



MANUAL TRANSMITTAL

Department of the Treasury
Internal Revenue Service

9.11.5

AUGUST 5, 2024

EFFECTIVE DATE

(08-05-2024)

PURPOSE

- (1) This transmits the new IRM 9.11.5, Special Agent Medical Policies.

MATERIAL CHANGES

- (1) None.

EFFECT ON OTHER DOCUMENTS

This IRM supersedes the 1811 Medical Policies Handbook, dated August 2022. This IRM incorporates the medical program policies issued by the Chief, CI as authorized by 5 C.F.R. Part 339, Medical Qualification Determinations.

AUDIENCE

Criminal Investigation

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9.11.5

Special Agent Medical Policies

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9.11.5.1
(08-05-2024)
**Program Scope and
Objective**

- (1) Purpose: Criminal Investigation (CI) is committed to providing a safe and efficient work environment for all employees. This section provides guidance on the 1811 Medical Program. The policies and procedures outlined in this section ensures that CI addresses health related matters affecting special agents in a fair and consistent manner for the safe performance of law enforcement duties.
- (2) Audience: CI.
- (3) Policy Owner: Chief, CI.
- (4) Program Owner: Strategy, Human Resources, Employee Relations and Medical.
- (5) Primary Stakeholders: All CI employees.
- (6) Contact Information: To make changes to this IRM section email CIHQIRM@ci.irs.gov.

9.11.5.1.1
(08-05-2024)
Background

- (1) The Office of Personnel Management (OPM) approved medical qualification standards for 1811 treasury enforcement agents, also referred to as criminal investigators and/or special agents (agents), because the duties of the position require moderate to arduous physical exertion, the use of firearms, exposure to inclement weather, and the operation of government owned vehicles (GOV). IRS special agents are required to meet these standards throughout their career. See *OPM 1811 requirements*.
- (2) On May 5, 1997, the IRS implemented a mandatory Medical Evaluation and Clearance Program (MECP), for all CI 1811 criminal investigators (special agents), to uniformly ensure special agents are medically fit to safely perform all essential law enforcement duties (see Exhibit 1) without undue risk or harm to themselves or others. The MECP has evolved and is currently referred to at the 1811 Medical Program.
- (3) CI contracts with a medical services provider specializing in occupational health to assist in the administration of the 1811 Medical Program. The medical services provider delivers medical and advisory services. The contract includes a medical review officer (MRO), also referred to as a Reviewing Medical Officer (RMO), who is a licensed medical physician with expertise in occupational medicine specific to law enforcement duties. The MRO conducts an impartial, comprehensive, individualized assessment prior to reaching a clearance determination regarding an agent's health status and its impact on the job. The MRO does not conduct a physical or medical examination but bases the clearance determination on the information received from annual medical screenings, treating physicians, contracted physicians, the agent, and/or the IRS, and advises management accordingly. CI relies on the MRO's review to determine if the agent can safely carry out law enforcement duties and participate in the Physical Fitness Program (PFP).

9.11.5.1.2
(08-05-2024)
Authority

- (1) 29 CFR 1910.95 Occupational Safety and Health Administration (OSHA) Standards, Occupational Noise Exposure.
- (2) 29 CFR 1910.1025 Occupational Safety and Health Administration (OSHA) Standards, Lead.

- (3) 29 CFR 1910.1030 Occupational Safety and Health Administration (OSHA) Standards, Bloodborne Pathogens.
- (4) IRM 9.1.4.25, Delegation Order No. 21 - Delegation of Authority in Employee Relations Matters.
- (5) Department of the Treasury Criminal Investigator - Treasury Enforcement Agent (TEA), 1811 Medical Qualification Standards.
- (6) Department of Treasury Delegation of Authority to IRS for Medical Qualifications for Treasury Enforcement Agent (TEA) GS-1811 Positions on December 14, 2012.
- (7) Title 5 of the U.S. Code of Federal Regulations (CFR), Part 339, Medical Qualification Determinations.

9.11.5.1.3
(08-05-2024)

**Roles and
Responsibilities**

- (1) This section outlines responsibilities for:
 - CI Employee Relations and Medical Section,
 - Special Agents,
 - CI management,
 - Physical fitness program (PFP) coordinators,
 - The medical services provider,
 - The medical review officer (MRO),
 - The contracting officer (CO),
 - The contracting officer's representative (COR),
 - The medical program manager,
 - The Deputy Director, Strategy - Resource Administration and Leadership (REAL),
 - Chief, Criminal Investigation

9.11.5.1.3.1
(08-05-2024)

**CI Employee Relations
and Medical Section**

- (1) CI Employee Relations and Medical (ERM) Section has oversight of the 1811 medical policies, the medical services contract, the medical requirements for special agents, and is the subject matter expert (SME) on special agent medical cases.
- (2) The CI ERM provides advice and guidance to management and works with Deputy Director, Strategy - REAL on specific cases.
- (3) ERM receives the MRO's Medical Review Forms (MRF) and Medical Clearance Determination Forms, and forwards to CI management.
- (4) ERM assists management in the preparation of documents and correspondence related to:
 - a. Temporary Restricted Duty (TRD),
 - b. Additional medical documentation requests,
 - c. Required medical examinations,
 - d. Medical determinations,
 - e. Return to Full Duty (RTD).
- (5) ERM advises and assists management on possible disciplinary or adverse action when an agent does not comply with medical policy.

9.11.5.1.3.2
(08-05-2024)
Special Agents

- (1) As a condition of employment, special agents (agents) are required to comply with the 1811 medical policies. This includes:
 - a. Completing annual medical screenings timely.
 - b. Timely providing requested medical information for a full duty medical clearance. Agents bear the costs associated with providing medical documentation needed by the MRO to make a medical clearance determination, such as:
 - Follow-up medical documentation requested by MRO,
 - Return to duty medical documentation,
 - Documentation regarding refractive surgery.
 - c. Self-reporting changes in medical and/or psychological condition.
 - d. Self-reporting narcotics, benzodiazepines, anticoagulant medication use, and any prescription and/or non-prescription medication inducing side effects that can impair safe, full, and effective performance of law enforcement duties at all times.
 - e. Attending fitness for duty examinations, as directed.

9.11.5.1.3.3
(08-05-2024)
CI Management

- (1) Special Agent in Charge (SAC), their equivalent, or higher, ensure agents are complying with the CI medical policies. This includes:
 - a. Ensuring agents attend annual medical screenings and provide requested medical documentation timely.
 - b. Applying the appropriate TRD restrictions.
 - c. Contacting ERM to obtain the appropriate notification to temporarily restrict law enforcement duties, PFP participation, GOV use and firearm access.
 - d. Working with PFP coordinators ensuring agents are cleared for PFP participation. This includes reviewing time records to ensure only agents who are cleared to participate in the PFP use official time to exercise.
 - e. Signing and transmitting the Special Agent Self-Report Form (see Exhibit 9.11.5-2, Forms) to the MRO.
 - f. Staying engaged with agents ensuring all documentation is provided timely.
 - g. Holding agents accountable who are not in compliance with the medical policies and working with ERM on disciplinary or adverse actions resulting from non-compliance.

9.11.5.1.3.4
(08-05-2024)
**Physical Fitness
Program Coordinators**

- (1) Physical Fitness Program (PFP) coordinators work with management ensuring agents in their assigned area are cleared to participate in Use of Force training. PFP coordinators are granted limited access to the medical services provider database to verify agents in their group are cleared to participate in these activities.

