole or in part to conduct police business.

3. Police Vehicle - is any vehicle owned or leased by the department that is utilized by members to include tactical vehicles. For the purpose of this order "Police Vehicle" also will include department owned aircraft and marine vessels.

4. Non-Smoking Area - is any area which is not a designated smoking area.

5. Designated Smoking Area - is any area in a public facility or police facility in which smoking is allowed.

6. Shared Office Space - is any office in a public facility or police facility where two or more members share the same office during the same tour of duty.

C. **Prohibitions.**

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

D. **Non-Smoking Areas.**

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

E. **Disciplinary Action.**

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

PART II

A. **Commanding Officers.**

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

1. Ensuring the requisitioning and placing of No-Smoking signs at the entrance of and throughout the work place as applicable.

2. Ensuring the removal of all ash trays and other used tobacco product receptacles.

B. **Director, Medical Services Division.**

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

1. Providing a smoker's education program. The program shall address the following:

   a. Methods of smoking cessation
   b. Quitting tips
   c. Weight gain after quitting
   d. How to handle relapses
   e. The health consequences of smoking
   f. The health benefits of smoking cessation
   g. Withdrawals symptoms

2. Working with the Clinic Medical Director to develop a protocol for a smoking cessation program when the use of medication is indicated for member seeking medical assistance to stop smoking.

3. Developing a resource list of organizations and government agencies that provide information and assistance to members who wish to quit smoking.

Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk

Metropolitan Police Department □ Washington, D.C.

GENERAL ORDER

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

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

Policy Statement

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

Procedures

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

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

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

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

18. Leave in Excess of 30 days

19. Disability Retirement Physical

20. When Ordered for Reasonable Suspicion

21. Administrative Board Recommendation

22. Any Other Physicals recommended by the Clinic Medical Director

Sonya T. Proctor
Interim Chief of Police

Attachment

STP:DHW:rsk

METROPOLITAN POLICE DEPARTMENT

Human Resources Bureau
Medical Services Division

Drug Screening Program

URINE SPECIMEN COLLECTION MANUAL

January 9, 1998

ATTACHMENT TO GENERAL ORDER 1002.4

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INTRODUCTION

Goals and Objectives of Drug Screening Process

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

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

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

PART I PROCESSING OF DONORS

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

1. The person giving the sample (donor) must be positively identified prior to any specimen being taken. The departmental identification folder (or temporary departmental identification card) shall be used for this purpose. In the event that the donor states that he/she does not have his/her identification card in his/her possession at that time, other forms of positive identification (driver's permit with picture, etc.) may be used at the discretion of the MPD liaison official or the donor's supervisor can be requested to appear at the Clinic and personally identify the donor. If positive identification cannot be made by some means, the person shall not be allowed to give a specimen.

2. Individuals who report for a Drug Screening shall not depart from the Clinic without submitting the required specimen. In the event an individual must leave the Clinic, the individual shall notify an MPD Clinic liaison official who will record the reason for the departure before a specimen was given.

3. Donors shall place their service weapon, personal items and hand carried objects in a "gun locker" before proceeding to the laboratory.

4. The donor will be given a written summary of the drug screening procedure to read before being escorted to the Clinic laboratory.

PART II SPECIMEN COLLECTION PROCEDURE

A. Collection Site Personnel

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

Collection Site personnel shall meet the following requirements:

a. Receive training in the procedures of urine collection.

b. Work under the general supervision of the Clinic Medical Director.

c. Receive semi-annual in-service training regarding collection procedures.

B. Collection Site

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

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

C. Collection Procedures

1 When the PFC collector is ready for a donor, the MPD sergeant shall escort the member to the Clinic laboratory.

2 No unauthorized personnel shall be permitted in any part of the collection site while urine specimens are being collected or tested.

3. The collector will verify the donor's identification and record the member's name and Social Security Number in the laboratory drug screening log and complete Step 1 of the 7 Part Chain of Custody form. The member's Social Security Number shall be used as the employee ID number on the 7 part form.

4. If the donor is there for a Fitness-For-Duty or a Reasonable Suspicion test or to be retested after a previous specimen was determined to be adulterated, diluted or otherwise tampered with, the donor will be directed to the dressing room to disrobe and put on a laboratory gown then return to the laboratory

5. If the donor is not required to disrobe, the collector will direct the donor to remove all outer garments and to empty their pockets into a container.

6. The collector will supervise the donor while the donor thoroughly washes and dries his/her hands.

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

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

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

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

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

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

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

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

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

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

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

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

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

D. TRIAGE Screening Test Procedures

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

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

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

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

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

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

E. Screening Test Procedures

1. The collector will indicate on the seven (7) part form whether this specimen is to be tested for the NIDA five (5) drug panel or the seven (7) drug panel (applicants and new hires only), direct the member to sign the fourth copy of the 7 part form, tear-off the first three copies (white copies) and place the white copies in the front pouch of the transport bag. The samples shall then be placed in the back pouch of the clear transport bag. The collector shall seal the transport bag, place the bag in the shipping container, seal the container with the seal from the 7 part form and initial the seal.

2. The specimens shall be picked up daily by the screening and confirmation laboratory for initial drug screening.

3. The laboratory will test the specimen for adulteration and perform the initial drug screening. Negative results, consisting of the specimen serial number and a pass notation, shall be printed on a printer located in the PFC laboratory within 24 hours of the samples being received at the screening and confirmation laboratory. The positive screening results will not be transmitted to PFC except for the samples collected from new hires on the day before Swearing In.

4. For each specimen reported as positive for the presence of illicit drugs, the laboratory shall initiate confirmation testing.

5. If the laboratory screening indicates that a specimen may have been adulterated, a Clinic liaison official will be contacted immediately. The laboratory will initiate testing to identify the adulterant and to confirm adulteration. The donor shall be contacted and directed to report immediately to the Clinic for a second drug test which will be observed.

6. If the screening test does not indicate the presence of controlled substances, the initial specimen will be retained by the screening laboratory for 7 days as required by the Clinical Laboratories Investigation Agency (CLIA). After the seven day period, the specimen will be disposed of.

F. Chain of Custody

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

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

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

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

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

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

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

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

PART III POSITIVE SCREENING RESULTS

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

PART IV DRUG SCREENING POLICY

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

PART V CONFIRMATION TEST POLICY

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

PART VI CONFIRMATION TEST RESULTS

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

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

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

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

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

PART VII DRUG SCREENING AND CONFIRMATION DRUG SCHEDULE

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

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

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

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

PART VIII SUPPLEMENTARY DOCUMENTATION

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

PART IX FUTURE REVISIONS

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

PART X INSPECTIONS

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

PART XI CONFIDENTIALITY OF RECORDS

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

Sonya T. Proctor
Interim Chief of Police

Metropolitan Police Department □ Washington, D.C.

GENERAL ORDER

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

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

PART I Responsibilities and Procedures for Members of the Department

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

PART II Responsibilities and Procedures for Command Personnel

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

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

PART I

A. General

For the purposes of this order the following definitions apply:

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

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

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

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

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

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

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

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

B. Notification

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

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

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

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

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

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

C. Appearance at Screening Site

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

a. Ensure that their urine specimen is not contaminated with any foreign substance (adulteration) or diluted during the collection phase.

b. Submit their own urine specimen, and ensure that the specimen has not been substituted for another substance.

c. Not substitute their own urine specimen with any other person's specimen during the screening process.

d. Not take any action that would undermine the integrity of the drug screening program or circumvent the procedures established by this Department in conjunction with the drug screening program.

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

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

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

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

D. Refusal

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

E. Failure to Appear at the Clinic

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

F Positive Screening Results Pending Confirmation

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

G. Confirmation of Test Results

1. If the confirmation test is negative no further action will be taken.

2. If the confirmation test is positive, the member shall be contacted by an MPD Liaison officer and directed to report to the Clinic where they will be interviewed by the Medical Review Officer (MRO) and an MPD Clinic liaison official regarding the confirmed positive test results.

3. In the case of a positive confirmation of a sample wherein the testee states that they are taking medication and where the confirmation levels are consistent with the reported medication, the MRO shall interview the testee to verify the proper use of prescription medications that could explain the confirmation levels. If the positive test results can not be explained based on the prescription medication taken, the case shall be referred to the Office of Internal Affairs (OIA).

H. Circumvention of Random Drug Screening Procedures

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

I. Adverse Action Proceedings

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

PART II

A. Officials.

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

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

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

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

B. Command Personnel.

Bureau Heads and Commanding Officers shall:

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

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

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

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

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

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

C. Director, Medical Services Division.

The Director shall:

1. Oversee urinalysis screening for narcotic or controlled substance use on all sworn members who are selected under this program and so notified.

2. Ensure that drug screening can be performed during the times and dates when members are scheduled to report.

3. Notify the Bureau Head of any member who refuses to submit to a drug screen or who fails to appear for screening.

4. Investigate confirmations of positive testing wherein the testee claims the use of prescribed medication.

5. Ensure that the provisions of General Order 1002.4 are followed with regard to collecting and processing urine specimens.

6. Establish and maintain Clinic guidelines and regulations that ensure the integrity of the drug screening program.

7. Ensure that OIA is notified in accordance with the provisions of this order.

8. Upon notification of a confirmed positive screening result, notify the member's Bureau Head and the OIA. The Director shall submit a preliminary report to the Chief of Police containing the facts of the case.

D. Office of Internal Affairs.

1. Upon notification of a confirmed positive screening result, prepare a final investigative report with recommendations to be forwarded to the Human Resources Officer.

2. Investigate all reports referred by the Human Resources Officer of members attempting to circumvent the established procedures for the random drug screening program and prepare recommendations to the Human Resources Officer.

E. Director, Information Services Division

The Director shall:

1. Support the operation of an automated process that will randomly select sworn members as outlined in Part IA3.

2. Ensure that the automated program is placed in a computer maintained within the Office of the Human Resources Officer with a security access code selected by and maintained by the Human Resources Officer.

3. Ensure that the Support Services Officer is provided with a security access code selected by and maintained by the Support Services Officer to be used during the absence of the Human Resources Officer.

F. Human Resources Officer

The Human Resources Officer shall:

1. Use the automated selection program to select members each morning when the Clinic is open.

2. Prepare the PD 317s and forward them in a sealed envelope to the BureauHead of the appropriate organizational elements each morning.

3. Review reports of non-compliance with, or the circumvention of, the random drug screening program submitted by Bureau Heads or Commanding Officers and initiate adverse action proceedings based on their recommendations.

4. Record the disposition of members selected for drug screening: not available for screening on this date, directed to Clinic but did not report, tested negative, tested positive.

5. Refer, as appropriate, reports of non-compliance or circumvention for further investigation to OIA.

6. Initiate the preparation of adverse action proceedings based on recommendations of the Director, Medical Services Division or the OIA.

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

G. Support Services Officer.

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

H. Future Revisions.

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

I. Inspections.

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

J. Confidentiality of Records.

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

Sonya T. Proctor
Interim Chief of Police

STP:DHW:WRP:rsk

1001.1 T 1002.5

Metropolitan Police Department □ Washington, D.C.

SPECIAL ORDER

Subject:	Series	Number	Distribution
Random Drug Screening	97	12	A
	Effective Date: May 15, 1997		
	Expiration Date: *		

A. Introduction.

On Friday, May 16, 1997, the Metropolitan Police Department is initiating the random drug screening of all sworn members in order to:

- Ensure the public's trust in the Department;
- Reinforce the public's confidence in the integrity of all sworn members.

Any illicit drug use erodes that confidence and causes disrespect for the law and for those entrusted with upholding it. The random drug screening program is designed as a proactive approach and deterrent to a serious societal problem facing all police officers and officials.

Random drug screening is a permanent feature of the Metropolitan Police Department's Drug Screening Program. Random drug screening, together with drug screenings performed during routinely scheduled physical examinations, is a reasonable, preventive, and deterrent initiative that maintains the department's integrity and capability as an effective law enforcement agency.

B. Policy.

The illicit use of drugs and controlled substances by members of the Metropolitan Police Department will not be tolerated. The use of urinalysis testing for illicit drug use and/or abuse constitutes the primary means of detecting and deterring drug use/abuse by members of the force. The confirmed finding of an illicit or non-prescribed controlled substance in the urine of a member, or the refusal of a member to submit to such testing, will result in the proposal for termination of that member from the Metropolitan Police Department.

*This special order shall remain in effect until its contents are incorporated into the appropriate general order.

Larry D. Soulsby

Larry D. Soulsby
Chief of Police

LDS:WRP:wrp

GENERAL ORDER

DISTRICT OF COLUMBIA

Subject
Organization, Authority, and Rules of the Metropolitan Police Department Reserve Corps

Topic	Series	Number
OMA	101	03

Effective Date
March 28, 2006

Replaces:
General Order 101.3 (Organization, Authority and Rules of the Metropolitan Police Department Reserve Corps), Effective Date March 1, 1995

Rescinds:
SO-94-28 (Armed Reserve Officers Program) Effective Date December 15, 1994
SO-94-9 (Reserve Corps Power Shift Program) Effective Date March 28, 1994

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I. BACKGROUND

The mission of the Metropolitan Police Department Reserve Corps is to deliver high quality volunteer public safety support services to all members of the Department in order to build safe and healthy neighborhoods throughout the District of Columbia.

A well-organized, well-trained, committed Reserve Corps serves as a readily available back-up for full-time personnel and permits the Department to enhance and expand police service. Beginning in 1951, Reserve Corps Members have successfully served the Department and the District of Columbia by performing law enforcement, crime prevention, crime detection, community policing, and other specialized functions, and by providing an additional work force in times of emergency.

II. POLICY

The policy of the Metropolitan Police Department is that the Reserve Corps shall play an integral part in the Department's endeavor to provide high quality police service, and shall supplement and support, not supplant, the sworn and civilian work force. (CALEA 16.3.1)

III. DEFINITIONS

For the purpose of this General Order, the following terms shall have the meaning designated:

1. Sworn Officer – An individual who has taken the law enforcement officer oath of allegiance, and has been appointed to a full-time, paid, continuing position in the civil service rank of officer after satisfactorily completing the Department's required training and probationary period.

2. Sworn Member – An individual who is a full-time, paid Department employee in a sworn rank of officer or above.

3. Civilian Member – An individual who is a full-time, paid, non-sworn Department employee.

4. Department Supervisor – A sworn member in the civil service rank of Sergeant or above, or a civilian member assigned to a supervisory position.

5. Volunteer – A person who donates his or her services to a specific program or department of the District of Columbia Government, by his or her free choice, and without payment for the services rendered. [District Personnel Manual Chapter 35, (Voluntary Services), Section § 4000.1 (Utilization of Voluntary Services)]

6. Reserve Officer – A volunteer, unpaid individual who serves at the pleasure of the Chief of Police. Consistent with applicable law and training and experience, the volunteer assists and supports sworn and civilian members in the day-to-day delivery of police services, and during emergencies.

7. Reserve Officer Level I – A Reserve Officer who is authorized by the Chief of Police to carry a Department-issued firearm while on Department duty and to carry out sworn officer duties and responsibilities under General Supervision (as defined in Section III.13.).

8. Reserve Officer Level II – A Reserve Officer who is authorized by the Chief of Police to carry out sworn officer duties and responsibilities commensurate with the Level II assignment under Close Supervision (as defined in Section III.12.), but who is not authorized to carry a Department-issued firearm.

9. Reserve Official – A Reserve Corps member who has been designated by the Chief of Police to serve in the rank of Reserve Sergeant or above.

10. Reserve Corps Member – A Reserve Officer Level I, Reserve Officer Level II, or Reserve official.

11. Reserve Corps Manager – The Department supervisor or reserve official who

has responsibility for the daily operation of the Reserve Corps.

12. Ranking Reserve Corps Official – The highest ranking Reserve Corps Official as appointed by the Chief of Police.

13. Close Supervision – The specific oversight of the work activities performed by a Reserve Corps member that shall be conducted in the presence of the Reserve Corps member. The purpose is to provide specific guidance to ensure compliance with laws, regulations, and directives.

14. General Supervision – The broad oversight of the work activities performed by a Reserve Corps member that shall be conducted in the presence of Reserve Corps member. The purpose is to provide broad guidance in order to ensure compliance with laws, regulations, and directives.

IV. REGULATIONS

A. D.C. Official Code § 5-129.51 (Metropolitan Police Reserve Corps) establishes the Reserve Corps as follows: (CALEA 1.2.1, CALEA 16.3.1)

1. The Mayor shall establish an MPD Reserve Corps in the District of Columbia. The purpose of the Reserve Corps shall be to assist full-time, sworn police personnel in both the day-to-day, and emergency delivery of law enforcement services, consistent with applicable law. [D.C. Official Code § 5-129.51(a)]

2. The Reserve Corps shall have as its membership a corps of unpaid volunteers who fulfill police duties and responsibilities as determined by the Chief of the Metropolitan Police Department. [D.C. Official Code § 5-129.51(b)]

3. The selection criteria required for, and training provided to, members of the Reserve Corps shall be similar to the selection criteria required for and training provided to full-time, sworn police personnel. [D.C. Official Code § 5-129.51(c)]

B. Reserve Corps members, as volunteers, are subject to D.C. Official Code § 1-319.01 through § 1-319.03 as follows:

1. Reserve Corps members shall be utilized in as many Department programs as is practicable to serve the interests of the community, but shall not be used to fill any position or perform any service, which is currently being performed by an employee of the District of Columbia Government. [D.C. Official Code § 1-319.01 (Utilization by District government encouraged; exception)]

2. Reserve Corps members may not be placed in any position likely to constitute a conflict of interest, or the appearance of a conflict of

interest, in violation of the provisions of Chapter 29 of Title 18, United States Code and D.C. Official Code § Title 1, Chapter 6. [D.C. Official Code § 1-319.03(a) (Conflicts of interest; ineligibility for employee benefits; liability of District for torts of volunteers)]

3. Reserve Corps members shall not be eligible for benefits provided to employees of the District of Columbia Government under Chapters 81, 83, 85, 87, and 89 of Title 5, United States Code. [D.C. Official Code § 1-319.03(b) (Conflicts of interest; ineligibility for employee benefits; liability of District for torts of volunteers)]

4. Reserve Corps members shall be considered employees of the District of Columbia Government for the purpose of operating Department vehicles pursuant to D.C. Official Code § 2-411 through § 2-416. [D.C. Official Code § 1-319.03(c) (Conflicts of interest; ineligibility for employee benefits; liability of District for torts of volunteers)]

5. The District of Columbia shall be liable to third parties for tortious injury caused by Reserve Corps members under its supervision and control. [D.C. Official Code § 1-319.03.(d) (Conflicts of interest; ineligibility for employee benefits; liability of District for torts of volunteers)] (CALEA 16.3.7)

C. Reserve Corps members, as volunteers, are subject to the D.C. Personnel Regulations, Chapter 35 (Voluntary Services), Section § 4000 (Utilization of Voluntary Services), and, as such:

1. May be utilized to perform any service or function that augments or supplements an existing function, service, or program staffed by members of the Department. [§ 4004.4(a)]

2. May be utilized to perform any service or function that creates a community service capability that would not be available under existing programs or within the level of available resources. [§ 4000.4(b)]

3. May be utilized to perform the duties of a regular employee during the temporary absence of the employee, on a temporary basis during periods of heavy workload, and to assist in relieving an existing backlog of work. [§ 4000.4(c) and (d)]

4. Shall be subject to the standards of conduct prescribed for employees of the District of Columbia. [§ 4000.6]

5. Except as provided for in District Personnel Manual § 4000.9, shall not be eligible for any benefits normally accruing to employees of the District of Columbia, including health insurance, retirement, life insurance, leave, or the right to organize for collective bargaining

purposes, unless such benefits are specifically provided by the laws of the District of Columbia. [§ 4000.8]

6. Shall be eligible for compensation for work-related injuries to the extent authorized by Section 2301(a)(2) of D.C. Law 2-139 (D.C. Official Code § 1-623.01 *et seq.*). [§ 4000.9; also D.C. Official Code § 1-632.06 (Express retention of certain District of Columbia laws)] (CALEA 16.3.7)

7. Shall have their services accepted, utilized, and discontinued by the Chief, for any reason, at any time, without any right or process of appeal. [§ 4000.12 and § 4000.13]

8. Shall not engage in political activities during the time voluntary services are being performed. [§ 4000.15]

9. Must be mentally and physically capable of performing the duties assigned without unreasonable danger of harm or injury to themselves or another person. [§ 4000.17]

10. Shall not have their offer of service unlawfully rejected on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, place of residence or business, or any other basis of unlawful discrimination under the laws of the District of Columbia. [§ 4000.20]

11. Shall sign a statement, prior to engaging in voluntary services, that acknowledges that the Reserve Corps member has been informed of the nature and scope of the voluntary services to be performed; has been informed of and understands all the provisions in District Personnel Manual Chapter 35 and of this General Order; and agrees to perform Reserve Officer services under the terms and conditions set forth in District Personnel Manual Chapter 35, D.C. Law 2-12 and this General Order. [§ 4000.25]

D. The Department shall identify qualified individuals to serve in the Reserve Corps; provide members of the Reserve Corps the training, resources, and supervision consistent with their assignments; and utilize the services of Reserve Corps members consistent with applicable law and regulation, and in the best interests of the community, Department, and Reserve Corps members.

E. The Reserve Corps shall be under the administrative control of the Assistant Chief, Office of Security Services (OSS).

F. The Chief of Police shall serve as the final authority on the duties,

responsibilities, authorities, appointment, training, promotion, tenure, reduction in rank or Level, and removal of Reserve Corps members;

G. While on-duty, Reserve Corps members are authorized to exercise the full law enforcement authority of a sworn police officer, pursuant to applicable laws, regulations, and Department directives, except as restricted by this General Order, or the Chief of Police.

H. When any Reserve Corps member is assigned to work with a sworn or civilian member, the responsibility for the operation and conduct of the assignment shall rest with the sworn or civilian member.

I. When not on Department duty, Reserve Corps members shall possess only such police powers as granted to a private citizen [D.C. Official Code § 23-582 (Arrests Without Warrant By Other Persons)].

J. Notwithstanding any other provision of this General Order, all Reserve Corps members shall serve at the pleasure of the Chief of Police, who shall, without limitation, have the authority to determine when to reduce a Reserve Corps member in rank or Level and remove a Reserve Corps member from the Reserve Corps. Such determination shall not be subject to administrative review.

V. PROCEDURAL GUIDELINES

A. Organization

1. The Assistant Chief, OSS, shall:

   a. With the approval of the Chief of Police, appoint a Department supervisor or reserve official to serve as the Reserve Corps Manager to oversee the daily operations of the Reserve Corps;

   b. Approve the initial assignment, and any subsequent transfer, of Reserve Corps members; and

   c. Authorize the use of Reserve Corps members to perform specific details outside their assigned element.

2. Reserve Corps members shall be under the operational command and supervision of the Commanding Official of the element of assignment or, when serving on a special event, the Reserve Corps Manager or designated Department supervisor.

B. Selection and Appointment Criteria (CALEA 16.3.2)

1. Applicants must meet the following selection criteria to be accepted into the Reserve Officer Level II training program:

   a. United States citizenship;

   b. At least twenty-one years of age;

   c. High school diploma or General Equivalency Diploma (GED);

   d. Valid driver's license from their jurisdiction of residence that is not under suspension or revocation;

   e. Successful completion of the required sworn officer entrance tests;

   f. Successful completion of a background suitability investigation based on sworn officer standards;

   g. Successful completion of medical and psychological examinations based on sworn officer standards;

   h. Willingness to meet the Reserve Corps training and service requirements;

   i Recommendation by the Reserve Corps Manager for acceptance into the Reserve Officer Level II training program;

   j. Approval by the Chief of Police.

2. Upon successful completion of all Reserve Officer Level II initial training requirements, Reserve Officer Level II candidates must meet the following Reserve Officer Level II appointment criteria:

   a. Recommendation by the Reserve Corps Manager for acceptance into the Reserve Corps as a Reserve Officer Level II;

   b. Approval of the Chief of Police.

3. Reserve Officers Level II must meet the following selection criteria for acceptance into the Reserve Officer Level I training program:

   a. Reserve Officer Level II in good standing;

   b. Successful completion of at least sixty (60) semester-hour credits, or the semester-hour equivalent, from an accredited post-secondary educational institution [D.C. Official Code § 5-

107.01(a)(1)] or at least 960 hours of volunteer service, or an equivalent combination of education and service.

NOTE: This requirement shall apply only to a Reserve Officer Level II who was accepted into the Reserve Corps on or after December 31, 2003.

c. Completion of at least 192 hours of volunteer service following appointment as a Reserve Officer Level II;

d. Completion of at least one year of Reserve Officer Level II service following appointment as a Reserve Officer Level II;

e. A minimum rating of "Meets Expectations," or the equivalent, on the most recent Departmental annual performance evaluation; (CALEA 35.1.2)

f. Willingness to carry a firearm;

g. Willingness to meet the Reserve Officer Level I initial training requirements;

h. Recommendation by the Reserve Corps Manager for acceptance into the Reserve Corps Level I training program;

i. Authorization by the Reserve Officer Selection Panel, which will review, based on full-time sworn officer standards, candidates' updated background suitability investigations, and updated medical and psychological examinations.

