

Department of the Interior Law Enforcement Policy

Effective Date: January 15, 2016

Series: Law Enforcement and Security

Chapter 2B: Medical Standards

Originating Office: Office of Law Enforcement and Security

2B.1 Purpose. This chapter establishes policy for the responsibilities, procedures and guidelines to manage medical standards programs for law enforcement officers (LEOs) within the Department of the Interior (Department/DOI).

2B.2 Scope. This policy applies to all DOI bureaus/offices with law enforcement programs.

2B.3 Authority. This policy is issued pursuant to 112 DM 17 and 212 DM 17.

2B.4 Responsibilities.

- A. Director, Office of Law Enforcement and Security (OLES) is responsible for policy development and provides program guidance and oversight of the Department's law enforcement programs.
- B. Bureau Directors of Law Enforcement (BDLE) are responsible for promulgating and complying with this policy, and the corresponding *Law Enforcement Handbook*.

2B.5 Policy. Bureaus/offices will develop policy and procedures, which meet or exceed the minimum medical standards established by the Department. Bureaus and offices must ensure that:

- A. Each bureau/office maintains a medical standards program.
- B. All law enforcement officers meet the medical standards established by the Department's Office of Occupational Safety and Health prior to appointment and throughout their career.
- C. Each bureau/office will create procedures to manage the appeal process for medical clearances.

D. Each bureau/office will adhere to requirements regarding the proper management and confidentiality of medical records.

2B.6 Standards. Bureau/office law enforcement programs will establish and implement procedures that comply with this chapter and meet requirements specified in the corresponding *Law Enforcement Handbook*.

Law Enforcement Handbook

Chapter 2B: Medical Standards

Effective: March 18, 2016

Table of Contents:

[2B.1 What does this chapter do?](#)

[2B.2 What are the bureau/office responsibilities for managing medical standards?](#)

[2B.3 What positions have requirements for medical standards testing?](#)

[2B.4 What is a medical clearance?](#)

[2B.5 How are medical clearances initiated?](#)

[2B.6 How are medical examinations completed by applicants and employees?](#)

[2B.7 Where are the DOI medical standards located?](#)

[2B.8 What are the categories of medical examinations?](#)

[2B.9 How often are medical exams required?](#)

[2B.10 Can medical clearance examinations be postponed?](#)

[2B.11 What happens to the results/determinations of the medical clearance examinations?](#)

[2B.12 What happens when an employee cannot successfully meet the minimum standards established in the medical clearance examination?](#)

[2B.13 How are medical clearance examinations tracked?](#)

[2B.14 Is there an appeal process for medical clearance examinations?](#)

[2B.15 Are there special requirements for applicants claiming veterans hiring preference?](#)

[2B.16 Who pays for exams, treatments, follow-up procedures, etc.?](#)

[2B.17 How should medical records be managed?](#)

[2B.18 Are there special rules that govern the confidentiality and release of medical records?](#)

[2B.19 What are important reference materials?](#)

2B.1 What does this chapter do? This chapter establishes minimum standards for the responsibilities, procedures and guidelines to manage medical standards programs for law enforcement officers (LEOs) within the Department of the Interior (Department/DOI). The Department's medical clearance procedures ensure that LEOs and applicants for law enforcement positions are afforded a comprehensive and objective assessment of their ability to meet established minimum medical standards.

2B.2 What are the bureau/office responsibilities for managing medical standards?

Bureaus/offices will develop standard operating procedures and programs, which meet or exceed the minimum medical standards established by the Department. A bureau/office may refine the minimum medical standards for LEOs to incorporate any additional disqualifying medical conditions or physical impairments it deems necessary to specifically address essential functions unique to its law enforcement positions. Bureaus/offices interested in modifying any medical standards should contact their bureau safety office, and must receive approval by the DOI Occupational Health Program Manager and the Director, OLES prior to implementation.

2B.3 What positions have requirements for medical standards testing? All DOI commissioned LEOs.

2B.4 What is a medical clearance? The formal authorization verifying successful completion of all medical requirements and indicating that an LEO can perform the essential functions and duties of the job safely and efficiently.

2B.5 How are medical clearances initiated? Each bureau/office will develop standard processes and procedures to initiate all examinations through their medical service providers established by contract or agreement.

2B.6 How are medical examinations completed by applicants and employees? Bureaus/offices may establish the specific date, time and locations for DOI-sponsored medical examinations.

2B.7 Where are the DOI medical standards located?

(a) 485 DM 18 Safety and Occupational Health Program, Chapter 18 – Occupational Medicine Program

(b) The most recent version of the *DOI Occupational Medicine Program Handbook*

2B.8 What are the categories of medical examinations?

(a) **Medical Surveillance Program** - The primary purpose of a medical surveillance program is the early identification of job related conditions that could present an increased risk of adverse health effects to an individual or group. Certain jobs functions may carry a higher risk of adverse health effects than others. For example, working in a high noise environment may increase the chances of adverse health effects to an employee. Bureaus/offices will develop procedures whereby data collected during periodic recurring medical clearance examinations is made available for use in the medical surveillance program. Additional requirements for medical testing (e.g., annual audiogram) must also be performed as mandated by 458 DM 18.

