



# Civil Nuclear Constabulary



Authorised Firearms Officer Pre-employment Medical Guidance

## Introduction

The role of Authorised Firearms Officer within the Civil Nuclear Constabulary (CNC) is physically and mentally demanding. The CNC are committed to safeguarding the physical and mental wellbeing of all its' employees and to minimising risk to others. CNC has developed bespoke medical guidance which is considered when assessing the medical suitability of applicants to the role and at annual medical during the career of the Authorised Firearms Officer (AFO). Applicants are also required to pass a Multi Stage Fitness Test on recruitment and regularly throughout their career (information on this will be provided separately).

It is important that applicants carefully read this document and consider any underlying medical conditions prior to applying for the role of AFO with the CNC.

In compliance with the Equality Act 2010, all medical information will be handled and stored confidentially within the CNC medical system and will only be accessed by those CNC personnel, employed within the CNC Occupational Health and Wellbeing team who are permitted, by medical confidentiality to do so. Candidates must be aware that any invite to assessment centre does not imply medical suitability.







Medical assessments of candidates will begin following the successful passing of a PNC check and this activity will run concurrently with the recruitment process. The recruitment team will not have any input into the medical element of the process and any medical information provided by candidates must be disclosed to Occupational Health and Wellbeing only.

The CNC has an expert Risk Assessment Panel (RAP) who (with appropriate consent from the applicant to view the relevant information regarding their medical condition) take an informed risk-assessed approach to considering the potential risks to the applicant, the organisation and wider population where any individual has a medical condition which may potentially impact upon the ability to carry out the role of AFO within the CNC both immediately and the implications for the future.



***CNC actively supporting a healthier workplace***

## Pre-placement medical process

	<b>Successful Initial Stages</b>	Occupational Health provides applicants with a set of medical forms to complete.
	<b>Applicant submits medical forms to Occupational Health</b>	Applicants should commence the process of completing forms as soon as they are received so that they are ready for submission as soon as they are completed.
	<b>Forms are triaged</b>	Occupational Health review medical forms to determine next steps in applicant's medical assessment.
	<b>Applicant will be advised of outcome of triage / triage RAP</b>	<p>Potential outcomes include:</p> <ol style="list-style-type: none"> <li>1: Applicant can proceed to attend a medical and fitness test</li> <li>2: Further information may be requested from applicant's own GP or specialist</li> <li>3: Applicant's medical file may be referred to the Risk Assessment Panel for decision regarding their suitability for the role</li> </ol>
	<b>If applicant is cleared to attend a medical and fitness test an appointment will be sent</b>	<p>Potential outcomes include:</p> <ol style="list-style-type: none"> <li>1: Declared fit for the role</li> <li>2: Temporarily Unfit pending further information</li> <li>3: Applicant is referred to the Risk Assessment Panel</li> </ol>
	<b>Applicant receives formal notification of medical result of medical assessment</b>	RAP referral: the panel meet approximately every two weeks. Please note, that it can take up to four weeks before presentation of case at RAP. Applicant is advised of the outcome as soon as possible following completion of the follow up paperwork within the Occupational Health team.

# What is the pre-employment medical?

All operational police officers will undergo a pre-placement medical, carried out by the OH Physician and supported by OH Nurse Advisor(s) and Technician(s), which will take up to 1.5 hours. Applicants are entitled to request a chaperone at the medical examination and trained chaperones will be available on the day.

**Applicants should be advised that they will be required to remove their clothing down to their underwear to enable the necessary examination to be conducted.**

The following areas will be examined at medical:

