

NSW Police Medical Standards

Diabetes: Non-insulin treated type 2 and other endocrine disorders

	Qualifying standard to be reached, required response or action to be taken	Relevant Components, guidance or supplementary responses, requirements or actions
Stability of the disorder	The ability of the disorder must be evaluated. A written agreement on the prescribed form must be obtained confirming continued medical review and compliance with medication.	The report must be on the prescribed form and a decision made on a risk assessment basis taking account of the probability of the occurrence of a disturbance of the applicant's conscious state and /or judgement and the seriousness of the consequences. In general, if there is a history of hypoglycaemia that is not unique to a particular clinical situation, the case should be treated as an IDDM and referred to the SPMO.
Disturbance of consciousness	Disturbance of consciousness is a major determining factor for qualifying as being of acceptable risk for front line policing. A report from the treating specialist indicating knowledge of the inherent requirements of front line policing must be obtained.	
Ability to access regular or emergency medication	Medication must be safely accessible in both the regular treatment cycle and in times of emergency. To attain both situations a condition may be necessary – commonly this will be “to no work alone”.	
Ability to respond in the case of a priority or emergency	The applicant must be able to respond immediately in an emergency or priority situation. The effect of shift work of up to 12 hours, lack of sleep, missed meals, medication or time for medication to act needs to be risk assessed.	
Regular review and reporting	A review by the treating endocrinologist with report will be required to be issued at an interval set at this assessment.	The report will be on the prescribed form.

STABILITY OF THE DISORDER

DISTURBANCE OF CONSCIOUSNESS

ABILITY TO ACCESS REGULAR OR EMERGENCY MEDICATION

ABILITY TO RESPOND IN THE CASE OF A PRIORITY OR EMERGENCY

Qualifying standard to be reached or required response or action to be taken

The stability of the disorder must be evaluated. A written agreement on the prescribed form must be obtained continued medical review and compliance with medication.

Disturbance of consciousness is a major determining factor for qualifying as being of acceptable risk front line policing. A report from the treating specialist indicating knowledge of the inherent requirements of front line policing must be obtained.

Medication must be safely accessible in both the regular treatment cycle and in times of emergency. To attain both situational employment restriction may be necessary - commonly this will be not to work alone.

Relevant comments, guidance or supplementary responses, requirements or actions

The report must be on the prescribed form (attached) and a decision made on a risk assessment basis taking account of the probability of the occurrence of a disturbance of the applicant's conscious state and/or judgement and the seriousness of the consequences.

In general, if there is a history of hypoglycaemia that is not unique to a particular clinical situation, the case should be treated as an IDDM and referred to the SPMO.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Endocrine: section II.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Discussion

Endocrine disorders generally

Although the following focuses on diabetes, the principles in relation to optimal therapeutic control and the maintenance of normal conscious state are the key to risk assessment and decision making. If there is any doubt as to fitness for front-line policing then the case should be referred to the SPMO for review.

Diabetes

There are two major competing issues with respect to diabetics and front line policing:

- The maintenance of optimal blood sugar levels that predisposes to hypoglycaemic episodes.
- The risk of end-organ damage from sub-optimal blood sugar control in order to avoid hypoglycaemia.

From an operational perspective the avoidance of disturbance of consciousness events is mandatory but equally the NSWPF cannot either directly or indirectly influence a person to jeopardise their health in order to gain or retain employment. The disturbance of consciousness can at times be accompanied by aggressive attitude and an individual may have no recollection of events during the period of low blood sugar. Combine this with access to a firearm in public and a need for a disciplined approach in a confrontational situation and it adds a further dimension to the risk beyond the simple inability to function experienced with other disturbance of consciousness health issues such as cardiovascular events and epilepsy.

In the past a considerable emphasis has been placed on the ability for high speed driving but this is only one, and probably a minor, issue in respect to the issue of diabetes and front-line policing. The key issue is the ability of a police officer to be in control of their conscious state. On a day-to-day basis, for much of their working time as a police officer, routine will be regular enough that they will be able to have regular dosing with medication and the consumption of appropriate available meals. However, there is a regular need for police officers to act precipitously because of emergencies, rendering the probability high in the long term that they will be subjected to an insulin/food intake imbalance and be at risk of hypoglycaemia. Such an event may occur in circumstance where they are unable, may be sufficiently distracted that they forget, or do not perceive the warning signs because of the heightened physiological state, to take emergency sugar. In general the type 2, non-insulin dependent diabetic will not be so critically affected by the lowness of their blood sugar troughs that that disturbance of consciousness is an issue.

