

Integrity	Professionalism	Fairness	Respect	
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- Health Monitoring Policy and Procedure**

<b>Reference No.</b>	<b>P17:2001</b>
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<b>Implementation date</b>	<b>January 2006</b>
<b>Version Number</b>	<b>3.10</b>

<b>Linked documents</b>	
<b>Reference No:</b>	<b>Name</b>
<b>P22:2004</b>	Health and Safety Policy and Procedure

<b>Suitable for Publication</b>	
<b>Policy Section</b>	<b>Yes</b>
<b>Procedure Section</b>	<b>Yes</b>

<b>Protective Marking</b>
<b>Not Protectively Marked</b>

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# 1 Policy Section

## 1.1 Statement of Intent – Aim and Rationale

This policy, depending on the individual circumstances can apply to both the Chief Constable as the employer of Police Officers and Police Staff and the Office of the Police and Crime Commissioner as the employer of staff employed by them. Where the phrase “Dorset Police” is stipulated, this policy may apply to the Chief Constable or the Office of the Police and Crime Commissioner, or potentially both acknowledging that they are in their own right separate corporations sole and both have legal responsibilities under the Health and Safety At Work etc Act 1974.

The aim of this policy is to put arrangements in place to proactively protect and promote the health and wellbeing of staff in having an Occupational Health process for detecting potential adverse health risks associated with certain identified work activities undertaken in Dorset Police which have a known associated health risk at an early stage thus preventing possible future ill health and absence from the workplace.

## 1.2 Our Visions and Values

Dorset Police is committed to the principles of “One Team, One Vision – A Safer Dorset for You”

Our strategic priority is to achieve two clear objectives:

- To make Dorset safer
- To make Dorset feel safer

In doing this we will act in accordance with our values of:

- Integrity
- Professionalism
- Fairness and
- Respect

### National Decision Model

The National Decision Model (NDM) is the primary decision-making model used in Dorset Police. The NDM is inherently flexible and is applied to the development and review of all policy, procedure, strategy, project, plan or guidance. Understanding, using and measuring the NDM ensures that we are able to make ethical (see Code of Ethics), proportionate and defensible decisions in relation to policy, procedure, strategy, project, plan or guidance.

### Code of Ethics

The Code of Ethics underpins every day policy, procedures, decision and action in policing today. The Code of Ethics is an everyday business consideration. This document has been developed with the Code of Ethics at the heart ensuring consideration of the 9 Policing principles and the 10 standards of professional behaviour. Monitoring is carried out through the Equality Impact Assessment process which has been designed to specifically include the Code of Ethics.

## 1.3 People, Confidence and Equality

This document seeks to achieve the priority to make Dorset feel safer by securing trust and confidence. Research identifies that this is achieved through delivering services which:

1. Address individual needs and expectations
2. Improve perceptions of order and community cohesion
3. Focus on community priorities
4. Demonstrate professionalism
5. Express Force values
6. Instil confidence in staff

This document also recognises that some people will be part of many communities defined by different characteristics. It is probable that all people share common needs and expectations whilst at the same time everyone is different.

Comprehensive consultation and surveying has identified a common need and expectation for communities in Dorset to be:-

- Listened to
- Kept informed
- Protected, and
- Supported.

## 2 Standards

### 2.1 Legal Basis

2.1.1 To enable Dorset Police to proactively manage the health of its staff and to comply with its statutory obligations under the Health and Safety at Work etc Act 1974.

2.1.2 The Management of Health and Safety at Work Regulations 1999 requires employers to provide health monitoring where a risk assessment has identified a potential hazard in the workplace which could have an adverse effect on the health of an employee.

2.1.3 Specific Health and Safety legislation has been introduced to deal with known work related health risks i.e. noise – Control of Noise at Work Regulations 2005, working with asbestos - the Control of Asbestos Regulations 2012 etc.

### 2.2 People, Confidence and Equality Impact Assessment

During the creation of this document, this business area is subject to an assessment process entitled “People, Confidence and Equality Impact Assessment (EIA)”. Its aim is to establish the impact of the business area on all people and to also ensure that it complies with the requirements imposed by a range of legislation.

## 2.3 Any Other Standards

- 2.3.1 Authoritative guidance may have been issued by a lead body which has been introduced to cover a specific group of workers i.e. firearms – College of Policing, driving – Faculty of Occupational Medicine, Authorised Professional Practice, Local Authority Medical Advisers (ALAMA), DVLA, Home Office. Such guidance often provides detailed medical standards, which, when applied provide a consistent national standard i.e. medicals for firearms officers recruitment. Implementation of these standards may, in some circumstances, demonstrate best practice and satisfactory compliance with the law.
- 2.3.2 Where no ACPO/ALAMA or other relevant specific medical health surveillance standards exist, the force will need to consider the statutory obligations placed upon them as at 2.1.2 after first consulting with an Occupational Physician.

## 2.4 Monitoring / Feedback

This policy will be monitored by the HR Specialist (Health and Safety) through the frequent application of this policy with stakeholders.

Feedback relating to this policy can be made in writing or by e-mail to:

Address: HR Specialist (Health and Safety), HR Department, Dorset Police, Winfrith,  
Dorset, DT2 8DZ  
E-mail: [human-resources@dorset.pnn.police.uk](mailto:human-resources@dorset.pnn.police.uk)  
Telephone: 01305 223766

## **3 Procedure Section**

### **3.1 Introduction**

- 3.1.1 Employers are legally obliged to provide health monitoring as is appropriate when risks to the health and safety of employees have been identified through having completed a suitable and sufficient risk assessment.
- 3.1.2 The object of health surveillance is to proactively detect potential adverse health effects at an early stage thus preventing possible future further ill health. Additionally, it is to ensure the effectiveness of any control measure put in place to control a hazard, e.g. dust- extraction ventilation, can be checked to ensure satisfactory control is being achieved.
- 3.1.3 Health Monitoring is about looking after the health of the organisation's greatest asset, its staff, to assist in reducing sickness and to promote a caring work environment.
- 3.1.4 Thousands of workers have had their lives severely affected through being exposed to harmful substances in the workplace. More deaths are caused by work processors involving harmful substances such as silica dust from cutting cement, asbestos and diesel fumes etc than work place accidents.

### **3.2 Force Health Monitoring Arrangements**

- 3.2.1 The Force presently contracts in its occupational health monitoring requirements through an Occupational Health provider (OHP). The force, when required, also has access to specialist medical advice. The OHP, led by an Occupational Physician provides occupational medical advice to the Force on staff after having received a referral request from the Human Resources Department.
- 3.2.2 The Special Considerations section of individual job descriptions will include, where it has been identified through the role risk assessment, the requirement for health monitoring to be undertaken.
- 3.2.3 All Health monitoring medical appointments are to be arranged through the Human Resources Duties Section. All health monitoring reports are received by the Human Resources Department (.Health Monitoring). They in turn update the HR Merlin, DPR systems and place a copy of the report on the individual's electronic personal file. All psychological reports are forwarded to .Welfare office. See appendix 2 "Health Monitoring Booking for Medicals Action Flow Chart".
- 3.2.4 All other medical appointments (referrals) are co-ordinated through the Business Support Teams, Human Resources Department. Self-referral by individual members of staff is not permitted, except for emergency medical procedures, Hep B inoculations and under the Alcohol, Drugs and Substance Misuse Policy.
- 3.2.5 Staff wishing to gain access to their individual medical records should contact the Force's OHP direct.