<b>Ears Nose and Throat Disorders</b>	<ul style="list-style-type: none"> <li>● Otoscope examination of the external auditory meatus and tympanic membrane</li> <li>● Audiometry using Bekeesy method</li> <li>● Throat, if indicated by Declaration of Health (DOH)</li> </ul>
<b>Cardiovascular System</b>	<ul style="list-style-type: none"> <li>● Heart rate and rhythm</li> <li>● Blood pressure</li> <li>● Auscultation of heart sounds</li> <li>● Check legs for varicose veins</li> </ul>
<b>Respiratory System</b>	Lung function tests by spirometry. Check Expansion, Percussion Note and breath sounds
<b>Alimentary System</b>	Examine abdomen; any other examination if indicated by DOH
<b>Nephro-Urogenital System and Endocrine System</b>	Check urine sample for glucose, blood and albumin
<b>Skin Conditions</b>	Examine exposed skin and larger area if indicated by DOH
<b>Orthopaedic and Soft Tissue</b>	Carry out check of joint and spinal movements with special reference to any areas highlighted by the DOH
<b>Infectious Disorders</b>	Only if indicated by DOH
<b>Miscellaneous Conditions</b>	<ul style="list-style-type: none"> <li>● Smoking and alcohol history; general impression (appropriate lifestyle advice to be given)</li> <li>● Height, weight and BMI (Body Fat if BMI exceeds 30)</li> </ul>
<b>Neurological Disorders</b>	Complete neurology examination
<b>Mental Health</b>	Detailed history of any problems disclosed in the DOH and GP report and or consultant opinion, if indicated
<b>Visual Standards</b>	<ul style="list-style-type: none"> <li>● Visual acuity and colour vision</li> <li>● Ophthalmoscopic examination of fundi</li> <li>● Normal Vision fields (checked by confrontation unless detailed assessment clinically indicated)</li> </ul>

The CNC has its own bespoke medical standards which are derived from a number of relevant sources. Home Office Police Officer entry standards as detailed within Home Office circular 59/2004 are considered in all instances, but in addition:

College of Policing have produced medical guidance for AFOs, which is largely aligned to DVLA group 2 guidance (with some additions based on the unique nature of the AFO role).

As such, applicants should initially refer to the DVLA guidance to consider the suitability of any underlying medical condition.

Applicants should also be aware that CNC AFOs are based on nuclear sites and although they are not regarded as classified workers, Ionising Radiation regulations must be considered.

In addition, the following must be considered (NB this list is not exhaustive and any condition not listed below or contained within DVLA Group 2 guidance will be risk assessed on a case by case basis):

## Eyesight

Pre-employment applicants will be required to submit an opticians form completed by a qualified optometrist to confirm normal visual fields of at least 160 degrees horizontally and 100 degrees vertically, free from any large defective areas. Detailed field of vision checks may be necessary depending on medical history.

Binocular vision: 6/7.5 aided or unaided (6/12 or better worst eye).  
Unaided 6/36 (When successful correction has been achieved using soft contact lenses unaided standard need not apply - Glasses **are not acceptable** to meet the eyesight standards).

Officers are required to meet a colour vision standard. If 38 plate Ishihara test indicates abnormalities, 3rd edition City University Test must confirm applicants can achieve less than 3 total errors on part 2 of the test and Farnsworth-Munsell D15 must show that applicants can achieve less than 2 major crossings.

Eye surgery is unlikely to be suitable where there is significant weakening of the cornea. In the case of surgery without weakening of the cornea, 6 weeks must have passed following surgery.

Serious eye conditions that are likely to impact upon an individual's ability to be an AFO include: history of detached retina, glaucoma, photorefractive keratotomy. Other less serious conditions such as squint may require individual practical assessment to be undertaken.

## Hearing and Ears

Good hearing is important to enable an individual to meet the competencies required of an AFO within the CNC and the CNC is committed to safeguarding the individual from experiencing potential job-related hearing loss by ensuring the use of appropriate hearing defence. Use of hearing aids (including implanted devices) to achieve hearing standards is not compatible with the role of AFO within the CNC.

Applicants are unlikely to be suitable when they have (or are likely to have in a short timeframe) more than an average of 20dB loss over range 500 –4000 Hz when the audiogram is taken using a sound proof booth, as well as not having the sum of hearing loss > 84db over 0.5, 1, 2 KHz frequencies and > 123db over 3, 4, 6 KHz frequencies. Unilateral hearing loss of a similar magnitude or indication that applicant has suffered significant loss in one or both ears which is likely to affect their ability to meet the standards in the near future.

Any condition affecting the inner ear will be considered carefully to ensure that it will not affect hearing. NB any ear condition which results in active / chronic perforation is unlikely to be suitable. Any other condition affecting ears or hearing will be considered on a case by case basis.

