



HUMAN RESOURCES

3.5 Employee Medical Programs

FITNESS FOR DUTY MEDICAL EXAMINATION PROGRAM

- A. **Purpose:** This directive sets forth the procedures and standards for medical examinations for U.S. Marshals Service (USMS) operational employees and applicants. Medical examinations ensure that employees are able to meet the medical standards of the USMS and are medically able to carry out the job requirements in a manner that is safe for themselves and their coworkers.
- B. **Authority:** 5 CFR 339 defines the circumstances under which periodic medical examinations may be required and examinations and evaluations may be conducted to determine the nature of a medical condition which may affect safe and efficient performance.
- C. **Policy:** It is the policy of the USMS to ensure a law enforcement work force that is medically able to safely perform the required job functions.
 - 1. Operational employees are required to meet medical standards and physical requirements and are classified as either qualified or unqualified based on review of periodic medical examination (PME) results.
 - a. **Operational employees will adhere to the following schedule for medical examinations:**
 - (1) Ages 45 and over: exam every year, within 30 days of month of birth and not more than 13 months from prior exam;
 - (2) Ages 35 through 44: exam every other year, within 30 days of month of birth and not more than 25 months from prior exam;
 - (3) Ages 34 and under: exam every 3 years, within 30 days of month of birth and not more than 37 months from prior exam.
 - b. Employee PMEs must be conducted at a USMS contract medical facility
 - c. Employees are on official time traveling to and from the examination facility and during the time it takes to complete the examination.
 - d. The Office of Employee Medical Programs may initiate an unscheduled medical examination for law enforcement employees who are unable to perform the full range of duties of the position due to a medical or physical condition.
 - 2. All applicants for law enforcement positions must have pre-employment physical examinations. The USMS provides and pays for applicant medical examinations at the district contract medical facility. The components of the medical examination and the criteria for medical clearance are the same as for USMS operational employees.
- D. **Procedures**
 - 1. The district/division will appoint an employee (usually Administrative Officer or assistant or Safety and Health Officer) as a medical point of contact who will communicate with the contract medical facility as necessary and ensure law enforcement employees adhere to the PME schedule. The

U.S. Marshal/Division Chief must be notified in cases of non-compliance.

2. All exams will be performed by the contractor, U.S. Public Health Service/Federal Occupational Health (USPHS/FOH), or other approved USMS contract facilities. Where FOH facilities are not available to a district office or suboffice, private providers will be contracted by the USPHS/FOH.
3. Cost of PME's at USMS contract medical facilities will be billed by USPHS to USMS Employee Medical Programs Office, Employee Health Programs Branch, Human Resources Division.
4. Employees and applicants will take the following documents with them to the medical facility.

These forms are available on the USMS Intranet:

- a. Form USM-522, Certificate of Medical Examination for USMS Employees;
 - b. Form USM-522C, USMS Report to Tuberculosis Test Results (for all applicants and those employees whose TB testing is due at the same time as their medical exam); and
 - c. Form USM-522D, Memorandum to the Examining Physician.
5. **Employees and applicants must:**
- a. Arrive at the medical facility on time with Parts I, III, and IV, of the USM-522 completed. If appointments cannot be kept, the employee/applicant must call the facility and cancel the appointment. USMS is billed for missed uncancelled appointments.
 - b. Bring vision correction lenses,
 - c. Avoid loud noises for at least 12 hours before the hearing screening,
 - d. Fast (water only) for 12 hours prior to appointment.

The contract medical facility will complete the exam reports and return them to Federal Occupational Health, Law Enforcement Medical Programs, Atlanta Federal Center, 100 Alabama St., Suite 3R10, Atlanta GA, 30303.

6. The USMS Reviewing Medical Officer (RMO), a physician with USPHS/FOH Law Enforcement Medical Programs, will evaluate the results of the exam, review the findings of the examining physician and determine medical status. The Office of Employee Medical Programs will notify each employee and the appropriate Marshal or Assistant Director of duty status (qualified or unqualified) and of any temporary restrictions to full duty.
7. Individuals with temporary or minor physical problems remain in the qualified group while under the care of a private physician for the anticipated duration of necessary treatment and correction (not to exceed 6 months) and until a determination of medically unqualified is made.
 - a. The employee must immediately seek necessary treatment from his/her personal physician.
 - b. The U.S. Marshal/Division Chief will grant the necessary sick or annual leave. Leave without pay may be authorized if the employee does not have sufficient accrued leave to cover the period of treatment. The Employee Relations Team, Human Resources Division is able to offer assistance in this area.
 - c. The employee must submit a Physical Requirements of USMS Operational Employees, form USM-522A, (2 pages) available on the USMS intranet completed by the treating physician which includes diagnosis, treatment, job restrictions and prognosis for recovery to the Office of Employee Medical Programs. Job restrictions must be provided to the appropriate U.S. Marshal/Division Chief. Cost incurred in procuring this medical information is the responsibility of the employee.

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- d. When work restrictions are recommended by a treating specialist or the USMS RMO, the employee will be placed on **temporary** limited duty if such work is available in the district/division. This can be done through consultation with or on the advice of the Employee Medical Programs Manager. See *Limited Duty for Operational Employees* directive
 - e. If the employee is still disabled after 6 months, the U.S. Marshal/Division Chief will submit a complete report and recommendation regarding the situation to the Employee Medical Programs Manager.
- 8. An Independent Medical Evaluation (IME) and/or Functional Capacity Evaluation (FCE) may be ordered by the Employee Medical Programs Manager on the recommendation of the USMS RMO. This would be done in an effort to resolve issues of fitness for duty and is paid by Employee Medical Programs.
 - 9. Employees who are found medically unqualified for duty will be retired or separated from their positions.

E. Responsibilities

- 1. **Office of Employee Medical Programs:** Provides medical surveillance program for USMS law enforcement employees, maintains official Employee Medical Records, determines employees' duty status and notifies management of duty status.
- 2. **District/Division Medical Point of Contact:** Serves as liaison between USPHS/FOH medical facility or USPHS/FOH contract private provider and district/division offices, facilitates exams for employees and applicants, assures that necessary forms are available to employees, and monitors exam compliance within district/division.
- 3. **Operational Employee/Applicant:** Completes appropriate sections of forms and reports for exam as instructed, cancels and reschedules appointments which can't be met, maintains good physical and mental health in order to meet medical standards to remain qualified for duty, notifies proper supervisory personnel when medical issues arise which may interfere with safe work practices, and provides additional medical information as requested.
- 4. **U.S. Marshal (USM), Chief Deputy U.S. Marshal (CDUSM), or Assistant Director:** Monitors duty status of law enforcement workforce and ensures that employees who are not fully medically cleared provide medical documentation as required.
- 5. **Reviewing Medical Officer (RMO):** A licenced physician with a speciality in occupational medicine who is contracted by the agency to provide medical assessments following review of operational employee's required periodic medical examination, provide recommendations to the agency on job-related restrictions based on medical findings, and consultation with the agency on occupational medicine issues.