(1) The Panel will meet semiannually, or on an "as needed" basis.

(2) Panel members shall consist of the Executive Assistant Chief of Police, Chief Administrative Officer, Assistant Chief of the Office of Security Services, Senior Executive Director of Corporate Support, and the Ranking Reserve Corps Official. The Reserve Corps Manager shall serve as secretary to Panel meetings.

(3) Upon review of the specific selection material as cited in Section V.B.3.(i) above, Panel members shall return recommendations regarding candidate selection to the Chief of Police.

j. Approval by the Chief of Police.

4. Upon successful completion of all Reserve Officer Level I initial training requirements, Reserve Officers Level II must meet the following

appointment criteria for a Reserve Officer Level I:

a. Continued good standing as a Reserve Officer Level II;

b. A minimum rating of "Meets Expectations," or the equivalent, on the most recent Department annual performance evaluation as a Reserve Officer Level II;

c. Recommendation by the Reserve Corps Manager for elevation to Reserve Officer Level I; and

d. Approval by the Chief of Police.

5. An applicant with prior experience as a law enforcement officer, or who is currently serving as a law enforcement officer, may enter the Reserve Corps as a Reserve Officer Level I. The criteria for direct appointment as a Reserve Officer Level I are as follows:

a. Have retired or resigned, or be currently employed, in good standing, with the qualifying law enforcement agency or agencies;

b. Have met all of the Reserve Corps selection criteria described in Section V.B.1. and Section V.B.3.(h) in this General Order;

c. Have completed at least sixty (60) semester-hour credits, or the semester-hour equivalent, from an accredited post secondary institution, or possess an equivalent combination of education and law enforcement experience;

d. Recommendation by the Reserve Corps Manager for acceptance as a Reserve Officer Level I;

e. Completion of any academy, field, or other training required by the Chief of Police; and

f. Approval by the Chief of Police.

6. The Chief of Police may designate a Reserve Corps member to serve as a Reserve Corps official in any rank.

C. Service and Training

1. Reserve Corps members shall be assigned and transferred based on the operational needs of the Department, and at the discretion of the Chief of Police.

2. Reserve Corps members shall volunteer a minimum of sixteen hours

per month, or a total one hundred ninety-two hours per calendar year.

3. Volunteer service hours performed on holidays shall be earned at a rate of two hours for each hour worked.

4. The volunteer service schedules of the Reserve Corps members shall be established to meet the operational needs of the assigned element and shall, where practicable, consist of four-hour and eight-hour fixed time periods.

5. Reserve Corps members shall submit a monthly activity log to the Reserve Corps Manager, through the chain of command, that also includes reasons, as necessary, for being unable to fulfill the monthly service requirement (e.g., vacation, employment change).

6. Reserve Corps members shall:

   a. Successfully complete all required initial Reserve Corps training prior to being administered the law enforcement officer oath of allegiance and carrying out Reserve Officer duties and responsibilities (CALEA 16.3.3);

   b. After completion of the required initial Reserve Corps training, successfully complete job-related field training (CALEA 16.3.5);

   c. Successfully complete the annual in-service training program required of sworn members (CALEA 16.3.5);

   d. Successfully complete all required Department skills re-qualification training, including those for CPR, AED, ASP baton, and, for Reserve Officers Level I, firearms (CALEA 16.3.5); and

   e. Successfully complete all other mandatory training required of sworn members in the equivalent rank or assignment (CALEA 16.3.5).

7. Reserve Corps members who are selected for employment as sworn officers may receive credit for equivalent training completed under the Reserve Corps program with the approval of the Chief of Police.

D. Duties and Responsibilities (CALEA 16.3.1)

1. Reserve Officers Level II are authorized to perform the following duties and responsibilities upon receiving all required training and/or certification pursuant to Section IV.A.1. in this General Order:

   a. Administrative:

1. Compile, sort, and file records;

2. Staff telephones;

3. Respond to walk-in inquiries;

4. Conduct routine office operations (e.g., photocopying, faxing, typing, filing, and computer-based data entry);

5. Maintain the Patrol Signal System (PSS) Book;

6. Perform routine Washington Area Law Enforcement System (WALES) and National Crime Information Center (NCIC) inquiries; and

7. Assist in Policing For Prevention (PFP) activities and crime analysis tasks.

b. Operational Support:

1. Serve as a Desk Clerk;

2. Serve as a Live Scan technician;

3. Serve as a Booking Officer; and

4. Serve as a Cell Block Technician.

c. Policing:

1. Walk a 10-4 foot beat or patrol in a 10-4 patrol car in the company of a sworn member;

2. Assist in traffic and/or crowd control at accident and fire scenes, school crossings, street closures, special events, and other locations;

3. Handle "special attention" requests from citizens;

4. Be assigned to prepare Department reports in accordance with GO-SPT-401.1 (Field Reporting System), and other applicable directives;

5. Be assigned to a Civil Disturbance Unit (CDU) or Rapid Deployment Team upon successful completion of the required training; and

6. Assist investigative personnel in investigative activities.

d. Carry out other assigned element duties and responsibilities commensurate with their qualifications and training as approved by the element commanding official in accordance with the provisions in this General Order.

2. Reserve Officers Level I are authorized to perform all of the duties and responsibilities of a sworn officer pursuant to Section IV.A.1. in this General Order.

E. Authorities and Supervision (CALEA 16.3.1)

1. Reserve Corps Members shall:

a. Be assigned to a Department Supervisor.

b. Be considered on Department duty when the Reserve Corps member:

(1) Has reported to his or her assigned element and has received a duty assignment from the roll call official, or his or her Department supervisor;

(2) Has checked into the Court Liaison Division to paper a case, or in response to a subpoena or CANS Notice;

(3) Is traveling to and from an assignment in an official Department vehicle; and

(4) Takes police action, while off duty and in the District of Columbia, that is consistent with his/her training and duties and responsibilities, to assist a sworn officer in circumstances in which a reasonable police officer would believe that serious bodily injury or death is imminent.

c. Be permitted, while on Department duty, to use Department equipment and facilities subject to the same rules and limitations as sworn and civilian members.

2. A Reserve Officer Level II, upon successful completion of the required training, and pursuant to applicable laws, regulations, and Department directives, while on Department duty, and while under close supervision, is authorized to:

a. Perform the duties and responsibilities specified in this General

Order, and other duties and responsibilities approved by the element Commanding Official;

b. Make arrests when in the company of a sworn member;

c. Prepare Department reports;

d. Issue civil Notices of Infraction (NOI's) for **non-moving** traffic violations;

e. Issue Violation Citations (PD Form 61D's) for criminal offenses in accordance with the PD Form 61D Standard Operating Procedures;

f. Appear before courts and administrative tribunals as a sworn officer;

g. Carry and utilize Department-issued OC (Oleoresin-Capsicum) spray and an ASP baton; and

h. Operate Department vehicles when:

(1) On patrol in the company of a sworn member;

(2) Responding "Code One" in the company of a sworn member; and

(3) Traveling to and from a detail, or an administrative assignment, in the company of a sworn member.

3. A Reserve Officer Level I, upon successful completion of the required training, and pursuant to applicable laws, regulations, and Department directives, while on Department duty, and while under General Supervision, is authorized to:

a. Perform all of the duties and responsibilities of a sworn officer;

b. Exercise the authorities listed above for a Reserve Officer Level II;

c. Issue civil Notices of Infraction (NOI's) for **moving** traffic violations; and

d. Carry and utilize a Department-issued firearm.

4. Reserve Officer Level I and II shall not serve as Field Training Officers for sworn members.

F. Papering and Court Appearances:

1. When a Reserve Corps member is the arresting officer, the Reserve Corps member shall be responsible for papering the case, and for all subsequent court appearances associated with the arrest.

2. When a Reserve Corps member is the assisting officer in an arrest, the arresting officer shall be responsible for papering the case, and for all subsequent court appearances associated with the arrest.

3. Reserve Corps members shall make themselves available for court appearances, even when such an appearance may interfere with their regular employment, and shall be subject to the official court process for compelling their attendance.

G. Uniform and Equipment (CALEA 16.3.4)

1. Reserve Corps Members:

a. While on Department duty, shall wear the uniform required of a sworn member of equivalent rank, with the exception that the badge shall contain an "R" preceding the badge numbers;

b. Must be granted advance approval by the Assistant Chief, OSS to work in other than the Department uniform. (e.g., plainclothes);

c. Shall be issued the same equipment as sworn officers, subsequent to successfully completing all required training, except that Reserve Officers Level II shall not be issued a firearm;

d. Shall comply with the provisions in GO-OPS-110.11 (Uniforms and Equipment), to include the procedures for reporting the loss of, and damage to, Department-issued equipment;

e. Shall not wear the Department uniform, or identifiable parts of the Department uniform, while off duty. The **only** exception is when traveling to and from volunteer service with the Department. In that instance, Reserve Corps members shall cover all of the identifiable parts (e.g., shirt, badge) with a civilian garment;

f. Shall not produce or display the Reserve Corps badge and identification folder except while on Department business; and

g. Shall return all Department-issued uniforms and equipment, including the badge and identification card, to a Department supervisor of the assigned element within twenty-four (24) hours following resignation or removal from the Reserve Corps.

2. The Department supervisor of a Reserve Corps member who has resigned or been removed from the Reserve Corps shall be responsible for ensuring that all Department-issued uniforms and equipment are returned as required.

H. Department Vehicles

1. Reserve Corps Members shall:

a. Maintain a valid driver's license from the jurisdiction of their residence that is not under suspension or revocation;

b. Operate only the Department vehicles (e.g., marked patrol cars, wagon, scooter, motorcycle) for which they have successfully completed the required Department training;

c. Operate Department vehicles in accordance with the District of Columbia traffic laws and regulations, GO-OPS-301.1 (Vehicle Operation and Maintenance), and GO-OPS-301.03 (Vehicular Pursuits); and

d. Be subject to the provisions in GO-SPT-401.02 (Crash Review Board), except that the Chief of Police shall determine the consequences for each separate crash incident.

2. Reserve Corps members shall not:

a. Operate a Department vehicle without obtaining the prior proper authorization of a Department supervisor for each separate use of the vehicle. If vehicle use extends over more than one tour of duty, a separate request and authorization is required for each tour of duty; and

b. Operate marked vehicles unless in proper uniform and on Department duty.

I. Service Weapons

1. Each Reserve Officer Level II, following the successful completion of the required training, shall be issued Oleoresin Capsicum (OC) spray and an ASP baton.

2. Each Reserve Officer Level I, following the successful completion of the required firearms training, shall be issued a Department firearm.

3. Reserve Corps Members shall comply with all Department policies and procedures regarding the use of force, and act in accordance with the provisions in GO-RARs 901.01 (Handling of Service Weapons), 901.04 (Oleoresin Capsicum (OC) Spray Dispensers), and 901.07 (Use of Force), and shall be subject to the provisions in GO-RARs 901.08 (Use of Force Investigations), 901.09 (Use of Force Review Board), and 901.11 (Force Related Duty Status Determination).

4. Firearms assigned to Reserve Corps Members shall be secured in the Watch Commander's safe in the assigned element when the Reserve Corps members are not on Department duty.

   a. Prior to releasing a firearm to a Reserve Officer Level I, an official designated by the Watch Commander shall review the identification card of the Reserve Officer to verify the Level I status, inspect the firearm and magazines in accordance with Department procedures, and require the Reserve Officer Level I to sign a log established for that purpose.

   b. At the end of each tour of duty of a Reserve Officer Level I who has been issued a firearm, an official designated by the Watch Commander shall take possession of, and inspect, the firearm and magazines in accordance with Department procedures, and require the Reserve Officer Level I to sign a log established for that purpose.

   c. The Watch Commander shall determine if any delayed return of a firearm and magazines by a Reserve Officer Level I shall be reviewed, and a report submitted to the Commanding Official.

5. When a Reserve Officer Level I who has been issued a Department firearm receives an assignment outside his/her assigned element (e.g., special event detail), the Reserve Officer Level I shall report to his/her assigned element to obtain the firearm and magazines, proceed directly to the outside assignment, and report directly from the outside assignment to his or her assigned element to return the firearm.

J. On-Duty Injuries and Illnesses

1. A Reserve Corps member shall immediately report injuries and illnesses that occur while on Department duty to an on duty element supervisor in his/her element, and seek medical attention as appropriate.

2. The on duty element supervisor shall immediately notify the element Watch Commander, and shall certify the PD Form 42 (Illness/Injury Report).

3. Prior to the end of the tour of duty during which the injury or illness occurred, the Reserve Corps member shall complete a PD Form 42 (Illness/Injury Report), and print "RESERVE CORPS MEMBER" in capital letters across the top of the first page of the PD Form 42.

   a. The PD Form 42 shall be in detail, and shall contain the names and addresses of any witnesses.

   b. The on duty element supervisor shall certify, and forward the PD Form 42 to the Commanding Official, through the Watch Commander, prior to the end of the tour of duty during which the injury or illness occurred.

4. When a Reserve Corps member is injured or ill to such an extent that he/she is physically unable to prepare the PD Form 42, the on duty element supervisor shall complete, certify, and forward the PD Form 42 to the Commanding Official, through the Watch Commander, prior to the end of the tour of duty during which the injury or illness occurred.

5. The certified PD Form 42 and one copy shall be filed in the element personnel folder of the Reserve Corps member.

6. The on duty element supervisor shall report the injury or illness to the D.C. Disability Compensation Program within twenty-four (24) hours from the time the injury or illness occurred (See Attachment A for the phone number), and provide the following information:

   a. Claimant's name, Social Security Number, address, home telephone number, date of birth, and occupation (i.e., MPD Reserve Corps member);

   b. Date and time of the injury or illness;

   c. Name of the employing agency program (i.e., MPD Volunteer Program), and element of assignment;

   d. Department Supervisor's name, work address, and work telephone number;

   e. Description of the injury or illness; and

   f. Location where the injury or illness occurred.

7. Within fifteen (15) calendar days from receipt of the "Injury or Occupational Illness Report" from the D.C. Disability Compensation Program, the injured or ill Reserve Corps member, or if the member is unable to do so, the on duty element supervisor, shall submit to the D.C. Disability Compensation Program (See Attachment A for address and phone number):

   a. A copy of the completed "Injury or Occupational Illness Report;"

   b. A copy of the certified PD Form 42; and

   c. All related reports from physicians, hospitals and emergency or other treatment and health care facilities.

8. An injured or ill Reserve Corps member shall:

   a. Arrange to pay for the initial medical treatment. Upon the injury or illness being ruled in the performance of duty, the Reserve Corps member may seek appropriate reimbursement from the D.C. Disability Compensation Program in the Office of Risk Management according to the procedures established by that Office; and

   b. Obtain subsequent medical treatment for injuries and illnesses ruled in the performance of duty through the D.C. Disability Compensation Program, or from his/her selected health care provider.

9. When a Reserve Corps member sustains an injury or illness while off duty, to the extent that the Reserve Corps member is unable to fulfill the monthly volunteer service requirement, the member shall notify the Reserve Corps Manager, in writing, through the chain of command, within forty-eight (48) hours, or as soon as capable of doing so.

10. To return to volunteer duty with the Department following an extended absence due to injury or illness, a Reserve Corps member must submit to the Reserve Corps Manager certification from a private physician that the member can perform the full range of Reserve Corps duties and responsibilities.

11. Reserve Officers Level I shall be subject to the same policies and procedures regarding re-qualification with their assigned firearm after an extended absence from volunteer service as prescribed in GO-RAR-901.01 (Handling of Service Weapons).

K. Conduct

1. Reserve Corps members, in accordance with their Level, shall:

   a. Conduct themselves in a professional manner as governed by applicable Federal and District of Columbia laws and regulations;

   b. Act in accordance with Department directives, including General Order 201.26 (Duties, Responsibilities and Conduct of Members of the Department), and GO-RAR-201.36 (Metropolitan Police Department Sworn Law Enforcement Officer Code of Ethics);

   c. While on Department duty, be held to the same duty obligations as a sworn officer, including the duty to make arrests for crimes committed in their presence, the duty to take appropriate police action when required, and the duty to comply with all laws, regulations, Department directives, and lawfully issued orders;

   d. Advise their Department supervisor at least one hour prior to the start time for the volunteer service when they are unable to report for scheduled volunteer service;

   e. Not perform volunteer service outside the assigned element without the prior approval of their Department Supervisor, except when assigned to a special event detail by the Assistant Chief, OSS;

   f. At all times, maintain personal possession of all Department-issued uniforms and equipment, including the badge and identification card;

   g. Within twenty-four (24) hours of any change in name, address, or telephone number, complete the PD Form 73 (Personnel Action), and submit to their Department supervisor.

2. Department supervisors shall conduct annual performance evaluations of Reserve Corps members with input from appropriate Reserve officials, and in accordance with the Department procedures prescribed for Reserve Corps members.

3. When a Reserve Corps member has engaged in conduct that results in corrective action, the Commanding Official shall forward a copy of the action taken to the Reserve Corps Manager.

L. Demotion, Removal, or Resignation

1. Reserve Corps members serve at the pleasure of the Chief of Police, who may, at any time, and for any reason, reduce a member in rank or

Level, or remove the member from the Reserve Corps.

2. The Reserve Corps Manager shall recommend members to the Chief of Police, through the chain of command, for a reduction in rank or Level, or removal from the Reserve Corps, for:

   a. Failing to meet the annual service requirement;

   b. Receipt of a rating of lower than "Meets Expectations" in the annual Department performance evaluation;

   c. Failing to successfully complete Reserve Corps initial training requirements;

   d. Failing to successfully complete field training requirements; and

   e. Failing to successfully complete in-service training requirements, including those relating to CPR/AED re-certification, and for re-qualifying with the Department-issued firearm, ASP, and OC spray.

3. The Reserve Corps Manager, or a Reserve, civilian, or sworn supervisor of a Reserve Corps member, shall recommend to the Chief of Police, through the chain of command, reduction in rank or Level, or removal, when Reserve Corps members engage in conduct that warrants other than corrective action.

4. When a Reserve Corps member is recommended for removal from the Reserve Corps, the element Commanding Official shall immediately:

   a. Relieve the Reserve Corps member from voluntary service;

   b. Serve the Reserve Corps member with a PD Form 77 (Revocation of Police Powers) in accordance with General Order 1202.4 (Revocation of Police Powers);

   c. On the PD Form 77, check the box marked "Other", and explain the reason for the revocation; and

   d. Prohibit the Reserve Corps member from performing any voluntary service with the Department pending the decision of the Chief of Police.

5. Any Reserve Corps member may resign from the Reserve Corps at any time, and shall notify the Chief of Police of such resignation, in writing, through the chain of command, with a copy to the Reserve Corps Manager.

M. Roles and Responsibilities of Supervisory and Command Personnel

1. Reserve Corps Officials shall:

   a. Provide administrative and field supervision to Reserve Corps members in accordance with the authorities prescribed by their Level, and with the provisions in this General Order.

   b. Recognize the commendable performance of Reserve Corps members;

   c. Recommend Reserve Corps members for reduction in rank or Level, or removal from the Reserve Corps as required by this General Order;

   d. Prepare annual performance evaluations;

   e. Ensure compliance with applicable laws, rules, and directives; and

   f. Carry out Reserve Officer duties and responsibilities as assigned.

2. Department Supervisors shall:

   a. Provide the proper supervision to assigned Reserve Corps members, including:

      (1) Giving Reserve Corps members their daily assignments;

      (2) Ensure injuries and illnesses of Reserve Corps members are handled in accordance with the provisions in this General Order;

      (3) Conducting administrative investigations;

      (4) Recognizing the commendable performance of Reserve Corps members;

      (5) Recommending Reserve Corps members for reduction in rank or Level, or removal from the Reserve Corps as required by this General Order;

      (6) Preparing annual performance evaluations; and

      (7) Ensuring compliance with applicable laws, rules, and directives.

b. Ensure that Department-issued uniforms and equipment are returned to the Department following the removal or resignation of a Reserve Corps member; and

c. Ensure the completion of all applicable forms related to on-duty injuries and illnesses of Reserve Corps members, to include timely certification of the PD Form 42, in accordance with the provisions in this General Order.

3. The Reserve Corps Manager shall:

a. Assist in ensuring that the Department's Reserve Corps program is administered in accordance with all applicable laws, rules, regulations, and the provisions in this General Order;

b. Manage the daily administrative operations of the Reserve Corps;

c. Supervise Reserve Corps members on special event details as required;

d. Recommend individuals for acceptance into Reserve Corps training programs and appointment as Reserve Corps members;

e. Ensure that personnel records for Reserve Corps members are properly established and maintained, including service and training records;

f. Ensure that Reserve Corps members receive the required field and in-service training, including firearms re-qualification training;

g. Inspect and monitor the activities of Reserve Corps members, to include recommending the Reserve Corps members for recognition as appropriate;

h. Recommend Reserve Corps members for reduction in rank or Level, or removal from the Reserve Corps as required by this General Order;

i. Process notifications from Reserve Corps members concerning their inability to volunteer due to on-duty and off-duty injuries and illnesses;

j. Prepare written directives, reports, and correspondence relating to the administration, operation, and accomplishments of the

Reserve Corps; and

k. Evaluate the effectiveness of the Reserve Corps Program and submit to the Assistant Chief, OSS, an annual report with recommendations for improving the efficiency and effectiveness of the Reserve Corps.

4. Watch Commanders shall ensure that:

a. Department-issued firearms assigned to Reserve Officers Level I are released, returned, and stored properly;

b. Reserve Corps members receive the appropriate supervision on their assigned tours of duty;

c. All PD Form 42s for Reserve Corps members are certified prior to the end of the tour of duty during which the injury or illness occurred.

5. Commanding Officials shall:

a. Ensure that the Reserve Corps program functions within their element in accordance with all applicable laws, rules, regulations, and the provisions in this General Order;

b. Approve additional duties and responsibilities that are not defined in this General Order. Additional duties and responsibilities shall be in accordance with the provisions in this General Order;

c. Ensure that Reserve Corps administrative matters are kept up-to-date with regard to personnel records; service documentation; compliance with law, regulation and directives; reporting injuries and illnesses; misconduct reviews; issuance of corrective action; and recognition for commendable performance; and

d. Make recommendations for promotions, demotions, or removal from the Reserve Corps.

6. The Director, General Support Services Division, Corporate Support Group, shall ensure that Reserve Corps members are furnished with the authorized uniforms and equipment, and maintain a record of such issuance.

7. The Director, Institute of Police Science, Corporate Support Group, shall:

a. Provide Reserve Corps members with the proper initial and in-service training, including CPR, AED, ASP baton, OC spray, firearms, and vehicle skills qualification training;

b. Ensure that all Reserve Corps member training is documented;

c. Provide qualified Reserve Corps members the training that will permit them to instruct, as appropriate, Reserve Officer Level I and II initial training programs, and in-service training for Reserve Corps members; and

d. Ensure that a minimum of one Reserve Officer Level II and one Reserve Officer Level I training program is conducted each calendar year, except as otherwise authorized by the Chief of Police.

8. The Director, Office of Human Services, Corporate Support Group, shall:

a. Ensure the proper recruitment and selection of Reserve Corps members; and

b. Ensure that Reserve Corps members participate in the Department's drug screening program for sworn members.

9. The Assistant Chief, OSS, shall:

a. Ensure that the Department's Reserve Corps program is administered in accordance with all applicable laws, rules, regulations, and the provisions in this General Order;

b. Approve the issuance of written internal guidance pertaining to the administrative operation of the Reserve Corps;

c. Determine the initial assignments, and subsequent transfers, of Reserve Corps members following completion of the required initial training;

d. Coordinate, authorize, and ensure the proper deployment of Reserve Corps members to special event details;

e. Approve the wearing of other than the Department uniform by a Reserve Corps member; and

f. Ensure the Reserve Corps Manager provides periodic reports, and an annual report, on the status of issues and initiatives

within the Reserve Corps program.

10. The Chief of Police shall:

    a. Approve the appointment of the Reserve Corps Manager;

    b. Serve as the final authority on the duties, responsibilities, authorities, appointment, training, promotion, tenure, reduction in rank or Level, and removal of Reserve Corps members;

    c. Determine the consequences for Reserve Corps members involved in preventable motor vehicle crashes; and

    d. Grant credit to Reserve Corps members selected for employment as sworn officers for equivalent Department training completed under the Reserve Corps program.

