PRE-EMPLOYMENT MEDICAL STANDARDS FOR MDP OFFICERS

SYSTEM	UNLIKELY TO BE SUITABLE	CONSIDER CAREFULLY	COMMENTS
EYES	Squint History of detached retina History of Glaucoma Radial Keratotomy Photorefractive Keratoplasty	Latent squint Lens implant Corneal graft with good uncorrected visual acuity	Photorefractive Keratoplasty under review
*Binocular Vision**	Worse than 6/7.5 aided or unaided (worse than 6/10 in the weakest eye) Aided vision must be achieved by correction of no more than (+) 8 dioptres Worse than a field of view of at least 120 degrees horizontally by 100 degrees vertically is not likely to be suitable. This must be checked by confrontation unless detailed assessment clinically indicated. The field of view should be free of any large defective areas, particularly in the fovea. Worse than normal vision fields (checked by confrontation unless detailed assessment clinically indicated.)	Single defects smaller than the physiological blind spot, and multiple defects that add to an area smaller than the psychological blind spot, should be acceptable.	For some weapons there may be a need to demonstrate the ability to open each eye independently PRK, LASIK, LASEK, ICRS, cataract surgery are all likely to be suitable as there is no significant weakening of the cornea. A period of at least 6 weeks after surgery should be allowed before applications are accepted. There may be a reduction in low light level visual performance; Test visual performance under low illuminance conditions. Screening by taking a history of confrontation is acceptable (do not rely on a keystone or similar screening tool, an optician's report is acceptable).

*Colour Vision**	Dichromats and severe anomalous trichromats likely to be unsuitable for firearms roles.		If colour vision status has not already been established by previous testing: Ishihara as screening test – if abnormal then confirm with either: -2nd edition City University Test (fail if 5 or more total errors or 2 errors on the large circle plates) -using Farnsworth DI5 (fail if 2 or more major crossings) Other equivalent or additional tests should be used but generally unless clinically indicated colour vision needs checked only once.
EARS	Need for Hearing Aid Active chronic suppurative Otitis Media Current perforation	Any chronic ENT conditions. Benign positional paroxysmal vertigo, hearing in one ear above standard and below in other ear, applicants with hearing aids that bring their hearing above the minimum standard. Chronic perforation, ventilation tubes (grommets), Inactive Chronic otitis media, Active Chronic otitis media, Chronic serous otitis media, Post-mastoid surgery (unless audiometric standards are not met. If active chronic disease – unlikely to be suitable), Otosclerosis, Facial palsy with loss of function	Healed perforation, healed chronic otitis media, successful myringoplasty / tympanoplasty are likely to be suitable.
Hearing	Sum of hearing loss more than 84db over 0.5, 1, 2 KHz frequencies. Sum of hearing loss more than 123db over 3, 4, 6KHz frequencies		Routine annual audiometry required for all firearms officers throughout their career.

NOSE		Recurrent nasal polyps where there is a significant history. Persistent chronic sinusitis where there is a significant history.	Allergic vasomotor rhinitis, recurrent nasal polyps where there isn't a significant history, persistent chronic sinusitis where there isn't a significant history are likely to be suitable.
THROAT	Tracheostomy (not compatible with safety near or in water), Severe speech impediment where the individual cannot communicate effectively (unable effectively to perform vital task of radio and voice communication)	Chronic laryngitis, Other laryngeal disease, Severe speech impediment, Balance disorders and vertigo (Usually a symptom of another condition which may make the individual unsuitable)	