F. Definitions

- 1. **Medically Qualified for Duty:** Employees found to have no permanent medical condition that interferes with their ability to perform the full range of law enforcement duties. Employees with physical problems of a temporary nature which may require temporary limited duty assignments are categorized as qualified while under the care of a physician for the duration of treatment and correction (usually not to exceed 6 months) while determination is made.
- 2. **Medically Unqualified for Duty:** Employees who have a medical condition or physical disability that prevents them from performing the full range of law enforcement duties and whose prognoses are expected to be permanent or to take longer than 6 months for recovery.
- 3. **Limited Duty:** A temporary work assignment requiring less than the full range of duties for the employee's position during a period of treatment, rehabilitation, or evaluation for illness, injury or other condition. Limited duty assignments assist in the accomplishments of the agency's missions. See *Limited Duty for Operational Employees* directive.



4. **Operational Employee:** A USMS employee whose job classification requires agency medical standards to be met (series 1811, 082 and 1802).

**EXPOSURE CONTROL PLAN
FOR OCCUPATIONAL EXPOSURE TO PATHOGENS
Bloodborne and Airborne (Tuberculosis) Pathogens**

- A. **Proponent:** Health Services, Human Resources Division, Phone (202) 307-9493, FAX (202) 307-9676.
- B. **Purpose:** This directive establishes procedures for U.S. Marshals Service employees to follow in case of an occupational exposure incident concerning bloodborne or airborne pathogens.
- C. **Authority:** *Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 1910.1030, and Occupational Exposure to Tuberculosis, 1910.1035.*
- D. **Policy**
 1. The U.S. Marshals Service is committed to providing a safe working environment and has developed an *Exposure Control Plan for Occupational Exposure to Airborne Pathogens (Tuberculosis)*, USMS Publication 53A, and *Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens*, USMS Publication 53B that all employees with a risk of occupational exposure must follow.
 2. U.S. Marshals Service employees will be advised of the hazards associated with exposure to bloodborne pathogens and/or airborne/TB pathogens and the procedures that should be followed to obtain medical assistance in case of exposure.
- E. **Procedures:** In the event of an exposure to bloodborne or airborne pathogens, employees and their supervisors should follow the USMS *Exposure Control Plan for Occupational Exposure to Pathogens* protocols:
 1. **BLOODBORNE Pathogen Exposure Incidents** and
 2. **AIRBORNE/TB Pathogen Exposure Incidents.**

All bloodborne and airborne pathogen exposure incidents should be reported as soon as possible to the District/Division Safety and Health Officer, U.S. Marshal, Chief Deputy U.S. Marshal, and supervisor or senior official on duty.

F. Responsibilities

1. **USMS Training Academy is responsible for:**
 - a. Developing a training program that covers all aspects of the *Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard*, the *Standard for Occupational Exposure to Tuberculosis*, and the U.S. Marshals Service *Exposure Control Plan for Occupational Exposure to Pathogens*.
 - b. Ensuring that all new employees with a risk of occupational exposure are provided with the necessary training as described above.
2. **Employee Medical Programs Manager, Employee Health Programs Branch, Human Resources Division:** Is responsible for:
 - a. Maintaining official Employee Medical Records;
 - b. Maintaining and updating the Exposure Control Plans in coordination with USMS Occupational Safety and Health Program Manager;

- c. Overseeing TB testing for employees with occupational risk;
 - d. Overseeing immunization program for employees with occupational risk; and
 - e. Providing medical surveillance for USMS employees.
3. **USMS Occupational Safety and Health Program Manager, Central Courthouse Management Group, Judicial Security Division:** Is responsible for overseeing all District Safety and Health Officers and ensuring compliance with OSHA, National Institute of Occupational Safety and Health (NIOSH), and Center for Disease Control (CDC) standards.
4. **District/Division Safety and Health Officer:** Is responsible for the following for all employees and sites within his or her district/division:
- a. Maintaining training records;
 - b. Ensuring that employees receive initial training and annual refresher courses;
 - c. Keeping OSHA log and making Exposure Control Plan available to employees;
 - d. Advising employees of protocol in case of exposure;
 - e. Assuring that appropriate personal protective equipment is available and that employees are properly trained in its use; and
 - f. Reporting exposures to the USMS Occupational Safety and Health Program Manager, Central Courthouse Management Group (CCMG), Judicial Services Division (JSD).
 - g. Establishing a MOU or MOA with GSA building manager or landlord for biohazard disposal.
5. **On-site Supervisor:** Ensures that all practices and equipment at his/her site are in compliance with OSHA guidelines including:
- a. Ensuring that controls are in place to prevent exposure;
 - b. Ensuring that proper protective gear is available and properly used;
 - c. Maintaining and providing employees with documents needed in the case of an exposure; and
 - d. Completing supervisor statements in Exposure Control Packet in case of exposure.
6. **Employees (Including Contract Employees):** Are responsible for using safe work practices to avoid exposure incidents as outlined in the Exposure Control Plan, completing training programs provided, and immediately informing supervisor of suspected exposure.
7. **U.S. Public Health Service Division of Federal Occupational Health (PHS/FOH):** Is responsible for providing immunizations, maintaining records immunizations and TB testing, and keeping records of bloodborne pathogens exposure incidents.

G. Definitions

- 1. **Airborne Pathogens:** Pathogenic microorganisms that are transmitted through the air including, but not limited to, mycobacterium tuberculosis (m. tuberculosis) which causes tuberculosis.
- 2. **Occupational Risk of Exposure to Airborne Pathogens:** Reasonably anticipated contact to an individual(s) with suspected or confirmed infectious tuberculosis (or other disease that can be transmitted through the air) or air suspected of containing tuberculosis bacteria (or other airborne pathogens) that results from the performance of an employee's duties.

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3. **Airborne Pathogen Exposure Incident:** An employee has been exposed to a individual with confirmed infectious TB or to air containing tuberculosis bacteria or other airborne disease microorganisms.
4. **Bloodborne Pathogens:** Pathogenic microorganisms present in human blood and other body fluids that can cause disease in humans. These bloodborne pathogens include, but are not limited to hepatitis B virus, hepatitis C virus (which cause damage to the liver), and human immunodeficiency virus (HIV) (which causes damage to the immune system and Autoimmune Deficiency Syndrome [AIDS]).
5. **Occupational Risk of Exposure to Bloodborne Pathogens:** Reasonably anticipated eye, mouth, mucous membrane, non-intact skin, or skin-piercing (needlestick, bite, etc.) contact with blood or other potentially infectious material (body fluids, tissue, organs, etc.) that results from the performance of an employee's duties.
6. **Bloodborne Pathogen Exposure Incident:** Specific contact with blood (or other potentially infectious materials) that results from the performance of an employee's duties.
7. **Personal Protective Equipment:** Items an individual may use to prevent exposure to potentially infectious material; equipment includes gloves, eye protection or face shields, surgical masks covering the nose and mouth, and other protective clothing.