9.11.5.1.3.5
(08-05-2024)
**The Medical Services
Provider**

- (1) The contracted medical services provider facilitates:
 - a. Annual medical screenings and other required medical examinations at contracted healthcare facilities,
 - b. Medical documentation review by the MRO,
 - c. Transmitting identified safety concerns (e.g., law enforcement duties, firearm retention, driving),
 - d. Transmitting the MRO's medical clearance determinations related to an agent's ability to safely engage in law enforcement or physical fitness activities,

- e. Advising whether an agent meets the medical qualification standards.
- f. Advising whether an applicant meets the medical qualification standards.

9.11.5.1.3.6
(08-05-2024)
**The Medical Review
Officer**

- (1) The MRO is a licensed medical doctor specializing in occupational health specific to law enforcement. The MRO is an employee of the medical services provider and the MRO's responsibilities include:
 - a. Applying medical judgement concerning IRS medical qualification standards,
 - b. Interpreting and evaluating annual exam results and other medical information in determining an agent's ability to safely perform the essential law enforcement duties required of the special agent position.
 - c. Recommending fitness for duty (FFD) examinations,
 - d. Recommending FFD medical clearance determinations,
 - e. Recommending not medically qualified determinations.

9.11.5.1.3.7
(08-05-2024)
Contracting Officer

- (1) The contracting officer's representative (COR) is designated in writing by the CO to act on the CO's behalf in providing technical direction and monitoring the overall execution of the medical services contract. The COR serves as the technical liaison between the medical services provider (contractor) and the CO, and is the only entity authorized to correspond with the medical services provider on technical matters. Refer to *Office of Acquisition Management and Planning (AMP)* for additional information on COR role and responsibilities.

9.11.5.1.3.8
(08-05-2024)
**Medical Program
Manager**

- (1) The medical program manager is part of ERM and is the SME on the medical program. The medical program manager can be delegated as the COR of the medical services contract.

9.11.5.1.3.9
(08-05-2024)
**The Deputy Director,
Strategy - Resource
Administration and
Leadership**

- (1) The Deputy Director, Strategy - Resource Administration and Leadership (REAL) monitors the 1811 Medical Program and performs the following functions:
 - a. Case review of applicants and incumbent agents with medical conditions,
 - b. Monitors TRD cases over 90 days,
 - c. Authorizes and monitors FFD cases,
 - d. Authorizes medical clearance extensions,
 - e. Authorizes limited government owned vehicles (GOV) use on TRD,
 - f. Requests waivers to medical qualification standards for applicants and incumbents,
 - g. Serves as the proposing official for Not Medically Qualified (NMQ) cases.

9.11.5.1.3.10
(08-05-2024)
**The Chief, Criminal
Investigation Division**

- (1) The Chief, CI issues medical policy, is the deciding official on NMQ cases, and approves waivers to the TEA medical qualification standards. Refer to IRM 9.1.4.25, Delegation Order No. 21 for additional information.

9.11.5.1.4
(08-05-2024)
**Program Management
and Review**

- (1) Assistant Director - Personnel Administration - Human Resources:
 - a. Review the IRM annually.

- b. Update the IRM when content is no longer accurate and reliable to ensure employees correctly complete their work assignments.
- c. Incorporate all interim content into the next revision of the IRM section prior to the expiration date.

9.11.5.1.5
(08-05-2024)
Program Controls

- (1) Assistant Director - Personnel Administration - Human Resources will review the instructions and guidelines relating to special agent medical policies procedural, operational, and editorial changes.

9.11.5.1.6
(08-05-2024)
Acronyms

- (1) The table lists commonly used acronyms and their definitions:

Acronym	Definition
AMP	Office of Acquisition and Management Planning
BAT	Breath Alcohol Technician
CBC	Complete Blood Count
CFR	U.S. Code of Federal Regulations
CI	Criminal Investigation
CO	Contracting Officer
COR	Contracting Officer's Representative
dB	Decibels
DFO	Director of Field Operations
EBT	Evidential Breath Testing
EKG	Electrocardiogram
ER	Employee Relations
ERM	Employee Relations and Medical
FECA	Federal Employee Compensation Act
FFD	Fitness for Duty
FHT	Functional Hearing Test
FLETC	Federal Law Enforcement Training Center
GOV	Government Owned Vehicles
HCP	Hearing Conservation Program
HHQ	Health History Questionnaire
HPD	Hearing Protection Device
HBV	Hepatitis B Virus
Hz	Hertz
INR	International Normalized Ratio
LEAP	Law Enforcement Availability Pay

LEO	Law Enforcement Officer
MECP	Medical Evaluation and Clearance Program
MMI	Maximum Medical Improvement
MPA	Management & Program Analyst
MRF	Medical Review Forms
MRO	Medical Review Officer
NMQ	Not Medically Qualified
OPM	Office of Personnel Management
OSA	Obstructive Sleep Apnea
OSHA	Occupational Safety and Health Administration
OWCP	Office of Workers' Compensation Program
PFP	Physical Fitness Program
POD	Post of Duty
REAL	Resource Administration and Leadership
RMO	Reviewing Medical Officer
RTD	Return to Full Duty
SA	Special Agent
SAC	Special Agent in Charge
SSA	Supervisory Special Agent
TEA	Treasury Enforcement Agent
TRD	Temporary Restricted Duty
WCC	Workers' Compensation Center
ZPP	Zinc Protoporphyrin

9.11.5.1.7
(08-05-2024)

Related Resources

- (1) IRM 1.14.5.3.11, Hearing Conservation.
- (2) IRM 6.550.2.2.21, Law Enforcement Availability Pay (LEAP).
- (3) IRM 6.752.1, Disciplinary Suspensions of 14 Calendar Days or Less.
- (4) IRM 6.752.2, Adverse Actions for the Agent in Question.
- (5) IRM 6.800.1, Workers' Compensation Program.
- (6) IRM 6.800.3, Employee Assistance & Work-Life Referral Program.
- (7) IRM 9.1.4.7, Directive No. 6 - Use of Alcohol
- (8) IRM 9.2.2.4, Authorized Program Activities.
- (9) IRM 9.11.5.15, Reasonable Suspicion Alcohol Testing.

- (10) IRM 9.11.5.14.2, Requesting a Breath Alcohol Test.
- (11) IRM 9.11.5.14.3(4), Time Limitations.
- (12) IRM 10.23.1.8, Reporting Personal and Foreign Activity.

9.11.5.2
(08-05-2024)
Annual Screenings

- (1) All Agents are required to undergo an annual medical screening (also referred to as annual exam) ensuring they are medically cleared to safely engage in the full range of law enforcement duties and participate in the PFP. Agents are required to complete this screening in advance of their birthday to maintain their medical clearance, including agents on temporary restricted duty (TRD). The annual medical screening is due by the incumbent's birthday.
- (2) Agents who do not attend their annual screening by their birthday will be deemed "Pending-No Exam" may be subject to disciplinary action up to and including removal. It is essential that agents fully cooperate with the annual medical screening process and adhere to other CI medical policy requirements to avoid duty restrictions or possible disciplinary action, up to and including removal.
- (3) The annual screening components include:
 - Health history questionnaire review,
 - Blood pressure,
 - Height and weight,
 - Resting EKG every five (5) years beginning at age 40,
 - Lipid panel,
 - Glucose screening,
 - Optional audiogram,
 - Optional blood lead and zinc protoporphyrin (ZPP) test,
 - MRO review and determination.
- (4) To facilitate timely annual screening, the medical services provider ensures agents receive access to their medical screening documents needed for their annual medical screening 60 days prior to their birthday. Agents should contact the medical services COR if they do not receive access to these documents within 45 days of their birthday.
- (5) The medical services provider will send email reminder notifications to agents who have not completed their medical screening 30 and 45 days after the access to their documents has been given.
- (6) The medical services provider ensures participating clinics meet all CI screening requirements. Each Post of Duty (POD) is assigned one clinic within a fifty (50) mile radius. Clinic issues should be forwarded to the ERM Medical Program Manager. Requests for clinic changes must be approved by the SAC and addressed to the Medical Program Manager. Clinic changes are applied to an entire POD; however, individual exceptions may be granted with sufficient justification from the SAC. These individual exceptions may be authorized only for the year the exception is requested.
- (7) Agents on extended leave (e.g., medical reasons, military deployment, etc.) will not be granted automatic clearance extensions; instead, they will be deemed "Pending-No Exam. Agents must attend their medical screening promptly upon their return to work. Once they attend that screening, they will resume their

normal annual screening schedule (birthday-to-birthday). This may result in an agent having two required screenings within a short period of time.

