



# **UCCM Anishnaabe Police Service**

## **Constable Selection System**

### **Guidelines for Examining Physicians**

### **Medical Evaluation of Police Constable Applicants**





## **UCCM Anishnaabe Police Service Constable Selection System**

### **Guidelines for Examining Physicians Medical Evaluation of Police Constable Applicants**

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# Guidelines for Examining Physicians

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## The Medical Evaluation of Police Constable Applicants

### Guidelines:

These Guidelines were developed to ensure that the health of police constable applicants will allow them to perform essential constable duties at an acceptable level and will not compromise their safety or the health and/or safety of their co-workers or the public.

### Role of the Medical Examiner:

The attached Police Constable Task List (Appendix 4) was prepared on the basis of a comprehensive job analysis. This list identifies the duties a police constable must be capable of performing. The list also provides the basis for identifying medical conditions that could adversely affect a police constable's ability to perform essential duties. Since the risk of sudden incapacitation while driving a police vehicle at high speed in a populated area presents a major threat to loss of life, medical fitness to drive is given particular consideration in the medical evaluation of police constable applicants. Medical fitness for police vehicle operations (PVO) is encompassed under the Canadian Medical Association's (CMA) guidelines for commercial drivers, as established in Determining Medical Fitness to Operate Motor Vehicles (7th Ed.).

Through the medical evaluation, the examining physician must identify any medical condition determined to have the potential to prevent an individual from performing safely the tasks required of a police constable. The physician must be confident that sufficient information is available to make an informed decision based on the criteria listed below. If the physician cannot make a confident decision based on the information available, then he or she must refer the applicant to an appropriate specialist (preferably one already involved in the applicant's health care) for further evaluation and consultation.

### Disqualification Criteria

An applicant will be disqualified due to the presence of any medical condition, treatment, limitation or disease that, in the performance of essential police duties:

1. Inhibits performance to a degree that, even with accommodation, essential duties cannot be completed safely and effectively;
2. Increases, to an unacceptable level, the risk to the applicant's personal health;
3. Increases the applicant's risk of sudden incapacitation or impaired judgment;
4. Can result in a significant risk in the transmission of an infectious disease to a co-worker or the public; or
5. Renders the individual disqualified to be a commercial driver, according to the Canadian Medical Association (CMA).

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<i>The Medical Conditions that May Constitute Grounds for Disqualification</i> lists medical conditions that pertain to the above noted criteria. The list is not exhaustive as its intent is only to help the medical examiner form an opinion. If a medical condition is identified that does not appear on this list, the medical examiner must decide whether this condition meets the criteria for medical disqualification or if further input is required from a specialist. Disorders that would prevent a candidate from passing the prior fitness test (i.e., the <i>Physical Readiness Evaluation for Police</i> ) of the selection process may not appear on the list.	
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## Appendix 1

### Medical Conditions that May Constitute Grounds for Disqualification

All physicians are charged with the responsibility of evaluating fitness to drive for each patient they assess. In evaluating police constable applicants, physicians must determine if the applicants are capable of both driving a commercial vehicle and performing other policing duties, such as those involving the use of a weapon.

#### Cardiac Diseases and Disorders:

- The assessment of police constable applicants with heart conditions must take into account the risk of sudden incapacitation. The Canadian Medical Association (CMA) considers a yearly risk for sudden incapacitation of greater than 1% to be unacceptable for a commercial driver.
- Individuals with coronary artery disease must demonstrate stability of disease.
- Heart surgery, acute cardiac syndrome or escalation in severity of symptoms within a period of 3 months renders an individual unfit to drive a commercial vehicle.
- The CMA's guide contains an extensive list of recommendations related to cardiac rhythm, arrhythmia devices and procedures for commercial driving. Individuals with an implantable cardiac defibrillator are disqualified from commercial driving. Individuals with pacemakers and demonstrated stability are acceptable.
- Assessment of the syncopal applicant varies based on diagnosis. Individuals with single episodes of vasovagal or reversible (hemorrhage or dehydration) syncope are likely to be capable of working safely as a police officer. However, individuals with multiple episodes of vasovagal syncope or situational syncope (for example, at the sight of blood) are unlikely to be able to safely perform all the duties of a police officer. Individuals who experience syncope as a result of structural abnormalities or arrhythmias are disqualified until the underlying cause can be reversed and stability achieved.
- Applicants with valvular heart disease (both pre and post operation) or congestive heart failure are disqualified from commercial driving if they display New York Heart Association Class II symptoms or worse, or if their ejection fraction is 35% or less.

