



SOUTH AUSTRALIA POLICE
KEEPING SA SAFE

MEDICAL GUIDELINES

FOR SELECTION OF RECRUITS FOR THE SOUTH AUSTRALIA POLICE

AIM:

1. To aid selection of only totally fit applicants (i.e. medically, physically and mentally). Those selected must be of sound constitution, in good physical and mental health and be free from physical deformity so that having regard to the physical and psychological demands of police duties, they remain competent to the age of natural retirement and beyond.
2. To reduce incidence of excessive sick days, injury-on-duty, retirement on the grounds of invalidity and self-abuse (obesity-alcohol).
3. To increase and maintain morale through total fitness.

GENERAL OBSERVATIONS

1. Anything which would suggest the possibility of invalidity prior to the normal age of retirement must be unacceptable.
2. Anything which would suggest a liability to undue absence from duty or inability to carry out expected tasks is a bar to acceptance.
3. In depth questioning regarding medical history of applicant as well as leading questions regarding body functions are essential to arrive at a reasonably accurate assessment of suitability.
4. The Medical Examination should be valid for six months. If an applicant is not appointed/selected within that time, another medical examination (including questionnaire) is required.
5. Due to the enormous variation of human function, it is difficult to set definite criteria. The following systematic recommendations can only act as guidelines to selection – the process is dynamic and additions as a result of emerging problems may be necessary.



**Government
of South Australia**

1. GENERAL PHYSIQUE

Obesity - Unacceptable.

BMI > 30 – Unacceptable.

Malignant Disorders / Carcinomas – Unacceptable.

2. MUSCULO-SKELETAL SYSTEM

Obvious Deformities – Unacceptable.

Abnormal Gait – Unacceptable.

History of Backache – Acceptable only if radiological, orthopaedic and general medical examination in conjunction with normal function (including agility test) are favourable.

History of Intervertebral Disc Problems – Unacceptable.

History of Vertebral Column Surgery – Unacceptable.

Active Osteochondritis *in any location* – Unacceptable, e.g. Scheuermann's disease, osteomalacia patellae.

Inactive Osteochondritis – Suspect. Requires up-to-date radiological, orthopaedic and functional (including agility test) assessment. Acceptability depends on favourable reports and evaluation.

Joint Replacement – Unacceptable.

Any limitation of Limb or Spinal Movement or function – Unacceptable.

History of Knee Cartilage Problems – Unacceptable if orthopaedic assessment confirms.

Meniscectomy – Acceptable only if post-operative function is normal and applicant is symptom-free. Suspect if only medial or lateral Cartilage is removed.

Recurrent Dislocation of Shoulder – Unacceptable.

Operation for Recurrent Dislocation of Shoulder – Unacceptable if impaired function persists.

Recurring Severe Sprains of Ankle – suspect and generally unacceptable if confirmed by orthopaedic specialist.

3. NERVOUS SYSTEM

Psychiatric Disorder – Unacceptable.

Anxiety or Depression – any history or evidence thereof – Unacceptable.

Psychotropic Medication use – Unacceptable.

Phobias – Unacceptable

Obvious Mannerisms – e.g. limb tremors, facial tics, severe stammering – Unacceptable.

Migraine – Acceptable only if (a) distant past history or (b) attacks are infrequent i.e. once or twice a year, are not incapacitating, symptoms are minimal and require non-parenteral, non-narcotic medication.

Tension Headaches – Unacceptable if frequent, predominantly stress-related and severe requiring parenteral medication.

Epilepsy – Acceptable only if present as Petit Mal or Febrile Convulsion in childhood. Unacceptable even if controlled with medication.

Syncopic Attacks (Fainting Spells) – Suspect. Unacceptable if frequent. Acceptable only if neurologically/psychologically (including E.E.G.) normal.

Alcohol or Drug Abuse – Unacceptable.

Visual Acuity Defect – Unacceptable if (a) corrected visual acuity in either eye is worse than Snellen 6/9 (b) peripheral vision in either eye is incomplete. Unaided visual acuity of either eye between 6/6 and 6/9 requires assessment by an Ophthalmologist. Depth Perception must be within 40 – 60 seconds.

Colour Vision – Acceptable for unrestricted duties if colour vision is normal. Limited duty acceptability if colour vision impairment is mild deutan.

Ocular Problems – Nystagmus, Squint, Ocular Muscle paralysis – Unacceptable.

Hearing – Both ears must:

- a) Be normal to whispered voice at 3 metres. If doubtful hearing, perform Audiogram. If abnormal audiogram refer to E.N.T. specialist for assessment, including word discrimination testing.
- b) Base-line Audiogram should be performed on all applicants.
- c) Abnormal Audiogram requires E.N.T. specialist assessment.
- d) Speech discrimination and Directional Hearing must be normal.

Neurological Abnormalities – Obvious defects of cranial or peripheral nerve (motor, sensory or autonomic) function – Unacceptable.

4. RESPIRATORY SYSTEM

Aural Problems

- Perforated ear drums – Unacceptable.
- Chronic Ear infections – Unacceptable.
- Acute ear infections – Acceptable if successfully treated by E.N.T. specialist (documented).