(b) **Pre-Appointment Medical Clearance Examination** - The pre-appointment medical clearance examination (also referred to as the pre-placement or baseline examination) is intended to assess an applicant's health status after a *conditional offer* of employment has been made. Bureaus/offices will ensure that before applicants are appointed to a permanent or seasonal law enforcement position, they meet all of the minimum medical clearance standards and other pre-employment requirements established for the law enforcement position. Applicants that do not pass the pre-appointment medical clearance examination will not be appointed to the position unless a waiver has been evaluated and granted.

(i) Applicants who are changing law enforcement positions within DOI and are included in a law enforcement medical surveillance program and are in compliance with this policy are excluded from this pre-appointment requirement.

(c) **Periodic Recurring Medical Clearance Examination** - The periodic/recurring medical clearance (also referred to as the periodic qualification or interval exam) is intended to assess an LEO's health status at designated intervals to ensure their continued compliance with minimum medical standards.

(d) **Clearance-For-Duty Examination** - A clearance-for-duty medical examination is intended to assess an LEO's health status at any time when the bureau/office or LEO believe a medical condition may be inhibiting the LEO's ability to meet the minimum medical standards necessary to perform essential functions safely and efficiently. Clearance-for-duty medical examinations must also be performed following a significant injury or illness (e.g. traumatic injuries and disorders, or systemic diseases and disorders), before an LEO may return to work. A release of the employee to return to work signed by the LEO's physician is not sufficient to meet this requirement.

(e) **Exit Medical Examination** - The exit medical examination is intended to assess an applicant's health status at the time of retirement or resignation from a law enforcement position or upon transferring to another agency outside of the DOI. The elements of the exit examination are the same as the pre-appointment clearance examination.

Exit Medical Examinations are optional on the part of the LEO, but strongly encouraged.

2B.9 How often are medical exams required? All LEOs must receive a medical exam at least every three years regardless of the age of the employee. Bureaus/offices may impose requirements in support of more frequent monitoring/testing for conditions that merit evaluation more routinely.

Given that the cycle to complete periodic examinations may take as long as six months in some cases, at any point during their careers every bureau/office LEO must have received medical clearance within three and one-half years.

2B.10 Can medical clearance examinations be postponed? Yes, under the following circumstances:

(a) **Pre-employment Medical Clearance Examinations** – In pre-employment situations, bureaus may postpone medical clearance examinations or final medical clearance as needed to address temporary situations such as an applicant experiencing a sudden illness or injury proximal to the day of the exam. Since the employment offer is *conditional* upon the applicant passing the medical clearance examination, the Agency Medical Officer (AMO) has the authority to temporarily extend the pre-employment testing period while the candidate rehabilitates.

(b) **Periodic Recurring Medical Clearance Examinations** – If immediately prior to a scheduled medical clearance examination, an LEO develops a sudden illness or injury, the examination, or selected portions thereof, may be postponed upon approval of the bureau/office until such a time as the individual has recovered, however, the length of postponements may not exceed 90 days past the agency defined expiration/renewal date. Bureaus may create procedures for exceptions beyond 90 days to permit employees with prolonged illnesses/conditions to be accurately evaluated once treatment has been completed.

(i) **Pregnancy** – If a pregnant or post-pregnant employee is not able to perform the essential functions of the position and has been placed in a light duty status, the examination, or selected portions thereof, may be postponed upon approval of the bureau/office until such time as the individual has recovered.

2B.11 What happens to the results/determinations of the medical clearance examinations?

Each bureau/office law enforcement program will appoint an Agency Medical Officer (AMO) who

will evaluate the medical provider's findings and render a determination that each applicant or LEO meets or exceeds the minimum medical standards established by the Department. Due to the privacy requirements and sensitivity of medical information, AMOs must have a valid background investigation.

2B.12 What happens when an employee cannot successfully meet the minimum standards established in the medical clearance examination? Bureaus will develop procedures for placing employees into a light duty status when appropriate. This status may restrict the employee from participating in potentially hazardous or arduous law enforcement activities while the medical clearance process proceeds to its logical conclusion.

2B.13 How are medical clearance examinations tracked? Bureaus/offices will establish electronic tracking systems to ensure that all LEOs receive their prescribed medical exams within 90 days of the bureau defined expiration/renewal date. In addition, bureaus/offices must establish procedures for resolving situations where LEOs are in arrears of the defined 90-day deadline.

2B.14 Is there an appeal process for medical clearance examinations? Yes, the process for appeals/disputes is as follows:

- (a) An LEO/applicant not meeting medical clearance standards may submit additional medical documentation, results of medical testing, or other information to the AMO in support of a favorable medical determination.
- (b) An applicant not meeting medical clearance standards may be permitted by the bureau to request a waiver of the medical clearance standard.
- (c) An LEO/applicant not meeting medical clearance standards may be permitted to request a reasonable accommodation if they meet the definition of an individual with a disability, per the Americans with Disabilities Act Amendments Act (ADAAA), and if the reasonable accommodation will enable them to perform the essential functions of the law enforcement position safely and without undue hardship to the agency.