If there is any doubt as to an applicant's fitness for front-line policing if there is a need for insulin or any there is a history of hypoglycaemia outside of a situation that will not occur whilst on duty, the case should be referred to the SPMO review. In taking account of a history indicating no hypoglycaemic episodes, a normal HbA1c within the optimal range is needed. If the HbA1c shows poor control, then the applicant should be deferred, not because of the poor control, but because the response to treatment to attain normal blood sugar levels unknown.

REGULAR REVIEW AND REPORTING

Qualifying standard to be reached or required response or action to be taken

A review by the treating endocrinologist with report will be required to be issued at an interval set at this assessment.

Relevant comments, guidance or supplementary responses, requirements or actions.
The report will be on the prescribed form.

Evidentiary Basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Endocrine: section II.
Assessing Fitness to Drive AUSTRROADS Sept 2003 – National Road Transport Commission Commercial Drivers.
National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Discussion

The NSWPF needs to maintain a current risk assessment for any officer who has a medical condition that affects, or may affect their ability discharge their duties.

To achieve this, the NSWPF will review the health status of an officer if they suffer from an endocrine disorder. The review must be on a prescribed form as part of the medical surveillance program or operational police officers.

At the recruitment stage it is necessary to inform the applicant that, should their application be accepted, then it will be a condition of their engagement as a student and as an officer if attested and confirmed that they:

- Maintain the recommended medical follow-up
- Engage in such treatment and medication as is recommended.
- Inform the NSWPF if there is a change in their health, treatment, medical condition or any matter in relation to their condition that is pertinent to policing duties.
- Supply a report from their specialist on a prescribed form at regular intervals.

In general the regular reporting will be in the form of a certification to the Local Area Commander that the above issues are under control and the officer is fit for duties. If a condition requires confidentiality as a matter of necessity, for example HIV, then the certification can be made via the SPMO.

Diabetes: Insulin dependent

	Qualifying standard to be reached, required reponse or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
Diabetes Mellitus that requires insulin for appropriate glycaemic control	HbA1c is the range of 6.1 - 8.0 for a period of twelve months (measured three-monthly, minimum of 5 readings) prior to entry. Statutory declaration regarding hypoglycaemic history whilst well-controlled. The qualifying standard will not be met if HbA1c is greater than 8.0, or history of hypoglycaemia shows evidence of disturbance of consciousness.	Other parts of this assessment should be completed but any investigations and testing should be deferred. An initial report from their treating endocrinologist on the prescribed form can be requested on behalf of the SPMO to assist.
HbA1c	In the range of 6.1 – 8.0 for twelve months prior to joining training program.	Standard is not met if HbA1c is higher than 8.0.
Conscious state	A hypoglycaemic episode in the context of the discussion in this document is any blood sugar level, which for a particular individual, will cause: <ul style="list-style-type: none"> • loss of consciousness; • disturbance of consciousness; • disturbance of judgement; • loss of attention, memory or insight; • inappropriate agitation or anxious state; or • disturbance of ingrained training protocols. 	Standard is not met if an instance of a hypoglycaemic episode in previous twelve months whilst in well-controlled state.

DIABETES MELLITUS THAT REQUIRES INSULIN FOR APPROPRIATE GLYCAEMIC CONTROL

Qualifying standard to be reached or required response to action to be taken

HbA1c in the range of 6.1 – 8.0 for a period of twelve months (measured three-monthly) prior to entry.

Statutory declaration regarding hypoglycaemic history whilst well-controlled.

The qualifying standard will not be met if HbA1c is greater than 8.0, or history of hypoglycaemia shows evidence of disturbance of consciousness.

Relevant comments, guidance or supplementary responses, requirements or actions.

Other parts of this assessment should be completed but any investigations and testing should be deferred. An initial report from their treating endocrinologist on the prescribed form can be requested on behalf of the SPMO to assist.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Endocrine: Section 11.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Discussion

There are two major competing issues with respects to diabetics and front line policing:

- The maintenance of optimal blood sugar levels that predisposes to hypoglycaemic episodes.
- The risk of end-organ damage from sub-optimal blood sugar control in order to avoid hypoglycaemia.