VI. CROSS REFERENCES

A. D.C. Official Code

1. D. C. Official Code § 1-319.01 (Utilization by District government encouraged) through § 1-319.03 (Conflicts of interest; ineligibility for employee benefits)

2. D.C. Official Code § 1-632.06 (Express retention of certain District of Columbia laws)

3. D.C. Official Code § 5-129.03 (Appointment of special police without pay)

4. D. C. Official Code § 5-129.51 (Metropolitan Police Department Reserve Corps)

B. D.C. Personnel Rules and Regulations

District of Columbia Personnel Manual, Chapter 35 (Voluntary Services) Section 4000 (Utilization of Voluntary Services)

C. General Orders

1. GO-OPS-110.11 (Uniforms and Equipment)

2. General Order 201.26 (Duties, Responsibilities, and Conduct of Members of the Department)

3. GO-RAR-201.36 (Metropolitan Police Department Sworn Law

Enforcement Officer Code of Ethics)

4. General Order 301.1 (Vehicle Operation and Maintenance)
5. GO-OPS-301.03 (Vehicular Pursuits)
6. GO-SPT-401.01 (Field Reporting System)
7. GO-SPT-401.02 (Crash Review Board (CRB)
8. GO-RAR-901.01 (Handling of Service Weapons)
9. GO-RAR-901.04 (Oleoresin Capsicum (OC) Spray Dispensers)
10. GO-RAR-901.07 (Use of Force)
11. GO-RAR-901.08 (Use of Force Investigations)
12. GO-RAR-901.09 (Use of Force Review Board)
13. GO-RAR-901.11 (Force Related Duty Status Determination)
14. General Order 1202.4 (Revocation of Police Powers)

VII. ATTACHMENT

1. Attachment A: Contact information for the D.C. Disability Compensation Program

//SIGNED//
Charles H. Ramsey
Chief of Police

CHR:NMJ:DAH:JAH:scm:jgw:gdc:mck

CONTACT INFORMATION FOR THE D.C. DISABILITY COMPENSATION PROGRAM IN THE D.C. OFFICE OF RISK MANAGEMENT

To begin the process of filing a claim for disability compensation, the Reserve Corps Officer's supervisor must call:

888-832-2524

For information on the D.C. Disability Compensation Program:

D.C. Office of Risk Management
D.C. Disability Compensation Program
441 4th Street, NW, Suite 930 South
Washington, DC 20001 (202) 727-2277
http://orm.dc.gov

SPECIAL ORDER

DISTRICT OF COLUMBIA

Title
Public Safety Officers' Benefits Program
Series / Number
SO-08-11
Effective Date
December 10, 2008
Replaces:
General Order 1003.1 (Public Safety Officers' Benefits Act), Effective Date March 22, 1994
Related To:
GO-OMA-101.04 (Member Critical Injury or Line of Duty Death Notifications)

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II. Definitions ..... Page 1
III. Benefits ..... Page 2
IV. Benefit Limitations..... Page 5
V. Filing a Claim ..... Page 5

I. BACKGROUND

The purpose of this General Order is to inform members of the current provisions of the Public Safety Officers' Benefits (PSOB) Program. According to the U.S. Department of Justice, Bureau of Justice Assistance, the 1976 PSOB Act (42 U.S.C. 3796, *et seq.*; 28 CFR 32), as amended, assists in the recruitment and retention of qualified public safety officers, demonstrates the value communities place on public safety officers, and contributes to the peace of mind of the officers and their families (http://www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html).

The PSOB Program provides death benefits for eligible survivors of public safety officers whose deaths are the direct and proximate result of a traumatic injury sustained in the line of duty and of certain eligible heart attacks or strokes and disability benefits for officers who have been permanently and totally disabled by a catastrophic injury sustained in the line of duty when that injury permanently prevents the officer from performing any gainful work. The PSOB Program also includes the Public Safety Officers' Educational Assistance (PSOEA) Act which provides educational assistance for the spouse or children of a public safety officer who has been permanently disabled or killed in the line of duty.

II. DEFINITIONS

When used in this directive, the following terms shall have the meanings designated:

1. Catastrophic Injury – Any injury whose consequences result in permanently preventing an individual from performing any gainful work.

2. Child – Any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is:

a. Eighteen (18) years of age or younger;

b. Over eighteen (18) years of age and a full-time student as defined in 5 U.S.C. 8101; or

c. Over eighteen (18) years of age and incapable of self-support because of mental or physical disability.

3. Law Enforcement Officer – Any individual involved in crime and juvenile delinquency control or reduction, or enforcement of criminal laws (including juvenile delinquency), including, but not limited to, police, corrections, probation, parole, and judicial officers.

4. Line of Duty Activity or Action – Any duty that a public safety officer, whose primary function is law enforcement, is obligated or authorized to perform by statute, rule, regulation, or condition of employment, official mutual-aid agreement, or other law (including any social, ceremonial, or athletic function, training program, and authorized commuting) to which the officer is assigned or compensated under the auspices of the public agency served and the agency legally recognizes that activity or action to be so obligated or authorized.

   NOTE: This definition applies to a public safety officer whose primary function is not law enforcement if the activity or action is not "a frolic or detour" and is performed in the course of law enforcement.

5. Public Agency – United States, any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Commonwealth of the Northern Mariana Islands, and any territory or possession of the United States; or any unit of local government, department, agency, or instrumentality of any of the foregoing.

6. Public Safety Officer – Any individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew; or an employee of the Federal Emergency Management Agency (FEMA), or of a State, local or tribal emergency management or civil defense agency, who is performing official duties related to a major disaster or emergency or who is performing hazardous duties.

III. BENEFITS

A. Death Benefit

1. The PSOB Program provides a death benefit in the form of a one-time financial payment to the eligible survivor(s) of a public safety officer whose death is the direct and proximate result of a traumatic injury sustained in the line of duty or of an eligible heart attack or stroke.

   NOTE: For the requirements related to heart attack or stroke, see 42 USC 3796, § 1201 (k).

2. As of October 1, 2008, the death benefit amount is $315,746. The amount of the benefit is indexed each year to the Consumer Price Index (CPI-U).

   NOTE: Eligible survivors (Part A.6 below.) will receive a $50,000 lump sum payment from the District of Columbia and the remainder of the PSOB benefit. This combined amount, however, will not exceed the total PSOB payment.

3. For each death claim, the award amount is solely determined by the actual date of the public safety officer's death.

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

5. The death benefit will not be subject to attachment by creditors nor subject to Federal Income Tax or Federal Estate Tax.

6. For deaths occurring on or after September 11, 2001, benefits will be paid to survivors according to the following criteria:

   a. If there is a spouse and no child, all to the spouse;

   b. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares;

   c. If no spouse, and children only, all to the child or children in equal share;

   d. If no spouse or children, then to the individual designated by the officer as beneficiary on file with the officer's agency, or if no designation, to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency; and

   e. If none of the above, to the officer's parents in equal shares.

7. Following the approval of a death benefits claim, the eligible survivor(s) will be paid the benefit in a lump sum.

B. Disability Benefit

1. The PSOB Program provides disability benefits to a public safety officer who has been permanently and totally disabled by a catastrophic personal injury sustained in the line of duty on or after November 29, 1990, when the injury permanently prevents the officer from performing any gainful work (i.e., full- or part-time activity that actually is compensated or commonly is compensated).

2. To initiate a claim for PSOB disability benefits, an officer must be separated from his/her employing agency for medical reasons and must be receiving the maximum allowable disability compensation from his/her jurisdiction.

3. Medical retirement for a line-of-duty disability does not, in and of itself, establish eligibility for PSOB benefits.

4. The qualifying date for the award amount will be the date of the officer's disability.

C. Educational Assistance Benefit

1. The PSOEA Act provides financial assistance for higher education for the spouse(s) and child(ren) of public safety officers after the PSOB death or disability claim process has been completed and benefits have been awarded.

2. The educational assistance may be used for relevant expenses, including tuition and fees, room and board, books, computer equipment, supplies, and other education-related costs that are incurred by a spouse at any time during his or her lifetime or by a child prior to the twenty-seventh (27th) birthday of the child (unless the U.S. Attorney deems that extraordinary circumstances exist for the child).

3. As of October 1, 2008, the maximum award for a full-time student who maintains a 2.0 grade point average is $915 per month of class attendance.

   a. The award amount is proportionately less for part-time students.

   b. The award must, by law, be reduced by the amount of other governmental assistance that a student is eligible to receive.

4. The spouse or child is eligible to receive the educational assistance benefit for a period no greater than forty-five months of full-time education or a proportionate period of a part-time program.

5. The educational assistance award may be retrospective, but no payment shall be made with respect to any grading period that ended before the officer's injury date.

IV. BENEFIT LIMITATIONS

No benefit will be paid by the PSOB Program:

A. If the death or catastrophic injury was caused by the intentional misconduct of the public safety officer or by the officer's intention to bring about his/her death or catastrophic injury;

B. If the public safety officer was voluntarily intoxicated at the time of his/her death or catastrophic injury;

C. If the public safety officer was performing his/her duties in a grossly negligent manner at the time of his/her death or catastrophic injury; or

D. To any individual who would otherwise be entitled to a benefit under the PSOB Act if such individual's action(s) were a substantial contributing factor to the death or catastrophic injury of the public safety officer.

V. FILING A CLAIM

A. Absent a showing of good cause to the PSOB Program Director, no claim will be considered when filed with the PSOB Office after the later of three (3) years after the date of the death or disabling injury of the officer or one (1) year after the receipt or denial of any other death or disability benefits by the employing agency.

B. An eligible survivor or disability claimant may file a claim directly with the PSOB Office or may file a claim through the Metropolitan Police Department, Professional Development Bureau, Human Resources Management Division.

C. An individual who meets the eligibility requirement for educational assistance should request an application directly from the PSOB Office (Part V.D below).

D. The completed Report and Claim forms may be submitted online at https://www.psob.gov or to:

Benefits Office
Bureau of Justice Assistance
U.S. Department of Justice
810 Seventh Street, N.W.
Washington, D.C. 20531.
202-307-0635/1-888-744-6513

E. The MPD will provide the information required by the PSOB Office for the determination of whether the circumstances of a death or disability entitle a survivor or claimant to a benefit.

Cathy L. Lanier
Chief of Police

CLL:PS:JGW:LN

GENERAL ORDER

DISTRICT OF COLUMBIA

Subject		
Medical Services		
Topic	**Series**	**Number**
PER	**100**	**11**
Effective Date		
April 25, 2006		
Replaces:		
General Order 1001.1 (Medical Services), Effective Date January 9, 1998		

I.	Background	Page 1	V.	Procedural Guidelines	Page 5
II.	Policy	Page 2	VI.	Provision	Page 28
III.	Definitions	Page 2	VII.	Cross References	Page 28
IV.	Regulations	Page 5			

I. BACKGROUND

On September 30, 2004, the "Omnibus Public Safety Amendment Reform Act of 2004" went into effect. Title VI of the Omnibus Act mandates several changes in how the Department implements its workers compensation program responsibilities, including setting parameters as to when a member is to be presented to the Police and Firefighters Retirement Relief Board for disability retirement.

This order incorporates those mandated changes, and establishes an occupational health care program that will enable the Department to monitor the medical progress of injured and/or ill members; develop individualized "Return-to-Work" programs that provide a transition between acute care and return to work through a highly structured, goal-oriented, individualized treatment program according to the medical needs of the member; return members to duty as quickly as medically possible; provide for wellness and preventive health programs; and process for retirement injured and/or ill members who can no longer perform the full range of police duties, even after meeting maximum medical improvement.

This system is implemented through conducting physical examinations; administering emergency medical and rehabilitative treatment services for Performance of Duty injuries and/or illnesses; monitoring the medical and rehabilitative treatment for Non-Performance of Duty injuries and/or illnesses; administering a health and wellness program; and authorizing a member to be placed on non-chargeable sick leave for Performance of Duty injuries and/or illnesses during the recovery process.

Members who seek guidance and instruction, when confronted with circumstances or concerns that are not specifically addressed by the provisions in this directive, shall direct their questions to the Director, Medical Services Section. (CALEA 22.3.2) (CALEA 26.1.1)

II. POLICY

The policy of the Metropolitan Police Department is to meet the occupational health needs of its members by ensuring that members who sustain occupational injuries and illnesses receive quality health care, and continue to receive income, consistent with the Omnibus Act, while recovering from a duty-related injury and/or illness. In addition, the Police and Fire Clinic shall monitor members' non-performance of duty injuries and illnesses. The purpose is to determine members' duty status and their ability to participate in the Limited Duty Program.

III. DEFINITIONS

When used in this directive, the following terms shall have the meanings designated:

1. Behavioral Health Injury/Illness – Diagnosis and treatment of psychological/psychiatric injuries and/or illnesses occurring in the Performance of Duty, and the monitoring of Non-Performance of Duty psychological/psychiatric injuries and/or illness. This is the accepted and commonly used medical term to describe stress-related medical conditions.

2. Chief Physician – The physician responsible for the medical administration of the Police and Fire Clinic.

3. Clinic Case Manager – The nurse, or other health care professional, who is responsible for the coordination of case management activities for members, ensuring the member's compliance with all medical directives, and facilitating the member's earliest possible return to a full-duty status.

4. Critical Incident – An incident where a member suffers a behavioral health injury/illness and the member:

    a. Took direct, authorized police action, and was seriously wounded, or

    b. Was the victim of a crime that could have resulted in the member being seriously wounded or killed, and the crime was related to that member's performance of his/her duties; or

    c. Took direct, authorized police action, and that action directly caused the fatal wounding of another individual.

5. Disability Compensation Pay – The biweekly salary of a sworn member, paid to the member following a Performance of Duty determination, or, if the Department fails to meet the 30-day deadline for certification, until the Department makes a Non-Performance of Duty determination.

6. Director, Medical Services Section – The program manager for the Medical Services Section of the Metropolitan Police Department.

7. Full Range of Police Duties – The essential functions of police work as determined by established policies and procedures of the Metropolitan Police Department.

8. Health Care Provider – Medical staff assigned to, or part of, the network of providers hired by the Police and Fire Clinic. This includes, but is not limited to, surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, osteopathic practitioners, nurses, physician assistants, physical therapists, laboratory technicians, X-ray technicians, and social workers within the scope of their practice.

9. Limited Duty Status – Temporary status for members who are not able to perform the full range of police duties because of injury/illness or other temporary medical disability, but are certified by the Chief Physician as being capable of effectively performing certain types of work.

10. Limited Duty/Non-Contact Status – A member who has been certified by the Chief Physician as capable of effectively performing certain types of work, and who has been placed in a non-contact status pending the conclusion of a Departmental or other investigation.

11. Maximum Medical Improvement – A condition or state that is well-stabilized, and unlikely to change substantially in the next year with, or without, medical treatment. Over time, there may be some change; however, further recovery or deterioration is not anticipated.

12. Medical Leave – Authorized leave taken by a member when the member is unable to perform his/her duties due to a serious health condition as certified by his/her health care provider. Medical Leave may include sick leave, advanced sick leave, annual leave, compensatory time, and leave without pay. Performance of Duty sick leave does not count as medical leave.

13. Medical Emergency – Medical condition that, in the opinion of the Chief Physician, manifests itself by acute symptoms of sufficient severity (including severe pain), such that the absence of **immediate** medical treatment could reasonably be expected to result in placing the employee's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

14. Member – In this directive, "member" shall be defined as sworn law enforcement officers of the MPD, including Senior Police Officers.

15. Non-Performance of Duty Injury/Illness – Injury or illness that does not arise out of, and in the performance of, a member's duty as a Metropolitan Police Officer.

16. Notification to the Clinic - In this directive, this phrase means that the notification must be made to a Clinic liaison officer at the rank of Sergeant or higher.

17. Notification to an Official – In this directive, the phrase means that the notification must be made to an official of higher rank than the member.

18. Performance of Duty (POD) Injury/illness – Injury/illness that arises in the course of a member performing his/her duties as a police officer. A member can sustain a POD injury/illness while on or off duty:

    a. An on-duty POD injury/illness is sustained when a member was legally on duty, as evidenced by time and attendance records, and engaged in work for the Department.

    b. An off-duty POD injury/illness is sustained when a member was required to take police action in the District of Columbia, even though the member was legally off duty, as evidenced by the time and attendance records.

19. Performance of Duty Sick Leave – authorized non-chargeable leave provided for a member while the member is recovering from a POD injury/illness.

20. Serious Health Condition – A physical or mental illness, injury, or impairment that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual.

    Examples of serious health condition include, but are not limited to, heart attacks, heart conditions requiring bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, lupus, AIDS, injuries caused by serious accidents off the job, ongoing pregnancy, miscarriages, complications, or illnesses related to pregnancy, prenatal care, childbirth, and recovery from childbirth.

21. Urgent Care – treatment of injuries/illnesses that require the immediate attention of a health care professional, but are not of a nature that the services of a hospital emergency room or hospitalization is needed.

IV. REGULATIONS

A. Pursuant to the Omnibus Act, the Department shall:

1. Within thirty (30) calendar days from the date the member reports a claim of an injury/illness, make a determination whether the injury/illness is POD or non-POD.

   If the Department fails to make a ruling within thirty (30) days, the claim shall be presumed to be a POD injury/illness, and the member will receive non-chargeable sick leave, and will pay reasonable medical expenses supported by appropriate documentation until he/she receives a formal ruling on his/her claim. Even if the claim is eventually determined to be non-POD, the Department shall not "reach-back" to recover costs incurred as a result of the Department's failure to make a ruling within thirty (30) days.

2. Process for retirement any member who spends 172 **cumulative** workdays in a less than full-duty status **over any 24-month period** as a result of any one POD or non-POD injury/illness, including complications related to the injury/illness. The 172 cumulative workdays:

   a. Are accrued over a 24-month period, and do not have to be accrued consecutively.

   b. Do **not** apply to pregnant females in a limited duty status. (CALEA 22.2.1-c)

B. In consultation with the Clinic, the Chief of Police may extend the time a member can remain on POD sick leave in cases where a member has sustained a serious or life-threatening POD injury/illness that requires more than two years of medical treatment before the member can receive a maximum medical improvement evaluation, and the prognosis is, that upon such maximum medical improvement, the member will be able to return to a full duty status.

V. PROCEDURAL GUIDELINES

A. On-duty Injuries/Illnesses

1. A member shall immediately report an injury/illness to an official at his/her element when the member:

   a. Incurs the injury/illness while on duty; or

   b. Detects an injury/illness that he/she believes was incurred while on duty.

2. Unless a member is incapacitated, failure to notify an official within twenty-four (24) hours of occurrence may result in a non-POD injury/illness determination.

3. When the Clinic is closed, members who have medical emergencies, or need urgent care medical services for on-duty injuries/illnesses, shall report to the Urgent Care facility at Washington Hospital Center or Providence Hospital to the extent possible, according to the following:

   a. Members whose last names begin with "A through K" shall report to the Urgent Care facility at Washington Hospital Center.

   b. Members whose last names begin with "L through Z" shall report to the Urgent Care facility at Providence Hospital.

4. Except in life-threatening situations, members requiring treatment for on-duty injuries/illness shall be admitted to Providence Hospital or Washington Hospital Center at the discretion of the Clinic when the Clinic is open.

   a. In non-emergency situations, members shall not seek medical treatment for an on-duty injury/illnesses other than at the Clinic, or at the designated Urgent Care facility when the Clinic is closed. A member may be referred to an outside medical facility for consultation and/or treatment at the discretion of a Clinic physician.

   b. A member who is admitted to, or released from, a hospital shall notify an official at his/her element as soon as possible.

   c. In the event a member is incapacitated, and unable to notify the Clinic Liaison Office that he/she has been admitted to, or released from, a hospital, the member's Commanding Official shall assume responsibility for the notification.

5. When a member is admitted to a hospital for on-duty injury/illness, an official from the member's command shall notify an official at the Synchronized Operations Command Center (SOCC) as soon as possible, and provide the information set forth below.

   The information to be provided includes:

   a. The injured member's name and organizational element;

   b. The name and location of the hospital where the injured member received treatment;

   c. The reason why the injured member was admitted to a hospital; and

d. The date the injured/ill member received treatment, or was admitted/released from the hospital.

6. When a member is admitted to a hospital for an on-duty injury/illness, the member's Watch Commander shall designate the official who accompanied the member to the hospital to take possession of the member's service weapon, badge, cap plate, and identification folder for safekeeping.

B. Off-duty Injuries

1. When a member sustains an off-duty injury/illness, the member shall:

a. Notify an official of his/her organizational element, as soon as he/she is capable, and provide an account of the injury.

b. During the first sick call period, on the day the injury/illness is detected, report to the Clinic for a medical evaluation.

c. If the Clinic is closed, members shall report the next business day during the first sick call period.

2. When a member is physically unable to report to the Clinic because of injury/illness, and the injury/illness does not result in a hospital admission, he/she shall report to the Clinic when practicable, and provide to the attending Clinic physician a summary of the events leading up to the injury.

C. Hospitalization

1. Should the need arise to hospitalize an on-duty member pursuant to the provisions of General Order 308.4 (Processing of Persons Who May Suffer from Mental Illness), an official shall revoke the member's police powers, and contact the Director, Medical Services Section, through the SOCC, if necessary, to arrange for a psychological examination.

a. The member shall be taken to the emergency room of the Washington Hospital Center or Providence Hospital.

b. An MPD official shall accompany the member to provide the necessary information to the hospital staff.

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

a. During hours when the Clinic is open, the member shall notify his/her organizational element, and the Clinic Liaison Office.

b. During hours when the Clinic is closed, the member shall notify the SOCC Watch Commander as soon as possible upon admission to, or release from, a hospital.

c. Notification shall include:

(1) The member's name;

(2) The name and location of the hospital where the member received treatment;

(3) The reason why the member was admitted to the hospital; and

(4) The date the member received treatment or was admitted/released from the hospital.

d. The SOCC Watch Commander shall notify an official from the member's element, and provide the above information.

D. Special Circumstances

1. Any member who comes in direct contact with a person who has a communicable disease shall notify the Clinic no later than the next business day, and be guided by the Clinic's instructions.

a. The member shall complete a PD Form 318 (Communicable Diseases and Tuberculosis Contact Report) as soon as possible.

b. When members have been exposed to a person known to carry the HIV virus, and bodily fluids have been exchanged, members **WILL respond** to the Clinic within one hour of exposure to begin a blood-borne pathogen antibiotic treatment.

c. If the Clinic is closed, members shall respond to the Washington Hospital Center or Providence Hospital Urgent Care Facility as applicable.

2. In instances when the member learns he/she has been exposed to chemical and/or biological agents, and/or other hazardous materials, the member shall complete a PD Form 318 and contact the Clinic for instructions. The Clinic shall notify the Center for Disease Control in accordance with existing medical protocol.

3. When a member directly experiences a critical incident:

a. The member shall request a Clinic appointment the next business day for a post-incident debriefing by a Clinic psychiatrist or psychologist.

b. Commanding Officials shall notify the Director, Medical Services Section, and request the services of a Clinic psychiatrist if the reaction of a member warrants immediate counseling and/or hospitalization after a critical incident. When the Clinic is closed, the request for the "on-call" Clinic psychiatrist shall be placed through the SOCC Watch Commander.

c. Commanding Officials shall notify the Director, Medical Services Section, prior to 0900 hours the next business day, and provide the names of members involved in incidents as described in Section V.D.3.(a-b) of this directive.

4. Supervisory Officials shall complete a PD Form 839 (Supervisor's Report of Accident) when a member sustains an injury/illness, or there is a fatality as the result of a vehicle accident. (CALEA 26.1.1) A copy of the form shall be sent to the Director, Medical Services Section, and to the Institute of Police Science for their training records.

5. Members who are unable to secure **prompt** medical attention from a Clinic physician shall document the facts surrounding the incident in a written memorandum, and submit, through the chain of command, to the Director, Medical Services Section.

E. PD Form 42 (Injury or Illness Report) Completion and Certification

1. A PD Form 42 (Injury or Illness Report) shall be completed for each injury/illness.

2. If the member is on duty when the injury/illness occurs, and the injury/illness is not a medical emergency, the member shall immediately complete **and sign** the PD Form 42, make a copy, submit the original PD Form 42 to the Watch Commander, and report to the Clinic with the copy of the PD Form 42.

3. Upon receipt of the PD Form 42, the certifying official shall:

a. Interview the member, police, and civilian witnesses as necessary, and document on the PD Form 42 information relevant to the claim of injury/illness;

b. Visually observe and document any reported injuries only if appropriate and if the member agrees to a visual observation. A visual observation of an injury by non-medical personnel shall only involve those areas of the body (e.g., hand, arm, ankle, head, etc.) that are normally exposed.

c. Examine the scene where the injury occurred, and document the conditions that may have been a contributing factor to the injury;

d. Document any statements made by the injured member at the time of incident, if these statements can be obtained from witnesses;

e. Inspect any equipment and/or vehicle(s) involved in the incident that led to the injury, and document damage or defects that may have contributed to the injury sustained by the member;

f. Document any evidence that suggests the member's conduct may have contributed to the injury;

g. Document whether the member acted in accordance with the provisions in this directive, as applicable;

h. If the member was treated at a facility other than the Clinic, Providence Hospital, or Washington Hospital Center, document the nature of the emergency that required treatment at another facility, and the authorization that was obtained; and

i. Refrain from recommending how the injury or illness should be classified.