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- 3.2.6 Any member of staff wishing to appeal against a medical finding must first advise their Line Manager in writing who in turn will refer the matter to the Head of Personnel Services (HPS).
- 3.2.7 The HPS will request the OHP to give consideration to reviewing their previous advice. Consideration will be given to seeking advice from an alternative medical practitioner.
- 3.2.8 Where a manager suspects that a member of their staff is suffering ill health as a consequence of undertaking a work activity on behalf of Dorset Police, they must immediately advise the HR Specialist (Health and Safety) and the appropriate Business Support Team. The BST who will in turn make arrangements for a medical referral appointment to the Force's OHP as soon as possible.
- 3.2.9 It is the responsibility of individual managers to ensure that, when they initiate the recruitment process they refer to this policy to ensure that, where it is required for that particular post/position, any stated medical requirements for the role are included within the recruitment process. The manager is to make the necessary arrangements by contacting the BST, Human Resources Department on extension 700 3819 for that person applying for that post/position to attend an occupational health medical. They will in turn make the appointment on the manager's behalf.
- 3.2.10 Confirmation of the appointment to the post/position shall only be subject to satisfactory attendance at Occupational Health and then subject to any medical recommendations provided by them to the force as to the suitability of the candidate for the role.
- 3.2.11 The manager undertaking the recruitment process will provide Occupational Health with the risk assessment relating to the role being advertised, if applicable and the candidate's total sickness record, if an internal candidate. This is to assist Occupational Health to provide an informed medical opinion to the Force.
- 3.2.12 Where it is stated in this policy that there are psychological risks attached to a role, it is the responsibility of individual managers to ensure that, where they have new staff who have or will be joining their business area, that their names are forwarded to the Welfare Unit extension 700 3880 to ensure they are placed on the list for health monitoring. Appointments for psychological screening are arranged directly between the manager and the external practitioners.
- 3.2.13 For staff applying for posts with a mandatory requirement to attend psychological health monitoring consultations, a pre selection questionnaire must be completed and forwarded to the Welfare Officer prior to appointment. This form will remain confidential to the Welfare Unit and Occupational Health. The purpose of the questionnaire is to ensure that individuals are not posted into roles that could adversely affect their health and wellbeing.
- 3.2.14 Where there is a stated requirement for health monitoring contained in this policy for a specified role to be undertaken, attendance by staff is mandatory. Mandatory attendance for psychological monitoring is defined at paragraph 3.2.15.
- 3.2.15 It has been assessed that certain work activities could expose staff to potential psychological risks. In such cases the Force operates a mandatory consultation arrangement. Mandatory consultation is defined as being, "the offer of a welfare consultation to a member of staff who may, for whatever personal reason, wish to decline the offer". Note of the offer and any refusal shall be made to the individual's

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personal file by the individual's manager by e-mail to the HR Service Support Team, Human Resources and the Welfare Unit. The manager should review the reason for refusal as part of the annual PPP process.

- 3.2.16 The Welfare Unit will meet with unit managers who have responsibility for staff included in the health monitoring programme on an annual basis. The Welfare Unit will provide explanatory information (booklet) for managers and staff giving details on the purpose and requirements of health monitoring consultation.
- 3.2.17 In cases where employees are subject to reviews whilst in employment and a medical issue is identified, the employee will be subject to the Health and Wellbeing Guidelines. One possible option may be redeployment. Please refer to the Health and Wellbeing guidance for further details. Any member of staff or manager requiring additional support over and above the agreed arrangements should contact the Welfare Unit and not the external provider. When issues are identified, all steps will be taken to provide support and assistance. However, in certain/same circumstances redeployment may be the last option.
- 3.2.18 Officers and staff that are diagnosed with a medical condition since completing a health monitoring medical or questionnaire or are suffering from any sort of health issue which could affect their ability to perform their role safely have a duty to inform their line manager immediately of their situation. The line manager will in turn notify the relevant Business Support Team. The Business Support Team will seek the advice of Occupational Health who, having been provided with the referral details, will advise the Force as to whether the member of staff remains fit to continue in their present role.
- 3.2.19 Officers and staff have a legal duty to assist the employer (Dorset Police) in achieving its statutory obligations. Where a person fails to attend a medical appointment without good reason they can be considered not to have co-operated with the employers reasonable instructions and therefore could be subject to disciplinary procedures and potentially be prosecuted. Attendance at a medical appointment is mandatory. The only accepted reason for non-attendance will be due to exceptional circumstances. Non-attendance will result in management involvement.

### **3.3 Health Monitoring Requirements**

- 3.3.1 The attached appendix identifies the health monitoring requirements for Dorset Police.

## 4 Consultation and Authorisation

### 4.1 Consultation

Version No:	Name	Signature	Date
Police & Crime Commissioner			
Police Federation			
Superintendents Association			
UNISON			
Other Relevant Partners (if applicable)			

### 4.2 Authorisation of this version

Version No:	Name	Signature	Date
Prepared:	Bob Aiston		30/1/16
Quality assured:			
Authorised:	Pete Channon	Pete Channon	5.2.16
Approved:			

## 5 Version Control

### 5.1 Review

Date of next scheduled review	Date: 11 02 17
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### 5.2 Version History

## 5.3 Version Control

Version	Date	Reason for Change	Created / Amended by
1.0		Initial Document	Mr R Aiston
2.0	01/06	Update Document	Mr R Aiston
3.0	08/09	Update Document	Mr R Aiston
3.1	07/11	Risk and rationale for individual groups' inclusion, included into policy. Firearms audio testing reviewed and extended. Psychological support extended.	Mr R Aiston
3.2	10/11	To amend requirement for advanced driver medical for over 45 years of age from annually to biennial	Mr R Aiston
3.3	12/12	To amend the requirement for officers under 45 years of age who are required to attend firearms advanced drivers medical to bring the frequency forward to two years to tie in with the firearms medical. Increase audiometry testing for motorcyclists from annual to biennial. Revision of arrangements for Health Monitoring bookings and replies. Addition of appendix 2	Mr R Aiston
3.4	7/11/12	Amend to reflect transitional change from DPA to PCC	Mr R Aiston
3.5	15/4/13	Vocational driver medical requirement included for C1/D1 licence holders. Requirement for annual audiometry testing for all firearms officers. Revision of TASER eyesight requirement. Additional group included into Psychological monitoring. Fast Water role requirements included Minor grammatical amendments.	Mr R Aiston
3.6	28/5/13	Paragraph requiring staff to declare any medical issues diagnosed contracted since completing last health screening medical. Firearms medical amended from annual to biennially.	Mr R Aiston
3.7	4/11/13	Paragraphs refereeing to psychological monitoring reviewed and amended. Grammatical errors at appendix 2 inserted. Note 2 & 6 amended.	Mr R Aiston
3.8	17/3/14	Document reviewed to: reflect the second stage transfer arrangements, new paragraph 3.2.19, minor grammatical corrections and inclusion of DVI role. Para 3.2.4 Hep B included.	Mr R Aiston
3.9	26/11/14	The policy has been reviewed in preparation for NICHE implementation (April 2015), no changes necessary	Policy Co-ordinator (6362)
3.10	14/1/16	New paragraph 3.4 Paragraph 3.2.18 re-worded. Appendix: firearms medical requirements updated in line with the CoP guidelines, advanced driver and standard driver medical requirements revised in line with FOM and APP and marine section medicals revised in accordance with Police Boat Codes and best practice. Update appendix 2.	Mr R Aiston

## 5.4 Related Forms

Force Ref. No.	Title / Name	Version No.	Review Date

## 5.5 Document History

<b>Present Portfolio Holder</b>	Director of Human Resources
<b>Present Document Owner</b>	HR Specialist (Health & Safety)
<b>Present Owning Department</b>	Human Resources
<b>Details only required for version 1.0 and any major amendment ie 2.0 or 3.0:</b>	
<b>Name of Board:</b>	
<b>Date Approved:</b>	
<b>Chief Officer Approving:</b>	

*Template version January 2013*

## Appendix 1 Health Monitoring Requirements – Revised November 2013

Psychological trauma, work related stress, depression and anxiety are seen as an area of some concern due to associated absenteeism and potential civil litigation. The Force's strategy requires managers to be proactive in identifying potential high-risk groups. These groups should be made aware personally of the Force's facilities and the mandatory requirement to attend health monitoring consultations as when stipulated. Interim additional sessions can be arranged if necessary. Reference can be made to the Stress Management Policy and Procedure.