H. Protocol for Bloodborne Pathogen Exposure Incidents

1. **Employee:** Employee will do the following in the case of a possible exposure to bloodborne pathogens:
 - a. Wash hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately or as soon as possible.*
 - b. Small open wounds or puncture sites should be vigorously cleansed with warm water and soap. Dress wound with a dry, sterile dressing.
 - c. In the event of any cut or puncture resulting from contact with a potentially contaminated sharp, that sharp should be isolated in a safe manner for testing.
 - d. Any garment or personal protective equipment that is penetrated by blood or other potentially infectious materials should be removed as soon as possible and placed in a red biohazard bag in a designated area for testing, decontamination, or disposal.
 - e. Report the exposure immediately to supervisor or senior official on duty.
 - f. Complete the **Employee's Statement** in the *Bloodborne Pathogen Exposure Incident Record* as instructed.
 - g. Take a copy of the *Bloodborne Pathogen Exposure Incident Record* and the **Health Care Provider Packet** to an urgent care center or hospital emergency room for immediate treatment (**preventative treatment for HIV must begin a few hours after exposure**).
 - h. If the exposure involved an injury (puncture, cut, etc.), complete an Office of Workers Compensation Programs (OWCP) Form CA-16, *Authorization for Treatment*, to take to the doctor and a OWCP Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, to file a report of the injury and exposure with the OWCP.
 - i. If the exposure involved no injury that caused a break in the skin, complete a OWCP Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, to file a report of the exposure. Medical follow-up and evaluation in this case is pursued through private medical insurance and reimbursed by OWCP when claim is accepted (if employee is infected by bloodborne pathogens).

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***Antibacterial hand cleaner is not a substitute for proper washing, but may be used as an immediate measure if water is not available.**

2. **Supervisor:** Supervisor will do the following when an employee reports an exposure to bloodborne pathogens:
 - a. Ensure that employee has flushed exposed mucous membranes with warm water and washed hands, exposed skin, and wounds properly.
 - b. Ensure that there is no danger of further exposure (i.e., all blood or potentially infectious materials, sharps, work areas, clothing etc. have been isolated for testing cleaned, and/or disposed of following protocol in *Bloodborne Pathogen Exposure Incident Record*).
 - c. Ensure that employee gets immediate (as soon as possible) medical attention. If indicated, preventative treatment for HIV must begin within 1 to 2 hours of exposure.
 - d. Report the exposure immediately to the USMS Occupational Safety and Health Program Manager, District/Division Safety and Health Officer, U.S. Marshal, and Chief Deputy U.S. Marshal.
 - e. Complete **Supervisor's Statement** in the *Bloodborne Pathogen Exposure Incident Record* to be given to doctor and keep a copy for records.
 - f. Complete **Investigation of Source** in the *Bloodborne Pathogen Exposure Incident Record* to be given to doctor and keep a copy for records.
 - g. Give employee *Bloodborne Pathogen Exposure Incident Record* so **Employee Statement** can be completed. Prepare one copy to be given to the doctor and keep one for records.
 - h. If the exposure involved an injury to employee (puncture, cut, etc.), provide employee with an Office of Workers Compensation Programs (OWCP) Form CA-16, *Authorization for Treatment*, to take to the doctor and an OWCP Form CA-1, *Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*, to file a report of the injury and exposure with the OWCP.
 - i. If the exposure involved no injury that caused a break in the skin, provide employee with an OWCP Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, to file a report of the exposure. Medical follow-up and evaluation in this case is pursued through private medical insurance and reimbursed by OWCP when claim is accepted (if employee is infected by bloodborne pathogens).
 - j. Fill in your name and address on the bottom of the Health Care Provider Report of Postexposure Evaluation.
 - k. Give the employee the **Health Care Provider Packet** from the *Bloodborne Pathogen Exposure Incident Record* that contains 1) Health Care Provider Information, 2) Treatment Protocol Tables and Postexposure Prophylaxis HIV Protocol, 3) Consent/Declination Form: Hepatitis B Vaccination, 4) Information and Consent/Declination Form: HIV Testing, 5) Health Care Provider Report of Postexposure Evaluation, 6) OSHA Bloodborne Standard 29 CFR 1910.1030.
 - l. Two weeks after incident ensure that you have received the Health Care Provider Report of Postexposure Evaluation from the doctor. Keep one copy and send another copy to USMS Employee Medical Programs, Human Resources Division. Ensure that a copy of the report was sent to the Federal Occupational Health central office as indicated on the form.

I. Protocol for Airborne Pathogen Exposure Incidents Test Protocol Following Known Exposure to Tuberculosis (TB)

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1. Mantoux test using Purified Protein Derivative (PPD) is given unless routine testing has been done in the last 3 months and the employee's previous skin tests have been negative.*
 2. Test needs to be read after 48-72 hours by a health care professional.
 - a. If test is determined positive by the medical officer, a chest x-ray is performed and patient is evaluated for preventative medication therapy. Form-522C, USMS Report of Tuberculosis (TB) Test Results, should be completed by the physician and sent to Employee Medical Programs, Human Resources Division and to the District/Division Safety and Health Officer. An OWCP Form CA-16, Authorization for Treatment, should be taken to the medical facility where a positive PPD is evaluated for payment of charges for x-rays and any necessary preventative medications.
 - b. If test is determined negative by the medical officer, Form-522C should be provided to the District/Division Safety and Health Officer to hold until the 12-week follow-up testing.
 3. Employees whose test reads negative after exposure must return for repeat testing 12 weeks after exposure.
 - a. If 12-week test is positive, follow steps listed for 2a (above).
 - b. If 12-week test is still negative, health care provider must fill out a new and send it to the District/Division Safety and Health Officer who will forward both forms to the Employee Medical Programs Manager, Employee Health Programs Branch, HRD.
- * Employees who have already tested positive for TB and suspect new exposure should discuss a course of action and signs and symptoms to monitor with a their health care professional.

J. Protocol for Employee and Supervisor Following Airborne Pathogen Exposure

1. **Employee:** Employee will do the following in case of exposure to airborne pathogens (tuberculosis):
 - a. Attempt to control the exposure (if in the presence of a person who is showing symptoms of active tuberculosis) by immediately putting on approved respirator, providing the individual suspected of having tuberculosis with a surgical mask and isolating him/her (preferably in a negative pressure room), and alerting other employees in the immediate vicinity to put on approved respirator.
 - b. Report the exposure immediately to supervisor or senior official on duty. Complete the **Employee's Statement** in the *Airborne Exposure Incident Record* as instructed.
 - c. Take a copy of *Airborne Exposure Incident Record*, the **Health Care Provider Instruction**, and any relevant medical records to the contract medical facility (USMS will pay for testing) or your personal physician for TB testing (follow testing protocol on the previous page) as soon as possible.* For evaluation of positive PPD, take an OWCP Form CA-16 to cover charges for chest x-ray and any preventative medication.
 - d. Complete OWCP Form CA-2, *Notice of Occupational Disease and Claim for Compensation*, and give it to OWCP liaison in district/division.
- * Employees who have already tested positive for TB and suspect new exposure should discuss a course of action and signs and symptoms to monitor with a their health care professional.
2. **Supervisor:** Supervisor will do the following when an employee reports an airborne exposure incident:
 - a. Ensure that efforts have been made to prevent further exposure (i.e., infected person(s) has been provided with a surgical mask, isolated in a negative pressure room if possible, and employees in the immediate vicinity are wearing approved respirators).