4. The certifying official shall complete the certification **prior to the end of his or her tour of duty** for all claims of on-duty injuries or illnesses.

5. If the member was unable to sign the PD Form 42 because he/she was incapacitated, the certifying official shall ensure that a Supervisory Official on the member's tour of duty signs the form.

6. In all instances when the PD Form 42 was prepared and signed on behalf of the member, the certifying official shall ensure that he/she documents on the PD Form 42 why the member was not able to sign.

7. If necessary, the certifying official shall be held over until the form is complete.

8. Failure of the certifying official to complete the certification may be considered neglect of duty.

9. Commanding Officials shall ensure that:

a. The certifying official conducts a thorough investigation for PD Form 42 claims filed by members in their command;

b. A non-incapacitated member signs the completed PD Form 42;

c. The member's Supervisory Official prepares and signs the PD Form 42 in the event the member is unable to prepare and sign it;

d. The PD Form 42 is certified by an official before the end of the member's tour of duty if the injury/illness occurred while the member was on duty;

e. The PD Form 42 is certified within twenty-four (24) hours if the injury/illness occurred while the member was off duty; and

f. The injured member receives a copy of the completed PD Form 42 as soon as practicable.

F. Performance of Duty Determination

1. The Chief Physician shall make an assessment of whether the medical causes of the injury/illness support the member's claim on the PD Form 42.

2. The Director, Medical Services Section, shall make a POD/Non-POD determination within thirty (30) days of injury/illness claims.

G. Types of Leave

1. Leave as a result of a POD injury or illness

A member with a POD injury/illness is entitled to Performance of Duty sick leave.

2. Leave as a result of a non-POD injury or illness

a. A member with a non-POD injury/illness is entitled to chargeable sick leave to the extent that the member has a positive balance in his or her sick leave account.

(1) If a member has insufficient sick leave, he/she may elect to use annual leave, and/or compensatory leave in lieu of Leave Without Pay (LWOP).

(2) When a member has exhausted his/her accumulated sick leave, the member may request LWOP, or advanced sick leave, provided that the member completes a PD Form 654 (Request for Advanced Leave or Leave Without Pay), and, if appropriate, a Family Medical Leave Act (FMLA) request to be approved by the Assistant Chief, OHS.

(3) The member may also participate in the bargained Catastrophic Leave Program in accordance with SO-88-20 (Catastrophic Illness/Injury Donation Program), as applicable by D.C. regulations, or the collective bargaining agreement.

(4) Lieutenants and above may participate in the District Government Annual Leave Bank Program.

3. Medical Leave

a. Members shall be guided by the following when requesting Medical Leave: (CALEA 22.2.1-c)

(1) Pursuant to the FMLA, a member may apply for medical leave when the member is unable to perform his/her duties because of a serious health condition. All medical leave that is taken because of a serious health condition counts toward the limits required by the FMLA.

(2) The member must respond to the Clinic for an evaluation prior to requesting medical leave.

(3) The member's health care provider must certify that a serious health condition exists.

b. Medical leave may be taken in one block of time, or intermittently over a 24-month period.

4. Blood/Organ Donor Leave

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

b. Members who elect to donate blood may be granted administrative leave in accordance with applicable rules and regulations. If the member is covered by collective bargaining, any provision pertaining to blood donation shall apply.

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

d. Members who are considering donating an organ, (i.e., a kidney to a relative) shall report to the Clinic, and consult with a Clinic physician regarding the possible impact of organ donation on the member's ability to perform the essential functions of his/her job. A record of this consultation shall be maintained at the Clinic.

H. Limited Duty Status

1. If a member is unable to perform the full range of police duties, the Clinic may place the member in a limited duty status, regardless of whether the employee requested the change.

2. Probationary Officers shall not be placed on limited duty status for more than thirty (30) cumulative days without approval from the Assistant Chief, OHS.

   NOTE: The Commanding Officer shall immediately request that the Assistant Chief, OHS, extend the member's probationary period for each day the probationary member is in a non-full duty status.

3. The Chief Physician shall prepare a PD Form 305 (Certification for Limited Duty/Extended Limited Duty Evaluation) each time a member is ordered to assume limited duties.

4. Limited duty status begins when the Chief Physician certifies on the PD Form 305 that a member is medically available for a limited duty assignment.

5. In the cases where injured members are in a non-contact status, and they are certified by the Chief Physician that they are medically able for a limited duty assignment, the Director, Medical Services Section, shall mark the certification as "Limited Duty/Non-Contact Status." In all other cases, the Director, Medical Services Section, shall mark the certification as "Limited Duty."

6. Upon receipt of the PD Form 305, members shall:

   a. Immediately notify the Watch Commander at his/her element of the change in duty status; and

   b. Report to his/her assigned element for his/her tour of duty.

      NOTE: If an official at the member's element is not available, the member shall immediately notify an official at the Synchronized Operations Command Complex (SOCC), who shall document the change in the member's duty status.

   c. In cases where the member's limited duty certification is marked "Limited Duty/Non-Contact Status," the member shall report directly to the element Watch Commander and receive further instructions. A non-contact designation supercedes a limited duty certification for the purpose of placing a member in a duty assignment.

7. Members on limited duty status shall:

   a. Attend all roll calls;

   b. Report to work in Court Attire unless their police powers have been restored, and their service pistol has been returned;

   c. Undertake in-service training as required by the Chief of Police;

   d. Not work voluntary overtime (either for pay or compensatory time);

   e. Not accept or continue outside employment;

   f. Work special details and assignments as appropriate;

   g. Comply with all medical directives, including keeping appointments with clinic providers and specialists;

   h. Refrain from practices or activities that, as instructed by the Clinic, may impede recovery, or the return to full duty; and

   i. Report to the range for weapon re-qualification as applicable.

I. Duty Status of Pregnant Members (CALEA 22.3.2)

1. When a member advises a Clinic physician she is pregnant, she shall be given a "Physician's Information and Work Status Release" Form (Physician's Release) to take to her private physician for completion.

   a. Pregnant members shall continue in a full duty assignment during the pregnancy until:

      (1) The member requests a limited duty assignment in consultation with her private physician.

      NOTE: The decision to continue work on full duty status is the sole decision of the pregnant member in consultation with her private physician. This is in accordance with the related component of the policy statement issued by the Office of the Mayor on September 19, 2001.

      (2) The pregnancy is found to interfere with the member's ability to fully perform her duties.

   b. In cases where the Clinic determines that a member's pregnancy status is placing herself, her colleagues, and/or the public in jeopardy, the member can be ordered by her

Commanding Official to a "Fitness for Duty" examination where she shall undergo a "Functional Capacity" examination.

c. In accordance with medical standards of care, when the Chief Physician determines that an employee cannot perform the full range of police duties while pregnant, the employee will be placed on limited duty status until her private medical physician completes a certification form provided by the Clinic that indicates the member is able to meet all of the functions as outlined in the certification.

J. Revocation of Police Powers (CALEA 52.1.8)

1. When a Clinic physician determines that a member's medical condition prevents him/her from carrying his/her service weapon, whether in a full duty or non-full duty status, the member's police powers shall be revoked.

2. When a Clinic physician places a member on sick leave, or in a limited duty status for medical reasons, for more than ten (10) days, the member shall have his/her police powers revoked.

3. All members claiming behavioral health injuries or illnesses shall have their police powers revoked.

4. When a member's police powers are revoked based on a medical condition, the Medical Services Section shall complete a PD Form 77 (Revocation/Restoration of Police Powers and Notice of Duty and Pay Status).

   a. The member shall be placed on sick leave or limited duty status, which will be noted in the "Explain the Status" section of the PD Form 77.

   b. The PD Form 77 shall be forwarded to the member's element.

5. An official from the member's element shall:

   a. Respond to the Clinic upon receiving notification that a member of his/her element has had his/her police powers revoked by an official at the Clinic due to a medical condition; and

   b. Take possession, and safeguard those items of equipment that must be surrendered, to include the member's service weapon.

6. Commanding Officers shall ensure that an element official responds to the Clinic in accordance with Section V.J.5.(a-b).

7. A member wishing to retain his/her service pistol while on extended sick leave or limited duty may file a request with the Chief of Police

outlining the reasons for the request, and articulating why he/she should be allowed to retain his/her service pistol.

8. In cases where the Chief of Police grants the member's request to retain his/her service pistol, the member must then qualify at the range before having his/her service pistol returned.

K. Administrative Procedures/Appeals Process

1. When filing a PD Form 42 claim for a POD injury/illness ruling with the Director, Medical Services Section, members shall be placed on chargeable sick leave until thirty (30) calendar days have elapsed, or until the resolution of their claim, whichever occurs first.

   a. A member may file a written objection to the certifying official's investigation with the Director, Medical Services Section, within ten (10) days of receipt of the certified PD 42.

   b. The objection shall be limited to the certifying official's investigation of the PD 42 claim, and shall raise every issue related to the claim that the member deems material to a determination of whether the injury occurred in the performance of duty.

   c. The Director, Medical Services Section, shall consider the issues raised in the objection when making the initial determination as to whether the injury occurred in the performance of duty.

   d. If the initial claim is ruled as a POD injury/illness, as determined by the Director, Medical Services Section, or if the Assistant Chief, OHS, sustains an appeal to reverse the decision of the Director, all chargeable leave shall be restored to the member.

   e. If the Director, Medical Services Section, fails to make a determination on the PD Form 42 within thirty (30) calendar days, the member is automatically placed on POD sick leave until the Director makes a final determination.

      NOTE: In this situation, the Clinic will notify the member's element regarding the member's leave status.

   f. Even if the claim is eventually determined to be non-POD, the Department shall not "reach-back" to recover costs incurred as a result of the Director's failure to make a determination within thirty (30) days.

   g. Time and Attendance Clerks shall not make adjustments to the member's leave balance until receipt of the official copy of the

PD Form 42 from the Director, Medical Services Section, that certifies the injury/illness as POD.

h. Under no circumstances shall a Time and Attendance Clerk make a determination that a member's claim is a POD injury/illness in order to maintain the member in a pay status.

i. In cases where the member has less than thirty (30) days of available sick leave, the member may request an expedited review of his or her claim from the Director, Medical Services Section.

j. If the claim is determined to be non-POD, the member shall remain on chargeable sick leave until his/her return to a full or limited duty status.

2. Members who receive non-POD injury/illness determinations may appeal the decision to the Assistant Chief, OHS, within thirty (30) days from the date the member received the decision.

a. All such requests shall be in writing, and addressed to the Assistant Chief, OHS, and shall contain:

(1) A copy of the non-POD injury/illness determination;

(2) A statement and supporting documentation, to include the names of witnesses who will support a change in the original determination. The response submitted by the member shall raise every defense, fact, or matter in extenuation, exculpation, or mitigation of which the member has knowledge, or reasonably should have knowledge, or which is relevant to the reasons why the decision of the Director, Medical Services Section, should be reversed;

(3) A statement that any supporting documentation contained in the appeal to sustain a POD injury/illness was initially made available to the Director, Medical Services Section; and

(4) A letter authorizing the member's union representative, or legal representative, to appear on behalf of the member, if the member wishes union or legal representation, and does not wish to represent himself/herself.

b. Upon receipt of the request for appeal, the Assistant Chief, OHS, or his/her designee, shall:

(1) Acknowledge receipt of the appeal;

(2) Review the appeal, and return appeals with incomplete documentation to the member;

(3) Review the Notice of non-POD ruling by the Director, Medical Services Section, along with all medical records and other documentation related to the case on file at the Police and Fire Clinic;

(4) Review the member's request for appeal, along with the documentation presented by the member; and

(5) Schedule the matter for hearing by notifying the member of the date, time, and location of the hearing.

c. At the hearing, the Assistant Chief, OHS, or his/her designee, shall:

(1) Receive oral and written testimony to establish facts;

(2) Receive documents and exhibits in support of the Request for Review;

(3) Question and cross-examine witnesses and parties;

(4) Summon experts in related law; and

(5) Seek clarification or additional information from the Director, Medical Services Section, on non-POD injury/illness rulings.

d. Hearings of appeals of non-POD injury/illness rulings shall be on the record, and in accordance with the Administrative Procedures Act.

e. Every decision and order from the Assistant Chief, OHS, shall be in writing, and shall be accompanied by findings of fact and conclusions of law.

(1) The findings of fact shall consist of a concise statement of the conclusions upon each contested issue of fact.

(2) Findings of fact and conclusions of law shall be supported by, and in accordance with, the reliable, probative, and substantial evidence.

(3) Each decision shall be signed by the Assistant Chief, OHS, and transmitted to the member and the member's representative, as applicable.

3. Rulings of the Assistant Chief, OHS, constitute final Agency action on the non-POD injury/illness determination.

   a. Members wishing to appeal the decision of the Assistant Chief, OHS, may file a Petition for Review with the District of Columbia Superior Court within thirty (30) calendar days from the date of the decision.

   b. Petitions for Review must be filed in the Office of the Clerk of the Court for the District of Columbia Superior Court.

4. With regard to the payment of medical expenses, the Department shall:

   a. Assume financial responsibility for authorized medical expenses where a determination has been made that an injury/illness occurred in the performance of duty.

   b. **Not** assume financial responsibility for medical expenses when the member concedes, or does not claim, that an injury/illness occurred in the performance of duty.

   c. Pay for diagnostic services, initiated at the discretion of a Clinic physician, when the diagnostic or referral service is initiated to satisfy the administrative needs of the Department.

      NOTE: The member is responsible for the costs of treatment of non-POD injury/illnesses. Such treatment shall not be provided through the Clinic. However, the Department continues to require members to report to the Clinic for evaluation and monitoring of non-POD injury/illnesses for administrative purposes. Members are not billed for Clinic visits that are made in order to satisfy this requirement.

5. When a member incurs a POD injury/illness and seeks to recover damages from a third party, and the member has received medical or other care at the expense of the District Government:

   a. Within ten (10) days of a member making a claim against, instituting a proceeding against, or entering into settlement negotiations with a third person as a result of an injury or illness, the member shall submit, by certified mail, with return receipt requested:

      (1) A written notification;

      (2) A copy of the PD Form 42; and

      (3) A PD Form 839 (Supervisor's Report of Accident), as applicable.

b. The packet shall be submitted to the D.C. Office of the Attorney General (Civil Division), and to the Office of the Chief of Police.

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

d. A member may request that the District Government compromise, settle, release, or waive its claims for care provided to the member by submitting a written request, indicating the reasons for the request, to the D.C. Office of the Attorney General (OAG).

e. Within five (5) days of receiving any proceeds of a recovery or settlement against any third party for an injury sustained or illness contracted, the member shall ascertain from the OAG:

(1) The amount of any lien on behalf of the District of Columbia, and

(2) Pay the amount of any such lien.

f. No member shall disburse any proceeds of a recovery or settlement against a third party for an injury sustained, or illness contracted, without first acting in accordance with the provisions in this directive.

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

a. The Department will not assume responsibility for the cost of prescriptions written by a physician who is not authorized by the Clinic to fill a prescription.

b. Failure to comply with the above shall result in the member having to assume financial responsibility for filling his/her prescriptions.

L. Mandatory Disability Retirement:

1. Members who spend 172 cumulative workdays in a less than full duty status over any 24-month period as a result of any one POD or non-POD injury/illness, including complications related to the injury/illness (except as provided in Section V.L.3. of this order) shall be referred to the Police and Firefighters Retirement Relief Board for disability retirement.

2. This shall occur regardless of whether the medical prognosis is that a member will be able to perform in a full duty status after reaching maximum medical improvement.

3. The Director, Medical Services Section, in consultation with Clinic physicians, may recommend to the Chief of Police to provide the member with additional POD sick leave until the member achieves maximum medical improvement where:

   a. A member has sustained a serious or life-threatening POD injury/illness that will require more than twenty-four (24) months of medical treatment to achieve maximum medical improvement; and

   b. The prognosis is that the member eventually will be able to perform in a full duty status.

4. The Director, Medical Services Section, shall notify the Chief of Police with the recommendation for extension of POD administrative sick leave before the member is scheduled for referral to the retirement board.

M. Clinic Procedures

1. When reporting to the Clinic, members shall:

   a. Report at their scheduled appointment time, unless delayed on official police business. Members delayed on official police business shall notify the clinic as soon as possible.

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

   c. Ensure that they are not accompanied by visitors (including children) not authorized to use Clinic facilities, unless the visitor is providing transportation, or is a family member who is scheduled for consultation with a Clinic physician.

2. When checking in and out for Clinic appointments, members shall:

   a. Take the most expedient route to report to the Clinic when on duty, and leaving their assignment;

   b. Upon arrival, immediately report to the Clinic reception area for check-in;

   c. As applicable, upon completion of the Clinic visit, return to the reception area to receive their next appointment date. If there

are scheduling conflicts, report to the Clinic Liaison Office to resolve administrative issues.

d. When appearing at the Clinic for consultation or treatment, deliver a copy of their Clinic Data Record to their Commanding Officer through the Watch Commander when they have been given a follow-up appointment, or when the Clinic Data Record reflects a change in their duty status.

e. If still on-duty after checking out, notify their supervisors of their return to duty, and report directly to their duty assignment by the most expedient route.

3. The Medical Services Section shall notify the member's Commanding Officer of any change in a member's duty status. Members are also obligated to make the notifications as required in Section V.H.6.(a) of this directive.

N. Roles and Responsibilities

1. Member Responsibilities

a. Members shall provide copies of their medical records from their private physicians upon request by the Director, Medical Services Section, or the Clinic health care provider monitoring the member's injury, illness, or medical condition.

(1) Medical records from private physicians shall include, but are not limited to, lab reports, surgical reports, a diagnosis and prognosis of medical condition, and any other information as deemed necessary by the Director, Medical Services Section, or the Clinic health care provider monitoring the injury, illness, or medical condition. The Medical Certification Report **does not** satisfy this requirement.

(2) All medical records from private physicians must be submitted to the Director, Medical Services Section, within ten (10) business days from the date of the request, or no later than the next scheduled appointment with the Clinic, whichever comes first.

(3) Failure to comply with a request for medical records from a member's private physician may result in disciplinary action.

b. Members on medical or sick leave shall remain at their residence, or any other place they are staying during the extent of their medical or sick leave, from 0800 to 1630 hours, Monday through Friday (excluding holidays).

c. Members who wish to leave their residence, or any other place they are staying, for medical reasons related to their injury/illness (i.e., to pick-up prescriptions, attend medical appointments, etc.), shall contact the designated person at their element before leaving, and provide the reason why they are leaving, the location to which they will be responding, the exact time they departed, and an estimated time of return.

d. Members who, for non-medical reasons, wish to leave their residence, or any other place they are staying during the extent of their performance of duty sick leave shall submit an SF 71 (Application for Leave) through their Commanding Officer to the Assistant Chief, OHS, for approval.

(1) If approved, the member will be placed in a chargeable leave category for the duration of their absence.

(2) The member shall submit the approved SF 71 to their Time and Attendance Clerk.

e. Members receiving POD injury/illness sick leave benefits, or participating in the limited duty program, shall: (CALEA 22.2.1-c)

(1) Keep scheduled appointments with treating Clinic physicians and other network providers, including appointments with rehabilitation specialists and physical therapists; and

(2) Comply with all directives and orders issued by Clinic officials, medical staff, and/or the Director, Medical Services Section.

f. Members in a full-duty or limited duty status who fail to appear for a Clinic appointment will be subject to an administrative investigation, and may be subject to discipline.

g. Those members who fail to appear for a clinic appointment while in a medical or sick leave status shall be investigated and may be charged with being absent without leave (AWOL). Those members in a full or limited duty status who fail to appear for a clinic appointment will be subject to an administrative no-show investigation.

h. Members who fail to comply with directives and/or requests issued by Clinic officials, medical staff, and/or the Director, Medical Services Section, will be subject to appropriate disciplinary action. The appropriate Medical Services Section Official shall obtain IS numbers, and commence an investigation into the member's non-compliance.

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

(1) Report the medical condition to a Clinic physician immediately upon becoming aware of the existence of the medical condition, including whether they are taking prescription medication, or have been prescribed prescription medication;

(2) Provide a report to the Clinic physician from their private physician that gives the diagnosis and prognosis of the medical condition; and

(3) Use their own sick or annual leave for medical or therapy appointments associated with the non-performance of duty injury.

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

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

2. Commanding Officials shall:

a. Ensure that members on sick leave or limited duty status report to their assigned elements at least once a week to receive notifications, sign for all directives, receive copies of the *Dispatch* and teletypes, and to update duty status.

b. Ensure that the time and attendance records of members on sick leave or limited duty accurately reflect the member's duty status, and any change in the member's duty status.

c. Investigate the circumstances when a member fails to report to the Clinic, or another medical facility, for a scheduled medical appointment, and submit a report to the Assistant Chief, OHS.

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

e. When a Probationary Officer is placed on medical or sick leave, immediately request that the Assistant Chief, OHS, extend the Officer's probationary period for each day the member is in a less-than-full-duty status. Pursuant to the District Personnel Manual, Section 813.6, under no circumstances shall a member's probationary period be extended for more than an additional eighteen (18) months.

3. The Chief Physician shall:

   a. Determine the course of treatment;

   b. Determine the contents of all work limitations and limited duty prescriptions (certifications);

   c. Determine the medical likelihood of return to a full duty status by an injured/ill member; and

   d. Review medical information provided by a member's private physician, as appropriate.

4. The Director, Medical Services Section, shall:

   a. Notify the member's Commanding Officer in those instances where a member fails to respond to the Clinic, to a referral medical facility as scheduled, or as directed, or reports late.

   b. Ensure that the member's medical injury/illness is documented, including:

      (1) History;

      (2) Clinical findings;

      (3) Diagnoses;

      (4) Prognosis;

      (5) An estimated date of full recovery;

      (6) Members' six-month report by the Chief Physician; and

      (7) A recommendation for return to full duty, or for disability retirement.

   c. Ensure that a medical review of POD injury/illness sick leave cases is conducted as often as the Clinic determines is necessary.

d. Ensure that a medical review of non-POD injuries/illnesses at least monthly, and when necessary, biweekly.

e. Address all issues related to the implementation of the Department's Occupational Health Care program.

f. Monitor payments to health care providers as appropriate.

g. Establish and implement procedures to ensure confidentiality of all records of injured members in accordance with District and Federal laws.

h. Establish and implement a liaison between the MPD and other government agencies that use the services of the Clinic.

i. Receive and review all certifications by the Clinic medical staff related to a member's inability to meet duty-related commitments.

j. On a weekly basis, provide to the Assistant Chief, OHS, a list of members who are:

(1) Placed on sick leave;

(2) Assigned to limited duty status;

(3) Released by a Clinic physician to return to full duty; and

(4) Recommended for disability retirement and/or retired on disability.

k. Monitor duty status to determine when members should be referred to the retirement board once they reach 172 cumulative workdays.

l. Prepare letters to members notifying them of initial Disability Appointments.

m. Prepare all case materials when recommending the disability retirement of a member.

n. Immediately report the member to the Office of Professional Responsibility for investigation in cases when it is suspected that a member is malingering, feigning illness, and/or intentionally failing to meet his/her Clinic obligations.

5. The Assistant Chief, OHS, shall:

a. Determine when members receive advanced sick leave;

b. Administer the workers compensation program;

c. Serve as Contract Administrator for the Occupational Health Care contract for sworn members;

d. Administer the Family and Medical Leave Program;

e. Oversee the activities of the Police and Fire Clinic;

f. Rule on all appeals of non-POD injury/illness determinations; and

g. Notify members pending disability retirement of their minimum and maximum disability retirement salary.

6. The Watch Commander, SOCC, shall:

a. Notify the Chief of Police, Executive Assistant Chief of Police, Element Commander, the Family Support Team [including a Public Safety Chaplain and a representative of the Metropolitan Police Employee Assistance Program (MPEAP)], and other senior Command Officials, as appropriate, when a member is admitted to a hospital for on-duty injury/illness.

b. Notify the Director, Medical Service Section, and provide the names of members who were hospitalized in hospitals other than Washington Hospital Center or Providence Hospital; and

c. Notify the element official who accompanied the member to the hospital, and provide the name of the Case Manager who will be responding, and the estimated time of arrival of the Case Manager, so this information may be communicated to the appropriate hospital personnel.

7. The Director, SOCC, shall:

a. Maintain the log for recording all Clinic-related notifications made to the SOCC. The log shall contain the following information:

(1) The name of the member being admitted to the hospital, the member's element, and the date and time of admittance;

(2) The name of the member making the notification; and

(3) The reason for the notification to the SOCC, the name of the person(s) that the SOCC needs to notify, and the name of the SOCC person recording the notification.

b. Submit a daily telephone report to the Director, Medical Services Section, providing the names of those members admitted to hospitals other than Washington Hospital Center and Providence Hospital.

VI. PROVISION

In all cases where the provisions of this order are in conflict with orders previously issued, the provisions of this order shall prevail.