The risk level has been calculated using the Force's risk management matrix.

<u>Category</u>	<u>Health Hazard</u>	<u>Interval</u>	<u>Standard or Legislative Requirement</u>	<u>Number of staff affected</u>	<u>Process</u>
<b>Dog Handlers</b>	Noise Exposure	Pre selection base Line check & then annual audiometry testing.	Control of Noise at Work Regulations 2005  Noise surveys where undertaken in December 2004 & July 2014. Reports can be obtained from the HR Specialist (Health and Safety).	19	Appendix ?
<b>Police Motor Cyclist and Covert Cyclists</b>	Noise Exposure (Note 1 page 19)  High speed driving etc	Pre selection base Line check & then biennial audiometry testing.  Pre-selection medical questionnaire and attendance at O/H for nurse led checks to assess fitness for role. Repeat every 5 <sup>th</sup> year. Key stone eye test carried out by DTU. Self-declare and attendance at O/H every other year for nurse led checks. Type 1 diabetes precluded from taking on role. Medical requirement only applies to those drivers actually undertaking the role.	Control of Noise at Work Regulations 2005  Management of Health and Safety Regulations 1999.  Guidelines for assessing fitness for Blue Light Driving, Faculty of Occupational Medicine 7/2013.  DVLA at a glance driving medical standards  Publication of APP anticipated 1/4/2016	16	

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<b>Marine Section</b>	Noise Exposure -wind	Pre selection base Line & then annually audiometry testing	Control of Noise at Work Regulations 2005. Noise surveys where undertaken in December 2004. Reports can be obtained from the HR Specialist (Health and Safety)	3
	Fitness for seafarers role. Emerging risk musclic skeletal (back/knees)	On application for role, applicant downloads ML5 medical questionnaire and undergoes GP medical. Repeat every 5 <sup>th</sup> Year	Police Boat Codes and best current practice	2 staff approximately annually
	Psychological trauma	Annual mandatory welfare consultation	Management of Health and Safety Regulations 1999	3
<b>Fast Water Trained Officers</b>	Contaminated Water	Tetanus and Hep A inoculations	Management of Health and Safety Regulations 1999	11
<b>Surveillance Staff</b>	Noise Exposure (Note 1 page 17)	2 yearly	Noise at Work Regulations 1989	8
<b>Firearms Instructors</b>	Noise exposure (Risk is increased due to exposure to firearms discharge)	Pre selection audiometry and then annually	Control of Noise at Work Regulations 2005. Noise exemption 5/8/2011	12
	To ascertain fitness and medically suitability for arduous role (Note 2 page 14)	Pre selection to ascertain medical suitability by completing medical questionnaire validated by GP. Attend O/H for nurse led checks. Self declaration every two years . Repeat full medical questionnaire every 7 <sup>th</sup> Year. Inclusion of	CoP firearms medical standards 3/2014	

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	Psychological Suitability	<p>diabetes medical standard. Firearms Medical questionnaire includes advanced driver medical questionnaire.</p> <p>Pre selection to ascertain suitability for role and thereafter annually</p> <p>Reactive intervention (TRIM) mandatory welfare consultation</p>	Management of H & S at Work Regulations 1999	
<b>Firearms Officers to include; TFU, Close Protection and AFO</b>	<p>Noise exposure</p> <p>To ascertain fitness and medically suitability for arduous role (Note 2 page 14)</p> <p>Psychological Suitability</p>	<p>Pre selection audiometry and then annually.</p> <p>Pre selection to ascertain medical suitability by completing medical questionnaire validated by GP. Attend O/H for nurse led checks. Self declaration every two years . Repeat full medical questionnaire every 7<sup>th</sup> Year. Inclusion of diabetes medical standard. Firearms Medical questionnaire includes advanced driver medical questionnaire.</p> <p>Pre selection to ascertain suitability for role and thereafter annually</p>	<p>Control of Noise at Work Regulations 2005.</p> <p>COP firearms medical standards 3/2014</p> <p>Management of H &amp; S at Work Regulations 1999</p> <p>Management of H &amp; S at Work Regulations 1999</p>	52

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	Psychological trauma	Reactive intervention mandatory welfare consultation	Management of H & S at Work Regulations 1999	
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#### Note 2:

The majority of Firearms Officers are required to obtain advanced driver status. Firearms medical will contain all the elements of the advanced driver medical.

Psychological monitoring is undertaken in the first instance by the AFO's Line supervisor and by the Firearms Training team.

Air monitoring of the Range was undertaken whilst firing was in progress in December in 2009 and 2013 which showed that exposure levels to lead were well below the statutory exposure standards.

Previous health screening of Firearms Instructors included the annual taking of blood for lead content analysis. The results of this invasive procedure showed that the quantity of lead found was extremely small to negligible and well below the statutory exposure standard. It was therefore felt that, as no adverse readings were identified there was no justifiable reason to continue carrying out this invasive procedure. However, lead in Blood monitoring was carried out in 2007 due to the introduction of alternate new weapons and repeated in 2013 to verify that personnel exposure limits were not being exceeded and to further validate that the air extraction system was working satisfactory. On both occasions the levels found were well below acceptable limits.

The 2013 air monitoring programme also included the monitoring of gases from the range heating system. Again, no adverse readings were identified. Air monitoring reports held on file

3/2014 revised COP firearms medical standards published. New standards where introduced in-to Force 1/4/2015. Advanced driver requirement of firearms role to fall into line with firearms medical standard of repeat every 7th year instead of 5 yearly as per advanced driver requirement. Reason due to self-declaration and BP ect checks every 2<sup>nd</sup> year.

<b>Control Room Operators</b>	Noise exposure (Note 3 page 15)	Pre-employment base line audio test on recruitment and posting.	Control of Noise At Work Regulations 2005	17 last 12 months
<b>Call Handling agents, PNC Operators, PEC Dispatchers (5)</b>	Noise Exposure (Note 3 page 15)	Pre-employment base line audio test on recruitment and posting.	Control of Noise At Work Regulations 2005	50

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<p><b>Note 3:</b> Research has indicated that these categories of staff are not at foreseeable risk of hearing damage. However, base line measurements for the same reasons as for tape summarisers are considered essential.</p>				
<b>CSI</b>	<p>Nuisance dust Aluminium powder Infectious diseases.</p> <p>Foreseeable Potential psychological trauma</p>	<p>3 yearly lung function test</p> <p>Annual mandatory Welfare consultation</p>	<p>Control of Substances Hazardous to Health Regulations 1999.</p> <p>Management of H and S at Work Regulations 1999</p>	34
<b>Rifle Range Cleaning Staff</b>	<p>Lead (Note 4 page 15 )</p>	<p>Pre-employment (Advice)</p>	<p>Control of Lead at Works Regulations 1999</p>	0
<p><b>Note 4:</b> Lead in air monitoring carried out in 2000 and 2010, during which time male and female staff were cleaning the range, identified that exposure levels were below the statutory exposure limit. Female staff of childbearing age are at greater risk from lead exposure. Present exposure levels suggest that invasive blood analysis for lead content is not justified.</p>				
<b>Coroner's Office</b>	<p>Foreseeable potential psychological trauma</p>	<p>Pre selection screening for role and then annual mandatory welfare consultation</p>	<p>Management of H &amp; S Regulations 1999</p>	7
<b>Garage Mechanics &amp; Vehicle Examiners Workshop Manager</b>	<p>Skin disorders</p>	<p>3 yearly hand examination by Occupational Nurse and yearly by Garage Supervisor</p>	<p>Control of Substances Hazardous to Health Regulations 1999</p>	10
<b>Police Recruits</b>	<p>Fit for role</p>	<p>Pre-employment medical examination</p>	<p>ACPO (3/98)</p>	20
<b>Police Staff</b>	<p>Fit for employment (Note 5 page 17)</p>	<p>Pre-employment medical examination</p>	<p>Suitable for employment in a given role</p>	Variable
<p><b>Note 5:</b> Where the applicant declares a health condition after having been offered a post, a further confidential declaration of health is requested and provided to the Force Medical Officer who in turn advises the Force on the applicant's suitability for that post. Adaptations will be considered.</p>				