- (8) Agents on TRD are still required to attend their annual screening timely.
- (9) The following agents have a different screening schedule:
 - Attachés will take their medical screening when they return to the United States annually.
 - New hires training at the Federal Law Enforcement Training Center (FLETC) will be placed on the incumbent birthday screening schedule once they complete training and report to their respective field office.
- (10) The MRO reviews the results of the annual screening and determines if the agent can safely perform law enforcement duties and participate in the PFP. The MRO also determines if any reported conditions pose a safety risk. The MRO documents any identified safety concerns on a MRF that is forwarded to ERM by the medical services provider. ERM will notify and assist management with placing the agent on TRD.
- (11) The medical services provider will notify ERM of agents whose status is "Pending -No Exam. ERM will notify management of the agent's status and will work with management to direct the agent to attend their annual medical screening.
- (12) In some instances, additional medical information is needed to make a final medical clearance determination. This is referred to as a clearance deferral. A clearance deferral letter outlines the medical condition under evaluation, the information needed for a final clearance determination, and provides a due date for the requested information. The information must be submitted to the MRO by the due date. If an agent does not submit the additional information by the due date indicated, the MRO will change the medical clearance to "Pending-No Information Received" and the agent may be subject to disciplinary action up to and including removal. ERM will notify management of the agent's status and will work with management to direct the agent to provide the requested medical information. The agent may be placed on TRD, if warranted, based upon the MRO's assessment of the condition being evaluated.
- (13) The MRO's determination will include a recommendation on GOV use and the agent's ability to participate in PFP. See IRM 9.2.2.4, Authorized Program Activities.

9.11.5.3
(08-05-2024)
Hearing Evaluations

- (1) Audiograms are offered to every agent at the annual screening in accordance with OSHA 29 CFR 1910.95 (See *29 CFR 1910.95 - Occupational Noise Exposure*). Refer to IRM 1.14.5.3.11, Hearing Conservation, for additional information.
- (2) Audiograms are optional and agents declining the test are required to complete the IRS-CI Audiogram Declination Form (see Exhibit 9.11.5-2, Forms) yearly during their annual screening.
- (3) If elected, the audiogram is also used to evaluate the TEA medical qualification standards.

- (4) An audiogram measures how well an individual hears different frequencies (Hertz = Hz) of sound and how loud the sound must be to be detected (decibel = dB). Audiogram test results are used to identify hearing loss.
- (5) Agents electing to take an audiogram should avoid exposure to loud noise for at least fourteen (14) hours prior to testing.
- (6) If elected, an annual audiogram will be compared to the audiogram taken at the pre-placement medical exam (considered the baseline audiogram). The results will be evaluated to determine if an average ten (10) dB standard threshold shift (STS) exists at the 1000, 2000, and 3000 Hz ranges. If a ten (10) dB shift is detected during the annual audiogram:
 - a. The medical services provider notifies the agent directly and a repeat test is offered to confirm the shift.
 - b. The MRO may refer the agent for follow-up with a specialist, as appropriate.

9.11.5.4

(08-05-2024)

Audiogram Results That Do Not Meet Standards

- (1) The following actions will take place when audiogram results do not meet the TEA medical qualification standards:
 - a. The audiogram is repeated within 30 days of the initial test to confirm results.
 - b. If the second audiogram reflects the agent does not meet the TEA medical qualification standards, the agent is placed on TRD and scheduled for a functional hearing test (FHT). The FHT evaluates word recognition (measures an individual's ability to hear specific words in quiet environment), speech reception (measures how loud spoken words or sounds need to be presented for a person to detect them), and speech discrimination (determines an individual's ability to interpret spoken speech with background noise).
 - c. If FHT results demonstrate the agent can still safely perform law enforcement duties, the MRO recommends a medical waiver.
 - d. The Deputy Director, Strategy – REAL, reviews the MRO's waiver recommendation for concurrence, and forwards to the Chief, CI, for final consideration.
 - e. If FHT results demonstrate the agent cannot safely perform law enforcement duties, the agent is deemed not medically qualified (NMQ).
- (2) Agents who receive a hearing waiver are required to undergo an annual audiogram. The audiogram results are necessary to evaluate if the waiver should be extended. A waiver will remain valid unless a subsequent audiogram indicates additional hearing loss. If the subsequent audiogram shows additional hearing loss, the MRO may require additional testing before recommending if the waiver should be extended. Agents can only remain in full duty status if the MRO's recommended waiver extension is approved.
- (3) The Deputy Director, Strategy - REAL, can order an agent to undergo an audiogram or FHT at any time.

9.11.5.5
(08-05-2024)

**Blood Lead and Zinc
Protoporphyrin Testing**

- (1) CI offers blood lead and zinc protoporphyrin (ZPP) testing in accordance with OSHA 29 CFR 1910.1025 (See *29 CFR 1910.1025 - Lead*) requirements, for agents who suspect they have been exposed to lead at or above the action level, which is defined as an airborne concentration greater than thirty micrograms per cubic meter of air (30ug/m3) averaged over an 8-hour period, for more than 30 days per year.
- (2) The blood lead and ZPP test is an optional component of the annual medical screening. Agents declining the test will be asked to complete a Lead Declination Form (see Exhibit 9.11.5-2, Forms).
- (3) The blood lead and ZPP test requires a small blood sample which is analyzed to detect levels of lead in the blood. The test results may indicate iron deficiency or hemolytic anemia, caused by long term lead exposure. Testing allows agents to take appropriate actions if elevated levels of lead are detected to mitigate health risks and perform law enforcement duties safely.
- (4) If the blood lead results are above the recommended OSHA level (40 ug/100 g of whole blood), the medical services provider will contact the agent to repeat blood lead testing along with a complete blood count (CBC) test. If an agent's test reveals a lead level at or above the recommended OSHA level, they will be placed on TRD and will be required to have follow up testing in accordance with the OSHA requirements outlined in 29 CFR 1910.1025(j) (See *29 CFR 1910.1025(j) - Medical Surveillance*).

9.11.5.6
(08-05-2024)

**Fitness for Duty
Examinations**

- (1) Agents may be required to attend a medical examination to independently evaluate their current physical and/or mental status whenever there is a direct question about an agent's continued capacity to meet the physical and/or medical requirements of the position (i.e., fitness for duty, FFD). A medical examination may also be required to determine medical limitations that may affect placement decisions for an agent who has applied for or is receiving continuation of pay or compensation as a result of an on-the-job injury or disease.
- (2) To request a medical examination, management must have objective evidence, outlined in a memorandum, to support their belief that an agent is unable to safely perform law enforcement duties because of a medical or psychological condition. Some examples are:
 - Observations or reports from others regarding physical symptoms or unusual or out-of-character behavior,
 - Documented observations or reports of actions or conduct that raise concerns of potential safety risks in the performance of official duties,
 - A report from the MRO documenting an agent has or appears to have a condition that could cause a safety risk and additional information is needed to make a final medical qualification determination,
 - Information from the IRS Workers' Compensation Center (WCC) regarding a medical or psychological condition that raises the question of a safety risk while performing law enforcement duties. (See *Workers' Compensation*)
- (3) If a medical examination to assess FFD is authorized, the medical services provider schedules the medical examination and FFD testing. ERM coordinates

the appointment with the medical services provider and management. ERM then prepares the appropriate notice to the agent for management's signature. The notice includes:

- The reason the examination is required,
- The date, time, and location of the examination,
- Any special instructions for the examination (e.g., fast prior to exam),
- The consequences of refusing to cooperate,
- A due date by which the agent must submit medical documentation from their personal physician.