VII. CROSS REFERENCES

A. General Order 206.2 (Granting of Advanced Annual or Sick Leave and Leave Without Pay)

B. GO-OPS-308.04 (Processing of Persons Who May Suffer from Mental Illness)

C. General Order 1001.2 (Optional Sick Leave)

D. Special Order 88-20 (Catastrophic Illness/Injury Donation Program)

E. Special Order 91-5 (Request for Family and/or Medical Leave)

F. Amendment to Teletype 02-005-04, dated November 23, 2004

G. MPD Pregnancy Protocol dated January 16, 2002

//SIGNED//
Charles H. Ramsey
Chief of Police

CHR:SOA:DAH:DHW:MV:jah

DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

BULLETIN NO. 5 **March 30, 2009**

SUBSTANCE ABUSE POLICY

Section 1: Purpose

It is the mission of the District of Columbia Fire and Emergency Medical Services Department (D.C. Fire & EMS) to fully protect the safety of the public and its employees, and to provide the citizens of the District with the best possible services available. Substance abuse is in direct contradiction to that mission and will not be accepted.

Section 2: Policy Statement

The use of illegal drugs and abuse of controlled substances or alcohol by employees of the D.C. Fire & EMS Department will not be tolerated. Such conduct jeopardizes the safety of the public whom we are sworn to protect and our employees. The use of Urinalysis Testing for drug use and/or abuse of a controlled substance, and the use of a Breathalyzer Test for abuse of alcohol shall constitute the primary means of detecting and deterring drug and alcohol use and abuse within the D.C. Fire & EMS Department.

Section 3: Definitions

For the purposes of this policy:

3.1 "Adulterated sample" means a urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration.

3.2 "Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols in methyl and isopropyl alcohol no matter how it is packaged or in what form the alcohol is stored, utilized or found.

3.3 "Alcohol concentration" (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 Liters of breath as indicated by an evidential breath test device.

3.4 "Alcohol use" means the drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

3.5 "Alternative Breath Collection Protocol" means the protocol to be used when an employee attempts, but can not provide a sufficient amount of breath to complete alcohol testing.

3.6 "Breath" means alveolar breath.

3.7 "Children" means persons twelve (12) years of age or younger.

3.8 "Confirmation test" means, when testing for alcohol, controlled substances or illegal drugs, a second analytical procedure that is independent of the screening test in order to ensure reliability and accuracy.

3.9 "Controlled substance" means any of the substances listed in Schedules I through V of the District of Columbia Uniform Controlled Substances Act of 1981, effective August 5, 1981 (D.C. Law 4-29; D.C. Official Code §§ 48.901 *et. seq.* 2006 Repl.) (Controlled Substances Act), as it may be amended from time to time.

3.10 "Covered employee" means:

a. D.C. Fire & EMS Department personnel; including the D.C. Fire & EMS Chief, the Assistant Fire Chiefs (AFC), the Deputy Fire Chiefs (DFC), the Battalion Fire Chiefs (BFC), the Fire Marshal, Captains, Pilots, Marine Engineers, Lieutenants, Sergeants, Assistant Pilots, Assistant Marine Engineers, Firefighters, Fire Inspectors, and Fire Investigators, EMS Supervisors, Emergency Medical Technicians and Paramedics, and all other personnel who hold positions involving the direct care and custody of children, including but not limited to; educational activities, assessment, case management and support services, medical or clinical services, prevention and intervention services, mentoring services, health care services, public safety services, including counseling or public education intervention about safety, crime prevention, fire safety, youth problem solving, or driving a motor vehicle to transport children or youth.
b. All employees who are responsible for the maintenance, repair and inspection of official government vehicles.
c. All employees who are required to possess a Commercial Driver's license, (i.e. Fleet Maintenance Division) to the extent that this policy does not conflict with U.S. Department of Transportation rules and regulations (in the event of a conflict, the Department of Transportation rules and regulations shall govern).

3.11 "Dilute Sample" means a urine sample with creatinine and specific gravity values that are lower than expected for human urine and, specifically, a sample that has a creatinine concentration equal to or greater than 2mg/dL, but less than or equal to 5 mg/dL.

3.12 "Disabling damage" means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner, including damage to motor vehicles that could have been driven, but would have been further damaged if so driven. Examples of excluded damage:

a. Damage which can be remedied temporarily at the scene of the accident without special tools or parts.
b. Tire disablement without other damage even if no spare tire is available.
c. Headlight or tail light damage.

d. Damage to turn signals, horn, or windshield wipers which make them inoperative.

3.13 "Drug" means any illegal drug and does not include the prescribed use of controlled substances and other medications.

3.14 "Drug and alcohol testing" means testing in accordance with Section 10 of this policy for alcohol, controlled substances, and/or drugs.

3.15 "EMIT" means enzyme-multiplied-immunoassay test.

3.16 "Evidential Breath Testing (EBT) Device" means a device for the evidential testing of breath for the presence of alcohol. The testing performed with an EBT device may be either screening tests or confirmation tests.

a. The EBT device used to perform any screening or confirmation test must be one that is approved by the National Highway Transportation Safety Administration (NHTSA) for this purpose, and that appears on NHTSA's conforming products list, as required under 49 C.F.R. §§ 40.229 and 40.231 at the time that the test is performed.
b. In all cases, any EBT device used to perform any test under this policy must be properly used, calibrated, inspected, and maintained strictly in accordance with the requirements of 49 C.F.R. § 40.233.
c. A test performed with an EBT device that does not meet the aforementioned requirements shall not be valid.

3.17 "GC/MS" means Gas Chromatography-Mass Spectrometry methodology.

3.18 "Independent Confirmation Test" means a second test of a specimen by an independent laboratory. The independent laboratory must be certified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration to perform job-related forensic testing for alcohol, controlled substances and drugs at the time the test are performed.

3.19 "Medical Review Officer" (MRO) means a licensed physician responsible for receiving laboratory results generated by the drug testing program who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an employee's confirmed positive test result together with his or her medical history and other relevant biomedical information.

3.20 "Motor Vehicle Operator" means an employee who drives any type of vehicle, including but not limited to, passenger vehicle, ambulance, engine, ladder truck (including tillerman) in the performance of his or her duties.

3.21 "MSO" means the Medical Services Officer.

3.22 "PFC" means the Police and Fire Clinic.

3.23 "Positive Breathalyzer Test" means an alcohol concentration of .020 or greater. Alcohol concentration of .020 to less than .040 will require that the employee undergo mandatory rehabilitation. Alcohol concentration of .040 or greater will result in a recommendation of termination.

3.24 "Post-Accident Employee" means a covered employee who, while on duty, is involved in a vehicular or other type of accident resulting in personal injury or property damage, or both, in which the cause of the accident could reasonably be believed to have been the result, in whole or in part, from the use of alcohol, controlled substances, or drugs on the part of the employee.

3.25 "Random Testing" means testing conducted on a covered employee at an unspecified time to determine whether the employee has used alcohol, controlled substance(s) or drugs in contravention of this policy.

3.26 "Reasonable Suspicion" means specific, contemporaneous observations that can be articulated concerning the appearance, behavior, speech, or body odors of an employee, that there is a reasonable basis to suspect that a test would show the employee is under the influence of alcohol, a controlled substance or drugs.

3.27 "Refusal to Submit" to an alcohol, controlled substance, or illegal drug test means that a covered employee:

a. Fails to appear for any test within 1.5 hours after being relieved of duty and directed to do so by the Agency;
b. Fails to remain at the testing site until the testing process is complete;
c. Fails to provide a sufficient amount of breath, urine or blood specimen, for any alcohol, controlled substance or drug test required by this policy, without a valid medical reason;
d. In the case of a directly observed or monitored collection in a drug or alcohol test, fails to permit the observation or monitoring of the employee's provision of a specimen;
e. Fails or refuses to take a second test when required under this policy;
f. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process;
g. Fails to cooperate with any part of the testing process (e.g., refusal to empty pockets when so directed by the collector, confrontational behavior that disrupts the collection process); or
h. Is reported by the laboratory performing the test, and verified by the MRO, as having a verified adulterated or substituted test result.

3.28 "Safety-Sensitive" means a position with duties and responsibilities that require the incumbent to provide services that affect the health, safety, and welfare of children, youth and adults including but not limited to, educational activities; assessment, case management and support services; medical or clinical services; prevention and intervention services; mentoring services; health care services; public safety services, including counseling or education intervention about safety, crime prevention, fire safety, youth problem solving; or driving a motor vehicle to transport children or youth.

3.29 "Screening Test" means:

a. In testing for controlled substances or illegal drugs an EMIT analysis under which "negative" urine specimens are excluded from confirmation.
b. In alcohol testing, analytic procedures using an EBT device to determine whether an employee may have a prohibited concentration of alcohol in a breath or blood specimen.

3.30 "Shy Bladder Protocol" means the protocol to be used for employees who are unable to produce a urine sample within a reasonable time.

3.31 "Split Sample" means the splitting of the original specimen into two samples. One sample undergoes immediate drug screening and the other is transferred to storage to be available for screening by an independent laboratory.

3.32 "Substance Abuse" means the use of alcohol, controlled substances, or illegal drugs in violation of this policy.

3.33 "Substituted Sample" means a urine sample that is certified by the laboratory as having a creatinine level of less than 2 mg/dL, or as "creatinine not detected."

3.34 "Tampering" means tampering with a sample in order to prevent a valid test by adulteration, dilution, substitution, or any other means.

3.35 "Trained Observer" means managers and/or supervisors who have received training in drug abuse detection and recognition; documentation; intervention; and any other appropriate topics.

3.36 "Youth" means an individual between thirteen (13) and seventeen (17) years of age, inclusive.

Section 4: Use of Prescribed Drugs and Over-the-Counter Medications

4.1 Employees taking either prescribed or over-the counter medication(s) which has the potential to impair job performance must notify their immediate on-duty supervisor of this fact prior to assuming duty. The recommended dosage on the packaging will not be exceeded. The supervisor shall direct the employee to report to the PFC if there is a concern that the employee is unable to work in a safety sensitive position. The employee shall advise the MRO of the name, dosage, and known side effects of the drug. The MRO shall determine whether the employee is able to assume duty.

An employee who, in good faith, believes that it is not necessary to report his/her use of medications under this subsection shall not later be disciplined for disclosing his/her use of such medications on the disclosure form required prior to testing, as provided in Section 10.2.

4.2 An employee taking either prescribed or over-the-counter medication(s) who feels any unanticipated side effects, or who feels he/she is in any way impaired, must immediately notify his/her immediate on-duty supervisor of this fact. The supervisor shall then direct the employee to report to the PFC, where the MRO shall determine whether the employee may resume normal duties.

4.3 Transportation to the PFC shall be arranged to ensure that a employee who feels impaired, or who is potentially impaired, is not required to transport him/her self.

Section 5: Events for Which Testing is Required

5.1 Employees who are required to undergo an annual or other duly ordered physical examination shall be subject to alcohol, controlled substance(s) and drug testing.

5.2 Reasonable Suspicion.

The immediate supervisor or manager shall make a reasonable suspicion referral after conferring with another officer or Battalion Fire Chief for testing of an employee when there is a reasonable basis to suspect that a test would show the employee is under the influence of alcohol, controlled substance(s), or drugs in violation of this policy. Reasonable suspicion means specific, contemporaneous observations that can be articulated concerning the appearance, behavior, speech, or body odors of the employee. Reasonable suspicion may be based on direct observation, a pattern of erratic behavior, work performance indicators of drug and alcohol abuse, as well as any other reliable indicators. The observations may include indications of the chronic and withdrawal effects of alcohol, controlled substance(s), or drug abuse.

5.3 Arrests.

An employee arrested on or off duty for a violation of the Controlled Substances Act, or a violation of any comparable statute in another jurisdiction shall be referred to the PFC for testing prior to his or her next regularly scheduled duty shift.

5.4 Post Accident:

a. Following a vehicle accident involving a government vehicle or equipment that meets any of the conditions listed below, a covered employee who has been involved, either as a driver or in another direct fashion (such as controlling traffic in an intersection), shall be referred for drug and alcohol testing when any of the following occur:

    i. The accident results in loss of human life;
    ii. One (1) or more motor vehicles (either District government or private) incur(s) disabling damage, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle;
    iii. Anyone receives bodily injury which requires immediate medical attention away from the scene.

iv. The employee receives or is likely to receive a citation under District of Columbia law or the law of another jurisdiction for a moving violation arising from the incident;

b. Following any vehicular or other type of accident occurring while a covered employee is on duty and which results in personal injury or property damage, or both, and in which the cause of the accident could reasonably be believed to have been the result, in whole or in part, from the use of alcohol, controlled substance(s), or drugs on the part of the employee, the employee shall be referred for drug and alcohol testing.

5.5 Covered employees shall be subject to random testing for the presence of alcohol, controlled substances and drugs in accordance with Section 9 of this Policy.

5.6 When employees are ordered for testing as a result of any of the aforementioned events, the supervisor or manager shall prepare a Special Report thoroughly describing the circumstances and factors that gave rise to the referral, identifying all witnesses to the incident or behavior, all statements made by and to the employee, and all orders given to the employee. The Special Report shall be forward through the chain of command to the appropriate AFC.

Section 6: Substances Subject to Testing

6.1 Covered employees will be tested for cocaine, marijuana, phencyclidine (PCP), opiates- with an expanded opiates panel, amphetamines, benzodiazepines, methadone, propoxyphene, barbiturates, quaaludes, and their derivatives, and alcohol. The Department reserves the right to test for other substances if suspected.

6.2 Screening for drugs not listed in Section 6.1 shall be conducted at the discretion of the MRO in accordance with the procedures set forth in this order when there is reasonable suspicion that a member has used another illegal or controlled substance.

Note: To obtain information concerning screening and confirmation levels, a written request must be made to the DFC of Safety and Wellness.

Section 7: Prohibited Conduct

7.1 All employees, including those who are not defined as covered employees, under this policy are prohibited from the use of alcohol, controlled substances and/or drugs while on duty, as required by the federal Drug-Free Workplace Act of 1998.

7.2 In accordance with Chapter 39 of the District Personnel Manual (DPM), 6 D.C.M.R. 3900 *et. seq.*, the following conduct shall subject covered employees to disciplinary action:

a. Pre-Duty Use: Use of alcohol by an employee within four (4) hours prior to reporting for duty;
b. Consuming alcohol or drugs while on duty;
c. Reporting for duty or remaining on duty if it is determined that the member has an alcohol concentration of .020 or greater as indicated by an alcohol breath test:
d. Refusing an order to submit to testing required under this policy;
e. Using drugs at any time;
f. Reporting for duty or remaining on duty while taking controlled substances, prescribed or over-the-counter medications that have the potential to impair the employee's performance of duties, unless the employee has complied with the provisions of Section 4;
g. Testing positive under this policy for alcohol, controlled substances and/or drugs;
h. Willfully tampering with, adulterating, or substituting a sample submitted for a test that is duly authorized under this policy;
i. Referring a covered employee for drug or alcohol testing without following the procedures required under this policy; or
j. Disclosing information, including medical information and testing results, required to be kept confidential under this policy to unauthorized persons.

Section 8: Management Responsibility

8.1 Pre-Duty and On-Duty Use and Possession.

a. No supervisor having knowledge that an employee is using alcohol while on duty, or has used alcohol within four hours prior to reporting for duty, shall permit the employee to drive a vehicle on District of Columbia business or to perform safety sensitive functions.

b. No supervisor having knowledge that an employee is using, has used or is in possession of a controlled substance(s) or illegal drugs that have the potential of impairing his/her performance while on duty, shall permit the employee to drive a vehicle on District of Columbia business or perform safety sensitive functions, unless the use is approved in accordance with Section 4 above.

8.2 Any employee who unintentionally ingests, or is forced to ingest, alcohol, a controlled substance(s), or drugs, shall immediately report the incident to their supervisor. The supervisor shall ensure appropriate medical steps are taken to protect the employee's health and safety.

8.3 Supervisors and managers authorized to make testing referrals based upon reasonable suspicion shall receive training in drug abuse detection and recognition; documentation; intervention; and any other appropriate topics. Documentation that such training has been successfully completed must be maintained in the employee's personnel or official Department training file. Supervisor and/or managers who have not completed such training may not refer any employee for testing based upon reasonable suspicion.

8.4 An employee seeking help for a possible drug or alcohol dependency who has not tested positive and/or violated this policy may seek assistance in confidence through programs such as EAP, COPE, private doctor, and the PFC without fear of disciplinary action, provided that this is his/her initial request for formal assistance.

8.5 The Department will notify the representative labor organizations monthly of the number of confirmed positive drug and alcohol tests.

Section 9: Random Drug Testing

9.1 All covered employees shall be subject to random on-duty testing for the presence of alcohol, controlled substances and drugs.

9.2 Random testing shall be conducted throughout the year. The minimum annual percentage rate of covered employees subject to random testing shall be twenty (20) percent of the average total number of covered employees on the payroll on the first day of each calendar quarter (January 1, April 1, July 1, and October 1).

9.3 The selection of employees for random testing shall be made by the D.C. Fire & EMS Department's Office of Human Resources (HR). The names shall be selected by a scientific computer-generated random selection method. Under the selection process, each covered employee will have an equal chance of being selected for testing each time a selection is made. FEMS currently is divided into 4 platoons, random testing will be based on the platoon system. The day work chief officers, members of other Divisions and other civilian employees in safety sensitive positions will be assigned to one of the four platoons.

9.4 On each day that random testing is to be conducted, HR shall generate a list of up to 2 employees per platoon group. The list shall be generated using employee payroll identification numbers only. Once the list of employees subject to random testing for the period is generated, HR shall forward the list to the MSO and the Professional Standards Officer (PSO). The PSO shall effectuate notice to the employee. The immediate supervisor will then be notified for proper journal entries. The Division Head shall be notified to initiate personnel relief for the selected member. The employee will have 90 minutes to report to the PFC for testing upon relief. The employee will sign a notice at the PFC regarding the random drug/alcohol screening.

9.5 If the employee is on duty but is not in quarters, the PSO will gain the assistance of the Division Head to locate and give notice to the member. In this case, the MSO shall ensure that the employee completes the random testing process. Under no circumstances may the officer or supervisor disclose to any other person that the employee has been ordered to report before the order is communicated, By the PSO (or by the MSO) directly to the employee. The person being selected for testing shall be replaced during the testing at the work site as the needs of the Agency dictate.

9.6 An employee selected for testing who is on duty or in an administrative leave status pending disciplinary action, shall not be excused from testing, allowed to reschedule testing, or allowed to

take sick or other leave after being notified of testing, except in extremely unusual circumstances. Extended time to report to the PFC may be allowed by the PSO if the member resides outside of the Metropolitan area. Such circumstances must be documented by the PSO.
9.7 If an employee selected for testing is on previously approved administrative leave, annual leave, sick leave, or scheduled day off when selected for random testing, he/she shall not be tested that day but will be notified upon their return to duty and tested on his/her next scheduled work day that the PFC is open.

9.8 An employee on military leave, sick leave over 30 calendar days, or leave without pay shall not be subjected to random testing.

Section 10: Testing Procedures

10.1 When an employee reports to the PFC or other designated testing facility for the purpose of a physical examination or any drug or alcohol testing, that employee shall be required to have in his/her possession their official identification card or other positive proof of identification. The purpose of this requirement is to ensure that the employee being tested is the individual he/she claims to be. (Other detailed instructions regarding preparation for a physical examination are contained in Article XI of the Order Book and shall be followed in their entirety by employees reporting for a physical examination).

10.2 Employees must list all medication on the back of the drug screening form as directed. This will include both prescribed and over-the-counter medication(s).

10.3 Collection of Urine Specimens for the Purpose of Testing for Controlled Substances and Drugs.

a. A urine specimen will be submitted at the PFC or other designated testing site.

b. The specimen jar containing the collected sample will be marked immediately after use for proper identification and sealed by the person giving the sample.

c. Specimens submitted will be sent out and tested for the presence of controlled substances and the drugs listed in Section 6 of this Bulletin.

d. Chain of custody will be strictly accounted for by each person who handles the specimen.

e. A split sample will be taken. If a positive result is obtained from the sample used for the confirmation test, at the employee's request, the split sample may be sent for testing to an independent laboratory. The independent laboratory must be certified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration to perform job-related forensic testing for alcohol, controlled substances, and drugs at the time the test is performed. The independent laboratory results must be furnished by the laboratory directly to both the MRO and the employee. If the second sample does not yield a positive result, no disciplinary

action shall be taken against the employee.

10.4 Testing of Urine Samples for the Presence of Controlled Substances and Drugs.

a. The initial screening test shall be conducted at an independent laboratory certified by the U.S. Department of Health and Human Services to conduct such testing, by qualified personnel. The initial screening test must be a forensic drug test, specifically using EMIT methodology.

b. If the initial screening test is positive for any of the prohibited substances, a confirmation test shall be conducted. The confirmation test shall use GC/MS methodology.

c. If the confirmation test is positive, the MRO, upon receiving the results, shall conduct a medical review and evaluation of the results to determine if there is any non-prohibited reason for the positive result. If an employee tests positive on the confirmation test for opiates and is unable to submit sufficient documentation for the reasons for the positive test, additional testing on the same sample shall be conducted to determine the origin of the opiates.

d. If the MRO's review determines that the positive confirmation test result cannot be explained by any non-prohibited reason, the MRO will notify the MSO of the results of the review.

e. Depending on where the employee is assigned, the MSO shall notify the appropriate AFC of the test results. The initial notification will be transmitted by confidential written memorandum. The employee shall be sent a copy of such memorandum.

f. A positive confirmation test will result in disciplinary charges in accordance with Section 13 of this Policy.

g. Information relating to test results will not be released to any employee of the D.C. Fire & EMS Department or any one else unless he or she has a need to know this information in the performance of his/her duties or unless the employee has executed and signed a release form.

h. Employees tested may request, in writing, a copy of the Department's notification of his/her test results. Said request shall be honored.

i. Samples resulting in a negative confirmation test will be disposed of by the testing lab. Samples resulting in a positive confirmation test will be preserved for at least twelve (12) months, or, if disciplinary charges are initiated, until all related proceedings have been concluded, whichever is later.

10.5 Collection of Alcohol Testing Samples

a. Alcohol testing shall be performed by technicians (screening test technicians and breath alcohol technicians) who meet the qualifications and training requirements set forth in 49 C.F.R. § 40.211 *et seq.* and who have been certified to perform tests using the specific EBT device(s). Alcohol testing shall be performed at a location and under the conditions specified in 49 C.F.R. §§ 40.221 and 223. Alcohol screening and confirmation tests shall be performed using an EBT device. In addition, the EBT device used to perform a confirmation test shall conform to the requirements specified in 49 C.F.R. § 40.231(b).

b. If an employee is ordered to undergo both drug and alcohol testing, the alcohol testing shall be performed first, unless doing so is impracticable.

c. Alcohol testing shall be performed using an individually wrapped or sealed mouthpiece. Selection of the mouthpiece shall be made either by the employee being tested or by the technician in full view of the employee. Testing procedures shall conform to the manufacturer's instructions. The employee shall be shown the displayed test result, and the result shall be documented on the testing form in view of the employee.

10.6 Alcohol Screening and Confirmation Tests.

a. A breathalyzer shall be deemed negative if it is less than 0.020. If the screening test result is negative, the technician shall record the results, sign and date the testing form, and provide a copy to the employee. No further alcohol testing shall be performed during this visit.

b. If the initial screening test is 0.020 or greater, a confirmation test shall be performed. The technician shall advise the employee not to eat, drink, or put anything into his/her mouth prior to the confirmation test. To ensure the integrity of the results, the confirmation test must be conducted no earlier than fifteen (15) minutes after completion of the screening test, but not later than thirty (30) minutes after completion of the screening test.

c. The confirmation test shall be conducted as follows:

    i. In the presence of the employee, the technician must complete an air blank on the EBT to be used and show the reading to the employee. If the reading is 0.00, the test may proceed. If it is greater than 0.00, the air blank must be repeated. If the second air blank does not produce a reading of 0.00, a different EBT must be used. The number on the substituted device and the reason for the substitution must be noted on the form. Once taken out of service, an EBT may not be used again until after an external calibration

check has been performed, with proper documentation, and it has been verified that the device is operating correctly.

ii. Procedures for obtaining the sample used in the confirmation test shall be the same as described in Section 10.5(c).

iii. The technician shall record the test results, sign and date the testing form, have the employee do the same, and provide a copy to the employee.

d. Any positive confirmation test (0.020 or greater) requires that the employee be immediately removed from duty. The employee must remain in a non-duty status for 24 hours, and must be tested prior to assuming duty. All return to duty tests must be below 0.020, the employee will not be allowed to resume duty if the return to duty test is 0.020 or greater. In addition, if the testing results are 0.020 or greater, the results shall be transmitted to the MRO. The MRO shall evaluate the results and determine if there is a non-prohibited reason for the result. If the MRO determines that the positive confirmation test result cannot be explained by any non-prohibited reason, the MRO will notify the MSO of the results of the review.

e. The MSO shall advise the appropriate AFC of any confirmation test result. This notification will be transmitted by confidential written memorandum. The employee shall be sent a copy of such memorandum.

f. Based on Section 13, a positive test result will result in disciplinary charges.

g. Members testing positive for alcohol at the 0.020 level and above are not allowed to leave the PFC and are directed to remain on the premises until relieved from duty by the MSO.