CARDIOVASCULAR	Hypertension with end organ damage or unacceptable side effects of treatment Uncorrected Congenital Heart Disease History of Coronary Heart Disease Cardiac surgery – Adult Symptomatic coronary artery / heart disease (high risk of the role precipitating symptoms (pain) or a coronary event, Uncorrected congenital heart disease, Acquired valvular disease (non benign) (may compromise exercise tolerance), Cardiomyopathies (operational role may precipitate a cardiac event. There may be a decrease in exercise tolerance), Symptomatic established peripheral vascular disease affecting the lower limbs (not combatable with exercise requirements), Raynaud's phenomenon (cold may trigger painful attacks, may affect dexterity of hands in operating equipment, Severe varicose veins if symptomatic or sufficiently severe to restrict capacity to perform operational duties (condition will inevitably deteriorate substantially with prolonged standing and sitting)	Benign cardiac murmurs where normal cardiovascular function is met at rest and exercise, Asymptomatic coronary artery disease, Corrected congenital heart disease (unlikely to be suitable if loss of cardiovascular function), Benign cardiac murmurs where normal cardiovascular function is not met at rest and exercise, Acquired valvular disease (benign), disturbance of rhythm (may compromise exercise tolerance, operational role may dangerously exacerbate the arrhythmia), Uncontrolled hypertension (may require referral to GP for monitoring and treatment followed by reassessment), Asymptomatic established peripheral vascular disease affecting the lower limbs (not combatable with exercise requirements), varicose veins (condition will inevitably deteriorate substantially with prolonged standing and sitting) Cardiac surgery - Paediatric	

NEUROLOGICAL	Any proven Epileptic seizure after five years of age Degenerative neurological disease Motor neuron disease, cerebella ataxias, progressive peripheral neuropathy and Parkinson's disease, history of brain surgery, hydrocephalus/insertion of shunts	Any episode of altered consciousness after five years of age History of Migraine History of Brain surgery Any significant Head injury > 24 hours any significant head injury, single epileptic seizure (not within the past 18 months where no abnormality is found), subarachnoid haemorrhage, Transient Ischemic Attacks (TIAs) (defer for 12 months after the date of the appearance of the last set of symptoms)	
METABOLIC	Insulin dependent Diabetes Mellitus **FITNESS FOR DUTY CRITERIA FOR DIABETIC OFFICERS** Individuals with diabetes will be eligible to do safety critical work provided they meet the following criteria: a. Well controlled management of condition b. No severe hypoglycaemic episode (as defined below in Annex A) in the last 24 months c. No severe hypoglycaemic episode in the last 24 months that has not been investigated by the treating physician d. Not experiencing hypoglycaemia unawareness e. Must be in a stable state. An **unstable** state is defined as: i) more than 10% of blood glucose self-monitoring values below 4 mmol/L. To provide evidence of this, the individual must comply with all monitoring requirements applicable to employees with diabetes; and ii) a recent change in the number of insulin injections and/or a change in the type of insulin. The unstable state will	History of thyroid disorder/disease (likely to be suitable where successful treatment has been completed), history of any other metabolic disorder, Non insulin–dependent Diabetes Mellitus (the complications of diabetes can degrade the functional capacity of an operational police officer including ability to wear a respirator in an incident, recent hypoglycaemic episode warrants referral), pituitary disease (can be secondary to other conditions).	**HYPOGLYCAEMIA PREVENTION STRATEGY** As a condition of employment in a safety critical role, each individual will be required to take every possible measure to avoid hypoglycaemia. Individuals requiring insulin therapy must carry a source of rapidly absorbable glucose at all times. Hypoglycaemia prevention strategies must be tailored to the individual with the guidance of the treating physician. Line managers must cooperate by ensuring that meal breaks are taken at the correct time and are not delayed, especially if the diabetic individual is doing heavy physical work. **ANNEX A** The major concern for the person with diabetes and the employer is hypoglycaemia with the associated decrease in mental and physical functioning. In terms of general health, the modern aggressive

