

# **Constable Selection System**

**Self Assess!  
Medical Requirements for Candidates**



## Constable Selection System

The Constable Selection System (CSS) requires that the medical assessment of police constable applicants take place only after a conditional offer of employment is made by the hiring police service.

The information contained in this booklet outlines the hearing and vision standards, as well as the medical assessment requirements of the CSS. This information is being provided at this early stage of the process to assist candidates in determining their suitability for the position of police constable. The information allows candidates to make an informed decision about pursuing a career in policing before they expend significant resources. It is recognized that early disclosure of this information would benefit both the employer and the prospective job applicant.

The pre-interview assessment involves technician-administered vision and hearing tests. If you fail to meet the standards of any of the technician-administered vision or hearing assessments, you will be referred for further examination by an appropriate specialist.

The final stage of the selection process involves a medical clearance. Candidates are required to complete a medical history questionnaire and undergo a comprehensive physical examination by a physician. The medical suitability of an applicant will be determined solely on the basis of the medical examination conducted by the examining physician acting on behalf of the hiring police service. Through the medical evaluation, the examining physician must detect any medical condition determined to have the potential to prevent an individual from performing safely and effectively the tasks required of a police constable.

An applicant will be disqualified due to the presence of any medical condition, treatment, limitation, or disease that, in the performance of essential police duties:

- inhibits performance to a degree that, even with accommodation, essential duties cannot be completed safely and effectively;
- increases, to an unacceptable level, the risk to the applicant's personal health;
- increases the applicant's risk of sudden incapacitation or impaired judgment;
- can result in the transmission of an infectious disease to a co-worker or the public; or
- renders the individual unfit to be a *professional driver*, according to the Canadian Medical Association (CMA).

A list of Medical Conditions that constitute grounds for disqualification is included below. Please note that the list presented is not comprehensive. It is recommended that applicants self assess before they commit themselves to the testing fees of the pre-interview stage of the process.

Applicants, however, should not discuss their particular medical conditions with the employer at this stage of the process.

## Standards – Pre-Interview Stage

### Vision requirements:

- uncorrected visual acuity – at least 20/40 (6/12) with both eyes open
- corrected visual acuity – at least 20/20 (6/6) with both eyes open
- farsightedness – the amount of hyperopia must not be greater than +2.00 D, spherically equivalent in the least hyperopic eye.
- lateral phoria “far” – in excess of 5 eso or 5 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments
- lateral phoria “near” – In excess of 6 eso or 10 exo, requires additional information from an eye care professional, which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments
- colour vision – pass Farnsworth D-15 without any colour corrective (e.g. X-Chrom, Chromagen) lenses
- peripheral vision – peripheral visual field limits with a 5 mm white target at 33 cm (or a target with similar angular size with respect to the candidate’s viewing distance) should be no less than the limits given below. In addition, no blind spots should be present within these limits other than the physiological blind spot.

Limits for the various meridians are:

Temporal (0° meridian): 75°  
Superior-temporal (45° meridian): 40°  
Superior (90° meridian): 35°  
Superior-nasal (135° meridian): 35°  
Nasal (180° meridian): 45°  
Nasal-inferior (225° meridian): 35°  
Inferior (270° meridian): 55°  
Inferior-temporal (315° meridian): 70°

- **corneal refractive surgery** – allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using CSS approved forms, available through Applicant Testing Services or Ontario Provincial Police
- **pseudophakic intraocular lenses** – allowed; however, the candidate must meet additional requirements and must provide specific documentation on CSS approved forms, available through Applicant Testing Services or Ontario Provincial Police
- **phakic intraocular lens implants (PIOL)** – certain designs are allowed; however, the candidate must meet additional requirements and must provide specific documentation on vision stability and night vision using CSS approved forms, available through Applicant Testing Services or Ontario Provincial Police
- orthokeratology, corneal transplants, intra-stromal corneal rings – not allowed
- **ocular disease** – free from diseases that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system.