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- b. Report the exposure to the USMS Occupational Safety and Health Program Manager CCMG, JSD; District/Division Safety and Health Officer; U.S. Marshal; and Chief Deputy U.S. Marshal.
- c. Ensure that employee gets TB testing following the protocol outlined on previous page.
- d. Complete Supervisor's Statement and Investigation of Source (in *Airborne Pathogen Exposure Incident Protocol*) for employee to give to doctor and keep a copy for records.
- e. Give employee direction regarding forms and the *Airborne Exposure Incident Record, Employee's Statement* to complete. Provide one copy for the employee to give to doctor and keep one for records. Fill in your name and address on the bottom of the Health Care Provider Report of Postexposure Evaluation.
- f. Give the employee the Health Care Provider Instruction that contains 1) Tuberculosis Testing Protocol, 2) Form USM-522C, *USMS Report of Tuberculosis (TB) Test Results*, 3) *U.S. Public Health Service Guidelines for Postexposure Prophylaxis*.
- g. Provide an OWCP Form CA-16 to employee for payment purposes to give to the physician evaluating a positive PPD.
- h. Provide employee with a copy of the completed *Postexposure Evaluation* within 15 days of completion of medical evaluations.

TUBERCULOSIS SCREENING FOR USMS EMPLOYEES

- A. **Purpose:** This policy establishes guidelines for tuberculosis (TB) screening for United States Marshals Service (USMS) employees.
- B. **Authority:** Occupational Safety and Health Administration (OSHA), *Respiratory Protection Standard*, 29 CFR 1910.134 and following recommendations of the Centers for Disease Control and Prevention (CDC), American Thoracic Society and, the Infections Disease Society of America.
- C. **Policy:** All employees who handle prisoners or who work in the cellblock area are to have a Mantoux TB skin test using Purified Protein Derivative (PPD) with repeat screening on at least an annual basis following recommendations of the Centers for Disease Control and Prevention (CDC), American Thoracic Society and, the Infections Disease Society of America. (see *Exposure Control Plan for Occupational Exposure Airborne Pathogens* directive for testing protocol).
- D. **Procedures**
 - 1. **Baseline Testing:** Baseline test results will be obtained on all new employees who will be handling prisoners or working in the cellblock and recorded on a USM-522C, *USMS Report of Tuberculosis Test Results*. Those who have tested positive in the past will not receive another screening but will complete the appropriate section of the USM-522C and provide recent chest x-ray reports as requested.
 - 2. **Repeat Screening:** Employees with negative or non-reactive test results will have repeat TB skin tests done at least every year. Employees who work primarily in the cellblock area, or who are at increased risk of dealing with sick prisoners, will have repeat testing every 6 months. All test results will be recorded on a USM-522C.
 - 3. **Test Results:** All USM-522Cs will be submitted to the Employee Medical Programs Manager within 2 weeks of the testing. A USM-537, *USMS TB Screening Worksheet*, should be completed by the assigned Safety and Health Officer for each district/division as a means for overseeing testing status of employees.
 - 4. **Positive (Reactive) Tests:** Employees with a positive test result have been infected with the TB bacteria and **must be evaluated by their physician**. Evaluation of infections from occupation

exposure will be covered by Office of Workers' Compensations Program (OWCP). This evaluation will include a chest x-ray to rule out communicable TB disease. If there is no active TB present, the person is not contagious and will be evaluated for a course of antibiotics as a preventative measure. No further skin tests are necessary. Instead, it is recommended that these employees have yearly evaluations from their personal health care provider. In cases of occupational exposure, refer to the USMS *Exposure Control Plan for Occupational Exposure to Pathogens, Exposure to Bloodborne and Airborne Pathogens* directive.

5. **Location of Testing:** A national agreement is in effect with the United States Public Health Service/Federal Occupational Health (USPHS/FOH) to provide TB testing at FOH facilities or at private providers set up by USPHS/FOH. Additionally, local county/state health departments can provide TB testing. In cases where there is no contract facility or where county/state health departments are used, reimbursement requests should be sent to the Employee Medical Programs by September 1 annually.

E. Responsibilities

1. **District/Division Safety and Health Officer:** Contacts contract medical facilities for screening, oversees scheduling of screening tests, sends screening results to Employee Medical Programs Manager, and completes form USM-537 for district records.
2. **Employee Medical Programs Manager:** Oversees TB testing for all employees who have an occupational risk of exposure, maintains official Employee Medical Records, maintains statistics of employee TB test results, and provides medical surveillance program for USMS employees.
3. **Occupational Safety and Health Program Manager:** Oversees the District/Division Safety and Health Officers and ensures compliance with OSHA, NIOSH, and CDC standards.

For information concerning prisoners see *Prisoner Tuberculosis Control* directive.

LIMITED DUTY FOR OPERATIONAL EMPLOYEES

PREGNANCY POLICY FOR OPERATIONAL EMPLOYEES

- A. **Proponent:** Human Resources Division, Employee Medical Programs (202) 307-9493; FAX (202) 307-9676.
- B. **Purpose:** This directive defines duty status and leave use for pregnant operational employees of the U.S. Marshals Service (USMS).
- C. **Authority:** 5 USC 7106 authorizes agency management officials to assign and direct the work of agency employees. Title 7, Civil Rights Act of 1964 amends 5 CFR 630; 630.401 and 630.1207, 5 CFR 339 defines the circumstances under which medical documentation may be acquired and examinations and evaluations conducted to determine the nature of a medical condition that may affect safe and efficient performance.
- D. **Policy:** It is the policy of the USMS to ensure the safety of pregnant operational employees and to make accommodations in their assignments in order to meet, when possible, any physical limitations. Pregnancy may be a temporarily disabling condition for portions of its duration and recovery. Direction on leave and duties for pregnant operational employees is provided to ensure consistency, fairness, and compliance with existing law and regulation.
- E. **Procedures**
 1. **Notification and Medical Documentation**
 - a. After a physician has confirmed the pregnancy, or no later than the completion of the first

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- trimester of pregnancy (the end of the 13th week), the operational employee shall notify her supervisor of her condition. The employee is responsible for securing a completed Form USM-522A, *Physical Requirements of USMS Operational Employees*, or equivalent, from her physician as soon as possible. The employee's supervisor shall forward this information to the Employee Medical Programs, Human Resources Division (HRD).
- b. The Form USM-522A shall contain a statement in the free text section (on the reverse side of the form) that the employee is pregnant and providing the expected date of delivery, along with the physician's certification of one of the following:
- (1) The employee is able to safely perform the full range of duties associated with her current position.
 - (2) The employee is able to perform in a limited-duty status. The physician should also specify the duties the employee is no longer able to perform.
 - (3) The employee is temporarily unable to work, even limited duty, and for how long.
- c. Medical documentation (Form USM-522A or equivalent) shall be submitted monthly throughout the course of the pregnancy and recovery. However, a Form USM-522A or equivalent may be submitted any time there is a change in the employee's medical condition and/or ability to perform operational duties.

