

Guidelines

Medical Screening and Drug Testing for Security Officers

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OPR: Provost Marshal



Summary. Medical and drug testing guidelines for clinical evaluations and fitness for duty determinations are to “ensure that officers are able to provide the best security possible.” The evolution of security operations from process-driven procedural-based security to risk-based intelligence-driven security affirms the need for a resilient screening security force whose readiness and fitness is measurable, demonstrable, and enforceable.

Applicability. These guidelines will be provided to apply to all full-time TMD security officers.

Management Control Process.

Proponent and Exception Authority.

Supplementation. Supplementation of this SOP or establishment of command and local forms in reference to this SOP is prohibited without prior approval from the Adjutant General (TAG), through the Provost Marshal Office, P.O. Box 5218, Austin, TX 78763-5218.

Suggested Improvements. Users are invited to send comments and suggested improvements concerning this SOP directly to the Provost Marshal Office P.O. Box 5218, Austin, TX 78763-5218.

Distribution. A

Table of Contents *(Listed by paragraph and page number)*

Chapter 1 Essential Job Functions.....Page 3

Chapter 2 Medical History and Physical Examination.....Page 5

Chapter 3 Medical Restrictions.....Page 8

Chapter 4 Drug Testing.....Page 9

Table A Drug Testing Panel.....Page 11

Chapter 1

Essential Job Functions

The examinee will possess the mental, sensorial, and motor skills required to perform the job duties essential for all security officers. Any specific job task analysis will be submitted to the examining provider prior to each medical evaluation.

- a. General essential functions. The following functions are essential for all security officers:
 1. Drag, carry, lift, and pull a person to safety.
 2. Use physical force to detain a subject or prevent unauthorized entry.
 3. Prolonged standing and sustained patrol on foot or in a vehicle.
 4. Sustained pursuit of suspect on foot.
 5. Dodging, crawling, climbing, and rapid ascent of stairs.
 6. Perform the above wearing duty equipment and personal protective equipment under adverse environmental conditions.
- b. Performing job functions requires:
 1. Maintaining control of voluntary motor functions. Have the functional capacity to respond appropriately to routine and emergency situations of the job.
 2. The ability to maintain mental alertness, deductive, and inductive reasoning, memory, and reliable judgment.
 3. Acuity of senses and ability of expression sufficient to allow essential, accurate communication by written, spoken, audible, visible, or other signals while using required personal protective or other equipment.
 4. Adequate motor power, dynamic strength, range of motion, neuromuscular coordination, stamina, gross body coordination, and dexterity.
 5. The ability to operate as a member of a team and independently at incidents of uncertain duration.
 6. The ability to spend extensive time outside exposed to the environmental elements.
 7. Tolerate environmental extremes while performing duties (dependent on local climate).
 8. Performance of physically demanding work in hot and humid (up to 100 percent humidity) atmosphere while wearing duty equipment and/or personal protective equipment, which may significantly impair body-cooling mechanisms.
 9. Experience frequent transition from hot to cold and from humid to dry atmospheres.
 10. Work, including walking, running, standing, pulling, and pushing in wet, icy, or muddy areas.
 11. Performing a variety of tasks on slippery, hazardous surfaces, such as on icy pavement, wet grass, or leaves.
 12. Work in areas where sustaining traumatic or thermal injuries are possible.
 13. Ability to properly and effectively wear or use personal protective equipment, including that used to prevent exposure to chemical, biological, or radiological agents.
 14. Wear personal protective equipment weighing approximately 30 pounds while performing emergency tasks.
 15. Perform physically demanding work while wearing a protective mask or respirator, which increases the resistance of inhalation and reduces the efficiency of air exchange.
 16. Perform complex tasks during life-threatening emergencies.
 17. Work for long periods of time, requiring sustained physical activity and intense concentration.
 18. Make life or death decisions during emergency conditions.
 19. Be exposed to grotesque sights and smells associated with major trauma and burn victims.