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- Many individuals with stable angina, congestive heart failure or valvular heart disease will still be incapable of safely performing some of the tasks of police work. The majority of these individuals will be screened out by their inability to complete the PREP test without triggering their symptoms.
- For specific information on each cardiac condition, refer to Section 13 in the CMA's *Determining Medical Fitness to Operate Motor Vehicles (7th Ed.)*.

### **Peripheral Vascular Disease:**

- Sustained hypertension with systolic pressure > 170 mm Hg or diastolic pressure.
- > 110 mm Hg precludes an individual from commercial driving and therefore disqualifies the applicant from becoming a police officer. If the applicant can subsequently document that he or she has been able to improve and maintain BP lower than 170/110 for a period of six months with or without medication, he or she can be reconsidered.
- An active deep venous thrombosis or untreated hypercoagulable state is grounds for disqualification, pending documented resolution of active or recurrent thrombosis.
- An abdominal aortic aneurysm larger than 5.0 cm requires surgical repair before an applicant can be considered.

### **Cerebral Vascular Disease:**

#### *Applicants with:*

- Symptomatic carotid artery stenosis, transient ischemic attacks or stroke would all have a greater than 1% chance of recurrence in the next 12 months, which applicants should be assessed by a neurologist to determine safety to be an emergency vehicle driver.
- Presence of an untreated cerebral aneurysm renders the applicant ineligible for commercial driving and therefore disqualifies the applicant.
- Presence of a surgically treated cerebral aneurysm renders the applicant ineligible for commercial driving for 6 months, and subsequently requires a favourable opinion from the attending neurosurgeon before applicant may be considered.

# Guidelines for Examining Physicians

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## **Nervous System:**

(e.g. epilepsy, Parkinson's disease, multiple sclerosis, cerebral palsy, muscular dystrophy, myasthenia gravis, peripheral neuropathy and spina bifida)

*A candidate is disqualified if he or she has a history of:*

- vasovagal reactions to nauseous stimuli that could be encountered on the job (e.g., smell or sight of blood);
- any seizures that disqualify the candidate from meeting the commercial driver requirements of the CMA's Determining Medical Fitness to Operate Motor Vehicles (7th Ed.) (see Appendix 5);
- narcolepsy; and,
- uncorrected, severe sleep apnea.

*A candidate is disqualified if his or her condition shows the presence of:*

- a central nervous system (CNS) tumour;
- a surgically treated CNS tumour that results in an unfavourable opinion from the neurosurgeon about the safety of the applicant to drive a commercial vehicle;
- chronically symptomatic vestibular conditions;
- any neurological disorder, such as multiple sclerosis, that results in loss of muscle control to an extent that a specialist assessment will determine insufficient motor skills to perform such policing duties as discharging a firearm (Note: impairments of strength and fatigue were assessed when the applicant passed the Physical Readiness Evaluation for Police (PREP)); and,
- any condition or disease of the nervous system that renders the applicant medically unfit to be a commercial driver (see Appendix 5).

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### **Respiratory:**

The PREP will adequately screen almost all forms of chronic respiratory disease. Those applicants with less predictable, sudden respiratory compromise, such as asthmatics requiring frequent emergency visits or those with a recurring pneumothorax, should be referred back to their treating physician. If satisfactory disease control has been achieved and maintained for twelve months, the applicant can be considered. If not, the applicant will require documentation from an independent specialist indicating that he or she is able to work as a police officer.

### **Renal:**

- A candidate is disqualified if he or she has dialysis dependence.
- Presence of progressive renal failure will require assessment by a nephrologist.

### **Endocrine:**

- Insulin dependent diabetes mellitus requires a referral to a diabetologist to determine if the patient is medically capable to be a commercial driver (in accordance with the driving fitness guidelines of the CMA and the Canadian Diabetes Association). For more information, see Appendix 6.
- A candidate is disqualified if he or she has non-insulin treated diabetes and shows a low understanding of his or her condition (for example, not following physician's instructions on diet, medication or the prevention of complications, such as hypoglycaemia), and is not under regular supervision of a qualified healthcare practitioner to ensure that any progression in condition or in complications do not go undetected.
- Evidence of an uncontrolled or poorly controlled condition related to thyroid, parathyroid, pituitary deficiency, diabetes insipidus, or adrenal dysfunction prevents the applicant from driving a commercial vehicle. Once adequately treated, the applicant must demonstrate stability for six months to be reconsidered.