- History of Height/Depth Induced Ear Symptoms – suspect, requires E.N.T. specialist assessment.
- History of Ear Infections or Suspect Auroscopy, perform Audiogram. All abnormal audiograms require E.N.T. specialist assessment.

Nasal Passages/Sinuses

Hay Fever or Sinusitis history; acceptability depends on severity, frequency, incapacity and need for treatment.

Throat – Vocal chord dysfunction – Unacceptable.

5. LUNGS:

Asthma

Respiratory Physician assessment and report is required. Accept Mild Asthma (not requiring hospitalisation) well controlled with low dose inhaled corticosteroid or neodocromil or Sodium cromoglycate and/or short acting beta agonist.

Bronchitis – Unacceptable if chronic, debilitating, requiring maintenance medication.

Chronic Obstructive Lung Disease – Unacceptable.

Cystic Fibrosis – Unacceptable.

6. CARDIO VASCULAR SYSTEM

Blood Disorders – e.g. anaemia even if treated, congenital disorders – Unacceptable.

Hypertension – Medication controlled hypertension is generally unacceptable. Persistent elevation of systolic pressure 150 mm and over, and/or diastolic pressure of 90 mm or over – Unacceptable.

Hypotension – Systolic pressure of 90 mm or below – Unacceptable if symptomatic.

Cardiac Murmur – Innocent Flow Murmurs – Acceptable.

Organic Murmurs – due to intrinsic heart or great vessel abnormalities are acceptable only if current specialist cardiologist evaluation reveals no existing or potential disability.

Cardiac Arrhythmia – Unacceptable even if controlled with medication.

Angina – Unacceptable.

Rheumatic Fever – Acceptable only if 10 years or more have elapsed since the attack and there is no cardio-respiratory sequelae. Unacceptable if there has been more than one attack and if long term prophylactic medication is in force. Cardiologist assessment and report is required.

Varicose Veins – Severe cases unacceptable.

7. GASTRO-INTESTINAL SYSTEM

Peptic Ulceration

- a) Unacceptable if medically treated (risk of recurrence).
- b) Surgical treatment – may be acceptable if a satisfactory 5 year – post operative history is obtained.

Irritable Bowel Syndrome – Unacceptable.

Ulcerative Colitis – Unacceptable.

Crohn's Disease – Unacceptable.

Hernia – Unacceptable.

Haemorrhoids – Unacceptable.

Gall Bladder Disease – Unacceptable.

Obesity – Unacceptable.

Anorexia Nervosa – Unacceptable.

Eating Disorders – Unacceptable.

Dietary Abnormalities – e.g. applicants who persist with prolonged unbalanced diets i.e. Vegans – suspect.

8. GENITO-URINARY SYSTEM

Nephritis – Unacceptable in any form. Benign congenital Nephropathy (non-progressive acceptable with renal physician approval).

Renal Stones – Unacceptable if recurring or “existing” stone/s not definitely treated.

Bladder Problems – Unacceptable.

Recurring Cystitis – Unacceptable.

Euresis – Unacceptable.

Haematuria – Unacceptable unless purely secondary to sport – stress.

Albuminuria – Acceptable only if orthostatic i.e. not due to renal disease.

Glycosuria – Acceptable only if diabetes is excluded.

Testicular Abnormalities – Unacceptable.

Testicular Tumours – Unacceptable.

Hydrocele, Varicocele – Unacceptable.

Menstrual Disorders – Unacceptable.

Ovarian Tumours – Unacceptable.

Uterine Disorders – Generally unacceptable.

9. ENDOCRINE SYSTEM

Diabetes Mellitus, Diabetes Insipidus – Unacceptable even if stable on treatment. Diet Controlled Type 2 Diabetes Mellitus – Unacceptable.

Endocrine Diseases – Unacceptable irrespective of type and stability of medical treatment.

Thyroid Gland Enlargement – (general or localised) – requires evaluation. Unacceptable if due to thyrotoxicosis/malignancy.

Thyroidectomy – ascertain cause; only thyroidectomy for non malignancy requiring thyroid replacement therapy is acceptable.

10. SKIN DISEASES

Scar Tissue – Unacceptable if interferes with normal function of body part.

Atopic Eczema – Acceptable only if minimal, has only periodic exacerbation, responds readily to non-aggressive treatment and there are no or minimal associated symptoms or signs of other system atopy.

Industrial – Contact Dermatitis – Unacceptable.

Frank Eczema – Unacceptable if widespread.

Psoriasis – Acceptable only if minimal and no areas other than skin is involved.

11. ALLERGIES

Acceptable only if minimal and no areas other than skin is involved.
History of Anaphylactic reactions unacceptable.

12. SURGICAL TREATMENT

Most cases of abdominal and long-bone surgery, non-surgical treatment of fractures are temporarily rejected and reassessed three months after cessation of treatment.

Menisectomies are to be evaluated six months post-operatively.

In all cases specialist reports are required indicating fitness for unrestricted long term repetitive combative offender contact police duties.

13. MEDICAL TREATMENT

Applicants who are receiving treatment for significant illnesses are temporarily rejected and are assessed after cessation of treatment and "clearance" by the treating physician for unrestricted operational (long term) police duties.