9.11.5.6.1
(08-05-2024)
**General Medical
Examination**

- (1) When a medical examination to assess FFD is authorized, the general medical examination consists of:
 - Health history review,
 - Physical examination (includes check of vitals, blood pressure, height, and weight),
 - Uncorrected and corrected near and distance visual activity,
 - Color vision, depth perception, and peripheral vision,
 - Audiogram,
 - Spirometry (a noninvasive breathing test to determine the air capacity of the lungs),
 - EKG,
 - Blood tests which may include lipid profile, complete blood count (CBC), chemistry panel, thyroid panel, blood lead and ZPP test, and glucose screening,
 - Urinalysis.

9.11.5.6.2
(08-05-2024)
**Independent Medical
Examination**

- (1) Independent Medical Examinations (IME) are authorized based on the individual circumstances of a case and the MRO's judgement. An IME is conducted by a medical expert specializing in a particular field (e.g., cardiologist, orthopedist, psychologist, psychiatrist).

9.11.5.6.3
(08-05-2024)
**Functional Capacity
Evaluation**

- (1) A Functional Capacity Evaluation (FCE) may be ordered to reliably measure the functional physical ability of an agent.
- (2) The FCE is a set of tests, practices, and observations performed by highly trained healthcare professionals.

9.11.5.6.4
(08-05-2024)
**Required Psychological
or Psychiatric
Examination**

- (1) Psychological or psychiatric examinations are authorized only when the results of a general medical examination provide no physical explanation for an agent's behavior or actions which may affect the agent's safe and efficient performance of essential law enforcement duties.

9.11.5.7
(08-05-2024)
**Reporting Medical or
Psychological
Conditions and
Medications**

- (1) Agents must report to management all medications and medical and/or psychological conditions that could hinder the safe performance of law enforcement duties or cause undue risk to themselves, to other employees, or to the public. Agents may include supporting documentation from their personal physicians and/or pharmacists about the condition and/or medication when self-reporting.

- (2) Reported physical and mental health related conditions are evaluated on a case-by case basis. The MRO may request additional information for a comprehensive review.
- (3) The MRO's medical determination is provided to ERM who then forwards to management. If TRD is recommended, management will notify the agent and advise that they must provide the additional medical documentation by the established due date. It is essential that agents fully cooperate with MRO requests and adhere to all CI medical policy requirements, including timely providing all requested medical documentation. Agents failing to adhere to CI medical policy requirements may be subject to disciplinary action, up to and including removal.
- (4) The agent is returned to full duty when the MRO determines the agent can safely carry out law enforcement duties.

9.11.5.7.1
(08-05-2024)

Refractive Surgery

- (1) Agents who undergo refractive surgery will be placed on TRD until the MRO determines they are able to safely return to full duty.
- (2) Agents planning to undergo refractive surgery must:
 - a. Submit a Refractive Surgery Report Form to their manager as soon as possible, but no later than fourteen (14) days prior to scheduled refractive surgery. Agents should include a statement regarding whether they are experiencing any vision difficulties or have been warned by their operating ophthalmologist against driving prior to the procedure. (See Exhibit 9.11.5-2, Forms)
 - b. Submit a Post-Refractive Surgery Return to Duty Form completed by their attending ophthalmologist after a comprehensive postoperative exam to their manager. (See Exhibit 9.11.5-2, Forms)
- (3) Management must:
 - a. Submit the Refractive Surgery Report Form to the MRO. (See Exhibit 9.11.5-2, Forms)
 - b. Temporarily restrict law enforcement duties of agents who recently had refractive surgery until they are cleared by the MRO.
 - c. Submit the Post-Refractive Surgery Return to Duty Form (See Exhibit 9.11.5-2, Forms) to the MRO.

9.11.5.7.2
(08-05-2024)

Sleep Apnea

- (1) Obstructive sleep apnea (OAS) is a common sleep related breathing disorder in which breathing is intermittently stopped during sleep due to an upper airway blockage, often cause by relaxed throat muscles. OAS can lead to serious health problems and an increased risk of workplace accidents.
- (2) Agents diagnosed with OAS must provide clinical evidence documenting compliance and effectiveness of their treatment approach to OAS. Those applying positive airway therapy using a continuous positive airway pressure (CPAP) machine are required to submit a 90-day CPAP compliance report demonstrating good compliance. The industry standard for good compliance is CPAP use for 4 hours (or more) a night for at least 70% of nights. Those employing other methods of treatment are required to submit relevant documentation as requested by the MRO. For more information see:
 - a. *American Academy of Sleep Medicine,*

- b. *Centers for Medicare & Medicaid Services,*
- c. *Federal Motor Carrier Safety Administration, Obstructive Sleep Apnea.*

9.11.5.7.3
(08-05-2024)
Reporting Medications

- (1) Reportable medications include prescription and non-prescription drugs.
- (2) Agents must self-report their use of all prescription medications that could increase the risk of injury, harm or incapacitation to themselves and others, or impede their ability to safely perform law enforcement duties or other job-related activities. (See Exhibit 9.11.5-2, Forms)
- (3) Agents are not required to report every non-prescription medication they take. They must consider warnings and advice provided by their physician and/or pharmacist about the effects of the medication. Side effects of non-prescription medication are extensive and vary over time, so it is recommended agents discuss all medications and side effects with their private physician to determine their ability to safely perform law enforcement duties.
- (4) Reportable medications with the following side effects include, but are not limited to:
 - Drowsiness,
 - Dizziness,
 - Lightheadedness,
 - Ringing in the ears,
 - Confusion,
 - False sense of well-being,
 - Depression or unstable mood,
 - Inability to concentrate,
 - Possibility of excessive bleeding,
 - Decreased ability to perform physical tasks.

9.11.5.7.4
(08-05-2024)
Required Reporting of Prescription Narcotics

- (1) Agents must immediately report every instance of narcotic use, regardless of the duration, their duty status, side effects or perceived safety concerns.
- (2) Narcotics, also known as opioids, refers to opium, opium derivatives, and their semi-synthetic substitutes. Narcotics are most often prescribed for pain relief. Agents should seek advice from their physician or pharmacist to determine whether their prescribed medication is a narcotic. See *Drug Enforcement Administration Drug Fact Sheet, April 2020*.
- (3) Agents are subject to call-back at any time, so management must be aware of an agent's ability to carry out law enforcement duties at all times as taking narcotics increase the risk of impairment to an agent's mental and physical abilities.

9.11.5.7.5
(08-05-2024)
Required Reporting of Prescription Benzodiazepines

- (1) Agents must immediately report every instance of benzodiazepine use, regardless of the duration, their duty status, side effects or perceived safety concerns.
- (2) Benzodiazepines are depressants that produce sedation, relieve anxiety, and reduce seizures. Benzodiazepines are most often prescribed for anxiety and sleep disorders, as a muscle relaxant and for alcohol withdrawal. Agents should seek advice from their physician or pharmacist to determine whether their prescribed medication is a benzodiazepine. See *National Institute of Health, National Library of Medicine, December 2021*.