### **Musculoskeletal Disorder:**

*A candidate is disqualified if:*

- he or she is unable to carry out visual check by looking over the shoulder (generally due to cervical spine fusion); and,
- it has been less than 3 months since open reduction internal fixation or arthroplasty to the lower limbs.

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If any limb is currently immobilized (in a cast), the applicant should return to be reexamined after the limb has healed and immobilization is removed.

### **Infectious diseases that are life threatening:**

Candidates with chronic life threatening infectious diseases will be assessed on an individual basis to determine medical fitness for police work. Infectious diseases may result in a delay or denial of medical clearance.

### **Medications, Drugs and Alcohol:**

The assessment of a police constable applicant's medication, drug and alcohol use is similar to that used to determine the fitness of a patient to drive a commercial vehicle. However, this assessment must also determine the potential impairment to other policing duties, most notably the use of a weapon. If the examining physician determines that the applicant is not fit to drive a commercial vehicle or not fit to perform other policing duties, then the applicant is to be disqualified. If an applicant is using, or has used, a substance or alcohol at a level that is deemed to cause a disqualifying level of impairment for employment as a police constable, the applicant must provide evidence that a discontinuation or reduction to a tolerable level has been maintained for a period of at least one year.

Appendix 8 provides information to further guide the examining physician in his or her assessment of an applicant's medication, drug and alcohol use.

## Appendix 2

### Record of Medical History for Selection as a Police Constable

*(To be completed by the applicant)*

<b>NAME:</b>	<b>ADDRESS:</b>
<b>ID #:</b> <b>AGE:</b>	
<b>TELEPHONE #:</b>	
<b>TODAY'S DATE:</b>	<b>POSTAL CODE:</b>

*NOTE: Applicants are responsible for ensuring that they understand the questions below. Applicants are advised to consult with a family physician to gain clarity and/or to review the completed responses, if required. Untruthful or misleading information may result in employment disqualification or dismissal, if already hired.*

Have you ever been diagnosed with, or undergone treatment for, any illnesses, diseases or conditions associated with: (Circle YES or NO)

1. Labyrinthitis, glaucoma or other condition of the eyes, ears, nose or throat?  

**YES or NO**
2. Refractive surgery of any type (including intra-ocular lenses, phakic intraocular lens implants or implantable contact lenses), non-surgical reshaping of the eye (orthokeratology) or corneal transplant?  

**YES or NO**
3. Infection with or past exposure to tuberculosis, pleurisy, asthma, chronic bronchitis, pulmonary fibrosis, pulmonary embolus, pneumonia, previous intubation or any condition afflicting the respiratory system?  

**YES or NO**

*Note: If response is positive for tuberculosis, examining physician to refer to Appendix 7 for more information.*

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4. Hypertension (elevated blood pressure), circulation disorder, deep vein thrombosis, infection involving the heart, heart murmur, heart valve irregularity, heart attack, angina, coronary disease, heart failure, irregular electrocardiogram (ECG), or other condition afflicting the cardiovascular system?  
**YES or NO**
5. Peptic ulcer, gastrointestinal bleeding, inflammatory bowel disease, hernia, disease or inflammation of the oesophagus, stomach, liver, gallbladder, pancreas, small intestine, colon or any other condition afflicting the gastrointestinal (digestive) system?  
**YES or NO**
6. Nephritis, documented blood, protein or glucose in your urine, disease or inflammation of the kidney, kidney stones, bladder, prostate or any other condition afflicting the urinary system?  
**YES or NO**
7. Epilepsy, seizures, multiple sclerosis, Tourette Syndrome, cerebral palsy, muscular dystrophy, Parkinson's disease, poliomyelitis, spinabifida, damage to a nerve or the nervous system, head injury, neurological deficit or any other condition afflicting the nervous system?  
**YES or NO**

*Note: If response is positive, examining physician to refer to Appendix 5 for more information.*

8. Diabetes, thyroid disorder or any other condition of the endocrine system?  
**YES or NO**

*Note: If response is positive, examining physician to refer to Appendix 6 for more information.*

9. Rheumatism, arthritis, gout, disc disease, chronic back pain, arthroplasty, trauma or any other condition afflicting the back or other areas of the musculoskeletal system?  
**YES or NO**

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10. Disease or condition afflicting the skin?  
YES or NO
11. Bleeding disorder, anemia, immune deficiency, blood product deficiency/abnormality, hypercoaguable state or any other condition of the blood system?  
YES or NO
12. Infection with or past exposure to hepatitis virus (A, B or C)?  
YES or NO
13. Infection with or past exposure to human immunodeficiency virus (HIV) or any other ongoing infection?  
YES or NO