10.7 Special Procedures for Post-Accident Testing.

a. The determination whether testing is required pursuant to Section 5.4 of this Bulletin shall be made by the appropriate DFC, based on the specific criteria set forth in Section 5.4. The immediate supervisor shall ensure a Special Report is generated and submitted which documents the particulars concerning the referral. This shall be submitted no later than the end of the tour of duty.

b. Testing pursuant to Section 5.4 of this Bulletin must be performed within 2 hours of the accident for the results to be valid.

c. Medical treatment for an employee shall not be delayed or compromised for purposes of performing post-accident testing. Instead, samples shall be collected and testing performed in accordance with the instructions of the employee's treating physician.

10.8 Anomalies.

a. Alternative Breath Collection Protocol. When an employee attempts, but can not provide a sufficient amount of breath to complete alcohol testing the following Alternative Breath Collection protocol shall be used. The Employee will be given a second opportunity to provide a sample of breath. Employees who are unable to perform the alcohol test after the second opportunity will be evaluated by a PFC provider. Follow-up testing will be conducted at the discretion of the PFC provider. Employees who are found not to have a medical condition that would prevent a sample will be charged with refusing to submit a sample. (See, 49 C.F.R. §40.265)

b. Adulterated and Dilute Sample. When a testing laboratory reports to the MRO that a urine specimen is adulterated or dilute, the employee shall be ordered to retest prior to or upon reporting for his/her next tour of duty. Report of an Adulterated Sample requires direct observation of the sample collection per PFC protocol. Employees will not be allowed to assume duty until after they have submitted a second or additional sample for testing. Employees may assume duty while results are pending from the adulterated or dilute samples.

c. Shy Bladder Protocol. When an employee is unable to produce a urine sample within a reasonable time the following Shy Bladder protocol shall be used. Employees will be afforded the opportunity to drink a measured amount of water over a specific period of time per PFC protocol. If the employee is still unable to produce a sample, he/she will be examined by a PFC provider to determine if there is a medical reason why he/she is unable to produce a sample. Employees who are found not to have a medical condition that would prevent a sample will be charged with refusing to submit a sample. Follow-up testing will be conducted at the discretion of the PFC provider. (See, 49 C.F.R. §§ 40.193 and 40.195)

Section 11: Testing After-Hours

11.1 Samples shall be collected at the PFC whenever it is open (during the hours of 0700 to 2100 hours Monday through Friday). If the PFC is closed at the time testing is required, the following procedures shall be followed.

a. In the case of a reasonable suspicion referral or post-accident testing, the supervisor and/or manager shall make notification to the closest in-service BFC that testing is required. The BFC shall notify the Fire Liaison Officer (FLO) at the Office of Unified Communications (OUC), and shall request that the PFC Medical Director be contacted in regards to after-hours testing.

b. The BFC shall specify the reason for testing (i.e., post-accident, reasonable suspicion). The FLO shall obtain the estimated time of arrival for the certified PFC employee to arrive at the PFC. This information shall be relayed to the BFC making

the request. This coordination will assist the PFC Medical Director towards facilitating a certified PFC employee to conduct the requested testing within a 2 hour timeframe from the initial request for testing. The BFC shall notify the appropriate Deputy Fire Chief, Operations Division or applicable Division Head of the situation when feasible.

c. The BFC shall escort the employee to the PFC for testing.

11.2 The BFC may utilize the Metropolitan Police Department or other comparable law enforcement authority to conduct alcohol testing only upon prior approval of the appropriate DFC, Operations Division or applicable Division Head. Such requests, including all of the circumstances surrounding such requests, shall be documented in a Special Report by the BFC. The DFC, Operations Division or applicable Division Head's approval or disapproval, along with the date and time communicated, shall be included in such documentation. Such documentation shall be filed prior to the end of the BFC's shift.

Section 12: Alcohol and Substance Abuse Rehabilitation Programs

12.1 Child and Youth, Safety and Health Omnibus Amendment Act of 2004.

a. Each employee shall be given written notice that the D.C. Fire & EMS Department is implementing a drug and alcohol testing program at least thirty (30) days in advance of the implementation of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 as amended (D.C. Law 15-353; D.C. Official Code §§ 1-620.31 through 1-620.37, 2006 Repl.).

b. Upon receipt of written notice of the drug and alcohol testing program, each employee shall be given 1 opportunity to immediately seek treatment if requested and appropriate. Such employee will be placed in an approved substance abuse program, or may enter an approved substance abuse program of his/her choice upon notification to the MRO.

c. Any positive alcohol of .040 or greater or positive drug test after the 30 day notification period is grounds for removal. There will be **no** "Last Chance Agreement" or "Rehabilitation Program" for an employee who tests positive for alcohol at the .040 concentration or controlled substances or drugs after the 30 day notice period. (The alcohol concentration is reduced to .020 after the enrollment in or completion of a rehabilitation program.)

d. A non-probationary employee who tests at or above .020 and less than .040 for alcohol the first time will be subject to discipline and placed in a mandatory rehabilitation program.

12.2 Any employee who voluntarily enters a Rehabilitation Program in accordance with Section 8.4 will be subject to the following provisions:

a. A list of approved alcohol and substance abuse rehabilitation programs shall be made available by the D.C. Fire & EMS Department. Rehabilitation programs shall be selected from programs found on the Substance Abuse & Mental Health Services Administration (SAMHSA) treatment facility locator found at http://findtreatment.samhsa.gov/

b. The PFC does not accept testing results from a facility that does not meet industry standards and criteria as established by DOH and/or SAMSHA. Testing results from all facilities approved by the MRO shall be accepted by the Agency. The acceptance of test results from other facilities shall be evaluated by the MRO on a case-by-case basis.

c. Employees entering a rehabilitation program will be placed in a leave status of their choice for a minimum of forty-five (45) calendar days. That status will be one of the following:

   i. Sick Leave;
   ii. Annual Leave;
   iii. Compensatory Leave;
   iv. Leave-Without- Pay (written request); or
   v. Any combination of the above.

d. The rehabilitation program requires that the employee be tested and counseled while in the program. The employee will be required to comply with the treatment plan developed by the substance abuse case manager. Operational employees will be tested to accommodate their work schedule with approval of the MSO. This schedule will remain in effect unless the employee is otherwise notified.

e. Employees shall report to the PFC for testing prior to 0900 hours.

f. After entry into the rehabilitation program, the employee must test negative for 45 consecutive days. If at any time an employee tests positive on a confirmation test after testing negative, or tests positive at a higher concentration than on the previous test, he or she shall be recommended for termination. For purposes of alcohol a confirmation test of .020 shall be considered a positive result. Note: Slight increases of marijuana may occur without ingestion of the drug. Therefore, if the level of marijuana fluctuates within 3 nanograms during the first 21-day period, the employee shall not be subject to disciplinary charges.

g. After expiration of the 45 consecutive days, the employee will return to full-duty status with the following stipulations:

   i) No driving for 45 days following return to duty;
   ii) Approval of a PFC Behavioral Health Services provider;
   iii) Weekly counseling;
   iv) Weekly drug and/or alcohol testing as directed by the PFC Behavioral Health Services provider.
   v) Participation in a rehabilitation program for a period of 1 year from the date of his or her first negative test. All test results must be negative during this period and the employee is to be released from the program with no restrictions.

h. After successful completion of a drug or alcohol rehabilitation program, the employee will be subject to a complete Fitness for Duty physical to included drug and alcohol testing, prior to his/her return to full duty. Upon return to a safety sensitive position, the employee will be subject to random, reasonable suspicion and annual physical drug and alcohol testing as prescribed by this Policy.

12.3 Nothing in this Bulletin is intended to deprive an employee from any and all rights he/she may claim under the Rehabilitation Act of 1973 or the Americans with Disabilities Act, including but not limited to a request for reasonable accommodation(s).

Section 13: Discipline

13.1 Refusal to Submit, Adulteration, and Substitution.

An employee who refuses to submit to a test required under this Bulletin, or who willfully substitutes or adulterates a sample required to be provided for testing under this Bulletin, shall be recommended for termination.

13.2 Positive Test Result - Post-Accident.

An employee tested pursuant to the post-accident protocol set forth in Section 5.4, and who receives a positive result on a confirmation test for alcohol, controlled substances, or drugs shall be terminated.

13.3 Positive Test Results – Alcohol, Controlled Substances and/or Drugs.

If, at any time during his/her career, an employee receives a positive result on any confirmation test duly administered for alcohol at a concentration of 0.040 or greater, controlled substances and/or drugs under this Bulletin, the employee shall be charged with violation of the Substance Abuse Policy and shall be recommended for termination.

13.4 Failure to Successfully Complete Rehabilitation Program.

An employee who, having tested negative after entry into the program, fails to test negative for 45 consecutive days while in rehabilitation program; who tests positive at the same or higher concentration as on the previous test; or who tests positive after testing negative, while in the rehabilitation program, will be considered to have failed to successfully complete the program, and will be recommended for termination. After enrollment in or completion of a rehabilitation program, a member who receives a positive result on any confirmation test duly administered for alcohol at a concentration of 0.020 or greater will be recommended for termination.

13.5 Referral for testing: made in bad faith; purposes of harassment; without adequate grounds; or without following required procedures:

a. A referral for testing made in bad faith or for purposes of harassment shall be treated as a Class IV infraction, and may subject the employee to termination.

b. A referral for testing negligently made (i.e., without adequate grounds or without following required procedures) shall be treated as a Class III infraction.

13.6 Improper Disclosure of Medical Information or Confidential Testing Information.

An employee who discloses information, including medical information and testing results, required to be kept confidential under this policy to unauthorized persons shall be charged with a Class IV infraction if the disclosure was willful or a Class III infraction if the disclosure was negligent.

Section 14: Probationary Employees and Applicants

Probationary employees who violate the D.C. Fire & EMS Department Substance Abuse Policy shall be terminated. Probationary employees must not test at the .020 concentration or greater for alcohol or they will be terminated.

Applicants who test positive for controlled substances, drugs, or alcohol shall not be hired.

Section 15: Effective Dates

The D.C. Fire & EMS Department Bulletin 5 Substance Abuse Policy is effective immediately upon issuance. All previous Bulletins, Special Orders and issuances governing alcohol, controlled substances and/or drug use are hereby rescinded.

19. Sample Monthly Reports (J. 13)
20. Sample Report For Disability Determination Submitted to PFRRB (J. 14)
21. Qualifications Data Form (J. 15)
22. Schedule of Charges (J. 16)
23. Sample Psychological Evaluation and Report (J. 17)

MEDICAL AND PHYSICAL STANDARDS

Medical Qualifications Requirements Policy

Medical Qualification standards (physical requirements) for certain positions in the USSS are designed to assure that an applicant or employee possesses the minimal physical abilities necessary to perform safely and efficiently in the particular position for which he/she is being considered or currently assigned. These medical qualifications are based on realistic physical standards and are designed to assure that employees are physically capable to perform the duties of the position.

Failure to meet the qualification standards by applicants will be grounds for removing an applicant from further consideration from the position. This will not prohibit an applicant from applying for other positions within the USSS that do not require medical qualification standards.

Failure to meet the qualification standards by incumbents will require the employee to take all reasonable actions to correct the condition which causes the employee to fail to meet the medical qualification standards. If the injury, illness or condition is such that the employee cannot meet the standards, the case will be referred to the appropriate Assistant Director, Chief Counsel or Uniformed Division Chief who will make recommendations to the Assistant Director-Administration.

The Assistant Director-Administration must approve any action affecting employees if that action is taken based solely on medical-physical requirements. It is not the intent of these requirements to dismiss individuals who are deemed medically unqualified but rather to provide the necessary intervention to assist the employee to attain a medically acceptable status and at the same time to protect the employee and co-workers from unnecessary risk.

Purpose

The purpose of adopting Medical – Physical Qualification Standards is:

- To meet Office of Personnel Management requirements which mandate the creation of a set of standards that relate to mandatory medical examinations (5 CFR 339)
- To enhance the overall health promotion system within the USSS
- To provide consistency for examining and reviewing physicians in evaluating an employee's fitness for duty
- To identify medical disorders and physical conditions that place an employee or co-worker at risk
- To establish reasonable minimum requirements for applicants to positions that are strenuous or dangerous
- To provide realistic standards to insure employees are physically capable of performing the duties that are expected of their position

Scope

The Medical – Physical Qualification Standards have been established in two separate categories:

Maintenance Standards for Incumbent Employees

These standards establish the medical – physical requirements for the following employee categories:

- Special Agents
- Special Officers
- Physical Security Specialists
- Protective Support Technicians
- Operations Support Technicians
- Uniformed Division Officers

Medical – Physical Qualification Standards for Applicants

These standards establish the **minimum** medical – physical requirements for all USSS applicants to the following positions:

- Special Agents
- Special Officers
- Physical Security Specialists
- Protective Support Technicians
- Operations Support Technicians
- Uniformed Division Officers

Synopsis of Medical-Physical Requirements

Medical-Physical requirements have been established in the fifteen (15) areas listed below. The examining physician is required to check for the presence of specific disorders in each of these areas during the standard medical examination:

- Eyes-Vision
  Requirements covering: Near and distant vision, glaucoma, cataracts, blindness and visual tumors

- Ears-Hearing
  Requirements covering: Ability to hear, perforated tympanic membrane, and equilibrium disorders

- Nose-Mouth-Throat
  Requirements covering: Loss of ability to smell, breathing disorders and deformities preventing use of a respirator mask

- Peripheral Vascular System
  Requirements covering: High blood pressure and chronic venous insufficiency

- Heart and Cardiovascular System
  Requirements covering: Functional work capacity, valvular disease, cholesterol, coronary artery disease (CAD), EKG abnormality, and congestive heart failure (CHF)

- Chest and Respiratory System
  Requirements covering: Pulmonary tuberculosis, chronic bronchitis and diseases reducing ability to breathe

- Abdomen and Gastrointestinal System
  Requirements covering: Pancreatic disorders, gallbladder disorders, esophageal spasm, active peptic ulcers, hernias, intestinal malignancies, active hepatitis, and cirrhosis of the liver

- Genitourinary and Reproductive Systems
  Requirements covering: Pregnancy, prostate disorders and reproductive system diseases

- Endocrine and Metabolic System
  Requirements covering: Uncontrolled diabetes, obesity, kidney dysfunction and pituitary dysfunction

- Skin and Collagen Disease
  Requirements covering: Lupus, severe allergies, and plantar warts

- Musculoskeletal System
  Requirements covering: Extremity amputation, extremity nerve damage, active/symptomatic disc disease, lower back flexibility, abdominal muscular endurance, coordinated balance and muscular dystrophy

- Hematopoietic and Lymphatic Systems
  Requirements covering: Anemia, hemophilia, leukemia, lymphomas and sickle cell disease

- Nervous System
  Requirements covering: Epilepsy, cerebral palsy, strokes and aneurysms, uncontrolled tremors, and multiple scleroses

- Psychiatric Conditions
  Requirements covering: Anxiety disorders, disorders of thought, disorders of mood and disorders of behavior

- Other
  Any other medical or psychiatric condition which may be determined by the examining physician

Medical-Physical Determinations

Incumbents

Under the medical-physical requirements, there are defined cutoffs after which action must be taken. After an employee undergoes a medical examination, laboratory testing and fitness test, the results are reviewed and compared against the requirements and the employee is classified in one of three (3) categories as follows:

1. Medically Qualified – No further action needed;
2. Medical Determination Deferred Pending Further Documentation – Employee involvement required in health remediation effort;
3. Not Medically Qualified To Perform The Essential Functions Of The Job – Additional action required by employee until acceptable level is reached. Employee is placed on temporary limited duty.

Applicants

Applicants to law enforcement positions are subject to the USSS Medical-Physical requirements. Applicants to these positions undergo a pre-employment medical examination. The results of the medical examination are compared to the applicant standards and one of the following determinations will be made by the contract Reviewing Physician:

1. Medically Qualified – Applicant is eligible for hire
2. Medical Determination Deferred Pending Further Documentation – Applicant must furnish further medical documentation to clarify a significant medical finding
3. Not Medically Qualified to Perform the Essential Functions of the Job – Applicant is not medically eligible for hire

Applicants to Motor Vehicle Operator positions are required to undergo a pre-employment medical examination. This examination is used by the Reviewing Physician to determine if the applicant has any conditions which would inhibit his/her ability to operate a vehicle in a safe manner.

Medical and Physical Standards

Medical Qualification Requirements Policy

Purpose

The purpose of adopting Medical and Physical Qualification Standards are:

- To meet Office of Personnel Management (OPM) requirements, which mandate the creation of a set of standards that, relate to mandatory medical examinations (5CFR.399).
- To enhance the overall health promotion system within the USSS.
- To provide consistency for examining and reviewing physicians in evaluating an employee's fitness for duty.
- To identify medical disorders and physical conditions that places an employee or co-worker at risk.
- To establish reasonable minimum requirements for applicants to positions that are strenuous or dangerous.
- To provide realistic standards to insure employees are physically capable of performing the duties that are expected of their position.

Failure to meet the qualification standards by applicants will be grounds for removing an applicant from further consideration for the position. This will not prohibit an applicant from applying for other positions within the USSS that do not require medical qualification standards.

Failure to meet the qualification standards by incumbents will require the employee to take all reasonable actions to correct the condition, which causes the employee to fail to meet the medical qualification standards. If the injury, illness or condition is such that the employee cannot meet the standards, the case will be referred to the appropriate Assistant Director, Chief Counsel or Uniformed Division Chief who will make recommendations to the Assistant Director, Human Resources and Training.

The Assistant Director, Human Resources and Training, must approve any action affecting employees if that action is taken based solely on medical/physical requirements. It is not the intent of these requirements to dismiss individuals who are deemed medically unqualified, but rather to provide the necessary intervention to assist the employee to attain a medically acceptable status and at the same time to protect the employee and co-workers from unnecessary risk.

Medical/Physical Maintenance Standards - Incumbents

Each specific medical/physical requirement for incumbents is preceded by three categories: "Affects", "Requirement", and "Area".

- The "Affects" category will denote which incumbent position is subject to the particular standard and includes: SA, UD, SO, PSS, PST, OST, or ALL.
- The "Requirement" category will be annotated as A, B, C, or D.
- "A" indicates the requirement must be acceptable.
- "B" indicates the condition may be acceptable as long as certain additional conditions are met.
- "C" indicates that the condition may require employee involvement in re-mediation to correct the condition.
- "D" indicates further evaluation and/or treatment is required to determine acceptability. Reassignment and/or other personnel action may be warranted.
- The "Area" category is merely a numerical identifier for each standard, which correlates to the numbering system on the USSS medical examination forms. Each number is preceded by the letter "M" denoting it is a maintenance standard for incumbent employees.

Eyes and Vision

General

The occupational significance of this area, at a general level, concerns the ability to see and to be free of visual problems. Any condition, which may interfere with acuity or put the eye at risk, would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	A.	M01	VISUAL ACUITY - DISTANT VISION must be 20/20 (Snellen) in each eye (monocular) corrected. Employees not having uncorrected distant vision of 20/20 (Snellen) must wear eyeglasses or contact lenses while on duty to bring their distant vision to 20/20 (Snellen). It is recommended that eyeglass lenses and frames worn while on duty should conform to ANSI Standard Z87.1-1989.
ALL	A.	M02	VISUAL ACUITY - NEAR VISION must be at least 20/40 corrected. (Jaeger type 2 at 14 inches)

ALL	A.	M03	VISUAL ACUITY - COLOR VISION must be sufficient to demonstrate basic color vision by passing either the Ishihara Pseudoisochromatic Plate Color Vision Test of Farnsworth D-15 Color Vision Test.
ALL	A.	M04	VISUAL ACUITY - DEPTH PERCEPTION must demonstrate normal stereo-depth perception with or without correction (100 seconds of arc).
ALL	A.	M05	VISUAL ACUITY - PERIPHERAL VISION must be normal.
ALL	B.	M06	GLAUCOMA is ACCEPTABLE if the following conditions are met: the condition is being treated and controlled; visual acuity and visual fields are not impaired.
ALL	B.	M07	STRABISMUS is ACCEPTABLE provided visual acuity is not affected.
ALL	D.	M08	CURRENT CATARACTS that affect acuity significantly are NOT ACCEPTABLE. If the individual meets visual acuity standards following surgery, then the condition is ACCEPTABLE.
ALL	D.	M09	PROLIFERATIVE RETINOPATHY is NOT ACCEPTABLE due to the possibility of physical contact.
ALL	D.	M10	NYSTAGMUS or any disorder of extra ocular movement that interferes significantly with vision is NOT ACCEPTABLE.
ALL	D.	M11	MONOCULAR VISION from missing eye due to disease or injury is NOT ACCEPTABLE.
ALL	D.	M12	BLINDNESS is NOT ACCEPTABLE.
ALL	D.	M13	RETINAL DETACHMENT is NOT ACCEPTABLE.
ALL	D.	M14	PAPILLEDEMA is NOT ACCEPTABLE.
ALL	D.	M15	VISUAL TUMOR DISORDERS are NOT ACCEPTABLE.

Ears and Hearing

General

The occupational significance of this area, at a general level, concerns the ability to hear and maintain body equilibrium. Any condition, which may significantly interfere with hearing and inner ear equilibrium, would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	A.	M01	ABILITY TO HEAR is ACCEPTABLE if the individual can hear at the following levels: using an audiometer there should be no loss greater than 25 decibels at the 500, 1000, and 2000 Hz level in both ears.
ALL	A.	M02	ABILITY TO HEAR may NOT BE ACCEPTABLE if there is permanent loss in either ear beyond 25 decibels at the 500, 1000, or 2000 Hz level. Individual evaluation will be necessary to ascertain hearing loss effect upon job performance capability.
ALL	B.	M03	PERFORATED TYMPANIC MEMBRANE is ACCEPTABLE as long as working conditions would not require immersion of the head in water.
ALL	D.	M04	OTITIS MEDIA, OTITIS EXTERNAL, and MASTOIDITIS may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain if hearing is adversely affected by working conditions.
ALL	D.	M05	ANY INNER/MIDDLE/or OUTER EAR DISORDER AFFECTING EQUILIBRIUM is NOT ACCEPTABLE.

Nose, Mouth, and Throat

General

The occupational significance of this area, at a general level, is that distinct speech, odor detection, and free breathing is required. Any disorder that affects the structure and function of the nose, mouth, and throat for communication and breathing purposes would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	D.	M01	PERMANENT LOSS SENSE OF SMELL is NOT ACCEPTABLE. Individual evaluation is necessary to ascertain impact on specific job functions.

ALL	B.	M02	RHINITIS is ACCEPTABLE. Individual evaluation may be necessary to ascertain if medication may pose job performance problems (i.e., repeated exposure to corrosive materials).
ALL	B.	M03	SPEECH DEFECTS are ACCEPTABLE provided communication requirements of positions are met. Individual evaluation may be necessary to insure communication is adequate.
ALL	D.	M04	ABNORMALITIES OF NOSE, THROAT, MOUTH that interfere with breathing may NOT BE ACCEPTABLE. Individual evaluation is necessary to determine the extent that job performance capability is decreased.
SA, UD, SO, PST,	B.	M05	PERFORATION OF NASAL SEPTUM is ACCEPTABLE for positions not requiring work around fumes.
PSS, OST	D.	M06	PERFORATION OF NASAL SEPTUM is NOT ACCEPTABLE for these positions.
ALL	D.	M07	CHRONIC SINUSITIS OR MALFORMATIONS THAT WOULD PREVENT NASAL RESPIRATION is NOT ACCEPTABLE.
ALL	D.	M08	DEFORMITIES interfering with the fitting of a gas mask are NOT ACCEPTABLE.

Peripheral Vascular System

General

The occupational significance of this area, at a general level, concerns the efficiency of the vascular system for maintaining adequate blood flow. Any condition, which may interfere with the peripheral vascular system's normal functioning, may require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirement	Area	
ALL	A.	M01	RESTING BLOOD PRESSURE uncontrolled below 145 mmHg systolic and 95 mmHg diastolic is ACCEPTABLE.
ALL	B.	M02	HYPERTENSION which is controlled through medication (systolic is 145 or less and diastolic pressure is 95 mmHg or less) is ACCEPTABLE if the demands of the job do not require frequent heavy lifting.