20. Make rapid transitions from rest to near maximum exertion without warm-up periods.
21. Freedom from frequent episodes of pain or inability to perform work or sudden incapacitation.
22. Ability to maintain balance under adverse conditions, weight loads, and at above ground heights, and maintain body flexibility.
23. Operate in environments of high noise, poor visibility, limited mobility, above-ground heights, and in closed or confined spaces.
24. Use manual and power tools in the performance of duties.
25. Rely on sense of sight, hearing, smell, and touch to help determine the nature of the emergency; maintain personal safety; and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.
26. The ability to identify colors and read placards and street signs or see and respond to imminently hazardous situations in less than standard visual lighting conditions.
27. The ability to temporarily perform minimum required duties in the event eyeglasses are broken or displaced by emergency activity.
28. Ability to verbally communicate effectively under noisy circumstances with a potential for voice obstruction by personal protective equipment.
29. Ability to distinguish low intensity voice sounds from background noise in order to respond to imminently hazardous situations.
30. Ability to work in closed or confined spaces.
31. Ability to judge distances closer than 13 feet demonstrated, either by testing of depth perception or by a practical field test.
32. Ability to direct traffic or perform crowd control.
33. Employ and/or manipulate and accurately engage with various assigned weapons systems, radios, flashlights, less lethal implements, etc. while moving and communicating under all the above conditions.

Chapter 2 Medical History and Physical Examination

1. General Health

a. Medical history should cover the person's known health problems, such as major surgeries, illnesses, medication use, allergies, and alcohol or drug dependence; history of present physical fitness and exercise activity (for example, walks 2 miles 3 days per week at a rapid pace); history of past occupational and environmental exposures; and a symptom review that might suggest early signs of illness. Attention should be paid to findings suggestive of cardiovascular disease, such as angina pectoris or suspicious chest discomfort, dyspnea, syncope, precordial palpitation, hypertension, a history of myocardial infarction, persistent pathological heart sounds, heart murmur(s), and cardiomegaly.

b. Examination of the dermatological system: eyes, ears, nose and throat; the respiratory, genitourinary, endocrine and metabolic, musculoskeletal, and neurological systems; and special senses. Attention should be paid to signs and symptoms suggestive of an inability to maintain mental alertness and control of voluntary motor functions. Sharpness of the senses, functional capacity, range of motion, and motor strength required to perform essential job functions should be considered.

c. Fasting blood sugar level. Diabetes mellitus could interfere with the performance of essential police and guard functions. The examinee's blood glucose should have been under excellent control for an extended period of time and glycosylated hemoglobin should be less than 8.0. The examinee should have normal monofilament discrimination, no end organ damage (nephropathy, neuropathy, proliferative retinopathy, no uncontrolled hypertension and no history of ketoacidosis, hyperosmolar nonketotic coma, nor severe hypoglycemia in the previous year.

d. Serum cholesterol, high density lipoprotein, low density lipoprotein, and triglycerides to be used in cardiovascular evaluation; resting electrocardiogram for initial evaluation, and then as clinically indicated thereafter; smoking history, and blood pressure (the average of at least two independent measurements taken after 15 minutes of rest)

2. Hearing

a. Hearing testing is conducted using audiometers (manual or microprocessor) calibrated to the current American National Standards Institute S3.6 standards.

b. Pure tone unaided air conduction hearing threshold levels should not exceed 30 dB hearing loss on average for each ear at 500, 1000, and 2000 Hertz (Hz), with no level greater than 35 decibel (dB) hearing loss at these frequencies; and thresholds should not exceed 55 dB hearing loss at 4000 Hz in each ear.

c. If the hearing loss exceeds the above levels, a licensed audiologist will perform a complete audiological evaluation, including unaided pure tone air and bone conduction audiometry (at 500–4000 Hz), emittance audiometry, unaided speech reception threshold testing, and unaided speech recognition (or discrimination) testing to confirm the hearing thresholds obtained during initial surveillance and to determine if there are other medical causes contributing to the hearing loss.

d. If the hearing thresholds continue to exceed the above levels in the audiologists evaluation, the audiologist will also perform a speech-in-noise test. The current recommended speech-in-noise test is the hearing in noise test (HINT), which is an adaptive test that measures speech reception thresholds for sentences in noise in three conditions: one with the speech and noise both presented in front of the listener, one with the speech in front and the noise 90 degrees to the left, and one with the speech in front and noise 90 degrees to the right.

Employees who score below the 5th percentile in any one of these conditions (per the California Peace Officer Standards training guidelines) should not be considered eligible for employment. In addition, the audiologist will perform a test using the HINT sentences in quiet. If the speech reception threshold for this test is greater than 28 dB hearing loss, the applicant should not be considered eligible for employment.

e. Aided candidates should be considered on a case by case basis. Those candidates who wish to be tested with their hearing aids should be administered the HINT to assess speech comprehension ability in noise and quiet. Both tests must be administered by sound field methods rather than headphones. They must meet the same standard aided as unaided and wearing of hearing aids at all times (other than when qualifying with a weapon) needs to be a condition of employment.

f. All employees who have been previously identified with poor hearing, and have completed an audiological evaluation in the past, require only annual pure tone air conduction threshold audiometry using audiometers (manual or microprocessor) calibrated to the current ANSI S3.6 standards.