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<b>Special Constables</b>	Fit for Role	Pre-employment Confidential Health questionnaire and medical. Mandatory fitness test as of the 01/09	ACPO 3/98	Variable
<b>Serious and Organised Crime Agency</b>	Noise exposure (Note 6 page 16)	Audiometry prior to and returning from NCS secondments)	Noise at Work Regulations 1989	5
<p><b>Note 6:</b> Officers are required to undertake lengthy periods of surveillance, in some cases on motorcycles. It is well documented that operating a motorcycle can have a detrimental affect on a person's hearing.</p>				
<b>Advanced Drivers</b>	High speed driving etc ( Note 1 page 19)	Pre-selection medical questionnaire and attendance at O/H for nurse led checks to assess fitness for role. Repeat every 5 <sup>th</sup> year. Key stone eye test carried out by DTU. Self-declare and attendance at O/H every other year for nurse led checks. Type 1 diabetes precluded from taking on role. Medical requirement only applies to those drivers actually undertaking the role.	Management of H & S at Work Regulations 1999  Guidelines for assessing fitness for Blue Light Driving, Faculty of Occupational Medicine 7/2013  DVLA at a glance driving medical standards  Publication of APP anticipated 1/4/2016	200
<b>Standard Drivers (response/pursuit)</b>	High speed driving etc ( Note 1 page 19)	Self declaration medical screening questionnaire to assess fitness for role. Every fifth year repeat self-declaration questionnaire. Key stone eye test carried out by DTU. Type 1 diabetes precluded from taking on role. This medical requirement only applies to those drivers actually	Management of Health and Safety Regulations 1999  Guidelines for assessing fitness for Blue Light Driving, Faculty of Occupational Medicine 7/2013  DVLA at a glance driving medical standards	700+

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		undertaking the role.	Publication of APP anticipated 1/4/2016	
<p><b>Note 1:</b> Guidelines for assessing fitness for Blue Light Driving, Faculty of Occupational Medicine 7/2013 and the Driver and Vehicle Licensing Agency in collaboration with the Medical Commission on Accident Prevention, Authorised Professional Practice (anticipated 1/4/16) recommend that drivers of emergency vehicles fall within Group 2 medical standard requirements. Frequency of audiometry testing for motorcyclists to be increased if individuals experience problems.</p>				
<b>Family Liaison Officers (Ops Div)</b>	Foreseeable potential psychological trauma	Pre selection to role and then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	19
<b>Imaging unit (Photographic unit) (HQ)</b>	Foreseeable potential psychological trauma	Pre selection to role then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	10
<b>Seconded Officers Overseas</b>	Foreseeable potential psychological trauma	Mandatory pre deployment. And on return to Force.	Management of H & S at Work Regulations 1999	Not known
<b>Offender Management Team (HQ CID Support)</b>	Foreseeable potential psychological trauma	Pre selection to role then 6 monthly mandatory welfare consultation	Management of H & S at Work Regulations 1999	14
<b>Foundation Undercover Officers</b>	Foreseeable potential psychological trauma	Pre selection to role then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	18
<b>High Tech Crime Unit (HQ CID Support)</b>	Foreseeable potential psychological trauma	Annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	9
<b>Road Death File Preparation Officers</b>	Foreseeable potential psychological trauma	Pre selection to role then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	6
<b>Rhino (sit aside) Bike Operators</b>	Noise Exposure	Base Line on selection to role and then annually	Noise at Work Regulations	9
<b>PCSOS</b>	Fit for role	Pre-employment	Management of H & S at	14

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		Medical and mandatory fitness test.	Work Regulations 1999	
<b>Detention Officers</b>	Fit for role	Pre employment Selection for role medical and then medical at; 40 years of age – 3 yearly 45 years of age – 2 yearly 50 years of age – annually	Management of H & S at Work Regulations 1999	50
<b>RPU Inspectors</b>	Foreseeable potential psychological trauma	Pre selection to role questionnaire then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	3
<b>Disaster Victim Recovery Officers</b>	Foreseeable potential psychological trauma	Post deployment	Management of H & S at Work Regulations 1999	46
<b>Dedicated Source Handling Unit</b>	Foreseeable potential psychological trauma	Annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	18
<b>Child Abuse Investigation Team</b>	Foreseeable potential psychological trauma	6 monthly mandatory welfare consultation	Management of H & S at Work Regulations 1999	23
<b>Child Safeguarding Referral Unit and Domestic Officers</b>	Foreseeable potential psychological trauma	6 monthly mandatory welfare consultation	Management of H & S at Work Regulations 1999	10 DVO's 18 SRU
<b>Witness Protection</b>	Foreseeable potential psychological trauma	Annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	4
<b>Witness Care</b>	Foreseeable potential psychological trauma	Annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	9
<b>Family Liaison Officers (HQ CID Support)</b>	Foreseeable potential psychological trauma	Pre selection to role and then annual mandatory welfare consultation	Management of H & S at Work Regulations 1999	42