From an operational perspective the avoidance of disturbance of consciousness events is mandatory but equally the NSWPF cannot either directly or indirectly influence a person to jeopardise their health in order to gain or retain employment. The disturbance of consciousness can at times be accompanied by aggressive attitude and an individual may have no recollection of events during the period of low blood sugar. Combine this with access to a firearm in public and a need for a disciplined approach in a confrontational situation and it adds a further dimension to the risk beyond the simple inability to function experienced with other disturbance of consciousness health issues such as cardiovascular events and epilepsy.

In the past a considerable emphasis that has been placed on the ability for high speed driving but this is only one, and probably a minor, issue in respect to the issue of diabetes and front-line policing. The key issue is the ability of a police officer to be in control of their conscious state. On a day-to-day basis, for much of their working time as a police officer, routine will be regular enough that they will be able to have regular dosing with medication and the consumption of appropriate available meals. However, there is a regular need for police officers to act precipitously because of emergencies, rendering the probability high in the long term that they will be subjected to an insulin/food intake imbalance and be at risk of hypoglycaemia. Such an event may occur in circumstance where they are unable, may be sufficiently distracted that they forget, or do to perceive the warning signs because of the heightened physiological state, to take emergency sugar.

In general, a person treated with insulin will not achieve the level of risk management with respect to loss of consciousness. The risk level of 5% chance of a disturbance of consciousness even in 5 years is compatible with cardiovascular end epileptic conditions and is used as a standard here.

If an individual's diabetes and /or mechanism of control is such that their application is accepted, either conditionally or without restriction, then the NSWPF needs to maintain a current risk assessment for any officer who has a medical condition that affects, or may affect their ability discharge their duties. To achieve this, the NSWPF will review the health status of an officer if they suffer from an endocrine disorder. The review must be on a prescribed form as part of the medical surveillance program for operational police officers.

At the recruitment stage it is necessary to inform the applicant that, should their application be accepted, then it will be a condition of their engagement as a student and as an officer if attested and confirmed that they:

- Maintain the recommended medical follow-up.
- Engage in such treatment and medication as is recommended.
- Inform the NSWPF if there is a change in their health, treatment, medical condition or any matter in relation to their condition that is pertinent to policing duties.
- Supply a report from their treating specialist on a prescribed form at regular intervals.

In general, the regular reporting will be in the form of a certification to the Local Area Commander that the above issue are under control and the officer is fit for duties. If a condition requires confidentiality as a matter of necessity, for example HIV, then the certification can be made via the SPMO.

Epilepsy

	Qualifying standard to be reached, required response or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
Stability of the disorder	Normally a period of 24 months free of seizures is required. This can be varied depending on the diagnosis, known triggering factors and the results of MRI and EEG investigations by the clearing medical officer	<p>The report must be on the prescribed form, stating knowledge of the inherent requirements of policing, completed by a treating general practitioner or neurologist and giving such additional information as required by the assessing health professional.</p> <p>The Clearance decision is to be made on a risk assessment basis taking account of the probability of occurrence and the seriousness of the consequences. In general an applicant with single unprovoked seizure, normal EEG and is compliant on medication, and 24 months without seizure can be cleared on the information available. Other applicants with epilepsy should be referred to the SPMO for review of the case and clearance.</p>
Ability to respond in the case of a priority of emergency.	The applicant must be able to respond immediately in an emergency or priority situation. The effect of shift work of up to 12 hours, lack of sleep, missed meals, medication or time for medication to act needs to be risk assessed.	
Regular review and reporting	A review by the treating neurologist with report will be required to be issued at an interval set at this assessment.	The report must be on the prescribed form.

STABILITY OF DISORDER

ABILITY TO RESPOND IN THE CASE OF A PRIORITY OR EMERGENCY

Qualifying standard to be reached or required response or action to be taken

Normally a period of 24 months free of seizures is required. This can be varied depending on the diagnosis, known triggering factors and the results of MRI and EEG investigations by the clearing medical officer

The applicant must be able to respond immediately in an emergency or priority situation. The effect of shift work of up to 12 hours, lack of sleep, missed meals, medication or time for medication to act needs to be risk assessed

Relevant comments, guidance or supplementary responses, requirements or actions

The report must be on the prescribed form, stating knowledge of the inherent requirements of policing, completed by a treating general practitioner or neurologist and given such additional information as required by the assessing health professional.

The clearance decision is to be made on a risk assessment basis taking account of the probability of occurrence and the seriousness of the consequences. In general an applicant with single unprovoked seizure, normal EEG and is compliant on medication, and 24 months without seizure can be cleared on the information available. Other applicants with epilepsy should be referred to the SPMO for review of the case and clearance.

Evidentiary Basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training – Neurology: section XI.