2. **Duty Status and Related Requirements**

a. **Limited Duty**

- (1) District/division management may assign an employee to limited-duty status based on the recommendation of the employee's physician. In cases where the physician's recommendation is unclear, clarification should be requested or guidance sought from the Employee Medical Programs.
 - (2) The Employee Medical Programs follows the physician's recommendation and is the final administrative authority on duty status.
 - (3) Limited-duty when available within the district/division, will be assigned during pregnancy when restrictions to full duty have been noted by physician.
 - (4) Work assignments during the third trimester of pregnancy (beginning in the 27th week) will be restricted unless the employee's physician states that the employee is capable of performing the full range of duties and the USMS reviewing physician concurs with this opinion.
 - (5) Limited-duty assignments for employees returning after a pregnancy-related absence will be based on management discretion as to the availability of work conforming to the medically supported limitations.
 - (6) On Form USM-522A the block "AGGRESSIVE LAW ENFORCEMENT ACTIVITIES" refers to duties where there is an increased likelihood of physical confrontation with assaultive or uncooperative subjects. This block will usually be marked "Restricted" by submitting physicians. Unless otherwise directed by the Employee Medical Programs, duties involving prisoner contact should be eliminated if there is a marked restriction in this block. Further limitations can be determined by the other marked restrictions and by consulting with the Employee Medical Programs.
- b. **Fitness-in-Total (FIT):** Pregnant employees will not be required to perform a FIT test, but may do so if approved by their physicians. Employees returning to full duties after a pregnancy-related absence shall be subject to current USMS FIT requirements.

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- c. **Weapons:** Due to the potential harm from the effects of loud noises and lead exposure on prenatal development, pregnant employees shall not participate in weapons qualification or practice unless specifically cleared to do so by their physician and noted in the above-referenced medical documentation. This restriction may require assignment of limited duties if weapons proficiency has not been checked. Employees returning to full duties after a pregnancy-related absence shall be subject to current USMS weapons requirements.

3. **Leave**

- a. **Sick Leave:** Sick leave will be granted for the periodic medical examinations typically required throughout a pregnancy and for periods of physical incapacitation before and after childbirth. Any use of sick leave must be supported by medical documentation in accordance with regulations.
- b. **Annual Leave and/or Leave Without Pay (LWOP):** Annual leave and/or leave without pay (LWOP) may be requested by the parents after the birth of their child. The Family and Medical Leave Act (FMLA) entitles an employee to up to 12 administrative workweeks of unpaid leave (LWOP) for the birth of a child. LWOP used under the FMLA may be offset with the appropriate available accrued leave, advanced leave and/or leave from the leave-sharing programs. These 12 weeks do not prevent the service from allowing additional time.
- c. **Leave-sharing Programs:** Leave made available through the voluntary leave-sharing programs may be used for complications experienced during pregnancy and/or for recuperation post-delivery. The employee must provide medical documentation and exhaust all available accrued leave, and the absence from duty without available paid leave must be for at least 24 hours.

F. **Responsibilities**

1. **Pregnant Operational Employees:** notify their supervisors or designee by providing the necessary medical documents after a physician has confirmed the pregnancy or no later than the completion of the first trimester of pregnancy (the end of the 13th week).
2. **Supervisors:** monitor the medical documentation requirements, distribute duty assignments commensurate with the medical limitations and approve leave as appropriate.
3. **Employee Medical Programs:** provide guidance and act as the final authority on questions of duty status.

G. **Definitions**

1. **District/Division Management:** includes the USM or the CDUSM in district operations and the Assistant Director for headquarters offices.
2. **Duty Status:** the category of medical clearance that indicates operational employees' readiness to perform the full range of duties based on their meeting USMS medical standards.
3. **Limited Duty:** a temporary assignment requiring less than the full range of duties for the employee's position during a period of treatment, rehabilitation or evaluation from illness, injury or other condition.
4. **Operational Employee:** a USMS employee whose job classification requires agency medical standards to be met (series 1811, 082 and 1802).
5. **Medical Documentation:** written information provided by a physician or clinician describing diagnosis, prognosis, treatment and duty limitations as well as subsequent follow-up information. Form USM-522A, *Physical Requirements of USMS Operational Employees*, or equivalent, will be used when possible for purposes of medical documentation.

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6. **Temporary Disability:** a condition or injury that prevents the operational employee from performing his or her full range of duties. A temporary disability is a condition or injury that is expected to improve.

DRUG-FREE WORKPLACE Updated December 19, 2007

A. General

1. Due to the law enforcement responsibilities and the sensitive nature of its missions, the USMS has an obligation to create and maintain a drug free workplace and eliminate illegal drug use. Illegal drug use may lead employees to compromise sensitive information and threatens the successful performance of the USMS mission. Furthermore, illegally possessing, using and trafficking drugs are criminal offenses and are inconsistent with continued employment in any capacity with a federal law enforcement agency.
2. Under the provisions of Executive Order 12564 and the *Supplemental Appropriation Act of 1987* (Public Law 100-71), (hereinafter "The Act") codified at 5 USC § 7301. Note (1987), the USMS initiated the USMS Drug-Free Workplace Plan, which promotes a drug-free workplace through a coordinated system of information, education, identification of illicit drug use, appropriate counseling and disciplinary actions.

B. Policy

1. All USMS employees, on or off duty, are required to refrain from unlawful possession, use or transfer of controlled substances included in Schedule I or II, as defined by 21 USC § 802(6).
2. Employees will be tested for illicit use of drugs such as cocaine, opiates, amphetamines, marijuana and phencyclidine (PCP). Additional drugs may be added to this list with the approval of the Department of Health and Human Services.
3. Employees of the USMS may be required to travel to other countries in performance of their duties. Use of narcotics identified under this policy that are commercially available without a prescription in a foreign country, or are legally ingested in a foreign country, does not relieve the employee from the requirement to refrain from use of prohibited substances identified in USMS policy. Use or importation of substances that are commercially available in other countries but are illegal to possess or import into the United States will result in disciplinary and/or criminal sanctions.
4. Internet pharmacies often supply controlled substances from overseas, substances that are not intended for distribution in the United States, or substances that do not require a prescription in the country of origin for purchase. These substances may contain compounds that violate the requirements of this policy. The use of internet pharmacies to purchase controlled substances that require a prescription in the United States and use of substances purchased through such internet pharmacies may constitute a violation of the USMS drug policy and/or United States law.
5. Upon a finding of positive test results:
 - a. Applicants will be denied employment with the USMS.
 - b. All employees, regardless of position, will be relieved of duty and appropriate disciplinary action will be initiated.
6. Refusal to take a drug test or unexcused delay in taking a drug test will result in appropriate disciplinary action up to and including removal. Employees who refuse to take a drug test may also have their duties restricted as in 5b above.
7. Employees may participate confidentially in the Employee Assistance Program (EAP), but those who are identified as illicit drug users through other processes will not be exempt from disciplinary action.