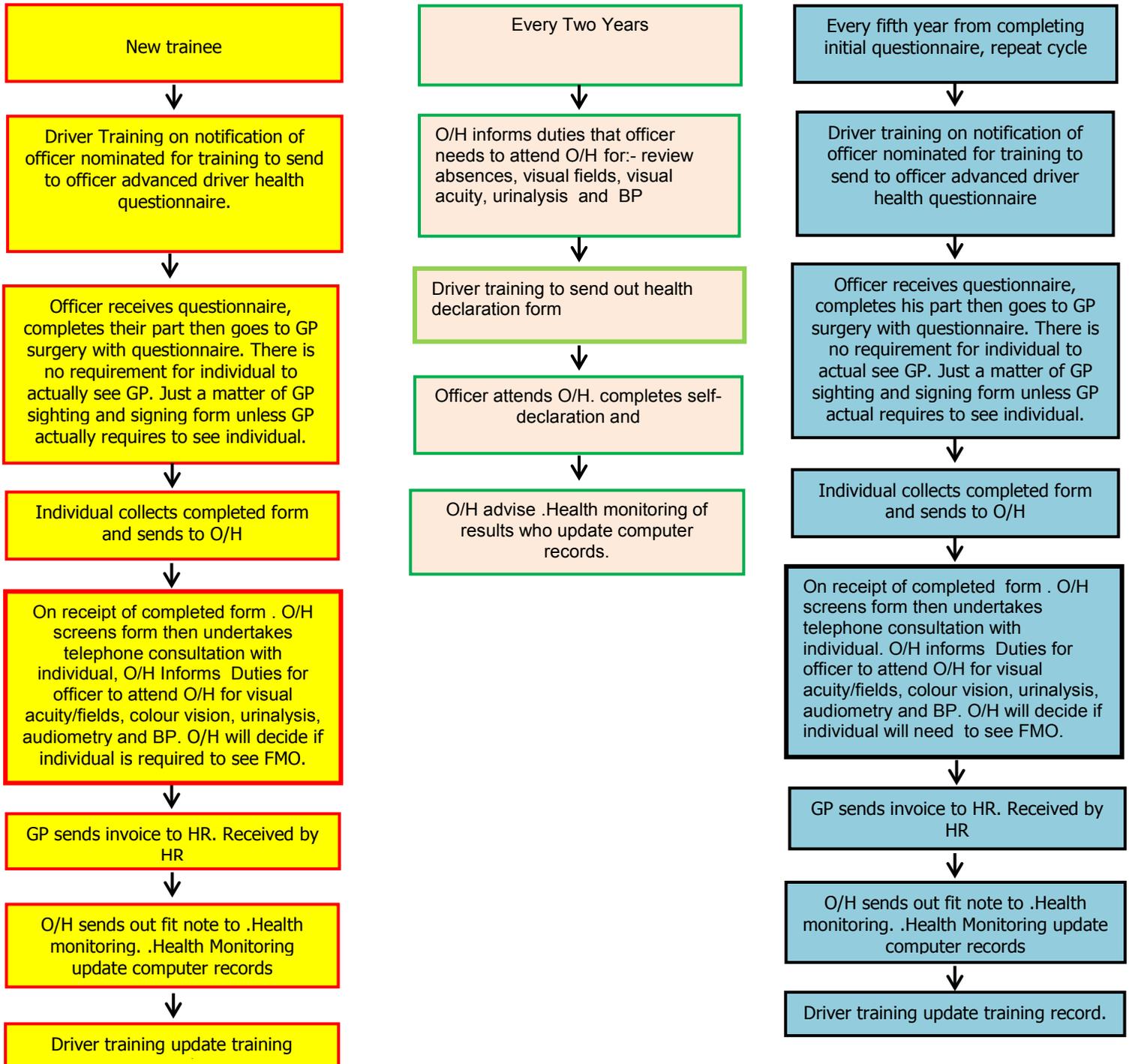
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<b>Taser Authorised Officers</b>	Misappropriate use of equipment to others	Pre selection to role and then bi-annually key stone eye sight test to the same standard as firearms officers	Management of H & S at Work Regulations 1999. CoP National Police Firearms Training Curriculum 3/2014	22 ?
<b>Restricted Duties Officers</b>	Restricted role leading to further foreseeable potential physical and/or psychological exposure	Mandatory health questionnaire covering psychological and physical. To be undertaken 12 months from commencement of restricted duties and thereafter.	Management of H & S at Work Regulations 1999	40 but only 1 in 4 see FMA
<b>Night workers</b>	Incompatibility/difficulty undertaking night work due to health reasons	Annual health questionnaire	Working Time Regulations	30 paper shift of those who complete a questionnaire, 1 in 4 see occupational health
<b>Force negotiators</b>	Foreseeable potential psychological trauma	Pre employment re counselling and thereafter 12 monthly	Management of H & S at Work Regulations 1999	16
<b>Trim Practitioners'</b>	Foreseeable potential psychological trauma	Pre employment re counselling and thereafter 12 monthly	Management of H & S at Work Regulations 1999	8
<b>VISOR</b>	Foreseeable potential psychological trauma	Pre employment re counselling and thereafter 12 monthly	Management of H & S at Work Regulations 1999	5
<b>Mini bus/PSU carriers/lorry drivers</b>	Fitness to drive	All new drivers. Drivers over age 45. Check with Force Driver Manager for full exceptions	DVLA vocational driver requirements	30
<b>CMP Managers</b>	Noise Exposure	Pre selection base Line	Noise at Work Regulations 2005	12
<b>DVIs</b>	Infectious diseases	Base line (UK) Additional (international)	Overseas deployment paper identification of resources 2013 identifies inoculations	30

