

Clandestine Laboratory Training Program for State and Local Police Officers

Medical Certification

I reviewed the existing medical records and the guidelines listed below for _____ and on _____ find him/her to be medically eligible according to the DEA standards to perform clandestine laboratory duties without unusual medical risk of harm to the individual or others.

Physician's Signature _____ Date _____

Physician's Printed Name _____

Guidelines for Medical Clearance

Personal Protective Equipment (PPE)

Patient is able to wear a twin cartridge, full face mask, air purifying (MSA Advantage 1000) respirator (APR), and MSA Airpac (pressure demand, open circuit) self-contained breathing apparatus (SCBA). Patient must run or walk distances using the above equipment.

Patient is able to wear neoprene boots, chemically resistant gloves, and a chemically resistant (vapor barrier) suit made of Tyvek or Saranex.

Type of Work

Patient is able to fully participate in activities including pursuit, confrontation, control and arrest of suspects, which may involve strenuous physical activity. Includes light to moderate exertion while wearing PPE with increased work of breathing, cardiovascular stress, and heat load. Includes responsibility for the safety of others and responsiveness in rescue and emergency situations. Such work may be done up to daily or once a month or less; up to 8 hours at a time. Patient will participate in strenuous raid activities involving chemical spray.

Work Setting

Patient is able to work in uncontrolled, poorly ventilated makeshift laboratories with unidentified chemical processes in progress. Potential for fire, explosion, and chemical spills are likely. Potential for exposure to known and unknown chemicals and hot environments both indoors and out.

Medical Certification

I examined _____ on _____
(Name) (Date)

and find the individual to be medically able to perform the duties described on the first page without unusual medical risk of harm to the individual or others.

Comments

1. Is the employee capable of strenuous work? YES _____ NO _____
If No, explain limitations:

2. Is employee able to work in high heat and humidity? YES _____ NO _____
If No, explain limitations:

3. Is the employee medically able to use the described respiratory protective equipment (APR & SCBA)? YES _____ NO _____
If No, explain limitations:

4. Is the employee capable of strenuous exercise while wearing an additional 40 pounds of equipment? YES _____ NO _____
If No, explain limitations:

Physician's Name _____
(Print or Type)

Physician's Signature _____ Date _____

ATTACHMENT B

CLANDESTINE LABORATORY INVESTIGATION SAFETY CERTIFICATION PROGRAM

SUGGESTED GUIDELINES FOR MEDICAL EXAMINATIONS

The following elements are suggested for the initial medical evaluation of individuals who are being considered for medical clearance to work in clandestine laboratories. Additional elements may be added based on local consideration.

- I. General Medical History:
 - a. History of current complaints and illnesses, if any.
 - b. Review of systems; special emphasis on the skin,
 - c. Questions about the use of respirators and protective gear, including problems with their use and history of claustrophobic reactions.
 - d. History of heat injury.
 - e. Medications, smoking history, alcohol use.
 - f. Reproductive history.
 - g. Exercise capacity.
 - h. Occupational and exposure history.

- II. General Medical Examination:
 - a. Vital Signs. Examination with emphasis on skin, respiratory, cardiovascular, hepatic, and neurological systems.
 - b. Visual acuity.

- III. Laboratory Tests:
 - a. CBC
 - b. Blood Chemistries that include kidney and liver function test.
 - c. Urinalysis.

- IV. Other Tests:
 - a. Spirometry, including FVC, FEV, and FEF 25-75 conforming to NIOSH Standards.
 - b. Resting 12 lead electrocardiogram.
 - c. Exercise stress test, chest radiograph, and other medical tests if medically indicated.