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8. Managers have a key role in establishing and monitoring a drug-free workplace. Managers will be provided information on how to recognize and address illegal drug use and the procedures, documentation and prerequisites for reasonable suspicion drug testing.
9. All USMS employees will be provided information as to the types and effects of drugs, the symptoms of drug use, and their effects upon performance and conduct, and other relevant issues.

C. Testing Procedures

1. Employees to be tested may be categorized as follows:
 - a. **Applicants:** All applicants will be required to take a drug test. Before a final offer is extended to an applicant, the Drug and Alcohol Program Manager will, after consulting with the Medical Review Officer (MRO), ensure that a drug test has been conducted and the results are negative. Applicants whose findings reflect "verified positive test results" will be refused employment with the USMS. **Notification:** Applicants will be required to take a drug test within 48 hours of notification.
 - b. **USMS Employees:** Employees will be subject to the following types of drug tests:
 - 1) **Random Testing:** Employees in Testing Designated Positions (TDPs) are subject to random sampling for illegal drug use at a rate the Director of the USMS determines. For purposes of this directive, employees in a TDP include:
 - a) an employee in a position that an agency head designates Special-Sensitive, Critical-Sensitive, or Noncritical-Sensitive;
 - b) Employees with clearances for access to classified information;
 - c) Individuals serving under Presidential appointments;
 - d) Law enforcement officers; and,
 - e) Other positions that the agency head determines involve law enforcement, national security, the protection of life and property, public health and safety, or other functions requiring a high degree of trust and confidence.
 - 2) **Reasonable Suspicion Testing:** All employees are subject to Reasonable Suspicion Testing regardless of whether or not they are in a Testing Designated Position. Reasonable Suspicion testing may be derived from, but not limited to, one of the following factors:
 - a) Those observed in possession of drugs;
 - b) Those exhibiting physical symptoms of drug use;
 - c) Those displaying a pattern of abnormal or erratic behavior;
 - d) Those arrested or convicted for a drug-related offense;
 - e) Those who are being investigated for drug possession or trafficking;
 - f) Those credibly accused of drug use or trafficking; and/or
 - g) Those who have tampered with previous drug tests.
 - 3) **Accident or Unsafe Practice Testing:** Any employee who is, while on duty, involved in an accident or incident resulting in significant injury to self or others,



death or the immediate hospitalization of a participant or which results in property damage in excess of \$5,500, or who discharges a firearm without proper authority may be directed to take a drug test.

- 4) **Follow up Testing:** Any employee treated for substance abuse may be subject to follow up drug testing for drugs determined appropriate by the Treatment Facility and/or the USMS Employee Assistance Administrator.
 - 5) **Voluntary Testing:** An employee may volunteer to be tested under the Drug Free Workplace Program.
2. **Notification Requirement:** Persons who are to be subjected to Random Drug Testing will receive verbal notification of the test on the day of the test, and have two hours to report to the lab upon notification. Persons who are to be subjected to reasonable suspicion testing, or accident/unsafe practice testing must receive notice they will be tested and the reason(s) for it the day of the test.
3. **Testing Guidelines:** Drug testing will conform to the scientific and technical guidelines for drug testing programs put forth by the Department of Health and Human Services, the provisions of Executive Order 12564, and Section 503 of The Act.
4. **Privacy in Drug Testing**
- a. The applicant or employee to be tested will provide a sample in a restroom stall or similar enclosure so as not to be observed.
 - b. An employee or applicant may be required to provide a sample under direct observation if there is reason to believe that he or she may have altered or substituted the urine specimen or otherwise tampered with the drug test.

Observation may, for example, be required if the individual has previously tampered with or attempted to tamper with a drug test, if the collection site receives a negative dilute, or if the collection site receives a fatal flaw not due to shipment procedures (i.e., the specimen leaked during shipment).
5. **Specimen Collection Procedures**
- a. Supervisors of employees selected for drug testing will notify them of the exact time and location of the test, the reason for the test, and the requirement that they bring photo identification. Supervisors will report problems, refusals to provide specimens, or requests for deferrals immediately through channels to the Human Resources Division (typically the Drug and Alcohol Program) and the Operations Support Division (typically the Office of Internal Investigations).
 - b. Privacy may not be afforded for employees furnishing specimens in reasonable suspicion, follow up, and accident or unsafe practice cases.
 - c. Employees will be provided specimen containers and asked to remain at the site for a short time after to fill out forms and complete the process. Employees unable to furnish a specimen may be kept at the test site for up to three hours to provide one. Inability to provide a specimen will be reported to the Drug and Alcohol Program Manager immediately for guidance or action. Employees unable to take the drug test must obtain approval from the Drug and Alcohol Program Manager before leaving the collection site.
 - d. Immediately after collection, the collector will take the temperature and inspect the specimen to determine its color and look for signs of contaminants. Another specimen will be collected under direct observation if there is reason to believe the original was tampered with or altered. Once the employee provides the specimen, it will be kept in view at all times, by both the employee and the collector, until it is sealed with a tamper-proof seal and label. Employees will be asked to initial the seal, and to read and sign the

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chain of custody form statement certifying the urine in the bottle came from his or her body, and the time of testing. The collector will complete appropriate forms and prepare the specimen for shipment. A chain of custody will be maintained and documented at all times.

- e. Negative specimens will be discarded at the laboratory. Positive specimens will be kept at the laboratory in a frozen state for at least one year to assure availability of specimens for possible retesting during any administrative/disciplinary proceeding.

D. Opportunity to Justify a Positive Test Result

1. Medical Review Officer (MRO)

- a. When a confirmed positive result has been returned by the laboratory to the Medical Review Officer, the MRO will perform the duties set forth in the Department of Health and Human Services guidelines. He or she may conduct employee medical interviews and review employee medical history or any other relevant biomedical factor. The MRO must review all medical records the employee provides when a confirmed positive test could have resulted from legally prescribed medication.
- b. Evidence to justify a positive result may include the following:
 - 1) A valid prescription;
 - 2) An affidavit from the employee's physician verifying a valid prescription.
- c. Employees are not entitled to present evidence to the MRO in a due-process administrative proceeding, though the MRO has the discretion to accept evidence in any manner he or she deems most efficient or necessary.
- d. Any positive result the MRO justifies, by explicit and appropriate medical or scientific documentation, to account for the result other than the intentional ingestion of an illegal drug, will be treated as a negative result and may not be released for purposes of identifying illegal drug use.