- (3) Agents are subject to call-back at any time, so management must be aware of an agent's ability to always carry out law enforcement duties as taking benzodiazepines increase the risk of impairment to an agent's mental and physical abilities.

9.11.5.7.6
(08-05-2024)

**Required Reporting of
Anticoagulants**

- (1) Agents must self-report anticoagulant use. Anticoagulants are prescribed to prevent blood clots but can result in excessive bleeding. Anticoagulants decrease the body's blood clotting ability and can result in an increased possibility of serious external or internal bleeding resulting from injury.
- (2) Agents taking prescribed anticoagulants may undergo frequent blood tests to maintain a balance between the drug's purpose and its side effects.
- (3) Agents prescribed anticoagulant medication will immediately be placed on TRD for a minimum of six (6) months. After reporting, agents will be required to provide physician reports to the MRO every month for a minimum of six (6) months.
- (4) If the MRO concludes that overall therapeutic control has been documented and achieved and the underlying condition does not pose a safety risk, the agent may be cleared to resume unrestricted law enforcement duties.
- (5) Agents cleared to return to full duty must submit status reports every six (6) months from their physician documenting therapeutic control while taking anti-coagulants. If therapeutic control is maintained, the agent will be cleared to participate in the full range of law enforcement duties.

9.11.5.8
(08-05-2024)

Pregnancy

- (1) Pregnancy alone does not necessitate the submission of a Special Agent Self-Report Form (See Exhibit 9.11.5-2, Forms). However, agents are required to submit the form to report pregnancy related medical conditions (e.g., gestational diabetes, hypertension) or limitations (e.g., lifting, running) that could impact the safe performance of law enforcement duties, even if the agent is already on TRD for non-medical reasons. Agents are encouraged to include documentation that may facilitate the MRO's assessment or clarify the condition or treatment (e.g., medication information, office notes, physician's letter, etc.). The agent's supervisor will send the form and supporting documentation to the MRO for review. The MRO will assess whether the agent can safely carry out law enforcement duties, including GOV use and participation in the PFP.
- (2) Agents requesting duty restrictions for non-medical reasons related to pregnancy, such as concerns for lead exposure or participating in defensive tactics, are not required to submit a Special Agent Self-Report Form (See Exhibit 9.11.5-2, Forms). A request for duty restriction for non-medical reasons will result in non-medical TRD.

9.11.5.9
(08-05-2024)

**Temporary Restricted
Duty**

- (1) Temporary Restricted Duty (TRD) is a limited-term status in which agents are restricted from performing the full range of law enforcement duties required of their position. TRD usually lasts for a period of less than 12 months; however, there are rare instances in which an agent may be in TRD status for more than 12 months. All instances of TRD require firearm restriction and home-to-work GOV restriction. TRD cases are individually assessed on whether the agent can participate in the PFP.

- (2) TRD will occur in the following circumstances:
- Reporting a medical, physical, or psychological condition that could impact the safe performance of law enforcement duties,
 - Taking medication that may affect ability to safely perform law enforcement duties,
 - Reporting a prescribed narcotic, benzodiazepine, or anticoagulant,
 - Unusual conduct or behavior observed by management,
 - Inability to participate in the PFP or not cleared to participate in the PFP due to a medical reason,
 - Requesting to be excused from participating in an assignment or training obligation for medical reasons,
 - A GOV accident where witnesses report the agent was incapacitated prior to the accident,
 - Management reasonably believes an agent is under the influence of alcohol (see IRM 9.11.5.15, Reasonable Suspicion Alcohol Testing below),
 - The agent does not meet the 1811 medical qualification standards.

Note: Agents may also be placed on TRD for conduct reasons. Please contact ERM for guidance.

- (3) TRD is not a permanent duty status.
- (4) TRD cases are evaluated on a case-by-case basis.
- (5) A fitness for duty evaluation may be ordered in cases of TRD lasting more than 12 months.
- (6) TRD may impact the completion of LEAP hours. Refer to IRM 6.550.2.2.21, Law Enforcement Availability Pay (LEAP), for additional information.

9.11.5.9.1
(08-05-2024)
**Documenting Temporary
Restricted Duty**

- (1) Management must promptly contact ERM to obtain a TRD memorandum whenever an agent is placed on TRD. ERM will prepare the TRD memorandum and a Request for Medical Documentation memorandum if applicable, and forward to management for issuance. The memoranda include:
- Reason(s) for the TRD,
 - Permitted and prohibited law enforcement duties,
 - Firearm restriction,
 - GOV restrictions such as home-to-work use of a GOV, use of the GOV and/or privately owned vehicle during the duty day.
- (2) Management will provide ERM with documentation to support the need for TRD. Documents or other evidence relating to an agent's medical, physical, or psychological condition could include, but are not limited to:
- Medical documentation from the treating physician,
 - Special Agent Self-Report Form,
 - Workers' compensation forms,
 - Record of observations by management or others.
- (3) Management must keep ERM apprised of changes to the agent's condition, new documentation received, or revised restrictions.

9.11.5.9.2
(08-05-2024)

**Prohibited Law
Enforcement Duties
While on TRD**

- (1) Management cannot authorize an agent on TRD to perform enforcement duties. Any assignment involving the possible use of a firearm or use of force is prohibited while on TRD. Examples of prohibited duties include, but are not limited to:

- Executing search and arrest warrants,
- Participating in armed escort assignments and other protection assignments, etc,
- Participating in high-risk surveillance assignments,
- Conducting high-risk interviews,
- Conducting trash runs,
- Making third party contacts where there is increased potential for physical danger,
- Participation in any use of force training.

Note: Restricted agents may still be required to attend and observe defensive tactics training.

For a comprehensive list of law enforcement duties, see Exhibit 1.

9.11.5.9.3
(08-05-2024)

Additional Restrictions

- (1) Management will immediately secure an agent's firearm when they are placed on TRD.
- (2) Management will restrict an agent's use of a GOV while on TRD. If medically cleared to drive by the MRO, an agent may be allowed to conduct non-law enforcement duties using a GOV during the duty day. Agents on TRD will not be authorized home-to-work use of the GOV.
- (3) Agents on TRD may be restricted from participating in the PFP. This determination is updated by the MRO as new medical information becomes available. If management questions whether an agent's medical condition permits safe participation in the PFP, ERM will assist the manager in forwarding necessary information to the MRO for a determination. If the MRO does not clear an agent to participate in PFP activities, management must prohibit the use of official time for exercise and the agent must report the restriction to their PFP coordinator.
- (4) Personnel Security may need to be notified when an agent is placed on TRD. Management should refer to IRM 10.23.1.8, Reporting Personal and Foreign Activity, for guidance on security clearance restrictions for agents placed on TRD.

9.11.5.9.4
(08-05-2024)

**Permissible Duties While
on TRD**

- (1) Depending on the circumstances of each case, management may permit an agent on medical TRD to participate in the following non-law enforcement duties:
- Review case related information (case files, tax returns, evidence, etc.) and determine prosecution,
 - Make contacts in public locations or IRS office space with another agent,
 - Run database information,
 - Work on spreadsheets and process necessary paperwork,
 - Staff a command center for enforcement actions,
 - Assist other agents in their investigation with low-risk tasks,
 - Conduct low risk third-party interviews, serve a low-risk subpoena, etc,

- Process arrests (fingerprinting, paperwork, etc),
- Conduct inventories/search after premise secured (search and seizure),
- Conduct electronic surveillance from remote PODs, listening posts,
- Provide low risk surveillance support (i.e., staffing a base station, coordinating probable cause at U.S. Attorney's office, etc).