Assessing Fitness to Drive AUSTROADS September 2003 –National Road Transport Commission commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Waterfall report.

Discussion

The major issue with epilepsy is disturbance of the conscious state Work done by Hauser that is quoted in Medical Screening Manual, 'California Commission on Peace Officer Standards and Training – Endocrine', would indicate low risk of recurrent seizure for individuals with single unprovoked seizure, normal EEG is compliant on medication, and 24 months without seizure. A 5% chance of event occurrence in 5 years appears to be a quantitative level acceptable for safety critical work (see cardiovascular risk assessment in National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 and the report from the Waterfall Commission of Enquiry in NSW). The Hauser data indicate that the above criteria will be less than this level.

For other cases the more detailed guidelines in the Assessing Fitness to Drive AUSTROADS September 2003 – National Road Transport Commission Commercial Drivers and National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 (essentially the same) should be used as a minimum for the risk assessment of an individual. This will be done by the SPMO or an occupational physician delegated by the SPMO.

A model analogous to the CASA cardiovascular risk assessment used in National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 that is proposed by Chadwick, 1993 Prognostic index for recurrence of seizure after remission of epilepsy BMJ 306:1374-1378 is being considered for future individual assessments of risk on the broader group of epileptics than those with the criteria stated above.

REGULAR REVIEW AND REPORTING

Qualifying standard to be reached or required response or action to be taken

A review by the treating neurologist with report will be required annually in a stable situation and in the absence of seizures. Any change in medication or significant inter-current illness constitutes an "unstable" situation.

Relevant comments, guidance or supplementary responses, requirements or actions

The report will be on the prescribed form.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Neurology: section XI.

Assessing Fitness to Drive AUSTROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Discussion

The NSWPF needs to maintain a current risk assessment for any officer who has a medical condition that affects, or may affect their ability discharge their duties.

To achieve this, the NSWPF will review the health status of an officer if they suffer from an epileptic disorder. The review must be on a prescribed form as part of the medical surveillance program for operational police officers.

At the recruitment stage it is necessary to inform the applicant that, should their application be accepted, then it will be a condition of their engagement as a student and as an officer if attested and confirmed that they:

- Maintain the recommended medical follow-up.
- Engage in such treatment and medication as is recommended.
- Inform the NSWPF if there is a change in their health, treatment, medical condition or any matter in relation to their condition that is pertinent to policing duties.
- Supply a report from their treating specialist on a prescribed form at regular intervals.

In general, the regular reporting will be in the form of a certification to the Local Area Commander that the above issues are under control and the officer is fit for duties. If a condition requires confidentiality as a matter of necessity, for example HIV, then the certification can be made via the SPMO.

Mood disorders

	Qualifying standard to be reached, required response or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
Major mood disorders	Major mood disorders: a report from a treating psychiatrist is required.	The report must include a statement in relation to self-harm, impulsivity and attention span. The report must also note the medication, dose and any side-effects. Generally an applicant will need to be symptom-free for two years and not requiring any medication. A history of recurrence will increase the risk and make the deferral longer.
Adjustment disorders, other mood disturbances and personality variants	A report from the treating general practitioner is required. A report from a psychiatrist may be required by the assessing or clearing practitioner.	↓
Ability to respond in the case of a priority or emergency	The applicant must be able to cope with the psychological impact of front line policing including fatigue, aggressive behaviour against them and personal attack both verbal and physical.	
Psychometric testing	A result from a K10, DAS21/42 or other instrument recommended by a clinical psychologist should fall within the normal range.	A K10, DAS21/42 or other instrument recommended by a clinical psychologist should be administered as part of the medical assessment. A report from a treating psychiatrist will be required on the prescribed form.

MAJOR MOOD DISORDERS

ADJUSTMENT DISORDERS, OTHER MOOD DISTURBANCES AND PERSONALITY VARIANTS

ABILITY TO RESPOND IN THE CASE OF A PRIORITY OR EMERGENCY

Qualifying standard to be reached or required response or action to be taken

Major mood disorders require a report by a treating psychiatrist.

The applicant must be able to cope with the psychological impact of front line policing including fatigue, aggressive behaviour against them and personal attack both verbal and physical.

The applicant must be able to cope with the psychological impact of front line policing including fatigue, aggressive behaviour against them and personal attack both verbal and physical.

Relevant comments, guidance or supplementary responses, requirements or actions

The report must include a statement in relation to self-harm, impulsively and attention span. The report must also note the medication, dose and any side-effects.

