

# New South Wales Police Referral Letter



Date     /     /

Please take this letter to your GP

Dear \_\_\_\_\_,

Re: \_\_\_\_\_

Date of birth: \_\_\_\_\_

We require a report on the following conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for seeing this individual who has recently applied to join the NSW Police Force. When making your assessment we ask that you consider the inherent requirements of police duties as attached. Applicants must be able to fulfil all of the requirements for general police duties.

General Police duties require the ability to safely carry and discharge a firearm, carry a police belt of 12kg weight throughout a 12 hour shift, potentially be unable to access medication, food or water for prolonged periods and be exposed to respiratory irritants.

We also ask that you bear in mind the risk of sudden incapacity as in this profession it may have fatal consequences to the applicant, their future colleagues and members of the public. Sudden incapacity may be physical (e.g shoulder dislocation), medical (e.g asthma attack, cardiac event or seizure) or psychological (e.g panic attack).

A Police Officer must also be able to respond immediately and safely in an emergency or priority situation.

Further specific information related to the medical standards for policing are also attached for asthma, diabetes, epilepsy and psychiatric conditions. Please refer carefully to these documents.

The final determination on fitness will be made by the Senior Police Medical Officer (SPMO).

If you feel unable to fully comment on capacity, please refer to a suitably qualified colleague.

Your report must address:

- Diagnosis.
- Prognosis.
- Treatment given in past and required in the future and including side effects of any medications.
- Current condition based on current history and examination.
- Comment on current fitness to perform the inherent requirements of police work.
- Comment on risk of aggravation injury/illness with full police duties and training.
- Comment on any restrictions required.
- Comment on ability and safety to carry and discharge a firearm, utilise a police belt for a full 12 hour shift (weight 12kg) and potentially be without access to medication, food or water for prolonged periods.

After this has been completed please forward a report detailing the outcome (including the required detail listed above) to The Recovre Group via email **[policemedical@recovre.com.au](mailto:policemedical@recovre.com.au)** or fax **1300 723 405**. Prompt provision of this report will help speed up the medical determination process and overall application.

**Note: All costs of this assessment are to be met by the applicant. The applicant has three months to complete this assessment and forward the report to Recovre. If this is not done the file will be deactivated.**

**Please be advised that if a specialist report needs to be reviewed by us, an additional file review fee may be payable in order for your application to continue.**

Please email **[policemedical@recovre.com.au](mailto:policemedical@recovre.com.au)** should you have any queries.