9.11.5.10
(08-05-2024)
Return to Duty

- (1) Agents seeking a return to full duty must submit documentation requested by the MRO to their managers, who will:
 - a. Submit the documentation to the MRO,
 - b. Continue to restrict the agent's law enforcement duties until the MRO has cleared the agent to return to full duty.
- (2) The MRO reviews the documentation and provides a medical determination as to whether:
 - a. The agent meets the medical qualification standards and can return to full duty,
 - b. The agent should remain on TRD,
 - c. Additional information is needed.
- (3) The MRO sends all recommendations, medical determinations, and any other associated report of findings to ERM, who will:
 - a. Share the MRO's report with CI management,
 - b. Work with management to prepare a notice to the agent regarding duty status and, if appropriate, any other necessary actions.

9.11.5.11
(08-05-2024)
**Not Medically Qualified
(NMQ) Determination**

- (1) Agents who do not meet the OPM medical qualification standards for the Treasury Enforcement Agent (TEA) will be found not medically qualified (NMQ) by the MRO. The Deputy Director, Strategy - REAL, either formally notifies the agent of the NMQ determination or requests a waiver to the TEA medical qualification standards.

Note: Information regarding reasonable accommodation can be found in IRM 1.20.2, Equity Diversity and Inclusion, Providing Reasonable Accommodation for Individuals with Disabilities.

9.11.5.11.1
(08-05-2024)
**Formal Notification of
the NMQ Determination**

- (1) Formal notification of the NMQ determination includes:
 - The MRO's determination,
 - The reconsideration process,
 - Subsequent action if the agent chooses to not pursue reconsideration.

9.11.5.11.2
(08-05-2024)
**Reconsideration and
Waiver Process**

- (1) The reconsideration process permits NMQ agents an opportunity to submit new, relevant information for consideration.
- (2) When an agent is formally notified of a NMQ determination, the agent may request reconsideration of the determination if the agent has information that demonstrates they can safely perform all essential law enforcement duties of the 1811 position.

- (3) An agent requesting reconsideration of the NMQ determination must notify their manager in writing of their intent to request reconsideration within 15 calendar days of receipt of the NMQ notice. The agent will then have 30 calendar days from receipt of the NMQ notice to provide any new information and documentation to their manager. Managers will promptly forward the information to the MRO.
- (4) On a case-by-case basis, the Deputy Director of Strategy - REAL, may grant additional time for the agent to submit medical documentation in response to the NMQ determination; however, agents cannot exceed 60 days from the date of initial NMQ notification.
- (5) The MRO will issue a final medical qualification determination after reviewing the new information submitted for reconsideration. If the MRO determines the agent is:
 - Medically qualified- The MRO generates a medical review form detailing the new qualification determination. ERM prepares a memorandum stating the medical information provided was reviewed and it was determined the agent is medically qualified to return to full duty. The Deputy Director of Strategy - REAL signs the memorandum and ERM forwards to management, who notifies the agent of the revised medical determination and returns the agent to full duty.
 - Not medically qualified- The case is referred to the Deputy Director, Strategy – REAL, to determine next steps.
- (6) If the Deputy Director of Strategy - REAL determines sufficient information was provided documenting the agent's ability to safely perform law enforcement duties despite not meeting the medical qualification standards, and/or the agent, with or without a reasonable accommodation, can perform all essential law enforcement duties without endangering the health and safety of themselves or others, The Deputy Director, Strategy – REAL will submit a medical qualification standards waiver request to the Chief, CI.
- (7) The Chief will review and either approve or deny the waiver request.
- (8) If the final NMQ determination remains, a waiver is not requested, or a waiver is requested but denied, CI will attempt to place the agent in a non-1811 position within CI or main IRS. If no suitable position is found, the Deputy Director, Strategy - REAL serves as the proposing official for a removal action.

9.11.5.12
(08-05-2024)
**Hepatitis B
Immunizations**

- (1) CI offers the hepatitis B vaccine through the medical services provider to protect agents who may be exposed to blood or other potentially infectious materials, in accordance with *29 CFR 1910.1030 - Bloodborne Pathogens*.
- (2) Agents are offered the hepatitis B vaccine at their pre-placement medical exam.
- (3) Agents can request the hepatitis B vaccine at any time by contacting the medical services provider, even if they have previously declined the vaccine. The medical services provider will email the agent with the necessary forms, instructions, and clinic information.

- (4) The hepatitis B vaccine is given in a series of three doses within a specific time period. The medical services provider will offer agents who are uncertain about whether they received some or all the vaccine a hepatitis B titer test to determine immunity.

9.11.5.13
(08-05-2024)
**Reasonable Suspicion
Alcohol Testing**

- (1) Agents are prohibited from consuming alcohol while on duty and an agent who management reasonably believes is intoxicated or under the influence of alcohol while on official duty may be subject to alcohol testing per IRM 9.1.4.7(3), Directive No. 6 - Use of Alcohol.
- (2) An evidential breath testing (EBT) device will be used for breath alcohol testing because results are available quickly and the test is less invasive. Evidential breath testing is administered through the medical services provider by breath alcohol technician (BAT).
- (3) The medical services provider schedules alcohol tests at a healthcare facility, as close as possible to the agent's location, which has the personnel, materials, equipment, facilities, and supervision necessary to conduct the testing. The testing facility will provide privacy protections for the agent to the extent practicable.
- (4) The Special Agent in Charge (SACs) or equivalent (herein referred to as SAC), is authorized to approve alcohol testing when they have established reasonable suspicion that the agent is intoxicated or under the influence of alcohol while on official duty, or after a GOV accident where there is reasonable suspicion the agent was under the influence of alcohol, after reviewing the facts, circumstances, and documentation related to the situation. Reasonable suspicion should be established to allow testing to occur within two hours of the incident (see IRM section 9.11.5.14.3(4), Time Limitations). Upon establishing reasonable suspicion SACs will:
 - a. Approve and request an alcohol test. Complete instructions on requesting an alcohol test are in IRM section 9.11.5.14.2, Requesting a Breath Alcohol Test,
 - b. Immediately ensure the agent is restricted from performing law enforcement duties,
 - c. Notify ERM of test results and discuss disciplinary and/or any other actions if the agent's alcohol test shows an alcohol concentration rate at or above the .02 limit or the agent has engaged in other alcohol-related conduct,
 - d. Notify the appropriate Director of Field Operations (DFO) or equivalent headquarters position of the matter and the results of the testing.
- (5) Supervisors are often the first to encounter an agent who is suspected of being under the influence of alcohol or intoxicated while on duty. Therefore, supervisors must:
 - a. Contact their SAC and ERM if they believe an agent is under the influence of alcohol or intoxicated,
 - b. Restrict law enforcement duties, take possession of an agent's firearm, prohibit use of the GOV, and prohibit the use of a personally owned vehicle for official business,
 - c. Document in writing employee performance, conduct, and/or behavioral changes related to suspected alcohol use.
- (6) ERM support includes:

- a. Assisting the SAC with gathering the appropriate documentation to support their reasonable suspicion determination,
- b. Assisting the SAC with preparing a memorandum to the agent directing them to undergo a breath alcohol test. The memorandum will be delivered to the agent as soon as practicable and will not delay the testing process; verbal notification for the testing is sufficient and written notification will follow. Written notification includes the specific basis for the alcohol test and assurance of the following:
 - Quality of testing procedures is tightly controlled,
 - Test used to confirm use of alcohol is highly reliable,
 - Test results shall only be shared with the agent, the MRO, CI management, and other who have an official need to know,
 - The consequences, including the possibility of disciplinary action, for refusing to cooperate with the testing process or for a final test result that confirms an alcohol concentration measuring 0.02 or greater,
 - The EAP toll-free number.
- c. Discuss with the SAC possible disciplinary and/or any other actions per IRM 6.752.1, Disciplinary Suspensions of 14 Calendar Days or Less and IRM 6.752.2, Adverse Actions for the Agent in Question.