Generally an applicant will need to be symptom-free for two years and not requiring any medication. A history of recurrence will increase the risk and make the deferral longer.

Evidentiary basis

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Discussion

Policing is a psychologically demanding profession as is evidenced by the high rate of psychological injury and the specialised psychological assessment services within the NSWPF. The carrying of a firearm in public needs a stable mental state and clear sensorium. Any impairment of reality testing is not acceptable.

Individuals with recurrent mood disturbance, especially if it is not reactive to a stressor, are at risk of exacerbation by the demands of policing. The use of antidepressant medication, although it comes with warnings inconsistent with firearm use, has not been shown to be an issue with policing as long as there are no side-effects. The

reason for insisting a student is medically certified as no longer requiring medication is that an applicant should either be fully recovered from an episode and off medication, or they have an underlying psychological disorder which would be likely to make the possession of a firearm an unpredictable risk.

It should be noted that people in these categories are not refused entry into the NSWPF, they are deferred until they have recovered.

PSYCHOMETRIC TESTING

Evidentiary basis

Assessing Fitness to Drive AUSTROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Australian Police research Psychological Document.

Discussion

Psychometric testing varies widely in its complexity and it is impractical to have the more advanced test during the pre-employment assessment. All applicants have a MMPI-2 administered while at the College and psychiatric follow-up if appropriate. The purpose of the current testing is to screen for disorders at an early stage and to arrange psychiatric assessment as soon as possible if indicated.

PSYCHOMETRIC TESTING

Evidentiary basis

Assessing Fitness to Drive AUSTROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Australian Police research Psychological Document.

Discussion

Psychometric testing varies widely in its complexity and it is impractical to have the more advanced test during the pre-employment assessment. All applicants have a MMPI-2 administered while at the College and psychiatric follow-up if appropriate. The purpose of the current testing is to screen for disorders at an early stage and to arrange psychiatric assessment as soon as possible if indicated.

Psychotic illness

	Qualifying standard to be reached, required response or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
Established psychotic illness	Established psychotic illness.	A person with a brief psychotic episode, defined precipitating cause, a short period and rapid response to treatment can be referred to the SPMO for review of the case.

ESTABLISHED PSYCHOTIC ILLNESS

Qualifying standard to be reached or required response or action to be taken

Established psychotic illness is incompatible with front-line policing and such applicants will be considered as not meeting the required standard.

Relevant comments, guidance or supplementary responses, requirements or actions

A person with a brief psychotic episode, defined precipitating cause, a short period and rapid response to treatment can be referred to the SPMO for review of the case.

Evidentiary basis

Assessing Fitness to Drive AUSTROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 22.

Australian Police research Psychological Document.

Discussion

Policing is a psychologically demanding profession as is evidenced by the high rate of psychological injury and the specialised psychological assessment services within the NSWPF. The carrying of a firearm in public needs a stable mental state and clear sensorium. Any impairment of reality testing is not acceptable.

Respiratory

	Qualifying standard to be reached, required responses or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
Respiratory assessment	The WorkCover respiratory questionnaire and spirometry according to their methodology must be completed. FEV1/FVC $\geq 75\%$ and FVC $\geq 80\%$ predicted value is required.	Clinical judgement may be used if the assessment indicates measurement problems as the cause of the abnormal spirometry. A detailed history and examination will be needed, including sporting/recreational history, in order to support this clinical judgement.
Past or current history of asthma	Each case needs to be assessed on the history, examination and spirometry results. A past history of hospital admission for severe asthma is significant. If there is doubt as to suitability then a report from a respiratory physician is needed with an eucapnoeic hyperventilation test for exercise induced asthma and saline challenge testing [or equivalent].	The issue is rarely one of the applicant's ability to perform their work on a daily basis. Important is their ability to withstand the use of incapacitating chemical agents used for self-defence, their ability to withstand adverse weather conditions such as cold and fog or in dusty and pollen laden air, in particular during an emergency situation. These criteria must be conveyed to the respiratory physician when the report is requested. The treating specialist must complete a report on a prescribed form stating knowledge of the inherent requirements of policing.
Other respiratory disease	A report from a respiratory specialist is required.	Important is their ability to withstand the use of incapacitating chemical agents used for self-defence, their ability to withstand adverse weather conditions such as cold and fog or in dusty and pollen laden air, in particular during an emergency situation. These criteria must be conveyed to the respiratory physician when the report is requested. The treating specialist must complete a report on a prescribed form stating knowledge of the inherent requirements of policing.
Exercise capacity	The applicant will need to be able to pass the physical testing schedule for recruitment.	This level of fitness is tested by a shuttle run. The exercise capacity for front line policing is considered to be equivalent to 40 ml 2/kg/min.
Ability to respond in the case of a priority or emergency	The applicant must be able to respond immediately in an emergency or priority situation. The effect of shift work of up to 12 hours, lack of sleep, missed meals, medication or time for medication to act needs to be risk assessed.	This criterion needs to be considered when referring the applicant for an option and in clearing them to proceed to training.