*Note: If response is positive, examining physician to refer to Appendix 7 for more information.*

14. Cancer of any kind?  
YES or NO
15. Depression, mania, schizophrenia, panic attacks or any other conditions afflicting your mentalhealth?  
YES or NO
16. Attention Deficit Hyperactivity Disorder, obsessive/compulsive disorder or anger management problems?  
YES or NO
17. Have you ever been diagnosed with a congenital abnormality?  
YES or NO

### **Do you currently, or have you ever, experienced any of the following:**

1. Shortness of breath, wheezing, chronic cough, cough producing blood or change in voice?  
YES or NO
2. Palpitations (*awareness of an irregularity in your heart beat*), dizziness, fainting or near fainting, swelling of the ankles, shortness of breath with minimal exercise or lying down flat, any sense of pain, pressure or tightness in the chest, neck or arms?  
YES or NO

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3. Difficulty swallowing, sores or pain in mouth, change in bowel habits, blood in your stools, jaundice or a significant period of diarrhea, nausea, vomiting or abdominal pain?  
**YES or NO**
4. Incontinence, difficulty urinating, pain or discharge from the genitals, change in the colour of your urine?  
**YES or NO**
5. Tremor or shakiness, memory loss, headaches, decreased balance or co-ordination, decreased hearing, vision, taste or smell, decreased strength, decreased sensation or tingling in the hands or feet?  
**YES or NO**
6. Decreased range of motion in your neck or other major joints, joint pain, stiffness or swelling?  
**YES or NO**
7. Area or mark on the skin that has changed in colour or size, persistent sores, undiagnosed skin irregularities or bumps?  
**YES or NO**
8. Periods of feeling depressed, helpless, worthless or suicidal?  
**YES or NO**
9. Feelings of unprovoked anxiety, panic, accelerated heart rate or dizziness?  
**YES or NO**
10. Difficulty sleeping, fatigue, weight change of more than 15 pounds or seven kilograms in the last six months?  
**YES or NO**
11. Repetitive, forceful and involuntary movements of parts of your body?  
**YES or NO**

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### Have you ever:

1. Been physiologically or psychologically dependent on drugs or alcohol?  
**YES or NO**
2. Had anyone express concern about your alcohol or cannabis consumption?  
**YES or NO**
3. Felt badly or guilty about your drinking/cannabis use or felt you should drink/consume less?  
**YES or NO**
4. Had an alcoholic drink first thing in the morning to steady your nerves or get rid of a hangover?  
**YES or NO**

*Note: If response is positive for any of the four questions above, examining physician to refer to Appendix 8 for more information.*

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**Please list any:**

1. Medications you have taken in the last year: \_\_\_\_\_

2. Allergies and associated reactions: \_\_\_\_\_

3. Operations you have had (e.g. laser eye surgery, coronary bypass surgery, appendectomy, etc.) and the year they were performed:

**Please answer the following questions:**

1. Do your parents, grandparents, siblings or children have a history of: Cancer, diabetes, coronary artery disease, multiple sclerosis, hypertension or mental illness? If yes, please indicate.

2. Do you smoke or did you smoke previously? If yes, please indicate frequency and duration.

3. Do you have any other medical, psychological or physical disorder that was not identified above?

It is important that you consider carefully all answers to the questions above before signing the following declaration. Remember that untruthful or misleading responses may result in employment disqualification or dismissal, if already hired.

**I, THE UNDERSIGNED, DECLARE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE FULL, COMPLETE AND TRUE, AND ARE CORRECTLY RECORDED.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Witness to Applicant's Signature*

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

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## Guidelines for Examining Physicians

Head, Ears, Eyes, Nose & Throat	Normal		Notable Findings *
	R	L	
Pupil & Conjunctiva			
Extraocular Movements			
Fundiscopic Evaluation			
Visual Acuity (uncorrected)	20/	20/	
Visual Acuity (corrected)	20/	20/	
Colour Vision (uncorrected)	Normal	Abnormal	
Tympanic Membrane			
Nasal Septum			
Oropharynx			
Thyroid			
Cervical Adenopathy			
Pulmonary System	Normal	Notable Findings *	
Inspection			
Palpation			
Percussion			
Auscultation			
Cardiovascular System	Normal	Notable Findings *	
Heart Rate ___bpm; Regular/Irregular			
Blood Pressure Left      Right		If initial reading is above acceptable, repeat measures	
Inspection			
Palpation			
Auscultation			
Abdomen	Normal	Notable Findings *	
Inspection			
Palpation			