## Respiratory

Conditions which may impact on your ability to meet the requirements of the role of AFO include: any persistent respiratory disease impairing exercise capacity, Chronic Obstructive Pulmonary Disease (COPD) affecting exercise capacity, active tuberculosis, exercise induced asthma due to inability to access inhaler, Non Asthmatic Chronic Respiratory disorders, Asthma currently in treatment including inhalers, FEV 1% less than 75 and/or FEV1 or FVC more than two standard deviations below predicted norm.

## Hypertension

If blood pressure exceeds 140/90, refer to GP for assessment and consideration of medication. Allow continuation of recruitment activities once blood pressure stabilised with no side effects from medication.

## Metabolic Disorder

Any metabolic disorder will be considered on a case by case basis.

## Weight / body fat

Healthy BMI should be between 19 and 30 (where above 30, percentage body fat should not exceed Male – 25%, Female – 32%), applicants will be assessed on a case-by-case basis, considering other life style factors, medical / fitness test results etc, employment will be deferred until this is within normal limits. As such, applicants should ensure that the required BMI / body fat limit is reached prior to attendance at medical examination.

## Diabetes

Due to the risk to the individual and others in the event of an operational incident that resulted in an individual being unable to administer insulin or take medication for a prolonged period of time, individuals who require medication to control their diabetes are normally not compatible with the role of CNC AFO. Those with diet-managed diabetes will be risk assessed on a case by case basis.

## Voice

Any condition which affects the individual's ability to communicate effectively via radio etc is likely to affect individual's ability to be an AFO with the CNC.

## Alimentary System

Conditions that are likely to impact on an individual's ability to be an AFO within the CNC include unresolved: Inflammatory bowel disease, Crohn's disease, Ulcerative Colitis, chronic liver disease, Chronic biliary tree disorder, chronic pancreatitis, Stoma. Any resolved condition will be risk assessed on a case by case basis.

## Genito-urinary disorders

Conditions which are likely to impact on your ability to meet the requirements of the role of AFO include: chronic genito-urinary disorders, persistent major urethral abnormality (treatment is likely to be protracted).

## Renal Disorder

Conditions which are likely to impact on your ability to meet the requirements of the role of AFO include: History of nephritis and ongoing impairment, polycystic kidney disease, Irreversible renal failure, Renal dialysis (Haemo/CAPD).

## Skin

Conditions which are likely to impact on your ability to meet the requirements of the role of AFO include: Extensive skin disease with chronic discomfort or disruption of dermal integrity, widespread eczema/dermatitis, psoriasis.

## Haematological disorders

Conditions which are likely to impact on your ability to meet the requirements of the role of AFO include: Polycythaemia (Haematocrit >0.55), Thalassaemia major with severe chronic anaemia, Sickle cell disease (anaemia and crises), Mild symptomatic haemophilia, Anticoagulation therapy including warfarin.

## Musculoskeletal

Conditions which are likely to impact on your ability to meet the requirements of the role of AFO include: Any key joint replacement surgery (e.g. Hip or knee), History of laminectomy, History of major joint surgery, Recurrent dislocation of major joint, Major foot deformities, muscle wasting, effects of Cerebral Palsy, Chronic orthopaedic problems, Endoprosthetic replacement, Osteochondritis dissecans, cervical discectomy (+/- fusion), Multiple level lumbar disease.

## Psychiatric

**Minor/Short-lived Anxiety and Depression and More severe Anxiety and Depression without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts** – Cases will be risk assessed, if the panel is able to satisfy themselves that there is minimal risk, then applicants may be considered fit for employment when a minimum of 6 months has elapsed from becoming well and stable after incident (a minimum of 6 months must have elapsed post completion of medication).

**More Severe Anxiety disorders/depressive illnesses (with significant memory or concentration problems, agitation, behavioural disturbances or suicidal thoughts) or more than two occurrences of less severe disorders/depression** – Cases will be risk assessed, if the panel is able to satisfy themselves that there is minimal risk, then applicants may be considered fit for employment when a minimum of 2 years has elapsed from becoming well after incident, a minimum of 6 months must have elapsed post completion of medication.

For any queries regarding the content of this document, please email: [medicals@cnc.police.uk](mailto:medicals@cnc.police.uk)

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