RESPIRATORY ASSESSMENT

Qualifying standard to be reached or required response or action to be taken

The WorkCover respiratory questionnaire and spirometry according to their methodology must be completed. FEV1/FVC>75%and FVC>=80% predicted value is required.

Relevant comments, guidance or supplementary responses, requirements or actions.

Clinical judgement may be used if the assessment indicates measurement problems as the cause of the abnormal spirometry. A detailed history and examination will be required, including sporting/ recreational history, in order to support this clinical judgement.

Evidentiary Basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Respiratory: section X.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 18.

Discussion

The history, examination and spirometry are used as the screening tests for lung function sufficient to sustain the required exercise capacity. Such capacity may be limited by cardiac or physical fitness issues and there are covered in the relevant sections. In the absence of such other causative factors, clear history, examination and spirometry will correlate highly with the required exercise capacity and the applicant can safely proceed to the physical testing.

If the applicant is an asthmatic on medication or has a history of asthma, even if they have a normal lung function test, they will require formal testing for irritable airways as in the next section.

PAST OR CURRENT HISTORY OF ASTHMA

Qualifying standard to be reached or required response or action to be taken

Past or current history of asthma

Relevant comments, guidance or supplementary responses, requirements or actions

The issue is rarely one of the applicant's ability to perform their work on a daily basis. Important is their ability to withstand the use of incapacitating chemical agents used for self-defence during an emergency situation. This criterion must be conveyed to the respiratory physician when the report is requested. The treating specialist must complete a report on a prescribed form stating knowledge of the inherent requirements of policing.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Respiratory: section X.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 18.

Discussion

An applicant should be able to achieve the same results as a member of the normal population so that their risk to bronchospasm when exposed to irritating combative spray, adverse weather conditions such as cold and fog and to dusty or pollen laden air is acceptable. They can continue to use such medication as is needed. It will be a condition of their employment that they continue to take treatment as prescribed by their treating practitioner.

OTHER RESPIRATORY DISEASE

Qualifying standard to be reached or required response or action to be taken

A report from a respiratory specialist is required.

Relevant comments, guidance or supplementary responses, requirements or actions

Important is their ability to withstand the use of incapacitating chemical agents used for self-defence, adverse weather conditions such as cold and fog, dusty or pollen laden air particularly during an emergency situation. These criteria must be conveyed to the respiratory physician when the report is requested. The treating specialist must complete a report on a prescribed form stating knowledge of the inherent requirements of policing.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Respiratory: section X.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 18.

EXERCISE CAPACITY

Qualifying standard to be reached or required response or action to be taken

The applicant must pass the physical testing schedule for recruitment.

Relevant comments, guidance or supplementary responses, requirements or actions

This level of fitness is tested by a shuttle run. The exercise capacity for front line policing is considered to be equivalent to 40 ml O₂/kg/min.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Respiratory: section X.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 18.

ABILITY TO RESPOND IN THE CASE OF A PRIORITY OR EMERGENCY

Qualifying standard to be reached or required response or action to be taken

The applicant must be able to respond immediately in an emergency or priority situation. The effect of shift work of up to 12 hours, lack of sleep, missed meals, medication or time for medication to act needs to be risk assessed.

Relevant comments, guidance or supplementary responses, requirements or actions

There is criteria needs to be considered when referring the applicant for an opinion and in clearing them to proceed to training.

Evidentiary basis

Medical Screening Manual – California Commission on Peace Officer Standards and Training, Respiratory: section X.

Assessing Fitness to Drive AUSTRROADS September 2003 – National Road Transport Commission Commercial Drivers.

National Standard for Health Assessment of Rail Safety Workers – NTC Australia 2004 section 18.

Discussion

With the exception of oral corticosteroids, asthma which is optimally controlled on medication will generally be acceptable. Applicants who have required treatment with corticosteroids for only a short time should be referred to the SPMO for opinion.