# Inherent Requirements of Police Work Statement

<b>Administrative and General Requirements</b>	<ul style="list-style-type: none"> <li>Undertake operational patrols, respond to situations to enforce laws and/or maintain public order, exercise police powers, investigate incidents and offences.</li> <li>Exercise; authority and give directions, coercive force when necessary, tolerance and reasonable firmness and discretion.</li> <li>Perform administrative duties in support of operational responsibilities; collect evidence, identify suspects, write statements, prepare forms, correspondence, legal briefs of evidence, prepare and present evidence in a judicial or quasi-judicial setting and where required apply professional judgement.</li> <li>Apply discerning judgement in the application of police powers and use of appointments (eg. Handcuffs, batons, capsicum spray, taser and firearm).</li> <li>Manage a wide range of persons who are placed in care, detained in custody or require assistance pending the arrival of qualified personnel. Utilise appropriate communication, practical and physical skills in order to protect persons from harm or further casualty and to deal with uncooperative/aggressive people.</li> <li>Provide the public with service and support. Utilise problem solving techniques and adapt communication strategies to meet client needs, stay abreast of current affairs, and foster a positive organisational image in the community. For example; assist victims and manage incidents involving significant conflict or emotional distress such as domestic violence, child abuse and SIDS.</li> <li>Stabilise and preserve the scene of accidents, emergencies, disasters or crime scenes. For example; undertake a range of traffic duties including safely stopping motor vehicles, point duty and the management of traffic flow at scenes of emergencies.</li> </ul>	
<b>Driving</b>	<ul style="list-style-type: none"> <li>Lawfully drive police vehicles safely in varying road, terrain and operational conditions, including the systematic, safe and efficient control of all vehicle functions; effective management of hazardous situations; urgently driving and periphery observation skills whilst driving a motor vehicle.</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>Communicate in noisy environments, such as, use of police radio whilst siren is in operation and speaking with members of public in licensed premises.</li> <li>Understand with clarity softly spoken instruction.</li> </ul>	<ul style="list-style-type: none"> <li>Over the radio or telephone.</li> <li>Adapt communication style to suit different situations.</li> <li>Read and comprehend written communication.</li> <li>Take notes and prepare comprehensible written reports.</li> <li>In face-to-face conversation.</li> </ul>
<b>Physical</b>	<p>Physically be able to safely and responsibly use force as operationally required, and in accordance with legislation, guidelines and training;</p> <ul style="list-style-type: none"> <li>Physically restrain individuals and utilise self-defence techniques where necessary.</li> <li>Walk long distance while performing beat duty or stand for lengthy periods on traffic duty.</li> <li>Handcuff someone resisting arrest.</li> <li>Engage in self-defence.</li> <li>Withstand physical assault from another person.</li> <li>Physically restrain a person.</li> <li>Wrestle with a person.</li> <li>Safely handle a baton.</li> <li>Fire a handgun whilst on duty.</li> <li>Perform crowd control at community events or demonstrations.</li> <li>Climb stairs to ascend more than one storey of a building.</li> <li>Ability to run long distances and negotiate obstacles in order to pursue and affect the arrest of others.</li> </ul>	
<b>Observation and Memory Skill</b>	<p>Retention, Analysis, and Exchange:</p> <ul style="list-style-type: none"> <li>Provide and detail evidence in court relating to distances, colour, and descriptions when giving evidence in defended matters.</li> <li>An ability to maintain an awareness of what is occurring around you as you concentrate on other issues.</li> <li>An ability to take in information, analyse it, and then make and apply decisions from that analysis.</li> <li>Memory for events, people and places etc.</li> <li>Memory for legislation and administrative procedures.</li> </ul> <p>Use of Human Senses</p> <ul style="list-style-type: none"> <li>Observation skill whilst on patrol – Observe things at a distance and at close range.</li> <li>Accurately discern, record and provide evidence of factors, such as colour, distances etc, associated with the identification of suspects, offenders, vehicles etc.</li> <li>Gather and exchange information from and with the community; and use analytical and keyboard skills, recording equipment and information systems to record, organise and analyse information.</li> <li>Hear and comprehend information without eye-view of the speaker.</li> <li>Vision; long range visual acuity, short range visual acuity, use of colour vision.</li> </ul>	
<b>Resilience and Adaptability</b>	<ul style="list-style-type: none"> <li>Remain operationally effective through changes to shifts, environmental change, and operational requirements.</li> <li>Pass the appropriate physical capacity to wear a police 'appointments' belt for varying lengths of time and environmental/operational situations.</li> <li>Perform shifts of varying and extended duration, day and night, any day of the year.</li> <li>Cope with the climatic variables associated with outdoor duties, such as hot or cold environments.</li> <li>Adapt to regular shift change-over and protracted investigations not conducive to regular breaks.</li> <li>An ability to adapt to unexpected or changing situations.</li> <li>An ability to operate effectively in stressful and physically demanding situations.</li> <li>Take precautions against infectious diseases and hazardous items.</li> <li>Ability to bleed safely.</li> <li>Cope with irregular meal, and toilet breaks during a shift.</li> <li>Possessing heightened sensory capacity (all five), for example, being able to detect the smell of fumes at a motor vehicle accident or drug residue with a Clandestine Laboratory.</li> </ul>	
<b>Personal</b>	<ul style="list-style-type: none"> <li>Make decisions under pressure.</li> <li>Conflict resolution skills.</li> <li>Problem solving skills.</li> <li>Cooperativeness.</li> <li>Empathy.</li> <li>Conscientiousness.</li> <li>Patience.</li> <li>Resilience to stress.</li> <li>Manage workload.</li> </ul>	<ul style="list-style-type: none"> <li>Ability to work with colleagues, and service community member of a culturally and linguistically diverse background.</li> <li>High integrity standards.</li> <li>Tolerance.</li> <li>Assertiveness.</li> <li>Respect authority.</li> <li>Emotional stability.</li> <li>Composure in stressful situations.</li> </ul>

# 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 comments, guidance or supplementary responses, requirements or actions
Stability of the disorder	The stability 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 not 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 confirming continued medical review and compliance with medication.

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.

Medication must be safely accessible in both the regular treatment cycle and in times of emergency. To attain both situations conditional 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 AUSTROADS 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 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 while on duty, the case should be referred to the SPMO for review. In taking account of a history indicating no hypoglycaemic episodes, an 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 is 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 AUSTROADS 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 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.

## Diabetes: Insulin dependent

	Qualifying standard to be reached, required response or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
<b>Diabetes Mellitus that requires insulin for appropriate glycaemic control</b>	HbA1c in 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.
<b>HbA1c</b>	In the range 6.1 – 8.0 for twelve months prior to joining training program.	Standard is not met if HbA1c is higher than 8.0.
<b>Conscious state</b>	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"> <li>• loss of consciousness;</li> <li>• disturbance of consciousness;</li> <li>• disturbance of judgement;</li> <li>• loss of attention, memory or insight;</li> <li>• inappropriate agitation or anxious state; or</li> <li>• disturbance of ingrained training protocols.</li> </ul>	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 or 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 II.

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

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, 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 event 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 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.

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.	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.  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.
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 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 THE 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 giving 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 AUSTROADS 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 anti-depressant 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.

## 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 response or action to be taken	Relevant comments, guidance or supplementary responses, requirements or actions
<b>Respiratory assessment</b>	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.
<b>Past or current history of asthma</b>	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 a 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.
<b>Other respiratory disease</b>	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.
<b>Exercise capacity</b>	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 O <sub>2</sub> /kg/min.
<b>Ability to respond in the case of a priority or emergency</b>	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 opinion 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  $\geq$  75% and FVC  $\geq$  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 AUSTROADS 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 these 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 AUSTROADS 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 AUSTROADS 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 O<sub>2</sub>/kg/min.

### Evidentiary Basis

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

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 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

These 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 AUSTROADS 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.