	be considered to last at least one month after such a change. The individual will need to be assessed at monthly intervals and cannot return to safety critical work until a stable state has been reached. f. Perform adequate blood glucose self-monitoring g. Demonstrate a knowledge of managing diabetes, particularly insulin adjustment and understand how to avoid and treat hypoglycaemic events. h. Be free of diabetic complications that might impair ability to work safely, including significant vascular or neurological complications, and significant visual impairment. i. An individual who is commencing insulin must attain a stable state (as defined in paragraph 22d.), for a period of 6 months before being considered fit for safety critical work		approach to prevention, detection and treatment of vascular complications has considerably reduced the impact of diabetes on the affected individual. It has become a valid argument that the person with diabetes who follows a program of regular exercise, a proper diet, correct use of medications and regular physician reviews, can be considered at less risk than the employee who may smoke, be overweight, not exercise and not receive regular assessment for the vascular risk factors such as hypertension, hyperlipidaemia or even diabetes.
Weight	BMI above 30	Where BMI above 30 / below 19 or where percentage body fat greater than Male – 21%, Female – 30%) defer to later course to enable appropriate timescale to reduce / increase BMI	
GASTRO INTESTINAL	Inflammatory bowel disease (Crohn's disease, Ulcerative Colitis (further investigation required if treatment has been successful) – chronic conditions with unpredictable course and relatively high surgical intervention rates), chronic liver disease, Chronic biliary tree disorder, chronic pancreatitis, Stoma (CBRN user)	Peptic ulceration or dyspepsia (chronic pain may interfere with role), not mild IBS (investigate – require close proximity to toilet, codeine for control, stress associated), Hernia (defer until treated > 3 months after treatment – training and operational role will be compromised due to local weakness in abdominal musculature. Hernia is likely to increase in	Defer until treated Mild IBS likely to be suitable

		severity), Gallstone disease, single episode of pancreatitis, Anal and perianal conditions – where chronic (persistent perianal sepsis will cause significant absence	
RESPIRATORY	Any persistent respiratory disease impairing exercise capacity, Chronic Obstructive Pulmonary Disease (COPD) affecting exercise capacity (the loss of normal respiratory function will limit exercise capacity even in the absence of superadded chest infections, active tuberculosis (unacceptable risk of transmission) Sarcoidosis	Sinusitis, Chronic URTI, Past history of asthma, FEV 1% less than 75, Non Asthmatic Chronic Respiratory disorders, Asthma currently in treatment including inhalers (if required on exertion), FEVI of FVC more than two standard deviations below predicted norm. Hay Fever, recurrent pneumothoraces (reassess after treatment aimed at preventing further occurrences), history of tuberculosis,	Treated hay fever without history of wheezing, Spontaneous Pneumothorax on one occasion,
MUSCULO SKELETAL	History of laminectomy, History of major joint surgery including total meniscectomy (total hip or knee – unacceptable risk to the prosthesis from exercise requirements), Recurrent dislocation of major joint, Major foot deformities, Muscle wasting – effects of Cerebral Palsy, Chronic orthopaedic problems, Endoprosthetic replacement (used in osteosarcoma surgery. Unacceptable risk of prosthesis failure or fracture around site), Osteochrondritis dissecans (risk of severe knee joint damage), cervical discectomy (+/- fusion) (cervical discectomy will often not improve neck pain. Also there may be persisting neurological disability in the upper limbs), Multiple level lumbar disease,	History of Back disorder requiring hospital treatment, History of minor back disorder, History of arthroscopy including partial meniscectomy, Isolated dislocation of any joint, Rheumatoid arthritis (progressive joint damage with degrading of operational capacity), Ankylosing Spondylitis, History of knee injuries NOT requiring surgery, Significant fracture, Major soft tissue injury, Chondromalacia patellae, Any previous injury (fracture, soft tissue injury) or congenital deformity, causing long term reduction in function of a joint or limb, internally fixed fractures 'metal work' (risk of re-fracture at site of metal work when returning to more energetic activities), Medial meniscectomy, Lateral meniscectomy (risk of early osteoarthritis with associated disability), Ligamentous	Resolved whiplash (may be exacerbated by physical activities and driving), controlled gout without complications