3. Eyes and vision

a. Distant visual acuity should be at least 20/30 in one eye and 20/100 in the other, or 20/40 in one eye and 20/70 in the other, and near vision should be correctable to 20/40 binocularly (both eyes open). Uncorrected binocular visual acuity should be at least 20/100.

b. Individuals should be able to discriminate between vivid red and green colors.

c. Individuals should have normal muscle balance, defined as the lack of strabismus (greater than 15 diopters), nystagmus, and diplopia.

d. Individuals should have at least a total horizontal visual field of 120 degrees and at least a total vertical visual field of 40 degrees (20 above the horizontal meridian and 20 below the horizontal meridian) in each eye.

e. Individuals should not have a history of abnormal night vision.

4. Immunization status to include tetanus, tuberculosis skin test, and Hepatitis B immunization, as appropriate.

5. Psychiatric disorders that could affect the ability to perform essential job functions require additional evaluation. The presence of any of the following specific psychiatric disorders, or a history of such, warrants further evaluation by a psychologist or psychiatrist. A particular diagnosis need not necessarily have been made previously; rather, if there appears to be signs associated with any of the listed diagnoses, this may warrant further evaluation.

a. Delirium, dementia, and amnesia and other cognitive disorders.

b. Major depressive disorder.

c. Manic-depressive disorder (bipolar).

d. Dissociative disorders.

e. Kleptomania.

f. Panic disorder and other anxiety disorders (depending upon cause, duration, and severity of clinical expression).

g. Pathological gambling.

h. Pyromania.

i. Schizophrenia and other psychotic disorders.

j. Personality disorders.

k. Mental retardation.

l. Alcohol or drug dependence.

6. Neurological disorders, such as chronic headaches, a history of head trauma, cranial defects, and epilepsy are among the neurological disorders that can interfere with the ability to perform the essential job functions. To evaluate the risk of an on-the-job epileptic seizure, the recommended method is described in the Medical Screening Manual for California Law Enforcement, pages IX–3 through IX–12, available at www.post.ca.gov/medical-screening-manual.aspx. In such cases, the physician also should assess nonseizure-related impairments, such as interictal electroencephalogram discharges (which can cause transient cognitive impairment) or anti-epileptic drug side effects (about 30 percent of such patients will experience moderate to severe side effects, which can include cognitive impairment, visual effects, and ataxia).

7. Medications. Provide restrictions if taking medications causing sedation, drowsiness, equilibrium disturbance, orthostatic hypotension, vision changes, or behavioral changes. Provide restrictions if taking barbiturates, benzodiazepines, opioids, or dronabinol.

Chapter 3

Medical Restrictions

a. Temporary medical restrictions. Temporary medical restrictions apply to those medical conditions which are non-chronic impairments of short duration, with little or no long-term or permanent impact. Temporary impairments include conditions such as broken limbs, sprained joints, influenza, pregnancy, and temporary side effects of prescribed medication.

b. An individual whose temporary medical restrictions prevent him or her from performing their job duties may not perform those duties. The individual may take any available leave with approval from the supervisor. The individual also may be assigned to alternate duties, if available, but the command is not required to provide such duties.

c. Assignment to alternate duties typically should not exceed three months. The assignment to alternate duties may be extended for a period of up to nine additional months if such duties are available. In no situation will an individual be carried on alternate duties for more than 12 months.

d. Individuals with disabilities and long-term medical restrictions. Individuals with disabilities, or who otherwise have long-term medical restrictions, must be able to perform the essential functions of the job. Reasonable accommodation must be made to allow individuals with disabilities to perform essential job functions.

e. Individuals may be subject to long-term medical restrictions because of a disability. They may also be subject to long-term restrictions based upon chronic impairments not rising to the level of disability.

f. Medical providers or their representatives will determine whether an individual with a disability or long-term medical restrictions can take the PAT (including through the use of alternate events) and perform the essential functions of the job.

g. Prior to requesting additional medical information, denying a request for reasonable accommodation, reclassifying, or removing an individual who cannot perform the essential functions of the job because of a disability or long-term medical restrictions, the Provost Marshal will consult with State Human Resources Officer and a legal advisor.