9.11.5.13.1
(08-05-2024)

**Determining Reasonable
Suspicion or Belief**

- (1) Agents are in violation of IRM 9.1.4.7, Directive No. 6 - Use of Alcohol and other standards of conduct if they:
 - Report for duty while under the influence (i.e., having an alcohol concentration of 0.02 to less than 0.04) or while being affected by the use of alcohol (e.g., consuming alcohol before duty hours when insufficient time has elapsed to allow the effects of the alcohol to dissipate),
 - Report for duty or remain on duty while intoxicated (i.e., having an alcohol concentration of 0.04 or greater),
 - Use alcohol while on duty, except as allowed by IRM 9.1.4.7, Directive No. 6 - Use of Alcohol,
 - Refuse to submit to an alcohol test required by management.
- (2) Reasonable suspicion must be based on specific objective facts and reasonable inferences drawn by management. Reasonable suspicion does not require certainty; however, mere "hunches" are not sufficient to meet the standard. Examples of the types of observations, actions, or other sources of information for consideration include, but are not limited to, the following:
 - Physical indications of being under the influence of alcohol, such as stumbling, falling, slurred speech, loud, disruptive, or inappropriate speech or tone of voice, disheveled or unkempt appearance, body odors or the smell of alcohol on the agent's clothes or breath, or other out-of-character behavior,
 - The agent's own admission of alcohol use,
 - Information provided by reliable and credible sources or independently corroborated,
 - Direct observation of alcohol use.

9.11.5.13.2
(08-05-2024)
**Requesting a Breath
Alcohol Test**

- (1) Testing should be conducted as soon as possible after establishing reasonable suspicion or belief that an agent is intoxicated or under the influence of alcohol while on duty. The SAC must contact the medical services provider call center at 1-800- 638-8476 and provide the following information:
 - SAC's name,
 - SAC's telephone number,
 - Name of the agent suspected to be under the influence,
 - Agent's social security number or ID number,
 - Agent's address at the time the call is placed.
- (2) The medical services provider call center immediately notifies the medical services provider who schedules an appointment at a clinic as close as possible to where the agent is located, and the medical services provider will promptly follow up with the SAC and provide the agent's appointment information.
- (3) After contacting the medical services provider call center, the SAC must promptly call ERM to discuss the events leading to the need for testing, provide all documentation related to their belief that the agent is under the influence of alcohol, and provide the appointment information.
- (4) A designated manager will drive the agent to the clinic for testing. Upon arrival at the designated clinic, the agent must provide acceptable photo identification (e.g., driver's license) to ensure proper identification. A BAT will administer a breath alcohol screening test which produces immediate results. The BAT will share the results of the test with the agent and the accompanying manager.

9.11.5.13.3
(08-05-2024)
Breath Alcohol Test

- (1) Initial Test - is a diagnostic procedure to determine whether an agent may have a prohibited concentration of alcohol in a breath specimen. If the initial test result shows an alcohol concentration of less than 0.02, no further testing is done.
- (2) Confirmation Test - if the result of the initial test is equal to 0.02 or greater, a confirmation test will be conducted. A confirmation test is performed after a fifteen (15) minute mandatory waiting period which begins with the completion of the initial test. The waiting period shall not exceed twenty (20) minutes. During the waiting period, agents will be given instructions to prevent any accumulation of alcohol in the mouth which could lead to an artificially high reading. The confirmation test is conducted at the end of the waiting period on the same EBT as the initial test. The confirmation test is done even if the agent fails to follow test instructions.
- (3) Invalid Test - if a screening or confirmation test cannot be completed, or if an event occurs that would invalidate the test, the BAT shall, if practicable, begin again (e.g., new screening or confirmation test, as applicable). If a test cannot begin again due to the unavailability of an EBT, the test shall be declared invalid, and the testing process shall stop. If the test is declared invalid, the BAT shall note the problem in the remarks section. Both the agent and the BAT shall initial or sign the remark. An invalid test will be treated as if it had never been conducted.
- (4) Time Limitations - if the initial alcohol test is not conducted:
 - Within two hours, the SAC will forward a written explanation to the DFO regarding the cause for the delay,

- Within eight hours, the SAC will notify the medical services provider to stop processing the request or discontinue pursuing the test. The SAC will also document and forward the reasons the test was not conducted to the DFO,
- When a test is not possible, the SAC and ERM must still discuss whether the agent's conduct warrants disciplinary action.

9.11.5.13.4
(08-05-2024)

Refusal to Test

- (1) An agent refuses to submit to testing if they:
 - Fail or refuse to provide adequate breath for testing without a valid medical explanation,
 - Fail to cooperate with the testing process in a way that prevents the completion of the test,
 - Engage in conduct that clearly obstructs the testing process, including but not limited to, failure to report to the testing site.
- (2) The BAT will immediately terminate the test if the agent refuses to cooperate during the testing process and inform the accompanying manager who will promptly notify the SAC and ERM. Failure to participate or cooperate in the testing process can result in disciplinary action, up to and including removal.

9.11.5.13.5
(08-05-2024)

Inability to Provide an Adequate Breath Due to a Medical Condition

- (1) If an agent is unable to provide a sufficient amount of breath for a valid breath test due to a medical condition, the agent will be instructed to make a second attempt to provide the necessary amount of breath. If the agent refuses to make the attempt or attempts and fails to provide an adequate amount of breath, testing will stop, and the BAT will note the circumstances and inform the accompanying manager.
- (2) An agent's inability to produce an adequate amount of breath due to a medical condition will not be deemed a refusal to take a test. However, resulting safety concerns may lead to temporary restricted duty and a comprehensive medical examination to determine the agent's continuing ability to meet the medical qualification standards for 1811s.

9.11.5.13.6
(08-05-2024)

Final Test Results

- (1) In the event the initial and confirmation test results differ, the confirmation result is the final result. Immediately following the screening test, the test administrator will share the test results with the agent and the accompanying manager. The manager will promptly provide the final results to the SAC who will then notify ERM:
 - If the confirmation test result is less than 0.02: the final result will be noted as "acceptable".
 - If the confirmation test result is 0.02 or greater: The final numerical reading is noted, and the agent did not pass the alcohol test.
- (2) If the breath alcohol test results reflect a blood alcohol content (BAC) of .20 or higher, the employee should remain under management's supervision until a responsible third party takes custody of the employee (i.e. emergency contact, adult family member, treating medical facility, etc.).

9.11.5.13.7
(08-05-2024)

Returning a Special Agent to Duty After Alcohol Testing

- (1) When the tested agent next reports for duty, upon receipt of acceptable test results, the temporary restrictions can be lifted as long as management has no reasonable belief or suspicion the agent has been drinking in the past eight hours, is under the influence of alcohol, or is intoxicated. If any of these circumstances exist, management will immediately initiate steps for another alcohol test.

9.11.5.14
(08-05-2024)

Drug Free Workplace

- (1) Agents must refrain from illegal drug use on and off duty. Supervisors who reasonably suspect or learn an agent is using illegal drugs should contact ERM for assistance. Refer to the *IRS Drug Free Workplace Program* for additional information.

9.11.5.15
(08-05-2024)

Employee Assistance Program

- (1) The IRS Employee Assistance and Work-Life Referral Services Program provides clinical services to help IRS employees and their families address stressful life issues and personal concerns at no cost to the employee. Counselors are available 24 hours a day, seven days a week and can be reached by calling the toll-free number 1-800- 977-7631 (TDD: 1-800-697-0353). In addition to the main line, EAP offers a dedicated call-in number exclusively for CI employees. Agents can call 1-888-270-8958, 24 hours a day, seven days a week. Refer to IRM 6.800.3, Employee Assistance & Work-Life Referral Program, for additional program information.