2. Privacy of Information

- a. Test results will be protected under the provisions of the Privacy Act, 5 USC § 552a, and under the provisions of Section 503(e) of the Act, and may not be released in violation thereof.
- b. The results of a drug test may not be disclosed without the prior written consent of the employee unless the disclosure is:
 - 1) To the MRO;
 - 2) To any supervisory or management official or other personnel within the USMS having a need to know in order to take appropriate disciplinary action or make adjustments to duty assignments, or under the order of a court of competent jurisdiction or where required by the U.S. Government to defend against a challenge to adverse personnel action.
- c. If the MRO determines that the positive result cannot be justified, this finding will be reported to the Drug and Alcohol Program Manager, who will in turn refer the employee to the EAP and advise appropriate headquarters offices, e.g., Employee Relations, Internal Investigations, and other appropriate supervisory officials of the test results to ensure that appropriate disciplinary action is initiated.
- d. All drug-testing information specifically relating to individuals is confidential and should be treated as such by anyone authorized to review or compile program records or to participate in disciplinary actions.

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- e. Any employee who is the subject of a drug test shall, upon written request, have access to the following:
 - 1) Records relating to his or her drug test;
 - 2) Records relating to the results of any relevant certification, review or revocation-of-certification proceedings, as referred to in Section 503 (a)(1)(A)(ii) (III) of the Act.
- f. Except as authorized by law, an applicant who is the subject of a drug test shall not be entitled to information resulting from the administration of a pre-employment drug test.

E. Refusal to Take Required Drug Test

- 1. An employee who refuses to be tested when so required will be subject to disciplinary action up to and including removal.
- 2. An applicant who refuses to be tested will not be extended an offer of employment.
- 3. Attempts to alter or substitute the specimen provided shall be deemed a refusal to take the drug test and may require a direct observation drug test.
- 4. Unexcused delays for taking a required drug test will be considered on a case-by-case basis to determine if disciplinary action should be recommended.

F. Finding of Drug Use and Disciplinary Consequences

- 1. **Drug Use Determination:** An employee may be found to use illegal drugs or controlled substances on the basis of any appropriate evidence, including the following:
 - a. direct observation;
 - b. evidence obtained from an arrest or criminal conviction;
 - c. a verified positive drug test result; and
 - d. an employee's voluntary admission.
- 2. **Duty Status:** USMS employees determined to be involved in the use, possession, or trafficking of illegal drugs or controlled substances will be relieved of duty and placed on leave, i.e., administrative leave, sick leave, or enforced leave as determined by the Chief, Employee & Labor Relations Branch. All USMS property will be removed (credentials, weapons, building access, etc.). Employees will not be allowed to perform any law enforcement duties or carry a weapon. An employee may not be placed on administrative leave for more than 10 days without the prior approval of the Assistant Attorney General for Administration or his/her designee in accordance with USMS DOJ policies and procedures. All administrative leave must be coordinated through the Human Resources Division, Employee Relations Branch.
- 3. **Weapons/Credentials:** Under no circumstances will employees determined to be involved in the use, possession or trafficking of illegal drugs or controlled substances be permitted to retain weapons or credentials.
- 4. **Reporting Requirements:** Supervisors/Managers will immediately report employees determined to be involved in the use, possession, or trafficking of illegal drugs or controlled substances to the appropriate Headquarters offices to include the Human Resources Division and Office of Internal Investigations.
- 5. **Sanctions:** Employees involved in illegal drugs or controlled substances in any manner will be subject to appropriate disciplinary action up to and including removal.

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G. Drug Program Participant Responsibilities

1. Drug and Alcohol Program Manager

- a. The Drug and Alcohol Program Manager implements, administers and manages the drug and alcohol program within the USMS. The Drug and Alcohol Program Manager is the principal contact with the laboratory in assuring the effective operation of the testing portion of the program. In carrying out this responsibility, the Drug and Alcohol Program Manager shall, among other duties:
- 1) Arrange for all testing authorized under this directive;
 - 2) Oversee all aspects of Random Drug Testing (RDT). Ensure that the method of random selection in the random testing program remains confidential. Notify district management that their district has been selected for Random Drug Testing and provide the names of the employees selected. Order RDT kits, verify the kits are at the lab, and notify the district to send the selected employees for their RDT. Refer anyone not following procedures for RDT to the appropriate Headquarters offices, e.g., Internal Investigations;
 - 3) In coordination with the EAP Administrator, publicize and disseminate drug program educational materials and oversee any training and education sessions regarding drug use and rehabilitation;
 - 4) Coordinate all Drug and Alcohol Program field activities to conserve resources and to efficiently and speedily accomplish reliable and accurate testing objectives.
- b. The Drug and Alcohol Program Manager will maintain and update the USMS Drug-Free Workplace Plan and maintain all program records and authorized documents, including notices of verified positive test results referred by the MRO, written materials justifying reasonable suspicion testing or evidence that an individual may have altered or tampered with a specimen, anonymous statistical reports necessary for the program, and such other documents as required by the Human Resources Division. All records and information on the personnel actions taken concerning employees with positive test results will be kept by the Drug and Alcohol Program Manager in locked combination containers, with access limited to authorized individuals.

2. Drug Program Officers (DPO)

- a. Drug Program Officers (DPOs) will be assigned to each district/division to coordinate the scheduling and administration of the USMS Drug and Alcohol Program for their district/division applicants (e.g., tentative employees, interns, co-ops, etc.) The applicant procedures are as follows:
- 1) Schedule applicant drug test via the Electronic Drug Scheduling/Applicant Tracking System (edrug test system);
 - 2) Contact collection site to ensure test kit has arrived and/or schedule appointment for applicant to take drug test;
 - 3) Advise applicant donors immediately when kit has arrived to take test (upon notification, applicants must take the test within 48 hours);
 - 4) Review results of test in edrug test system and report all "positive results" to the Drug and Alcohol Program Manager.
- b. DPOs will be assigned to assist the USMS Drug and Alcohol Program Manager with the Random Drug Testing Program in their district/divisions. DPOs and district/division

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management will only discuss with employees with an official need to know that Random Drug Testing is taking place in their office.

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- 1) For Random Drug Tests, the DPO will provide a Donor Information Sheet to each employee selected for the Random Drug Test prior to the Employee taking the Random Drug Test. The Drug and Alcohol Program Manager will provide the DPO with a Donor Information Sheet. Should the DPO be selected for Random Drug Testing, district/division management will be the designee for the DPO. Should the DPO be unavailable the day of Random Drug Testing, district management will be responsible for DPO duties.
- 2) Upon notification to employees that they have been selected for a Random Drug Test, DPOs and/or district management will insure that employees report to the collection site within two hours of notification. Employees failing to take their Random Drug Test within two hours of notification may be referred for disciplinary action.
- 3) Upon completion of the Random Drug Test, DPOs will collect a copy of the Federal Drug Testing and Control Form from each employee participating in the Random Drug Testing.
- 4) DPOs will contact the Drug and Alcohol Program Manager when the Random Drug Test is completed. The DPO and/or district management will report on the same day to the Drug and Alcohol Program Manager anyone who fails to take the required test and/or any other irregularity in the testing procedures.
- 5) Should there be any questions or problems with the Random Drug test, the DPO should immediately contact the Drug and Alcohol Program Manager.