		injury requiring surgery or causing instability (risk of re-injury in operational role), foot disorders, amputations (total or partial) of upper or lower limb, Single level resolved lumbar disk disease +/- discectomy (low back pain +/- lower limb symptoms can be disabling. Exacerbated by driving, standing for long periods, other physical tasks), Recurrent low back pain / persistent sciatica, Reiter's diseases / reactive arthropathy, Connective tissue diseases / other arthritis (can cause diagnostic difficulties and often unpredictable course. Potential for severe incapacitation)	
PSYCHIATRIC	Psychotic illness, All neurotic or stress related psychiatric disorders, history of substance misuse, history of alcoholism, History of Sociopathic behaviour, Cognitive and Amnesic disorders, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, Generalised Anxiety Disorder, Panic Disorder, Phobic Anxiety, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder,	History of isolated Reactive Depression, disorders first diagnosed in childhood or adolescence, Mood disorders, Somatoform Disorders, Factitious Disorders, Dissociative Disorders, Chronic Fatigue Syndrome, History of eating disorder, Bipolar disorder, Adjustment Disorder, Severe personality disorder	

GENITO URINARY	Chronic genito-urinary disorders, History of nephritis and ongoing impairment, persistent major urethral abnormality (treatment is likely to be protracted), polycystic kidney disease (progression to end stage kidney failure), Irreversible renal failure (associated fatigue, anaemia and therapy effects not compatible with operational Police Constable role), Renal dialysis (Haemo/CAPD) (associated fatigue, anaemia and therapy effects not compatible with operational Police Constable role)	Haematuria / Proteinuria (GP to investigate in the first instance), recurrent urinary tract infections, minor urethral abnormality, urinary incontinence, benign scrotal swellings, testicular tumours, Major congenital renal abnormality, established renal stone disease	Congenital renal abnormality with normal renal function, unilateral kidney (with remaining kidney functioning well)
SKIN	Extensive skin disease with chronic discomfort or disruption of dermal integrity, widespread eczema/dermatitis, severe psoriasis, severe latex allergy (respirator mask component.)	Pustular Acne, Other chronic skin conditions, Mild eczema (not on exposed areas), Malignant Melanoma, following excision (exposure to irritants or inhospitable environments will result in frequent exacerbations- CBRN training)	Mild psoriasis
HAEMATOLOGICAL DISORDERS	Polycythaemia (Haematocrit >0.55) (Unacceptable risk of disabling complications), Thalassaemia major with severe chronic anaemia (unable to safely perform required exertion), Sickle cell disease (anaemia and crises), Mild symptomatic haemophilia (physical tasks and risk of injury may precipitate haemorrhage), Anticoagulation therapy including warfarin	Previously undetected iron deficiency anemia (refer to GP), Other anemia (many of the underlying conditions causing anemia will preclude suitability), G6PD deficiency, Mild Asymptomatic haemophilia, Leukaemia / lymphoma with complete remission, Anticoagulation therapy including warfarin	
INFECTIOUS DISEASES	Symptomatic HIV	Asymptomatic HIV, Hepatitis B Carriers, Hepatitis C and D Glandular fever	Sickle cell disease trait (usually asymptomatic)

MISCELLANEOUS	Narcolepsy, Invasive carcinoma	Childhood or early adult malignancy, malignant disease, genetic disease, chronic pelvic inflammatory disease (PID) with chronic pain, incapacitating menorrhagia, incapacitating dysmenorrhoea, endometriosis, fibroids and ovarian cysts, cervical dysplasia CIN 3, polycystic ovary disease	Resolved Hepatitis E infection, and Resolved Hepatitis B infection without carrier status likely to be suitable.
SPECIFIC LEARNING DIFFICULTIES		All indications of SLD's including dyslexia, dyscalculia, dyspraxia, dysgraphia, ADD, ADHD, Asberger's Syndrome must be referred for a full adult diagnostic report.	Cervical dysplasia CIN 1/2, pregnancy (3 months following delivery), termination of pregnancy (after 4 weeks where no complications)