9.11.5.16
(08-05-2024)

Occupational Injuries and Occupational Diseases

- (1) When work related injury claims are filed, managers must:
 - a. Maintain a copy of all forms and medical documentation,
 - b. Remind agents to submit the Special Agent Self-Report Form (See Exhibit 9.11.5-2, Forms) and any Workers' compensation documentation to the medical services provider, if the injury or occupational disease could hinder the safe performance of law enforcement duties,
 - c. Notify ERM,
 - d. Temporarily restrict law enforcement duties if the reported injury or occupational disease could hinder the safe performance of law enforcement duties,
 - e. Provide a copy of the signed TRD memorandum to the WCC.
 - f. Remind agents to submit documentation that will ensure proper consideration is given by the attending physician as to the agent's ability to perform law enforcement duties and define the nature of any restrictions.
 - g. Return an agent to full duty only after the MRO makes a determination as to whether the agent meets the medical qualification standards for 1811s. Agents who are recovered and cleared by their personal doctor to return to work after a workplace injury must also be cleared by the MRO.
- (2) Refer to IRM 6.800.1, Workers' Compensation Program for additional information.

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Exhibit 9.11.5-1 (08-05-2024)**Essential Law Enforcement Duties for IRS-CI Special Agents**

This exhibit provides an overview of the core expectations for Federal Law Enforcement Agents.

- IRS-Criminal Investigation Special Agents (IRS-CI SAs) must be in good general health (including emotional and mental stability). Vision, hearing, and physical stamina are essential, as well as the ability to perform a battery of physical fitness activities that agents may be required to perform in the course of their normal duties. IRS-CI SAs must be prepared to protect themselves and/or others from physical attacks at any time and without warning, to demonstrate maximum physical exertion at any time without warning, and to use firearms in life-threatening situations. IRS-CI SAs must possess sufficient aerobic capacity and muscular strength to subdue perpetrators on foot and/or participate in sustained emergency and/or rescue efforts.
- Annual health screenings and tests are required to verify an agent's continued capacity to meet the position's medical qualification standards.
- Working conditions of federal law enforcement officers can be life threatening with potential loss of life or serious injury. Inability to react and respond appropriately in time-sensitive situations requiring full unrestricted physical, mental, emotional, auditory, visual, and medical capabilities could have tragic, if not fatal, consequences. Verbal communication is also important for the safe execution of law enforcement duties, including the use of firearms, in which clear and effective communication and/or detection of environmental sounds could affect the safety of human lives.

IRS-CI Special Agent Tour of Duty
Non-SES (GS15 and below) special agents are paid Law Enforcement Availability Pay (25 percent of basic pay) and thus are required to work at an annual average rate of at least two (2) hours per day (in addition to an 8-hour tour of duty) as defined in 5 U.S.C. 5545a. A 10+ hour workday should be considered when assessing whether the agent is able to perform the full range of essential law enforcement duties and responsibilities without restriction. This requirement extends to 24-hour availability after hours call back, as needed.

IRS-CI Full Range of Essential Law Enforcement Duties
IRS-CI special agents must be able to, at any given time, perform the following full range of essential law enforcement duties and responsibilities without restriction: <ul style="list-style-type: none">• Engage in a broad range of law enforcement duties, including arresting suspects, serving search warrants, providing back-up protection for other agents and/or law enforcement personnel, conducting surveillance, and compiling evidence and leads.• Effectively communicate with team members during raids, arrests, searches and undercover operations when accurate communication without repetition is necessary.• Effectively communicate, both verbally and in writing when interviewing subjects, witnesses, informants, suspects, business professionals, and citizens from all walks of life and, at times, under stressful, potentially violent circumstances.• Hear and understand the speech of subjects and witnesses during interviews without repetition, which are sometimes conducted in noisy, hectic situations.• Possess accounting expertise and specialized training/skills needed to investigate complex financial crimes and analyze records and trace assets.

Exhibit 9.11.5-1 (Cont. 1) (08-05-2024)**Essential Law Enforcement Duties for IRS-CI Special Agents**

- Write detailed reports and memorandums with proficiency and evidentiary accuracy.
- Recognize, develop, and present complex evidence to prepare for judicial proceedings and to assist in prosecuting individuals for financial and tax crimes, such as money laundering, currency violations, high-level narcotics trafficking, organized crime, and fraud.
- Demonstrate skill and accuracy with their service weapons with both hands.
- Safely handle weapons and other dangerous objects (i.e., handguns, rifles, shotguns, assault weapons, machine-guns, knives, OC spray, etc.) found during the course of investigations.
- Participate in defensive tactics training that includes proper arrest and “take down” techniques, inflicting and receiving a series of punches and blows, demonstrating proper strikes, blocks, and subject control techniques ranging from clear verbal commands to other maneuvers such as ground defense.
- Wear body armor and enforcement gear weighing up to twenty (20) lbs. for extended periods of time, often in extreme conditions, and able to demonstrate proficient skills in the use of a firearm and defensive tactics.
- Use the degree of force necessary to protect self, fellow agents and the public, up to and including deadly force.
- Endure moderate to arduous physical exertion involving standing, walking, and exposure to inclement weather or other hazardous conditions.
- Safely work long hours, scheduled and unscheduled, perform in stressful, dangerous, and potentially violent situations, respond to rapidly changing priorities, adapt to irregular schedules for extended periods, and at times be available on a 24-hour basis.
- Provide support during and/or after public safety emergencies or natural disasters. This support includes responding to terrorist incidents to provide immediate investigative support to our law enforcement partners, protecting property, aiding in recovery efforts to protect public health and safety, and supplementing state/local law enforcement efforts.
- Encounter potentially violent/dangerous individuals or groups and organizations that espouse anti-government, anti-taxation philosophies.
- Provide armed escorts (up to 24 hours) for IRS employees, their families, informants, and witnesses to ensure their physical safety.
- Travel via train, automobile, or airplane, and remain seated for four (4) or more hours. Driving or travel conditions may include extreme weather and/or heavy traffic.
- Work and travel throughout the U.S. and other countries, where medical care is not optimal or readily available, to track domestic and foreign terrorist funding and financial transactions.
- Work for extended periods in high crime/risk areas.
- Participate in undercover operations using surveillance equipment to support and protect undercover agent(s) by monitoring undercover conversations and activities. Agents who provide security to the undercover agent must be able to visually and audibly recognize warning signs and quickly respond to remove the undercover agent from a dangerous situation.
- Some agents may be trained to participate in undercover operations acting under assumed identities to gather evidence inside suspected criminal organizations. Undercover work is one of the most dangerous law enforcement activities since it must be properly conceived and executed to protect identities and minimize danger to agents and the public. Agents who assume undercover roles may stay in character for extended periods of time and may require agents to remain concealed for an extended period of time.
- Special Agents and applicants must also meet the physical performance requirements (PPRs) for applicable training programs (CITP etc.). See *FLETC PPR Requirements*.

Exhibit 9.11.5-2 (08-05-2024)**Forms**

The following forms may be required as part of CI's medical program:

- *Form 15326 IRS-Criminal Investigation Special Agent Self-Report*
- *Form 15319 IRS - Criminal Investigation Refractive Surgery Report*
- *Form 15319-A IRS - Criminal Investigation Post-Refractive Surgery Return to Duty*
- *Statement Declining Hepatitis B Screening and Vaccination Services*
- *Audiogram Declination Form*
- *Lead Declination Form*