Chapter 4

Drug Testing.

Texas Military Department (TMD) intends to help provide a safe and drug-free work environment for all employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, TMD establishes the following policy for existing and future security officers.

1. Texas Military Department explicitly prohibits:
 - a. The use, possession, solicitation for, or sale of narcotics or other illegal drugs, or prescription medication without a prescription on the premises or while on duty.
 - b. Being impaired or under the influence of legal or illegal drugs away from the premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the TMD's mission.
 - c. The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises, or while on official business. "Prohibited substances" include illegal drugs or prescription drugs not taken in accordance with a prescription given to the employee.
2. In accordance with the Master Cooperative Agreement, Army National Guard (ARNG) Security Cooperative Agreement Appendix 3 Section 308(a)(1)(2), all Security Officers must sign a Workforce Drug Testing Act per state laws and statutes and pass a drug test.
 - a. All security officers must sign a DA Form 5019 (Condition of Employment for Certain Civilian Positions Identified Critical under the Department of the Army Drug-Free Federal Workplace Program).
 - b. All security officers will participate in periodic drug testing per state laws on a random basis to ensure the deterrent value of the testing program.
 - c. The random rates are annual minimum requirements and will be 10% of the security force. A scientifically valid method to select employees will be used for testing, which may include: use of a random-number table, a computer-based random number generator that's traceable to a specific employee. Random selections and testing may be performed at least quarterly using employee identification numbers.

3. Screening. Similar to the Army Substance Abuse Program (ASAP), AR 600-85, dated 28 December 2012, security officers are required to conduct laboratory testing of urine specimens for five types of controlled substances (or their metabolites): marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines. Identification of either a controlled substance or its metabolite in the urine indicates use of the controlled substance in the recent past. A metabolite is a modified form of a controlled substance that has been chemically altered by the body's metabolic system.

4. Responsibility. A servicing Occupational Health Clinic will be directed at the agency's expense for specimen collection, laboratory testing, medical review, and provide a substance abuse professional as needed. The clinic will conduct urine analysis including collecting specimens under direct observation and are required to have gender observers readily available. The clinic will be responsible for sending the agency a copy of the testing form, the test results, and resolution of any errors from the process (if applicable).

5. Testing. When an employee is notified, he or she must proceed immediately to the collection site. Immediately means that after notification, all the employee's actions must lead to an immediate specimen collection.

6. Failure or refusal

a. If an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including termination. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective. A positive result to a drug test will result in officer immediately removed from performing safety-sensitive functions (i.e. carrying a weapon) until successful completion of the return-to-duty process with a qualified substance abuse professional.

b. If an employee selected for testing is known to be unavailable during the selection cycle (legitimate extended absence, long-term illness, etc.), the reason will be documented and an extra selection will be made during the next selection cycle.

c. If an employee is selected for testing but has not received notice since it is their day off, the employee will be tested during their next shift within the same selection cycle.

d. No employee should be excused from testing because of operational difficulties.

TABLE A. DoD Illicit Drug Testing Panel

a. Initial Screen Test Cutoff Concentrations

Drug Class	Cutoff Concentration nanograms/milliliter (ng/mL)
Amphetamines	500
Cannabinoids	50
Cocaine Metabolites	150
Designer Amphetamines	500
Opiates (Codeine/Morphine/Hydrocodone/Hydromorphone)	300
Heroin (6-monacetylmorphine (6AM))	10
Opioids (Oxycodone/Oxymorphone)	100

b. Confirmation Cutoff Concentrations

Initial Presumptive Positive Test	Confirmation Drug/ Metabolite	Cutoff (ng/mL)	Reported Drug Use
Amphetamines	d-amphetamine	100	d-amphetamine
	d-methamphetamine	100	d-methamphetamine
Designer Amphetamines	Methylenedioxymethamphetamine	500	MDMA
	Methylenedioxyamphetamine	500	MDA
Cannabinoids	Tetrahydrocannabinol-carboxylic acid	15	THC
Cocaine Metabolite	Benzoyllecgonine	100	Cocaine
Opiates (Opioids)	Morphine	4,000	Morphine
	Codeine	2,000	Codeine
	6-monoacetylmorphine	10	Heroin
	Oxycodone	100	Oxycodone
	Oxymorphone	100	Oxymorphone
	Hydrocodone	100	Hydrocodone
	Hydromorphone	100	Hydromorphone