3. **Employee Assistance Program (EAP) Administrator**

a. Among other duties, the EAP Administrator will:

- 1) Provide counseling, referrals and treatment services to employees who, through self-referral or administrative channels, notify the Administrator of illegal drug use and/or alcohol abuse;
- 2) Confer with the MRO and the employee's supervisors, as appropriate;
- 3) Provide educational materials and training to managers, supervisors and employees on illegal drugs in the workplace;
- 4) Assist supervisors with performance and/or personnel problems that may be related to illegal drug use;
- 5) Ensure that EAP is not involved in the collection of urine samples;
- 6) Ensure that confidentiality of test results and related medical treatment and rehabilitation records developed in the course of EAP activities are maintained in accordance with 42 USC § 290 dd-2 and 42 CFR Part 2;
- 7) Coordinate with the Drug and Alcohol Program Manager for any follow up testing required.

b. In accordance with USMS policy, the EAP may provide counseling assistance to persons identified as illegal drug users until they are separated from USMS employment.

4. **Human Resources Division**

a. All vacancy announcements for TDPs will state "personnel selected for this position will be subjected to Random Drug Testing."

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- b. Applicants will not receive final offers until a drug test is completed and the agency receives the results.

5. **Managers**

- a. Familiarize themselves on policies relating to illegal drug use in the workplace.
- b. With prior concurrence of the Human Resources Division, initiate requests for a reasonable suspicion test after making appropriate factual observations and documenting them.
- c. Report all on-duty incidents/accidents that result in significant injury to self or others, death or the immediate hospitalization of participants, damage to property in excess of \$5,500, or any unauthorized discharge of firearms to the Drug and Alcohol Program Manager so that accident/unsafe practice related testing may be conducted.
- d. Refer employee to the EAP for assistance in obtaining counseling and rehabilitation upon a finding of illegal drug use.
- e. Refer all positive drug tests to Office of Internal Investigations.
- f. Managers are required to report all employees who come forward to request assistance for drug dependency for the use of illegal drugs to Internal Investigation and to refer them to EAP.
- g. Managers are required to refer all employees to EAP who come forward to request assistance for drug dependency for use of authorized or prescribed prescription drugs. Managers are not required to refer such cases to Internal Investigations.
- h. Managers may confer with the EAP Administrator as appropriate.
- i. Random Drug Testing Procedures: Upon notification that Random Drug Testing will take place in your district/division, management has two working days to notify the Drug and Alcohol Program Manager of the availability of the employees who have been selected for Random Drug Testing.
 - 1) If employees are unavailable for a Random Drug Test, management will send in writing an explanation for the unavailability to the Drug and Alcohol Program Manager;
 - 2) Management will inform the Drug and Alcohol Program Manager if the lab location is not acceptable;
 - 3) Management will provided a five day advance notification that selected employees are to take a Random Drug Test. Managers may select, within the five day period, when they will order the employee to report to the collection site. Employees must report within the two hours of notification when the collection sites do not require an appointment;
 - 4) When collection sites require an appointment for Random Drug Testing, employees must be notified 2 hours prior to the appointment and shall report to the collection site on time;
 - 5) Should an operational assignment interfere with the employee reporting to the collection site on time for an appointment, managers should immediately notify the Drug and Alcohol Program Manager and provide in writing why the employee will not be able to make the scheduled appointment;
 - 6) When operational assignments take priority over a scheduled random drug test, managers will not notify employees of the random drug test;



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- 7) While Random Drug Testing is taking place in the district/division, managers will only discuss Random Drug Testing with employees with an official need to know;
 - 8) Failure to follow Random Drug Testing procedures may result in disciplinary action.
6. **Disciplinary Proposing and Deciding Officials:** Receive all relevant evidence regarding verified positive test results and take appropriate disciplinary action consistent with the Executive Order and with DOJ Human Resource Order 1200.1, Chapter 3-1, Discipline and Adverse Actions; USMS Directive 3.3, *Discipline and Adverse Actions* and *Discipline Delegation*.
7. **Employees**
- a. Promote and abide by the Drug Free Workplace Program.
 - b. For employees who knowingly come in contact with a substance while on an assignment that may cause them to test positive under this policy, give an immediate written notification to their supervisors in order to protect their rights during review by the Medical Review Officer. Documentation as part of a closing arrest report or investigating report suffices as notification under this requirement. Supervisors shall keep these notifications on file for a minimum period of 60 days.

H. Drug Testing Applicants

1. **General:** A contractor will provide drug testing services for USMS positions. Applicants for both Deputy U.S. Marshal and administrative positions are included.
2. **Required Drug Testing of Applicants:** The USMS requires applicants for all positions to be tested for drugs.
3. **Responsibilities**
 - a. **Administrative Position Applicants:** District Drug Program Officers (DPOs) must schedule applicant drug tests (to include interns, co-ops, etc.) for their district via the edrug test system. The Drug and Alcohol Program Manager will schedule headquarters employees.
 - b. **Deputy U.S. Marshal Applicants:** The Human Resources Division will schedule Deputy U.S. Marshal applicants or any other operational applicants for a drug test via the edrug test system.
4. **Procedures**
 - a. **Administrative Positions**
 - 1) District Drug Program Officers (DPOs) must schedule applicant drug tests (to include interns, co-ops, etc.) for their district via the edrug test system. To order a drug test the following information is needed for the potential donor:
 - a) Name;
 - b) Social Security Number (SSN);
 - c) Address;
 - d) City, State, Zip Code;
 - e) contact phone number for the applicant. Because applicants may have more than one address (e.g., students with school and home addresses), provide the address where the applicant will actually take the drug test.

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- 2) Enter the donor's information into the edrug test system.
 - 3) Find a collection site in the edrug test system (using the donor's zip code). Call the collection site at the telephone number provided on the screen to ensure that they are administering Federal Drug Testing. The contractor requires at least two weeks from receipt of the applicant information to schedule a drug test. This excludes weekends and holidays.
 - 4) Submit information in the edrug test system.
 - 5) Print agency confirmation sheet from the edrug test system.
 - 6) In one or two days, check the edrug test system for a status of the ordered kit. If the system states the kit has arrived, call the collection site to confirm.
 - 7) If an appointment is required, schedule the appointment.
 - 8) Contact the potential donor/applicant. The DPO is responsible to direct the applicant to take the drug test within the next 48 hours and further advise them that failure to take the drug test in the 48 hour period will remove them from consideration for employment. Upon notification to an applicant about taking a drug test, the applicant must report to the collection site within 48 hours or they will not be considered for employment. Take into account holidays and weekends when notifying applicants about drug tests.
 - 9) Instruct donor to call you after they take the test.
 - 10) Check the edrug test system every two to three days to see if the lab has reported the drug results on the edrug test system.
 - 11) DPOs must review results of a test in the edrug test system and report all "positive results" to the Drug and Alcohol Program Manager.
- b. **Deputy U.S. Marshals Positions:** The Human Resources Division coordinates the drug testing of all Deputy U.S. Marshal (DUSM) applicants. The Drug and Alcohol Program Manager and staffing components will coordinate the necessary information and timing of applicant tests to ensure DUSM classes are filled timely.

Effective Date: December 19, 2007

By Order of:
/s/

John F. Clark, Director, U.S. Marshals Service

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