## Appendix 2 – Role Health Monitoring processes

### Advanced Driver Health Monitoring Process

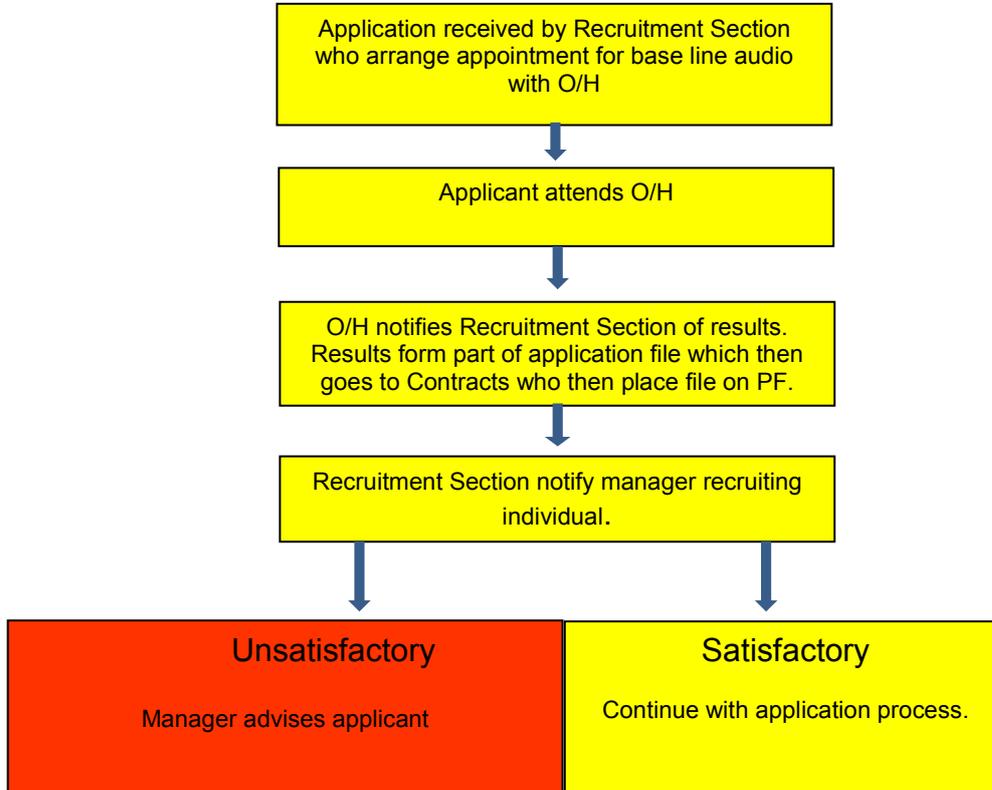
Version 8/10/2015



# Not Protectively Marked

## Force Control/Public Enquiry Centre Health Monitoring Process

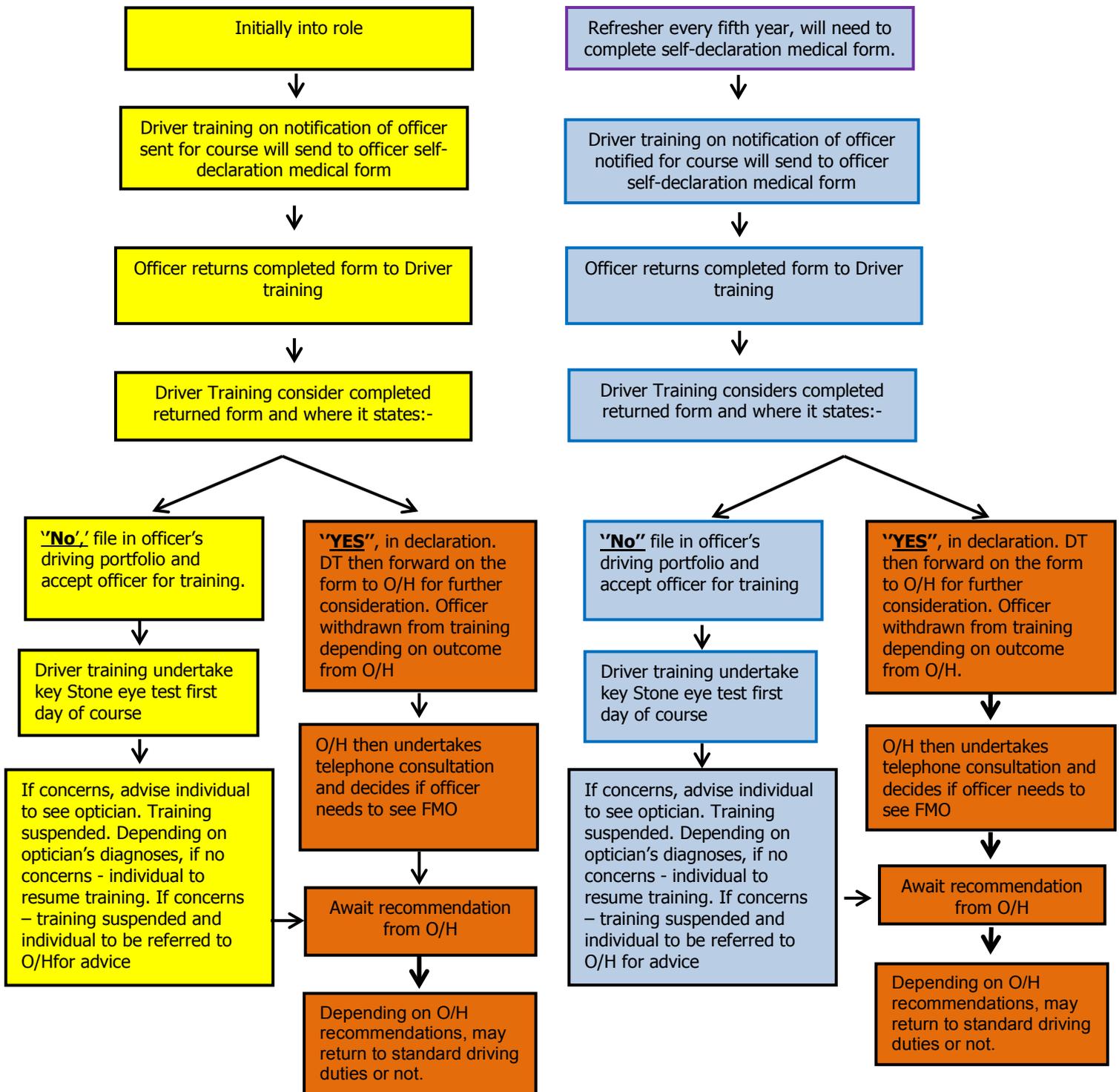
Base line audiogram only on recruitment



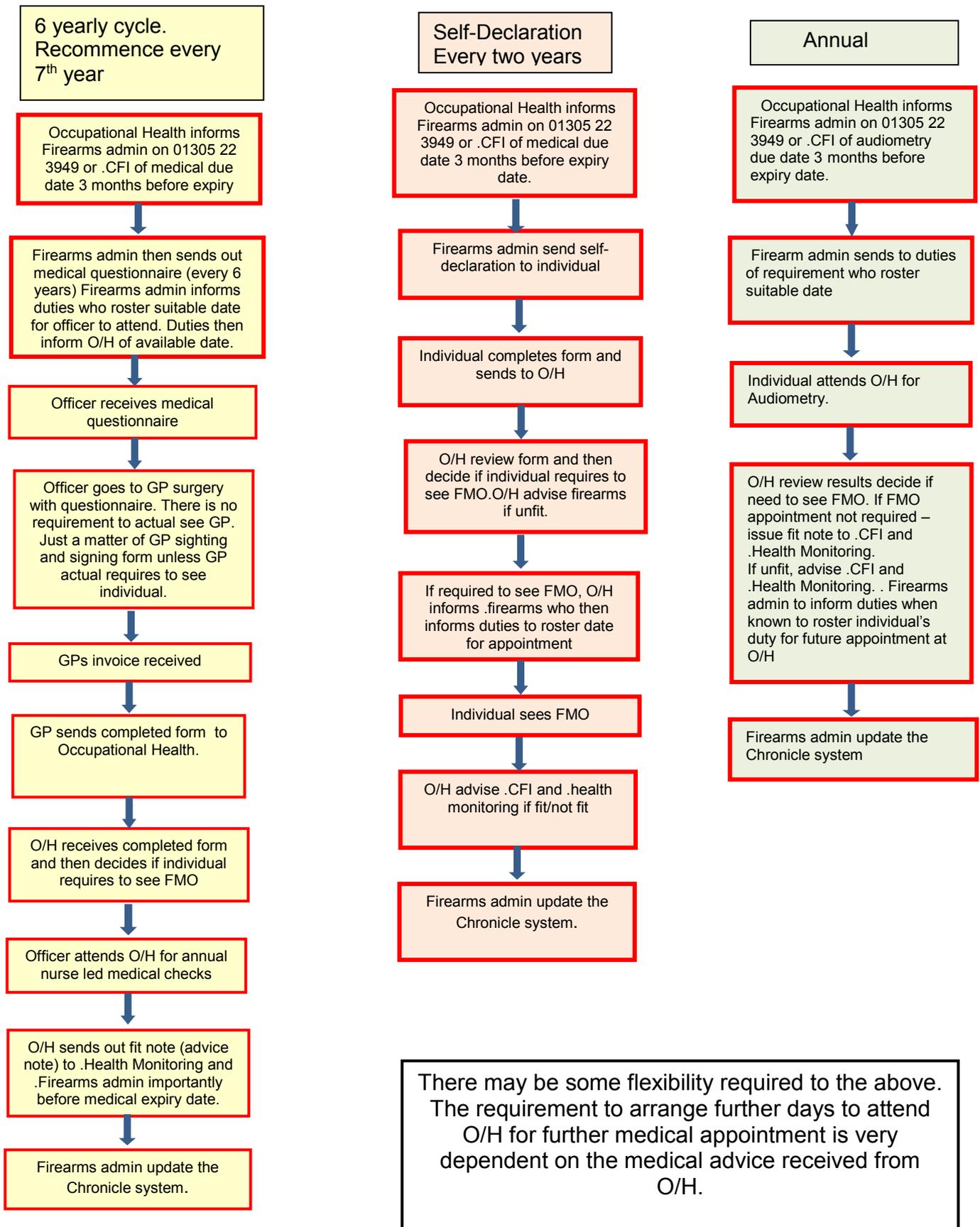
Version 18/2/2015

Standard (Response Driving Health Monitoring Process)