\* check list of medical conditions that require follow up and may result in failure

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Percussion		
Auscultation		
Cutaneous	Normal	Notable Findings *
Skin		
Musculoskeletal	Normal	
	R	L
Upper Extremities:		
Strength		
Movement		
Joints		
Lower Extremities:		
Strength		
Movement		
Joints		
Back		
Strength		
Flexibility		
Nervous System	Normal	Notable Findings *
Cranial Nerves II - XII		
Tremor		
Gait		
Reflexes		
Urinalysis	Normal	Notable Findings*
Blood		
Protein		
Glucose		
Ketones		
Hematology (if clinically indicated)	Normal	Notable Findings*
Other Laboratory Testing (if clinically indicated)	Normal	Notable Findings*

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## Summary Result of the Medical Evaluation

The information contained in this form will be retained in confidence by the hiring police service. The Record of Medical History and the Record of Medical Examination will be retained by the medical examiner.

## APPLICANT'S RELEASE OF MEDICAL INFORMATION

Having been duly informed, I, the undersigned, direct the information determined in this medical examination to be provided to the HIRING POLICE SERVICE for consideration in the evaluation of my application for employment as a police constable.

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***Name of Applicant (Please Print)*** \_\_\_\_\_

***Signature of Applicant:*** \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

## STATEMENT OF THE MEDICAL EXAMINER

Having given due consideration to the information in the Record of Medical History and Record of Medical Examination of (name of applicant), and in consideration of the "Guidelines for Examining Physicians Medical Evaluation of Police Constable Applicants," I am / am not of the opinion that the applicant is medically capable of performing the duties of a front line Police Constable and I recommend the acceptance \_\_\_/ disqualification\_\_\_ of the applicant for employment in that capacity.

***Name of Medical Examiner (Please Print)*** \_\_\_\_\_

***Signature of Medical Examiner:*** \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

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## Appendix 4

### Police Constable Task List

#### 1. Preparing for Duty

- a) Inspect equipment, including:
  - i. pistol and other weapons
  - ii. emergency equipment
  - iii. vehicle
  - iv. communication equipment

#### 2. Standard Patrol Checks (Prevention)

- a) Carry an equipment belt (firearm, radio, baton, aerosol weapon) for the duration of the shift
- b) After business hours, check locked doors and windows
- c) Patrol includes:
  - i. driving car
  - ii. driving other vehicle
  - iii. motorcycle
  - iv. bicycle
  - v. horse
  - vi. ATV
  - vii. snowmobile
- d) Conduct foot patrol
  - i. walking continuously in the course of the day
- e) Use standard emergency equipment or techniques, including
  - i. flares
  - ii. traffic cones
  - iii. first aid
  - iv. CPR
- f) Perform security checks of business and home (on request)

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- g) Assist motorists with automobile problems, including:
  - i. lost keys
  - ii. keys locked in vehicle
  - iii. stalled auto
  - iv. flat tire

### 3. Response to Patrol Situations

- a) Draw, load and discharge fire arm:
  - i. pull slide on a semi-automatic firearm
  - ii. grip in each of left and right hand to aim and discharge
- b) Drive in pursuit of another vehicle
- c) Administer first aid or CPR
- d) Pursue, on foot, fleeing suspects by:
  - i. climbing stairs in an emergency (2 to 10 flights)
  - ii. climbing over a barrier (i.e. a 4 ft high fence)
  - iii. running at high speed for 100 metres
  - iv. running at reduced speed for 15 to 30 minutes
  - v. avoiding obstacles while running
  - vi. jumping over low obstacles
  - vii. jumping across an obstacle (ditch, hole, creek) while running
  - viii. balancing (beams, fences, roofs etc.) while, running, crawling, jumping (3 m)
- e) Physically force open a closed or locked door with:
  - i. own body
  - ii. pry bar
- f) Use force if necessary to:
  - i. subdue an attacking or resisting person
  - ii. separate disorderly persons from other persons at the scene of a disturbance
  - iii. restrain dangerous person for transport
- g) Use baton for protection of:
  - i. self
  - ii. another person
- h) Handcuff suspect when necessary
- i) Carry a person unable or refusing to walk to transport him/her to a police car