ALL	D.	M03	HYPERTENSION uncontrolled or controlled (systolic over 145 and diastolic above 95 mmHg) is NOT ACCEPTABLE. Temporary reassignment and re-mediation may be appropriate.
ALL	D.	M04	VARICOSE VEINS of a mild degree which are asymptomatic are ACCEPTABLE.
ALL	D.	M05	CHRONIC VENOUS INSUFFIENCY is NOT ACCEPTABLE.
ALL	D.	M06	PERIPHERAL VASCULAR DISEASE is NOT ACCEPTABLE.
ALL	D.	M07	THROMBOPHLEBITIS is NOT ACCEPTABLE.

Heart and Cardiovascular System

General

The occupational significance of this area, at a general level, concerns the ability of the heart to provide the functional work capacity to meet the oxygen demands of physical work tasks. It also refers to the heart's integrity to be free of coronary artery or coronary heart disease symptoms so that the individual is at low risk of disability or death. Any condition, which may interfere with heart function, would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	B.	M01	FUNCTIONAL HEART MURMURS are ACCEPTABLE.
ALL	D.	M02	VALVULAR HEART DISEASE WITH SYMPTOMS is NOT ACCEPTABLE. Further medical review is required.
ALL	D.	M03	CORONARY ARTERY DISEASE is NOT ACCEPTABLE. Re-mediation and reassignment may be medically indicated.

ALL	B.	M04	ECG ABNORMALITIES of the following nature are ACCEPTABLE unless there is associated disease and/or UNACCEPTABLE functional work capacity: a. supraventricular extrasystoles, less than 5/min b. ventricular extrasystoles, less than 5/min. and unifocal c. sinus bradycardia d. 1° A-V block and 2° A-V block (mobitz Type I) e. hemiblocks
ALL	D.	M05	ECG ABNORMALITIES of the following nature MAY <u>NOT</u> BE ACCEPTABLE: a. WPW syndrome b. St depression c. complete right or left bundle branch blocks d. 3° A-V block e. mobitz Type II 2° A-V block f. sinoatrial block or sick sinus syndrome g. ventricular extrasystole greater 10/min. h. ventricular extrasystoles (frequent) -20 per min. with exercise. i. ventricular tachycardia j. atrial fibrillation or flutter k. symptomatic supraventricular tachycardia

These abnormalities require further evaluation as limiting factors for functional work capacity and as symptoms of heart disease.

ALL	D.	M06	ANGINA is <u>NOT</u> ACCEPTABLE.
ALL	D.	M07	CONGESTIVE HEART FAILURE is <u>NOT</u> ACCEPTABLE.
ALL	D.	M08	CARDIOMYOPATHY is <u>NOT</u> ACCEPTABLE.
ALL	D.	M09	PERICARDITIS and MYOCARDITIS are <u>NOT</u> ACCEPTABLE.

Chest and Respiratory System

General

The occupational significance of this area, at a general level, concerns lung function, breathing capacity, and freedom from airway obstruction. This is a key area for job performance in terms of the respiration needed to perform physical tasks, to use a respirator or gas mask apparatus and to be free to move about in various environments. Any condition, which may significantly interfere with breathing capacity, would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirement	Area	
ALL	D.	M01	PULMONARY TUBERCULOSIS is NOT ACCEPTABLE.
ALL	D.	M02	CHRONIC BRONCHITIS is NOT ACCEPTABLE.
ALL	D.	M03	ASTHMA that is not associated with reduced pulmonary function or requiring medication is ACCEPTABLE.
ALL	D.	M04	ASTHMA associated with reduced pulmonary function may NOT BE ACCEPTABLE. Individual evaluation is needed to determine the effect on performing job tasks.
ALL	D.	M05	CHRONIC OBSTRUCTIVE PULMONARY DISEASE may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the degree job performance is chronically affected.
ALL	D.	M06	BRONCHIECTASIS and PNEUMOTHORAX are NOT ACCEPTABLE.
ALL	D.	M07	PNEUMONECTOMY may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the degree job performance is affected.
ALL	D.	M08	REDUCED PULMONARY FUNCTION may NOT BE ACCEPTABLE IF FEV_1 is less than 65%.

Abdomen and Gastrointestinal System

General

The occupational significance of this area, at a general level, concerns a variety of gastrointestinal disorders that can affect performing job tasks by imposing severe individual discomfort. Any disorder that affects the normal gastrointestinal system to the effect that dysfunction and discomfort is present would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	B.	M01	COLITIS CONTROLLED is ACCEPTABLE.
ALL	B.	M02	DIVERTICULITIS CONTROLLED is ACCEPTABLE.

ALL	B.	M03	ESOPHAGEAL DISORDERS CONTROLLED is ACCEPTABLE. -- esophageal stricture -- lower esophageal ring -- esophageal spasm
ALL	B.	M04	HEMORRHOIDS CONTROLLED are ACCEPTABLE. If not under control they are NOT ACCEPTABLE.
ALL	D.	M05	PANCREATITIS is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M06	GALL BLADDER DISORDERS are NOT ACCEPTABLE. Medical treatment is necessary.
ALL	D.	M07	SYMPTOMATIC ESOPHAGEAL SPASM or STRICTURE is NOT ACCEPTABLE.
ALL	B.	M08	PEPTIC ULCER DISEASE that is asymptomatic and healed is ACCEPTABLE provided working conditions do not aggravate the conditions.
ALL	D.	M09	ACTIVE PEPTIC ULCER DISEASE is NOT ACCEPTABLE.
ALL	B.	M10	INGUINAL or UMBILICAL HERNIAS are ACCEPTABLE if not subject to incarceration and heavy lifting is not demanded for job performance. Re-mediation may require temporary reassignment if job requirement limits are too high.
ALL	D.	M11	FEMORAL HERNIAS until surgically corrected are NOT ACCEPTABLE.
ALL	D.	M12	MALIGNANT DISEASE of liver, gall bladder, pancreas, esophagus, stomach, small or large bowel, rectum or anus is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M13	G.I. BLEEDING is NOT ACCEPTABLE and requires immediate medical attention.
ALL	D.	M14	ACTIVE HEPATITIS is NOT ACCEPTABLE.
ALL	D.	M15	CIRRHOSIS OF THE LIVER is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.

Genitourinary and Reproductive System

General

The occupational significance of this area, at a general level, concerns renal failure and genitourinary dysfunction. Renal function is a central factor for maintaining body fluids. The kidneys and assorted genital organs are target organs for many occupational toxins. Any condition affecting the genito-urinary tract so that physical movement is hampered would require an individual review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	B.	M01	PREGNANCY is ACCEPTABLE. Temporary reassignment could be necessitated during the latter portion of pregnancy.
ALL	D.	M02	ACUTE NEPHRITIS is NOT ACCEPTABLE.
ALL	D.	M03	RENAL CALCULI are NOT ACCEPTABLE.
ALL	D.	M04	RENAL FAILURE is NOT ACCEPTABLE.
ALL	D.	M05	URINARY CALCULI are NOT ACCEPTABLE.
ALL	B.	M06	ASYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY is ACCEPTABLE.
ALL	D.	M07	SYMPTOMATIC PROSTATE HYPERTROPHY is may NOT BE ACCEPTABLE.
ALL	B.	M08	HYDROCELE AND VARIOCELE are ACCEPTABLE. If physical movement capability is decreased then it would be UNACCEPTABLE.
ALL	D.	M09	MALIGNANT DISEASES OF KIDNEY, URETER, CERVIX, OVARIES, BLADDER, BREASTS or PROSTATE is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M11	CHRONIC NEPHROSIS is NOT ACCEPTABLE.
ALL	D.	M12	PYELONEPHRITIS is NOT ACCEPTABLE.
ALL	D.	M13	POLOCYSTIC KIDNEY DISEASE is NOT ACCEPTABLE.

Endocrine and Metabolic Systems

General

The occupational significance of this area, at a general level, concerns any abnormal hormonal system response that may affect job performance.

Any excess or deficiency in hormonal functioning can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms such as elevated blood pressure, weakness, fatigue and collapse. Any condition affecting the normal hormonal responses to the maintenance of body functions would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	B.	M01	THYROID DISEASE that is treated and controlled is ACCEPTABLE provided job conditions do not affect the disorder and that job functioning is not impaired.
ALL	B.	M02	DIABETES MELLITUS that is controlled without the need for medication (glucose 150) is ACCEPTABLE.
ALL	D.	M03	UNCONTROLLED DIABETES MELLITUS requiring medication for control may NOT BE ACCEPTABLE. Ongoing evaluation would be needed to fully ascertain effect on job performance capabilities.
ALL	D.	M04	ADRENAL DYSFUNCTION in the form of Addison's Disease or Cushing's Syndrome is NOT ACCEPTABLE.
ALL	D.	M05	SYMPTOMATIC HYPOGLYCEMIA is NOT ACCEPTABLE.
ALL	D.	M06	PITUITARY DYSFUNCTION is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	C.	M07	GLUCOSE ELEVATION beyond 120 mg/DL may NOT BE ACCEPTABLE. Evaluation may be necessary.

Skin and Collagen Diseases

General

The occupational significance of this area, at a general level, concerns dermatitis and topical allergies, which can cause employee discomfort thus affecting job performance. This can limit the possible environments that an individual can be safely exposed to. Any condition affecting the skin and related tissue so that serious discomfort would limit working environments would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	A.	M01	PSORIASIS is ACCEPTABLE.
ALL	D.	M02	PLANTAR WARTS on the feet are NOT ACCEPTABLE until corrected.
OST, PSS	D.	M03	ECZEMA AND FURUNCULOSIS CONDITIONS may NOT BE ACCEPTABLE. Individual evaluation may be necessary to ascertain any limits on job performance environments.
ALL	D.	M04	LUPUS ERYTHEMATOSUS is NOT ACCEPTABLE.
ALL	D.	M05	SEVERE CONTACT ALLERGIES may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain any limiting work environments.

Musculoskeletal System

General

The occupational significance of this area, at a general level, concerns the mobility, stability, flexibility and strength to perform physical job tasks efficiently with minimum risk of injury. Any musculoskeletal condition sufficient to limit the motion and/or forceful use of a major joint or muscle group would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	B.	M01	DISORDERS AFFECTING THE MUSCULOSKELETAL SYSTEM is ACCEPTABLE if the individual meets the basic movement, strength, flexibility and coordinated balance requirements.
ALL	B.	M02	CERVICAL SPINE or LUMBOSACRAL FUSION IS ACCEPTABLE. If motor performance is affected they would be UNACCEPTABLE.
ALL	D.	M03	ACTIVE and SYMPTOMATIC DEGENERATIVE CERVICAL or LUMBAR DISC is NOT ACCEPTABLE.
ALL	D.	M04	MAJOR EXTREMITY AMPUTATION affecting movement is NOT ACCEPTABLE.
ALL	D.	M05	LOSS IN MOTOR ABILITY from tendon or nerve injury may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the impact of motor loss on performing essential job tasks.
ALL	D.	M06	ACTIVE RHEUMATOID ARTHRITIS or ACTIVE OSTEOARTHRITIS limiting the function of a major joint may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the extent of the disorder on performing job tasks.
ALL	A.	M07	COORDINATED BALANCE is ACCEPTABLE if the individual can pass the following three items: -- demonstrate ability to squat and rise without holding on to any object -- demonstrate ability to walk on toes and heels without holding on to another object. -- demonstrate ability to close eyes with feet together and not lose balance.
ALL	D.	M08	COORDINATED BALANCE may NOT BE ACCEPTABLE if the individual does not pass all the balance tests. Individual evaluation will be necessary to ascertain if a serious problem exists.
ALL	D.	M09	HERNIATED DISC may NOT BE ACCEPTABLE. This condition limits movement and use of physical strength.
ALL	D.	M10	MUSCULAR DYSTROPHY is NOT ACCEPTABLE.
ALL	B.	M11	SPINAL DEVIATIONS WITHOUT SEVERE SCOLIOSIS is ACCEPTABLE if mobility and weight bearing power are not affected. If physical mobility and weight bearing power are affected this deviation is UNACCEPTABLE.

Hematopoietic and Lymphatic Systems

General

The occupational significance of this area, at a general level, concerns chronic disorders that may affect overall health in a disabling manner. The hematopoietic system can be a target organ for a variety of environmental chemical agents. Because this system is critical for metabolic activity, hematopoietic system disorders can reduce the individual's red blood cells' ability to transport oxygen. In turn, disorders in this area can lead to reduced capability to perform intense physical exertion. Any disorder that seriously affects blood characteristics of the lymphatic system would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	A.	M01	RED BLOOD CELL VOLUME is ACCEPTABLE if the individual's hematocrit is above 40 for a male and above 37 for a female.
ALL	D.	M02	ANEMIA is NOT ACCEPTABLE if the individual's hematocrit is below 40 for male and below 37 for a female. If the individual has a low hematocrit but acceptable physical performance levels on aerobic capacity and FEV_1 without fatigue or other physical problems then the individual would be ACCEPTABLE.
ALL	B.	M03	SICKLE CELL TRAIT is ACCEPTABLE.
ALL	D.	M04	HODGKINS DISEASE or LYMPHOSARCOMAS may NOT BE ACCEPTABLE. Individual evaluation will be needed to ascertain if the active or remission state is such that job performance capabilities may or may not be affected.
ALL	D.	M05	HEMOPHILIA is NOT ACCEPTABLE. Re-mediation and reassignment may be necessary.
ALL	D.	M06	SICKLE CELL DISEASE is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M07	LEUKEMIA is GENERALLY NOT ACCEPTABLE. Depending upon the acute or chronic nature of the disease reassignment may or may not be necessary.

Nervous System

General

The occupational significance of this area, at a general level, concerns the functioning of the central and peripheral nervous system and the system's susceptibility to toxic materials. Adequate nervous system functioning is critical for the regulation, coordination and control of movement and bodily processes. Dysfunctions in this area can increase the probability of accidents and potential inability to perform a variety of physical tasks. Any condition affecting the nervous system that seriously impairs motor movement would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	D.	M01	EPILEPSY is NOT ACCEPTABLE.
ALL	D.	M02	CEREBRAL PALSY may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the extent the disorder would affect job performance capabilities.
ALL	D.	M03	PARKINSONISM may NOT BE ACCEPTABLE. Parkinsonism can be controlled in some cases. Individual evaluation is necessary.
ALL	D.	M04	CEREBROVASCULAR DISEASE may NOT BE ACCEPTABLE. Individual evaluation will be necessary to ascertain if symptoms or impairments from stroke can affect job performance capabilities.
ALL	D.	M05	TREMORS are NOT ACCEPTABLE.
ALL	D.	M06	CEREBRAL ANEURYSMS are NOT ACCEPTABLE.
ALL	D.	M07	UNEXPLAINED SYNCOPE is NOT ACCEPTABLE.
ALL	D.	M08	MULTIPLE SCLEROSIS is NOT ACCEPTABLE.

Psychiatric Conditions

General

The occupational significance of this area, at a general level, concerns the presence or absence of emotional stability and mental disease. Serious mental disease can affect critical judgement and perceptive patterns necessary for law enforcement functions. Any condition that affects normal perceptual judgement and safe and acceptable behavior would render an individual UNACCEPTABLE requiring further review and/or screening.

Specific Requirements

Affects	Requirements	Area	
ALL	C.	M01	DISORDERS OF BEHAVIOR are NOT ACCEPTABLE to include sociopathic, passive-aggressive, emotionally unstable, inadequate schizoid and paranoid personality traits and type disorders.
ALL	D.	M02	ANXIETY DISORDERS are NOT ACCEPTABLE to include psychotic disorders.
ALL	D.	M03	DISORDERS OF THOUGHT are NOT ACCEPTABLE to include psychotic disorders.
ALL	D.	M04	DISORDERS OF MOOD are NOT ACCEPTABLE to include manic and depressive patterns.

Other Medical/Psychiatric Conditions

Any medical and/or psychiatric condition not specifically described in the previous sections will be reviewed on a case-by-case basis.

Medical/Physical Selection Requirements – Applicants

Each specific selection requirement for applicants is preceded by three categories: "Affects", "Requirement", and "Area".

- The "Affects" category will denote which job/position is subject to the particular standard and includes: SA, UD, SO, PSS, PST, OST, or ALL.

THE UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
UNITED STATES PARK POLICE
1100 OHIO DRIVE, SW
WASHINGTON, D.C. 20024

MEDICAL STANDARDS
Approved by the Office of Personnel Management on November 29, 2000

THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITION:

UNITED STATES PARK POLICE OFFICER, SP-083

Under 5 CFR Part 339 *Medical Qualification Determinations*, medical standards may be established for positions with duties that are arduous or hazardous in nature. The medical standards described in this section are required because of the arduous and hazardous occupational, functional and environmental requirements of the position covered by these standards. The medical standards are provided to aid the Agency Medical Officer and the United States Park Police officials in determining what medical problems may hinder the individual's ability to satisfactorily perform the actual work without undue risk to himself/herself or others. They are also to be used to ensure consistency and uniformity in the application of these standards for applicants and employees.

> Any other disease, condition, limitation or impairment, not specifically listed in the medical standards, which interferes with the safe, efficient and expected performance of the duties and responsibilities may also constitute grounds for medical disqualification.

These standards will be guided by the considerations set forth in 5 CFR Part 339, *Medical Qualification Determinations*. Accordingly, 5 CFR Part 339.204, Waiver of Standards and Requirements, states: "Agencies must waive a medical standard or physical requirement established under this part when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and safety of the individual or others." Listed below are examples of medical conditions and/or physical impairments that may be disqualifying or lead to an employee being deemed unfit for full duty. Individualized assessments will be made on a case-by-case basis to determine the applicant's/employee's ability to meet the performance-related requirements of positions covered by these standards. Final consideration and medical determination may require additional medical information and/or testing that is not routinely required during either the pre-placement or periodic medical examination.

An applicant who is unable to obtain a drivers license for any medical reasons will not be considered for the United States Park Police Officer position until such time that the condition is resolved and a drivers license has been issued. Regardless of the re-issuance of a driver's license, the applicant must meet the medical standards outlined in this document.

These medical standards are intended to serve as a general guideline for the safe placement into and the continued working in hazardous and arduous job positions within the United States Park Police. Each of the medical standards listed in this document are subject to the clinical interpretation of the applicant's/employee's health status by the Agency Medical Officer who will incorporate his/her knowledge of the job requirements and environmental conditions in which the employee must work. A recommendation from the Agency Medical Officer will be made to the Chief of Police, or his/her designee, regarding any condition that would adversely affect an employee's duty status or ability to perform a particular assignment with the Force.

THE UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
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1100 OHIO DRIVE, SW
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MEDICAL STANDARDS

THESE STANDARDS ARE APPLICABLE TO THE FOLLOWING POSITION:

UNITED STATES PARK POLICE OFFICER, SP-083

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CARDIOVASCULAR SYSTEM STANDARD

Any disease or condition, which interferes with cardiac function, is generally disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. PACEMAKERS or PROSTHETIC VALVES are generally disqualifying. Any other condition or post-surgical management that requires the use of coumadin or other anti-coagulants is generally disqualifying.

2. CORONARY ARTERY DISEASE

3. HYPERTENSION that requires the use of any medication to stabilize the blood pressure may be disqualifying. Systolic blood pressure exceeding 150 and/or diastolic blood pressure exceeding 90 mm Hg may be disqualifying. Confirmation of hypertension will require at least three (3) serial readings of blood pressure. Serial readings must include at least three (3) blood pressure readings taken on different days and should include readings in both arms in a standing, sitting, and recumbent position. Additional testing may be required to render a final medical opinion, including, but not limited to a maximal, symptom-limited exercise stress EKG, dilated funduscopic exam of the eye to detect hypertensive retinopathy, and a cardiologist evaluation to determine whether there exists any contraindication for vigorous intensity physical exercise. Individuals on medication will have to demonstrate the absence of orthostatic hypertension with blood pressure measurements in the sitting, standing, and lying positions.

$\geq \frac{150}{90}$

4. LEFT BUNDLE BRANCH BLOCK

5. MYOCARDITIS/ENDOCARDITIS/PERICARDITIS (Active or recently resolved cases) - A past history of these diseases may require additional testing to determine the current capabilities

6. History of MYOCARDIAL INFARCTION

7. History of CARDIAC SURGERY (depending on the procedure and when it was performed)

8. VALVULAR HEART DISEASE such as mitral valve stenosis, mitral valve regurgitation, aortic stenosis, mitral value prolapse, etc. Exceptions may be granted depending upon the current clinical findings and diagnostic studies

9. DYSRHYTHMIAS such as ventricular tachycardia or fibrillation, Wolff-Parkinson-White syndrome, Paroxysmal Atrial Tachycardia with or without block

10. CEREBROVASCULAR ACCIDENT or TRANSIENT ISCHEMIC ATTACKS

11. PULMONARY EMBOLISM (within the past six months or if there is a recurrent history or use of anticoagulants)

12. ANGINA PECTORIS or chest pains of unknown etiology

13. CARDIOMYOPATHY from any cause

14. CONGESTIVE HEART FAILURE

15. MARFAN'S SYNDROME

16. CONGENITAL ANOMALIES (case-by-case review of clinical presentation)

CENTRAL AND PERIPHERAL NERVOUS SYSTEMS STANDARD

Any disease or condition, which interferes with the central or peripheral nervous system function, may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

1. Cerebral and cerebellar functions must be normal

2. The peripheral nervous system and all reflexes must be normal

3. An applicant/employee with a history of seizures controlled on any medication(s) is generally disqualified. Re-evaluation of an applicant/employee is subject to the criteria as outlined below.

SEIZURE
A history of seizures requires an individual to meet the following criteria before further medical consideration:

1. The individual must present the results of an awake and sleeping electroencephalogram (EEG) following an acceptable, non-medicated, seizure-free period of time. The current EEG must be free of epileptiform abnormalities. An acceptable period of time will be defined by the prevailing scientific standards of medicine, a review of the current medical literature and the opinions of the individual's private neurologist, and, if necessary, a neurologist selected by the agency.

2. The medical history and/or documentation regarding the etiology of the seizure disorder must be submitted from the private physician(s), if available.

3. The agency may require a complete neuropsychological evaluation prior to further consideration of an individual.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ATAXIA

2. CHOREOATHETOSIS

3. EPILEPSY (See the seizure policy above)

4. HUNTINGTON'S CHOREA

5. MULTIPLE SCLEROSIS

6. MUSCULAR DYSTROPHY

7. NARCOLEPSY

8. NEUROFIBROMATOSIS

9. PARKINSON'S DISEASE

10. CEREBROVASCULAR ACCIDENT (STROKE)

11. TRANSIENT ISCHEMIC ATTACKS

12. SENSORY DYSFUNCTION (Smell, touch, taste)

13. MIGRAINE CEPHALGIA

*Any neurological disease or disorder that is not listed above shall be reviewed on a case-by-case basis.

CHEST AND RESPIRATORY SYSTEM STANDARD

Any disease or condition, which interferes with respiratory function, may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BY ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. FORCED VITAL CAPACITY (FVC) AND/OR FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) THAT IS LESS THAT 70% OF THE EXPECTED VALUE.

2. THE FEV1/FVC RATIO SHOULD NOT REFLECT EVIDENCE OF A SIGNIFICANT OBSTRUCTIVE OR RESTRICTIVE DISORDER.

3. ASTHMA currently controlled on any medication is generally disqualifying. A history of asthma after the age of 12 years must be considered on a case-by-case basis.

4. ACTIVE PULMONARY TUBERCULOSIS (TB): A history of confirmed TB that has been treated for longer than 6 months is acceptable provided that documentation supports the treatment history. Additionally, diagnostic studies may be required following the case evaluation. Evidence of significant lung destruction in fully treated cases will be evaluated on a case-by-case basis. Any case of active TB would delay medical qualification until a significant period of time has passed to render the person non-communicable and documentation must be provided to show evidence of medical regimen compliance.

5. HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PFT RESULTS

6. LUNG ABSCESS

7. SPONTANEOUS PNEUMOTHORAX (if recurrent)

8. EMPHYSEMA

9. SARCOIDOSIS (if associated with an impaired pulmonary function)

10. PULMONARY EMBOLISM

11. PULMONARY INFARCTION

12. TUMORS OF THE LUNG

13. PNEUMONECTOMY (if FEV1 less than 70%)

*Respiratory disorders not listed above will be reviewed on a case-by-case basis and may require the evaluation by a pulmonary specialist.

DERMATOLOGY STANDARD

Any disease or condition, which may cause the person to be unduly susceptible to injury or disease as a consequence of environmental exposures including the sun, may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ALBINISM

2. SKIN CANCER
   a. Basil Cell Carcinoma
   b. Squamous Cell Carcinoma
   c. Mycosis Fungoides

3. CHLORACNE - This condition should be reviewed on a case-by-case basis for its association with toxic exposures.

4. KAPOSI'S SARCOMA

5. SEVERE CHRONIC DERMATITIS

ENDOCRINE AND METABOLIC SYSTEMS STANDARD

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaption, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue and collapse. Any condition affecting normal hormonal/metabolic functioning and response that is likely to adversely affect safe and efficient job performance is generally disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ADRENAL DYSFUNCTION (In the form of Addison's Disease or Cushing's Syndrome)

2. THYROID DISEASE (uncontrolled or associated with complications). Hypothyroidism and adequately controlled by hormone replacement may be considered acceptable.