Version dated: 12/1/2015

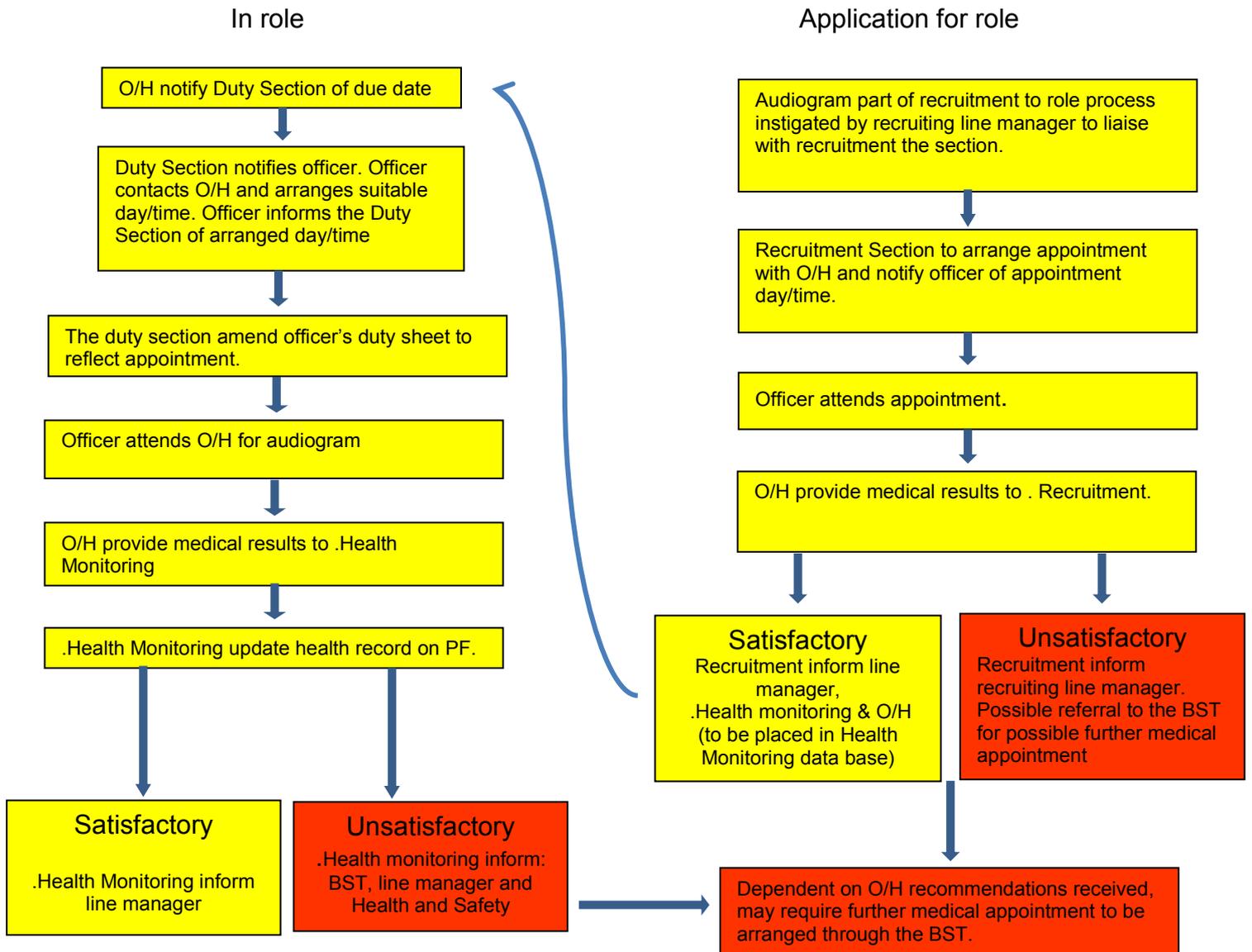


Firearms Health Monitoring Process



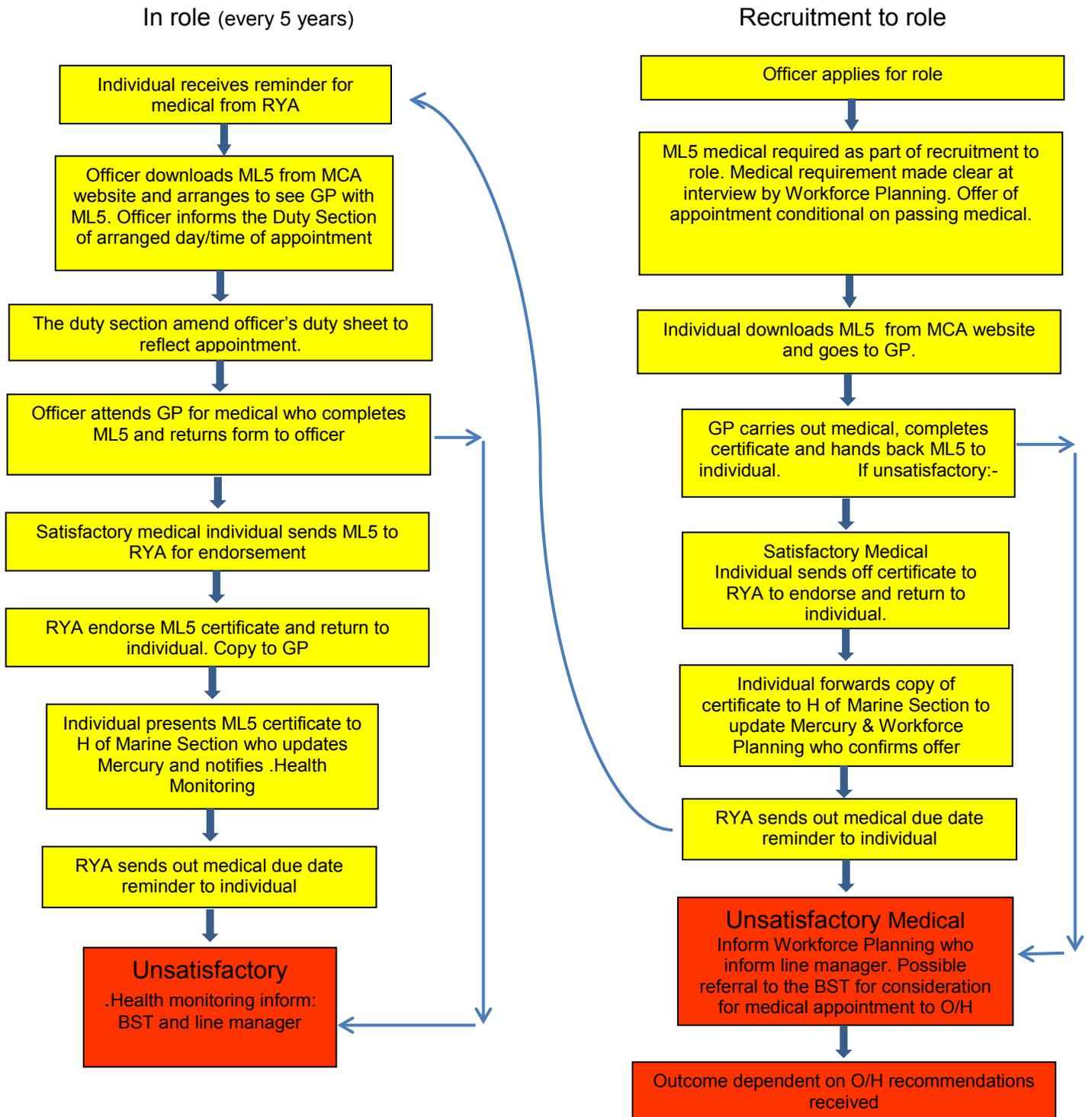
**Not Protectively Marked**

Dog Section Health Monitoring Process



Version 18/2/2015

Marine Section Health Monitoring Process

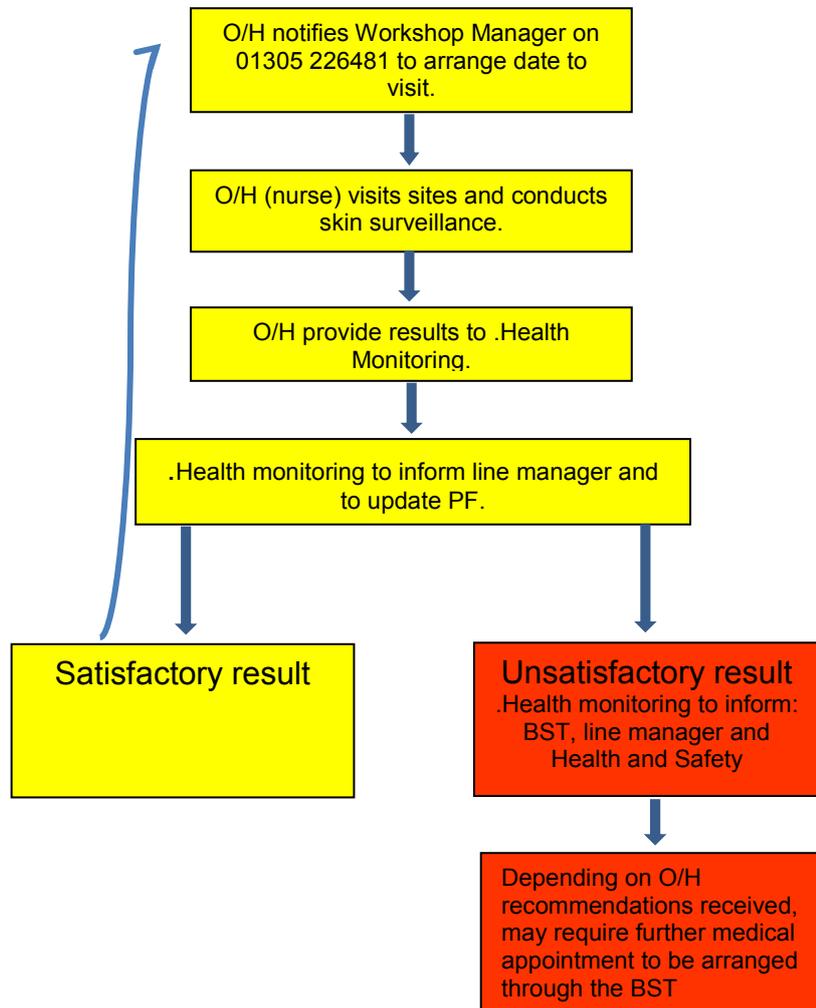


Version dated 12/2015

# Not Protectively Marked

## Garage Mechanics Health Monitoring Process

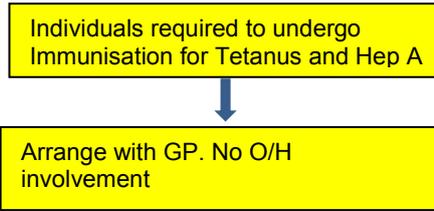
In role



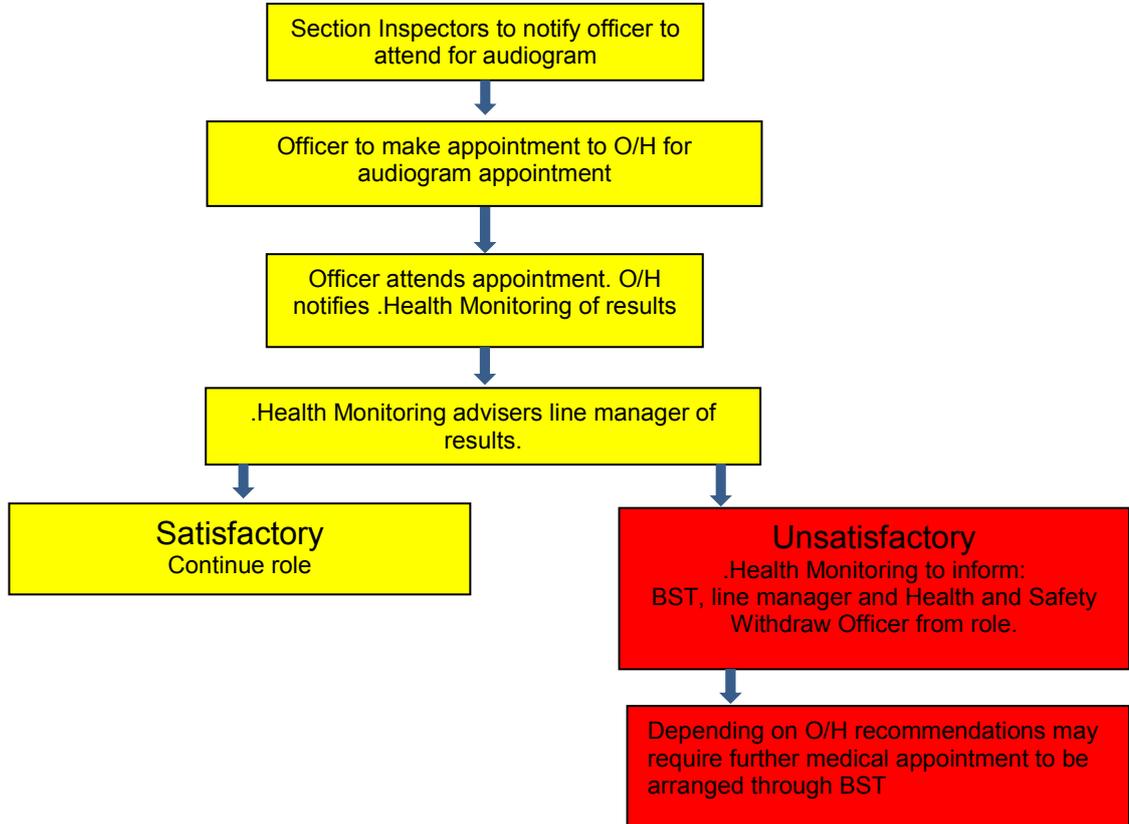
Version 18/2/2015

## Not Protectively Marked

### Fast Water Health Monitoring Process

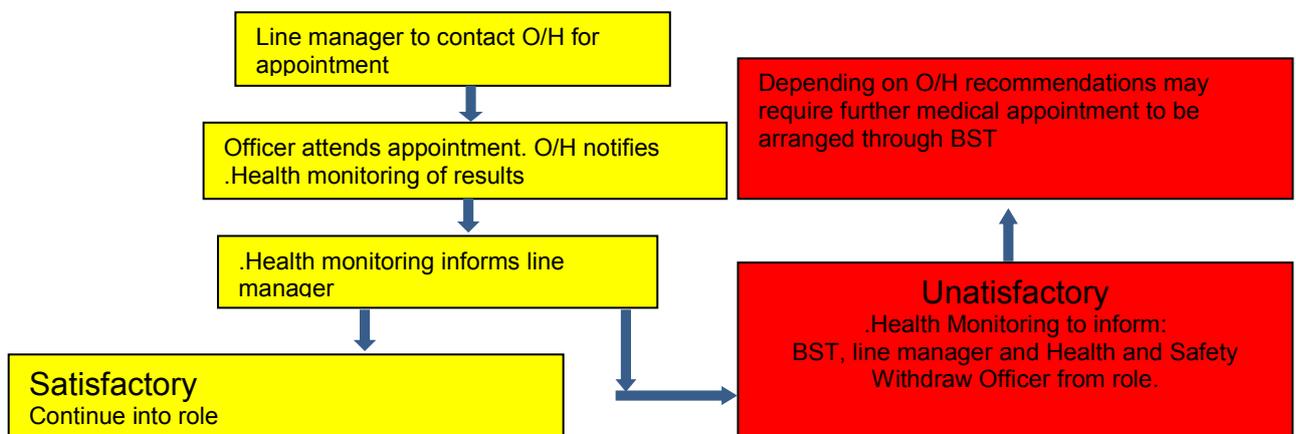


### Quad Rhino Bike Operators Health Monitoring Process



### CMP Managers Health Monitoring Process

Base line audiogram only on recruitment



Version 18/2/2015

### Appendix 3 - Notes:

- Occupational health provide an automatic medical appointments call up system.
- **.Duties Firearms & Public Order** is the only avenue into the Force when advising the Force when an individual is due to attend a medical. The duties section in turn will arrange an individual's duty so that they may attend a medical appointment in duty time.
- **.Health monitoring, .firearms training** (firearms officers only) and **.Driver Training Unit** (for driving only )are the only Email addresses Occupational Health will use to notify the Force of all health monitoring reports.
- Only hearing assessment reports are automatically downloaded onto page 13 of the DPR once the information is entered on the Merlin HR management system.
- The majority of managers do not have access to the Merlin HR management system and therefore are unable to arrange or record their own staff's health monitoring requirements.
- Managers do have access to DPR which do contain medical dates.
- **.firearms training** maintains a chronicle record system. **.Driver training** maintain a DPR driver training record system but not a medical record system. They both presently have pages on DPR to record driving and firearms authorisations.
- All health psychological monitoring reports go directly and only to **.welfare office**.
- **.Welfare office** forward psychological attendance dates only to **.firearms training**
- Recruitment medicals are arranged outside of the above procedure.
- Managers have a responsibility to notify **.Health monitoring** of any new staff joining their business area that come within the health monitoring requirements.