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- j) Search for missing or lost persons
- k) Humanely destroy by shooting injured or dangerous animals, including wildlife, domestic animals and livestock
- l) Perform one or more of the above tasks in a sequence

## **4. Arrest and Detention Procedures**

Alone or with partner, arrest and prevent the escape of a person who has committed, attempted to commit or is about to commit a crime, with any of the following procedures, singularly or in an appropriate sequence, as necessary:

- a) Pull the person from a vehicle or away from a stationary object (such as a car door) he or she is holding
- b) Physically restrain, or protect oneself, by:
  - i. using grip strength, locks, grips, neck and shoulder holds and arm bars
  - ii. striking to subdue
  - iii. blocking kicks and blows
  - iv. avoiding thrown objects
  - v. wrestling for an extended period
- c) Pry open hands
- d) Lift or force into a police car or van

## **5. Search and Seizure (Evidence and Property Procedures)**

- a) Search and separate suspect from others not searched
- b) Lift (30 kg) and move a short distance (carry 25 m) objects involved with or which interfere with search and seizure
- c) Locate, including stooping to search under low objects, obtain, handle and preserve physical evidence in accordance with search and seizure laws
- d) Secure personal effects of a deceased person
- e) Perform one or more of the above tasks in a sequence

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## 6. Search and Rescue

- a) Run at a high speed to rescue scene (100 m)
- b) Run at reduced speed for 5 to 10 minutes
- c) Crawl under and over a variety of obstacles (2 to 5 m)
- d) Crawl 65 metres
- e) Lift a victim (over 35 kg) to safety
- f) Drag a person (over 45 kg) who is unable to walk (unconscious, drunk, overcome by smoke, injured) to safety (10 m)
- g) Conduct first aid, including CPR, when required
- h) Swim and drag a person from water
- i) Dig in search of persons engulfed by snow, mud or sand
- j) Perform one or more of the above tasks in a sequence

## 7. Crowd Control

- a) Set up barriers to contain crowds
- b) Maintain crowd control

## 8. Traffic Activities

- a) Arrest an impaired driver
- b) Protect and preserve traffic accident scene and property
- c) Direct/control traffic to facilitate vehicle and pedestrian traffic flow and prevent accidents
- d) Move by pushing traffic hazards, such as vehicles or other objects, from roadway
- e) Set up road blocks to check motor vehicles and occupants or protect and preserve an accident scene by:
  - i. lifting and placing traffic cones
  - ii. directing/redirecting traffic

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- f) Operate radar equipment for speed enforcement
- g) Escort funerals, parades, oversized truck-trailer loads, dignitaries and emergency vehicles
- h) Perform one or more of the above tasks in a sequence

### **9. Investigating: Preliminary and Follow-up**

- a) Follow crime-scene investigation procedures
- b) Locate and or isolate suspect in crime
- c) Follow missing-person investigation procedures and processes
- d) Search vehicles, dwellings, business establishments, etc. for evidence in follow-up investigations
- e) Search deceased or deceased's property for identification and to secure valuables
- f) Photograph arrested person
- g) Fingerprint prisoners and other persons
- h) Organize and conduct line-ups
- i) Investigate noise complaints

### **10. Non-Patrol Activities: Administrative, Supportive, Other Police Duties**

## Appendix 5

### Nervous System

The most common neurological conditions that can adversely affect driving ability are listed and discussed below. For additional information, refer to *Determining Medical Fitness to Operate Motor Vehicles (7th Ed.)*, Canadian Medical Association, Ottawa. ([www.cma.ca](http://www.cma.ca)).

Police constable applicants are considered as “commercial drivers” and the following recommendations apply:

After a single, unprovoked seizure before diagnosis	Ineligible for police constable position until seizure free for 12 months.
After a diagnosis of epilepsy	Eligible: <ul style="list-style-type: none"> <li>• after 5 years of being seizure free</li> </ul>
After surgery to prevent epileptic seizures	Eligible: <ul style="list-style-type: none"> <li>• after 5 years of being seizure free</li> </ul>
Seizures only while asleep or on wakening	Eligible: <ul style="list-style-type: none"> <li>• after at least 5 years of being seizure free with therapeutic drug levels, provided no prolonged postical impairment in wakefulness.</li> </ul>
Auras (simple partial seizures)	May be eligible provided that: <ul style="list-style-type: none"> <li>• there is no impairment in the level of consciousness</li> <li>• the seizure pattern has remained benign for at least 3 years and has never been generalized,</li> <li>• no head or eye deviation with seizures; and,</li> <li>• a neurologist approves.</li> </ul>
Seizures induced by alcohol withdrawal	Ineligible unless <ul style="list-style-type: none"> <li>• complete a recognized rehabilitation program for substance dependence, and</li> <li>• remain alcohol free and seizure free for 6 months; and,</li> <li>• compliant with treatment.</li> </ul>