2B.15 Are there special requirements for applicants claiming veterans hiring preference? Yes, applicants claiming a 10-point Veterans Preference (or higher) in hiring eligibility must submit a copy of their VA Rating Decision to the AMO as part of their medical history package and must be medically qualified to perform the essential functions of a law enforcement officer.

2B.16 Who pays for exams, treatments, follow-up procedures, etc.? Medical clearance examinations will be performed by a physician approved by the bureau/office and are paid for by the bureau.

Additional diagnostic elements or tests required by the bureau/office and performed by their approved medical providers will also be paid for by the bureau.

DOI will not pay for the costs of any medical treatment or medical care procedures undertaken by an employee to meet medical clearance standards. Those costs will be borne by the employee or a third party [e.g., health insurance provider, worker's compensation (if applicable), etc.]

2B.17 How should medical records be managed? Bureaus/offices will appropriately manage the medical records generated as a result of the medical clearance procedures required by this policy/handbook. These records will generally take the form of Occupational Medical Records contained within an Employee Medical Folder. Federal regulations (5 CFR 293.502) define the Employee Medical Folder (EMF) as “*a separate file folder (normally SF 66-D) established to contain all of the occupational medical records (both long-term and short-term records) designated for retention, which will be maintained by the employing agency during the employee's Federal service.*”

(a) To ensure Employee Medical Folders are properly managed, 5 CFR § 293.503 specifies that each agency must issue written internal instructions describing the Employee Medical Files System it will utilize to manage its medical records. The various elements these written internal instructions must address are described within 5 CFR § 293.503.

(b) The Employee Medical Folder is to be maintained for the employee’s period of service with the Department, after which it is to be transferred to the National Personnel Records Center for storage or, as appropriate, transferred to the next employing Federal agency. Some records (e.g., certain medical surveillance or exposure records) must be maintained for extended periods of time (e.g., employment plus 30 years).

(c) Bureaus/offices must ensure they are in compliance with all storage requirements found in 45 CFR § 164.530(c) to protect the privacy of Protected Health Information (PHI). This includes all information in the Employee Medical Folder, whether stored in paper, electronic, photographic, or other means. 5 CFR 293.503 (m) specifies that an agency must “*ensure that, if occupational medical records are to be physically located in the same office as the Official Personnel Folder (OPF), the records are maintained physically apart from each other,*” so these records cannot be commingled in the same folders or files.

2B.18 Are there special rules that govern the confidentiality and release of medical records?

Yes, the following requirements apply:

(a) All information in the Employee Medical Folder, whether stored in paper, electronic, photographic, or other means, will be considered medically confidential.

(b) It is the policy of the Department that all confidential medical information will be handled in accordance with the Privacy Act of 1974 as amended, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(i) At the time of their first Department occupational health examination, all employees are to receive a Privacy Act Notice and HIPAA form outlining the specific conditions under which information may be disclosed and for what purposes.

(ii) Without a signed consent from the subject employee, no confidential information will be released to or shared with individuals other than the bureau/office AMO, authorized OSHA officials; health professionals within the DOI-arranged system of health services who have a justified, programmatic “need to know,” other individuals in the Department with a specific, official “need to know” as summarized in Department Manual 370 DM 293.4, or, as provided for in the System of Records notice for the custodian of the confidential records.

(c) All individuals who are to receive medical examinations or non-emergency services (for which any medical or summary information is to be forwarded to recipients other than the employee) will be required to sign and date an Authorization for Disclosure of Information form prior to any services being provided. No medical information, including summary information derived from medical records, may be disclosed without this signed form, unless expressly authorized by the agency's designated Employee Medical File System Manager.

(i) An LEO may choose to exercise their right to not sign a disclosure form authorizing release of agency-requested medical information, however clinical services will be withheld along with any associated medically-based clearances and the employee will be disqualified from performing law enforcement duties.

(ii) For law enforcement positions, a disclosure to the agency of the entire occupational medical record may be necessary. This must be noted on the disclosure form so the LEO understands the level of disclosure that will take place.

(d) Employees must be offered access to their exposure and medical records. This access must be prompt (generally within 15 working days of the request) and present no unreasonable barriers for the employee. If the medical provider or the AMO believes that direct employee access to certain sensitive information could be detrimental to the employee, the records requested by the employee are to be released to another health professional acceptable to the employee.

2B.19 What are important reference materials?

- (a) U.S. Department of the Interior, Office of Occupational Health and Safety, *Occupational Medicine Program Handbook* (2010)
- (b) 370 DM 293.4
- (c) 5 CFR § 339, *Medical Qualification Determinations*
- (d) The Privacy Act of 1974
- (e) 29 CFR § 1910.1020, *Access to Employee Exposure and Medical Records*
- (f) 29 CFR § 1614.203, The Rehabilitation Act of 1973
- (g) OPM/GOVT-10, *Employee Medical File System Records*
- (h) Executive Order 11478 (1969) as amended by Executive Order 13087 (1998)
- (i) 29 CFR § 1910, *Occupational Safety and Health Standards*