3. PITUITARY DYSFUNCTION

4. INSULIN DEPENDENT DIABETES MELLITUS

5. HYPERGLYCEMIA will require additional tests including but are not limited to glycohemoglobin (or hemoglobin A1C), fasting glucose, and a 3-hour glucose tolerance test before a final medical determination.

6. DIABETES INSIPIDUS

GASTROINTESTINAL SYSTEM STANDARD

The examining physician should evaluate the gastrointestinal tract (GI) from the mouth to the anus. Any disorder of the GI tract capable of rendering the applicant/employee suddenly incapacitated or incapable of sustaining attention to required tasks, i.e., chronic diarrhea, may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ACUTE AND CHRONIC ACTIVE HEPATITIS
2. ACUTE VIRAL HEPATITIS (After being asymptomatic for three (3) months the applicant/employee may be re-evaluated)
3. CROHN'S DISEASE/ULCERATIVE COLITIS/REGIONAL ENTERITIS or IRRITABLE BOWEL SYNDROME (Control of these conditions with surgical and/or medication treatments will be reviewed on a case-by-case basis)
4. COLOSTOMIES
5. ILEITIS either recurrent or chronic
6. CHOLELITHIASIS either symptomatic or asymptomatic
7. CHOLECYSTITIS (chronic or recurring)
8. DIVERTICULITIS (symptomatic)
9. DYSPHAGIA from any cause. Control/severity/treatment of these conditions will be reviewed on a case-by-case basis
10. CIRRHOSIS OF THE LIVER (depending upon the degree of severity and the etiology)
11. INTESTINAL OBSTRUCTION
12. PANCREATITIS
13. AN UNTREATED INGUINAL, INCISION OR VENTRAL HERNIA

The following clinical scenarios and all other gastrointestinal conditions will be considered on a case-by-case basis:

*A history of bowel resection is generally disqualifying if there is any evidence of recurrent pain, hemorrhage or any dietary restrictions that might interfere with the performance of the duties and responsibilities.

*A history of gastric resection is generally disqualifying if there is any evidence (history or physical) of pain, hemorrhage, fainting episodes or dietary restrictions that might interfere with the performance of the job.

*A history of a symptomatic hiatal hernia resulting in chest pain, gastrointestinal hemorrhage (occult or massive), or respiratory symptoms is generally disqualifying. The complication of gastroesophageal reflux controlled on antacids will generally be considered acceptable.

GENITOURINARY AND REPRODUCTION SYSTEM STANDARD

In general, any dysfunction of the genitourinary or reproductive system that has the capability of interfering with the required tasks or rendering the person suddenly incapacitated is generally disqualifying. Any functional disorders rendering the applicant/employee incapable of sustained attention to work task, i.e., urinary frequency and/or significant discomfort secondary to such disorders are disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. POLYCYSTIC KIDNEY DISEASE
2. ACUTE or CHRONIC RENAL FAILURE
3. NEPHROTIC SYNDROME
4. SYMPTOMATIC URINARY CALCULI
5. NEUROGENIC BLADDER
6. BERGER'S DISEASE
7. HISTORY OF RENAL VEIN THROMBOSIS
8. UNCORRECTED OBSTRUCTIVE UROPATHIES
9. RENAL TOXICITY FROM ANY CAUSE

HEAD, NOSE, MOUTH, THROAT AND NECK STANDARD

A general examination of the head and neck should be performed during the physical examination. Attention should be given to any skull deformities, loss of bony substance or any evidence of past surgery. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. MUTISM/APHONIA (INABILITY TO SPEAK) is generally disqualifying
2. ANOSMIA
3. ARTIFICIAL LARYNX OR ESOPHAGEAL SPEECH is generally disqualifying
4. FACIAL DEFORMITIES
5. TEMPOROMANDIBULAR JOINT SYNDROME (MODERATE TO SEVERE CASES)
6. NASAL POLYPS THAT SIGNIFICANTLY OBSTRUCT BREATHING
7. RESTRICTED RANGE OF MOTION IN THE NECK
8. NECK MASSES, LYMPHADENOPATHY OR TRACHEOSTOMY

*Any other chronic disease or condition, which significantly interferes with speech or breathing and bears the potential to render the person suddenly incapacitated, is generally disqualifying.

HEARING STANDARDS

Any disease or condition that interferes with the ability to hear may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

1. In the frequency range from 500 - 2,000 hertz (Hz), the deficit should not exceed 30 decibels in either ear.

2. At 3,000 Hz the deficit should not exceed 40 decibels in either ear.

3. HEARING AIDS: The use of any hearing aid to comply with the medical standards is unacceptable.

A pure tone audiogram must be performed in an approved soundproof hearing booth that conforms to the American National Standards Institute (ANSI) standards, without hearing aids. The person must be binaural (have hearing in both ears). A whisper test is not acceptable. Additional testing may be required to render a final medical opinion.

OTOLOGICAL CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. MENIERE'S DISEASE

2. VESTIBULAR NEURONITIS

3. VERTIGO AND PAROXYSMAL POSITIONAL VERTIGO

4. ACOUSTIC NEUROMA

5. WEGENER'S GRANULOMATOSIS

6. OTOSCLEROSIS

*Any other disease or defect of the ear that adversely affects hearing or equilibrium and which potentially interferes with the safe and efficient job performance is generally disqualifying.

HEMATOPOIETIC SYSTEM STANDARD

Any hematopoietic disease or condition, which interferes with the expected performance of these jobs, is generally disqualifying. Cases will be reviewed on a case-by-cases basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ANEMIA - Generally considered as a Hematocrit of less than 39% and a Hemoglobin of less than 13.6 gm/dl for males and Hematocrit of less than 33% and a Hemoglobin of less than 12 gm/dl for females. (If anemia does exist but physical performance levels and pulmonary function are normal then this condition may be acceptable)

2. INHERITED CLOTTING DISORDER (Example: Hemophilia) are generally disqualifying

3. CHRONIC LYMPHANGITIS

4. THROMBOCYTOPENIA OR CLOTTING DISORDER

5. SICKLE CELL ANEMIA

6. SPLENOMEGALY

INFECTIOUS DISEASE - IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARDS

Any communicable disease, which can directly affect the occupational job performance and/or directly threaten the health and safety of others, is generally disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. HEREDITARY ANGIOEDEMA
2. GOODPASTURES' SYNDROME
3. AUTOIMMUNE HEMOLYTIC ANEMIA
4. VASCULITIS
5. HASHIMOTO'S THYROIDITIS
6. MYASTHENIA GRAVIS
7. SYSTEMIC LUPUS ERYTHEMATOSUS

SPECIAL CONCERNS:

HEPATITIS: A history of chronic or acute active hepatitis B or hepatitis C is generally disqualifying. A finding of unexplained elevated liver transaminases may require additional studies before a final medical recommendation is rendered. Additional medical information will be obtained in order for the agency to better determine their eligibility.

TUBERCULOSIS: A history of TB that has been appropriately treated for longer than 6 months is acceptable provided that documentation supports the treatment history and the person has a current normal chest x-ray. A person with a positive PPD or Mantoux skin test will be required to have a chest x-ray and, if indicated, a sputum culture.

MEDICATION STANDARD

The need for the use of prescribed medication(s) may be disqualifying. There must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function due to medication(s) that are likely to present a safety risk or to worsen as a result of carrying out the specified functional requirements of the position.

All medication requirements, including psychotropic medication, will be evaluated to ensure that safe and efficient job performance will not be adversely affected. Cases will be reviewed on a case-by-case basis. Each of the following considerations will enter the medical recommendations:

1. MEDICATION(S) (Type and dosage requirements)
2. POTENTIAL DRUG SIDE EFFECTS
3. DRUG-DRUG INTERACTIONS
4. ADVERSE DRUG REACTIONS
5. DRUG TOXICITY AND ANY MEDICAL COMPLICATIONS ASSOCIATED WITH LONG TERM DRUG USE
6. DRUG-ENVIRONMENTAL INTERACTIONS
7. DRUG-FOOD INTERACTIONS
8. HISTORY OF PATIENT COMPLIANCE

Medications such as narcotics, sedative hypnotics, barbiturates, amphetamines, or any drug with the potential for addiction, that is taken for extended period of time (usually beyond 10 days) or is prescribed for a persistent or recurring underlying condition would generally be considered disqualifying.

SPECIAL SUBJECT: ANABOLIC STEROID USE

Any person currently using anabolic steroids may be disqualified. Note: Anabolic steroids were legislated a controlled substance on February 27, 1991, which now requires a physician's prescription. Since this date any anabolic steroid requires a physician's prescription.

MUSCULOSKELETAL SYSTEM STANDARD

Any condition that adversely impacts on an individuals movement, agility, flexibility, strength, dexterity, coordination or the ability to accelerate, decelerate and change directions efficiently is generally disqualifying. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. ARTHRITIS (ANY ETIOLOGY) if there is limited joint motion and/or pain.

2. AMPUTATIONS of more than one digit if it directly affects the ability to grip and efficiently handle weapons.

3. AMPUTATIONS OF AN EXTREMITY: Any loss of an upper or lower extremity. Less than five (5) digits on each hand will be evaluated on a case-by-case basis.

4. ANKYLOSING SPONDYLITIS

5. SCOLIOSIS, IF THE LATERAL CURVATURE IS 20 DEGREES OR MORE

6. MUSCULAR DYSTROPHY

7. LUMBOSACRAL INSTABILITY: Pain or limitations of flexibility and strength causing an inability to stand, bend, stoop, carry heavy objects or sit for long periods of time.

8. DEGENERATIVE DISK DISEASE

9. FIXED LORDOSIS OR KYPHOSIS which limits mobility and skeletal strength.

10. FRACTURES may require orthopedic evaluation to determine whether functional limitations currently exist. A recent fracture with current immobilization (such as casting, bracing, etc.) of a limb that prevents the performance of the full range of law enforcement duties will require documentation from the treating physician that immobilization is no longer required and that no physical limitations are present.

11. SPINA BIFIDA

12. SCIATIC OR OTHER NEUROPATHIES

13. CHRONIC LOW BACK PAIN (by medical history) with demonstrable pathology may be considered disqualifying. Each case will be reviewed in context to the original history of the injury (or what ever the etiology), the response to therapeutic regimes, frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences combined with the current clinical presentation. Any other documentation submitted or requested will be considered before a medical opinion is generated.

14. A history of CHRONIC SPRAIN OR STRAIN OF THE NECK limiting mobility or causing recurring cephalgia (headaches) may be disqualifying.

15. Any PROSTHETIC DEVICE will be reviewed on a case-by-case basis.

16. Evidence of a CERVICAL RIB, SUBLUXATION, TORTICOLLIS, SYMPTOMATIC THORACIC OUTLET SYNDROME or a BRACHIAL CLEFT CYST

17. Any evidence of a CERVICAL NEUROPATHY including numbness, tingling or loss or motor strength in the upper extremities may be disqualifying.

18. Any medical condition, congenital or acquired, which would interfere with a person's agility, dexterity, the lifting of heavy objects or the ability to perform the full range of law enforcement duties may be disqualifying.

19. A condition may be disqualifying if there is evidence that the general body symmetry may directly interfere with the safe utilization of issued standard and speciality equipment, including but not limited to, handguns, shotguns, handcuffs, motor vehicles, etc.

ORGAN TRANSPLANTATION, PROSTHETIC DEVICES, AND IMPLANT STANDARD

RENAL TRANSPLANTATION may be considered disqualifying unless the applicant/employee is not taking immunosuppressive drugs and is medically cleared by the surgeon who performed the operation to participate in strenuous activities. The applicant/employee must be considered by the surgeon to be capable of withstanding blunt trauma to his/her flanks without a significant probability of untoward personal damage.

OCULAR LENS IMPLANTATION may be acceptable considering an adequate post surgical recovery period and if the visual acuity meets the medical standards. (See Vision Standards)

COCHLEAR IMPLANTATION is acceptable provided that the applicant/employee meets the hearing standards and can localize sound satisfactorily. (See Hearing Standards)

PACEMAKERS or PROSTHETIC VALVES are generally disqualifying. Any other condition or post-surgical management that requires the use of coumadin or other anti-coagulants is disqualifying. (See Cardiovascular Standards)

*Other transplantations or prosthetic devises will be considered on a case-by-case basis.

PERIPHERAL VASCULAR SYSTEM STANDARD

Any condition, which significantly interferes with peripheral vascular, is generally disqualifying. The peripheral vascular system involves the veins and arteries of the legs and arms. Cases will be reviewed on a case-by-case basis.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. CHRONIC VENOUS INSUFFICIENCY
2. DEEP VEIN THROMBOSIS
3. CHRONIC THROMBOPHLEBITIS

PREGNANCY

If the applicant/employee raises the issue of pregnancy in conjunction with a request for a special benefit, i.e., reasonable accommodation, change in duty status, light duty, job modification, or other job restrictions, the justification and clarifying information for that request becomes the responsibility of the applicant/employee. Supporting medical information must be provided by the applicant's/employee's obstetrician or primary care physician along with the expected time period these special conditions are expected to apply.

PSYCHIATRIC/PSYCHOLOGICAL DISORDERS STANDARD

Any disorder which affects normal perceptual judgment and safe and acceptable behavior or, if there is evidence of serious mental impairment, is generally disqualifying. Cases will be reviewed on a case-by-case basis.

If an individual expresses excessive fear of weapons, explosives or engaging in a physical confrontation, without objective evidence of an identifiable DSM-IV diagnosis, it may result in medical disqualification.

SPECIFIC PSYCHIATRIC DISORDERS THAT MAY BE DISQUALIFYING INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES: All diagnosis must be consistent with the diagnostic criteria as established by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Any psychiatric illness not listed here shall be reviewed on a case-by-case basis.

AXIS I DISORDERS:

1. DELIRIUM, DEMENTIA, AMNESTIC AND OTHER COGNITIVE DISORDERS
2. MAJOR DEPRESSION
3. MANIC DEPRESSIVE DISORDER
4. DISSOCIATIVE DISORDERS
5. PANIC DISORDER AND OTHER ANXIETY DISORDERS (depending upon etiology, duration and severity of clinical expression)
6. PATHOLOGICAL GAMBLING
7. PYROMANIA
8. SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS (Exceptions may be made in cases of a single episode of schizophrenic reactions associated with an acute illness capable of causing such reaction.)
9. SEXUAL AND GENDER IDENTITY DISORDER* (Reviewed on a case-by-case basis)

   * Area of concern include transsexualism, fetishism, pedophilia, sexual sado-masochism, voyeurism and transvestic fetishism

AXIS II DISORDERS

1. NARCISSISTIC PERSONALITY DISORDER
2. ANTISOCIAL PERSONALITY DISORDER
3. DEPENDENT PERSONALITY DISORDER
4. PARANOID PERSONALITY DISORDER
5. SCHIZOID PERSONALITY DISORDER
6. ORGANIC BRAIN SYNDROME

VISION STANDARDS

Any disease or condition that interferes with a person's vision may be considered disqualifying. Cases will be reviewed on a case-by-case basis.

1. UNCORRECTED DISTANT VISION - Uncorrected visual acuity must be equal to or better than 20/100 in each eye.

2. BINOCULAR NEAR AND DISTANT VISION must be correctable to 20/20.

3. MONOCULAR VISION is generally disqualifying.

4. DEPTH PERCEPTION must be equal to or better than 70 seconds of arc. / 100 in comb.

5. PERIPHERAL VISION must be normal.

6. COLOR VISION must be normal. Color vision with greater than mild color vision deficiency in any color is generally disqualifying. X-Chrome lenses are not acceptable to the United States Park Police as a means for correcting color deficiencies.

OPHTHALMOLOGIC CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

Ophthalmologic conditions that are particularly susceptible to environmental exposure such as sunlight, dust, fumes, various volatile compounds may cause an applicant/employee to be disqualified.

1. REFRACTIVE SURGICAL PROCEDURES (i.e., Radial Keratotomy, Photorefractive surgery [laser surgery], Keratoplasty, etc. with evidence of impairing post-procedural sequelae).

   These operative procedures are considered acceptable provided that the individual's vision meets the above standards post-operatively and an acceptable recovery time period since the time of the operation has occurred. The individual must be free of post-operative complications and be able to pass the Treasury Enforcement Agency protocol for refractive eye surgery. The results of an eye examination by a board-certified ophthalmologist will be required to insure that vision is not impeded due to post-operative complications such as infection, glare, and contrast-sensitivity.

2. CHRONIC CONJUNCTIVITIS

   Due to the possible visual impairment and/or increased susceptibility to environmental exposures, which could interfere with the job performance, this condition may result in a medical disqualification.

3. PTERYGIUM

   This condition is generally disqualifying if vision is impaired by the growth.

4. CORNEAL ABRASIONS

   Because this condition may interfere with visual acuity it is generally disqualifying. An ophthalmologist must determine the degree of impairment.

5. CORNEAL DYSTROPHY

   This condition is generally disqualifying if the individual can not meet the outlined United States Park Police visual standards. Varying degrees of this condition could sufficiently impair the visual acuity, which may result in a medical disqualification.

6. CORNEAL SCARS

This condition is generally disqualifying if the individual cannot meet the United States Park Police visual standards. Varying degrees of this condition could sufficiently impair the visual acuity, which may result in a medical disqualification.

7. CORNEAL ULCERS

This condition is generally disqualifying since essential duties of the position could further exacerbate the condition, in addition to the condition causing impairments of the visual acuity. This condition must be treated and cleared by an Ophthalmologist before any further consideration is given to the applicant/employee.

8. KERATITIS

Any visual impairment associated with keratitis that is likely to interfere with job performance is generally disqualifying.

9. KERATOCONUS

This condition causes a cone shape to the cornea and results in major changes in the refracting power of the eye that necessitates frequent changes in the eyeglass prescriptions. If the visual acuity were currently corrected to the above standards then the applicant/employee would be considered acceptable.

10. RETINAL DETACHMENT

This condition is generally disqualifying due to the serious visual obstruction.

11. RETINITIS PIGMENTOSA

12. LENS OPACITIES

This condition could be considered disqualifying if the individual cannot meet the United States Park Police visual standards.

13. GLAUCOMA

This condition is generally disqualifying if there is any impairment of peripheral vision. An individual with a diagnosis of glaucoma established by a physician other than an ophthalmologist may be disqualified, until an evaluation by an ophthalmologist has been conducted and reviewed by the medical reviewing physician.

14. LIGHT BLINDNESS

*Any other ocular disease or disorder not listed above will be reviewed on a case-by-case basis.

United States Park Police Officer

Introduction:

As an entity of the National Park Service it is the responsibility of the United States Park Police to provide services consistent with the purpose and goals of the Service.

The fundamental purpose of the National Park Service is "to conserve the scenery and the natural and historic objects and the wildlife therein and to provide for the enjoyment of the same in such manner and by such means as will leave then unimpaired for the enjoyment of future generations."

The fundamental purpose of the United States Park Police is to provide law enforcement services to designated areas of the National Park Service.

To accomplish this mission the U.S. Park Police officer is directly responsible for law enforcement activities within an assigned park area.

A. Major Duties

The incumbent's primary duties and responsibilities are to prevent, detect, and investigate criminal activity. The principal emphasis is on the apprehension, investigation, and detention of individuals who violate the laws of the United States.

Crime prevention: 1) critical awareness of extraordinary conditions or circumstances that indicate criminal potential or criminal activity; 2) aggressive patrol of assigned beats to reduce and deter the opportunity for the commission of crime; 3) detect violations of the law and make apprehensions when appropriate; and 4) cooperate with and assist members of the Force as well as other law enforcement agencies.

Investigation: 1) initiate and conduct preliminary investigation, 2) protect the crime scene from contamination; 3) interview victims and witnesses, and interrogate suspects; 4) collect and safeguard physical and documentary evidence; 5) apprehend violators; 6)search and transport the incarcerated; 7) process the incarcerated a) prepare necessary judicial paperwork, b) fingerprint, and c) photograph; 8) conduct follow-up investigation, and notify and coordinate with the Criminal Investigations Branch 9) initiate judicial proceedings and assist the U.S. Attorney's Office, or other prosecuting attorney, in the prosecution of the case; 10) provide court testimony; 11) apply for and serve warrants for arrests, searches and seizures, and seize contraband, equipment and vehicles; and 12) maintain surveillance and perform undercover assignments as needed.

Other Duties: Protects the President of the United States and government officials/dignitaries, as well as foreign dignitaries at the request of the U.S. Secret Service (in accordance with

P.L. 90-331 and P.L. 94-524), U.S. State Department, or other responsible agency.

Carries and, proficiently uses, firearms and other defensive equipment.

Recognizes medical emergencies and performs first aid or C.P.R. when needed.

Protects constitutional guarantees.

Investigates traffic accidents, controls vehicular movement, and issues traffic citations.

Safeguards the characteristics and facilities of the parks and other areas of responsibility, (e.g. Arlington National Cemetery, District of Columbia property such as Glen Dale Hospital and Oak Hill).

Maintains and displays a professional self-assured presence and a self confident manner; controls or contains demonstrations and mob movements; maintains control over special events such as parades, festivals, and athletic events.

Provides information and assistance to the press as appropriate.

Provides service, assistance, and information to the public consistent with assigned duties.

B Factors

Factor 1: Knowledge Required by the Position

The incumbent must have extensive knowledge of the criminal laws of the United States as well as the criminal and traffic laws of the State and local park area in which the officer is assigned.

The incumbent must make planned, systematic, and thorough searches for facts. In addition proficiency in interviewing, observing, analyzing and securing evidence is needed.

To complete an investigation the incumbent must present facts and findings in a clear, logical, impartial, and properly documented report that establishes proof and relevancy of facts or evidence.

Ability to: initiate and conduct preliminary investigations; accurately observe and record facts; distinguish between fact and opinion; analyze and evaluate problem situations quickly, accurately, and logically; report facts accurately and objectively; conduct interviews and interrogations; testify in legal, quasi-legal, and administrative proceedings; deal effectively with others, demonstrating tact and discretion in order to elicit cooperation and confidence of others; function effectively in stressful situations; make prompt and effective decisions; anticipate violent actions or reactions; prepare clear and concise reports.

Factor 2 - Supervisory Controls

The incumbent is under the general supervision of a sergeant for daily activities and under a sergeant's direct supervision in situations that involve large numbers of officers, e.g. a major First Amendment demonstration.

The supervisor assigns work in terms of goals and objectives and assists the incumbent in unusual situations that do not have clear precedent. The incumbent is routinely required to make independent judgements based on law, legal precedent, prior training, and a reasonable degree of common sense and discretion.

Factor 3 - Guidelines

Guidelines include criminal laws of the United States and local laws of the areas to which the incumbent is assigned (State, county, and city), as well as guidelines and mandates distributed by the Department of the Interior, National Park Service, and rules, regulations, and General Orders of the United States Park Police. The number and complexity of the guidelines requires the incumbent to use judgement in identifying and applying the proper procedures and techniques when taking enforcement action.

Factor 4 - Complexity

The incumbent must have the willingness to accept responsibility and the ability to act effectively in extremely divergent interpersonal situations (e.g., know when to be friendly, persuasive, firm or forceful). The incumbent must stay abreast of rapidly changing laws and their interpretations and be able to react instantaneously and effectively to problem situations observed or to messages received from the radio dispatcher, and act appropriately when confronted by criminals, traffic violators, victims of crime, domestic disputes, and people in need of assistance. Assignments vary frequently depending on the type of case being handled, and require application of a wide variety of techniques for resolution.

Factor 5 - Scope and Effect

The work involves responding to a variety of law enforcement problems that range from petty offenses to felonies in progress. The actions of the incumbent can either positively or adversely affect the safety, life, and/or property of park visitors, the general public, public officials and visiting dignitaries.

Factor 6 - Personal Contacts

The incumbent routinely has contact with criminals, victims of crime, traffic offenders, persons in need of assistance, and other law enforcement officers.

Factor 7 - Purpose of Contacts

Contacts are for the investigation, apprehension and detention of those suspected of having violated the criminal laws of the

United States; assisting other law enforcement agencies in accomplishing their mission; and providing information to the public when needed. Contacts range from giving general information to conducting an interrogation in which the ability to control and motivate persons is essential.

Factor 8 - Physical Demands

The physical demands of this position require that all candidates pass an extensive physical examination, take a physical performance test, and meet the age requirements promulgated under the authority of 5 U.S.C.3307.

The incumbent must possess the psychomotor skills required to drive a vehicle in normal and emergency situations; fire a weapon accurately under extremely varied conditions; maintain agility, endurance and strength; and show dexterity in self-defense and apprehension (e.g., safely taking a person into custody with a minimum of force).

Factor 9 - Work Environment

The incumbent will be expected to work alone in areas where there is a probability that a person may be armed while attempting to commit a crime and, in an attempt to evade arrest the situation may lead to an assault on the officer.