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Chronic severe pain syndromes	Ineligible.
Post-traumatic seizure	Ineligible until seizure free for 12 months and upon completing a neurological examination, including an electroencephalogram with sleep recording and appropriate brain imaging.
Seizures associated with benign tumours	Ineligible until seizure free for 12 months.
Seizures associated with malignant tumours	Ineligible.

### Appendix 6

#### Insulin Treated Diabetes

1. The applicant and either an internist, a specialist in diabetes care, or, in special circumstances, a family physician trained in diabetes care must complete a form available from the Diabetes Association. The applicant should have available medical records for the preceding 24 months.
2. The applicant must supply evidence of attendance at a diabetes education program.
3. The applicant must receive a complete physical examination, including a full eye examination by an ophthalmologist or optometrist.
4. The applicant must supply the results of glycosylated haemoglobin (HbA1C) laboratory tests demonstrating a control of blood sugar for the past 3 months.
5. The applicant must have a log of blood-glucose measurements performed at least twice daily in the last 6 months. A downloaded log from a memory-equipped glucose meter is preferred.

#### Canadian Diabetes Association (CDA) Exclusion Criteria:

To be eligible to be a police constable, there must be:

1. No episode of hypoglycemia within the previous 6 months requiring the need for intervention by an outsider for correction or producing loss of consciousness, even if spontaneous recovery occurred.
2. No episodes of hypoglycemia appearing in the absence of warning symptoms (“hypoglycemia unawareness”), unless there is documentation of recovery of warning symptoms at a later date.
3. No instability of insulin treatment regimen. Unstable insulin regimen is defined as a change in the number of insulin injections or the introduction of insulin therapy. The patient should be considered as remaining in an unstable state for at least 1 month after a change in the number of injections or introduction of insulin. He or she should be assessed monthly with respect to the occurrence of hypoglycemic episodes until the patient is believed to be on a stable insulin regimen.

## Guidelines for Examining Physicians

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4. No visual impairment or progressive proliferative retinopathy.
5. No clinically obvious peripheral neuropathy with loss of function.
6. No cardiovascular disease with arrhythmia, angina or myocardial infarction within the last year.
7. No inadequate self-monitoring of blood glucose (i.e., non-reliable or absent home blood glucose measurement) or inadequate knowledge of causes, symptoms and treatment of hypoglycemic reactions.

### Appendix 7

## Medical Screening for Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) in Police Constable Applicants

### Human Immunodeficiency Virus (HIV)

The medical management of HIV infection has undergone dramatic changes in the past 10 years. This has vastly improved the long-term prognosis and quality of life for infected persons. As a result, persons with HIV infection may be able to perform the essential duties of a police officer safely and effectively, provided that the condition is being well controlled.

HIV is transmitted via contaminated blood or sexual secretions. The contaminated body fluid must come in direct contact with an uninfected individual's blood stream or mucus membranes, to potentially initiate a new infection. Due to the small risk of blood transfer during a violent confrontation, the plasma viral load of HIV infected candidates must be low enough to be considered undetectable.

Therefore, the applicant must demonstrate:

1. Regular (at least quarterly) attendance at an HIV care clinic for one year, or since diagnosed, whichever is greater.
2. Satisfactory results from an assessment by an Infectious Disease physician, family physician, or general internist with a special interest in HIV. This assessment must confirm that there is:
  - No clinical evidence of cognitive impairment;
  - No CD4 count below 200 in the past six months;
  - An undetectable plasma viral load (below 50cpm) for the past six months.
3. Satisfactory results from a Tuberculin skin test (TST) as described on the next page.

## Guidelines for Examining Physicians

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It is recommended that individuals with HIV receive ongoing care to monitor their condition. However, as with all other situations, criteria are to evaluate the medical fitness of applicants pre-hire and medical information is made available to the police service after successful completion of all three stages in the CSS. Once employed, employers cannot impose employee treatment or testing.

### **Tuberculosis**

A police constable with active tuberculosis (TB), with or without HIV infection, presents an unacceptable risk to public safety. HIV positive persons are at much greater risk of acquiring TB and therefore must be screened for this condition.

The HIV positive applicant must have results of a Tuberculin skin test (TST) showing:

- less than 5mm of induration; or
- evidence of previously completed treatment for either latent tuberculosis (9 months of Isoniazid or 4 months of Rifampin); or
- active tuberculosis (at least 6 months of combination therapy supervised by a Respiriologist, Infectious Disease Physician, General Internist or Family Physician with a special interest in HIV).

Applicants with a TST demonstrating equal to or greater than 5 mm's of induration require a recent chest X-Ray and assessment from one of the above named physicians. The assessing specialist must provide documentation that there is no evidence of active TB.

### Appendix 8

#### Medications, Drugs and Alcohol Use

The issue of an applicant's use of medications/drugs or alcohol relates to the Disqualification Criteria 1 and 5, which are listed on page 3. Most medications and drugs have a dosage at which toxicity and side effects can occur. This applies to controlled substances, over-the-counter drugs, cannabis, and alcohol. Some of these side effects will manifest as sensory, mental and physical impairments that could disqualify an applicant from driving a commercial vehicle and interfere with essential policing duties. These impairments can occur at relatively low and medically therapeutic ranges as prescribed by a physician. For example, some patients will report impaired mental judgment or a "clouding" of their thoughts while taking relatively low and therapeutic doses of antidepressants.

Drugs more commonly associated with impairments include narcotics/opiates, antipsychotics/ neuroleptics, antidepressants, antiemetics, antihistamines, anticonvulsants, central nervous system stimulants, sedatives, ethanol and anxiolytics; but, conceivably any recreational drugs, medication or alcohol has the potential to impair.

The risk of impairment is further compounded if the applicant is taking a drug or medication without physician approval; if he or she is not taking it in the physician-prescribed doses; or if he or she is taking it in conjunction with other prescription or non-prescription drugs or alcohol that may potentiate the effects. Drug dependence and addiction may develop to further exacerbate the risk of intolerable impairment.

The risk of impairment from a drug or medication is often greatest when it is first initiated or after a dosing adjustment. Impairment at these times may not necessitate a medical disqualification, but may require a period of observation to allow the applicant to habituate and to allow the impairment to sufficiently resolve.

In making a judgment about an applicant's use of a drug or medication and the potential of this use to interfere with the essential policing duties, the examining physician will need a comprehensive history of past and present use, as well as knowledge of any effects the applicant has experienced as a result of the drug or medication. As alcohol can potentiate the effects of many drugs, an alcohol history is also relevant. If the applicant is using multiple drugs, knowledge of potential drug interactions is likewise important.

## Guidelines for Examining Physicians

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The following are questions that may be useful in eliciting this information, but is not intended as a definitive list.

### **History of Medication/Drug and Alcohol Use**

Solicit history and present use of alcohol and/or cannabis (the responses to the “Have You Ever?” questions on the Record of Medical History will prompt this probing).

Solicit a comprehensive list of all medications/drugs that the applicant is currently using, including prescribed, over-the-counter and illicit.

Determine exact doses and frequencies being taken (not necessarily as prescribed) Are all medications used regularly or just as needed?

Was the drug dose and frequency used as prescribed?

Does the applicant ever self-adjust the medication?

Has use of the drug been recently initiated or the dosage recently increased?

Has escalation of the drug dosage or alcohol use been required to achieve or maintain the desired effect?

Is the applicant aware of ever experiencing sensory, mental, or physical impairment as a result of the drug or alcohol use?

Has use of the drug or alcohol ever resulted in failure to fulfill obligations or hindered work performance?

Has use of the drug or alcohol ever been the direct or indirect cause of legal problems?

Has use of the drug or alcohol ever been the direct or indirect cause of an accident or injury?

Has use of the drug or alcohol ever resulted in social or interpersonal problems?

Has anyone ever suggested that the applicant should be considering using less of the drug or alcohol?

## Guidelines for Examining Physicians

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Has the applicant ever experienced withdrawal symptoms or ill health effects by missing a dose or stopping a drug or alcohol usage?

Has the applicant ever attempted to cut back on alcohol consumption or the drug dose or frequency and why?

Has the applicant ever been in a corrective or rehabilitation program for their drug or alcohol use?

Has the applicant ever had to stop a drug or medication in the past because of ill effects?

A review of the CMA's Determining Medical Fitness to Drive, Sections 5 and 6, may be of assistance. If insufficient information or expertise is available, it is advisable to request further information and supporting documentation, and potentially to refer the applicant's case to an appropriate specialist.