## Hearing requirements:

- A 2-stage approach is used, involving the audiogram and the Hearing-in-Noise-Test (HINT).
- Stage 1- Pure-tone thresholds measured under audiometric headphones shall not exceed 25 dB HL in each ear at the following frequencies: 500, 1000, 2000, 3000 and 4000 Hz.
- Stage 2 - Candidates whose hearing levels fail to meet these requirements must be evaluated using the headphone version of the HINT, a speech recognition test conducted in quiet and in noise. There are two criteria to meet:
  - 1) Criterion for SRTs measured in noise: The screening criterion for the English version of the test is a HINT Composite SRT of -4.4 dB SNR—a 2 dB elevation above the norm (headphone norm = -6.4 dB SNR). SRTs in noise are to be measured with the noise level fixed at 75 dB(A). The screening criterion corresponds to a speech level for the HINT Composite threshold of 70.6 dB(A) or less.
  - 2) Criterion for SRT measured in quiet: 35 dB(A) or less.
- Candidates who do not pass the headphone version of the HINT in Stage 2 will be referred to an audiologist to undergo sound field testing with the HINT. Sound field testing is conducted with loudspeakers and allows for unaided (i.e. without hearing aids) or aided (i.e. with hearing aids) assessment. The audiologist must provide specific documentation using *Constable Selection System* approved forms, available through Applicant Testing Services or Ontario Provincial Police.

## Post-Interview Stage

### Medical conditions that may constitute grounds for disqualification

All physicians are charged with the responsibility of evaluating fitness to drive on each patient they assess. In evaluating police constable applicants, physicians must determine if the applicants are both capable of possessing a professional driver's licence and capable of performing other policing duties, such as those involving the use of a weapon.

Prospective candidates seeking further information or clarification about specific medical conditions listed below should consult directly with their physician and not with the employer police service.

#### Cardiac diseases and disorders:

- The assessment of police constable applicants with heart conditions must take into account the risk of sudden incapacitation. The CMA considers a yearly risk for sudden incapacitation of greater than 1% to be unacceptable for holding a professional driver's licence.

**Peripheral vascular disease:**

- Sustained hypertension with systolic pressure > 170 mm Hg or diastolic pressure > 110 mm Hg precludes an individual from obtaining
- a professional driver's licence and therefore disqualifies the applicant from becoming a police officer. If the applicant can subsequently document that he or she has been able to improve and maintain a BP lower than 170/110 for a period of six months, he or she can be reconsidered.
- An active deep venous thrombosis or untreated hypercoagulable state is grounds for disqualification pending documented resolution of active or recurrent thrombosis.
- An abdominal aortic aneurysm larger than 5.0 cm requires surgical repair before an applicant can be considered.

**Cerebral vascular disease:**

- Symptomatic carotid artery stenosis, transient ischemic attacks or stroke require assessment by a neurologist to determine whether safety to drive is compromised.
- Presence of an untreated cerebral aneurysm renders the applicant ineligible to drive an emergency vehicle and therefore disqualified.
- Presence of a surgically treated cerebral aneurysm renders the applicant ineligible to drive an emergency vehicle for 6 months, and subsequently requires a favourable opinion from the attending neurosurgeon before applicant may be considered.

**Nervous system:** (e.g. epilepsy, Parkinson's disease, multiple sclerosis, cerebral palsy, muscular dystrophy, myasthenia gravis and spina bifida)

A candidate is disqualified if he or she has a history of:

- vasovagal reactions to nauseous stimuli that could be encountered on the job (e.g., smell or sight of blood);
- any seizures that disqualify the candidate from meeting the professional driver requirements of the CMA's Determining medical fitness to drive;
- narcolepsy; and,
- uncorrected, severe sleep apnoea.

A candidate is disqualified if his or her condition shows the presence of:

- a central nervous system (CNS) tumour;
- a surgically treated CNS tumour that results in an unfavourable opinion from the neurosurgeon about the safety of the applicant to drive with a professional driver's licence;
- chronically symptomatic vestibular conditions;
- any neurological disorder, such as multiple sclerosis, that results in loss of muscle control to an extent that a specialist assessment will determine insufficient motor skills to perform such policing duties as discharging a firearm (Note: impairments of strength and fatigue were assessed when the applicant passed the Physical Readiness Evaluation for Police (PREP)); and,

- any condition or disease of the nervous system that renders the applicant medically unfit to be a professional driver.

### **Respiratory:**

The PREP will adequately screen almost all forms of chronic respiratory disease. Those applicants with less predictable, sudden respiratory compromise, such as asthmatics requiring frequent emergency visits or those with a recurring pneumothorax, should be referred back to their treating physician. If satisfactory disease control has been achieved and maintained for the past twelve months, the applicant can be considered. If not, the applicant will require documentation from an independent specialist indicating that he or she is able to hold a professional driver's licence.

### **Renal:**

- A candidate is disqualified if he or she has dialysis dependence.
- Presence of progressive renal failure will require assessment by a nephrologist.

### **Endocrine:**

- Insulin dependent diabetes mellitus requires a referral to a diabetologist to determine if the patient is medically capable to be a professional driver (in accordance with the driving fitness guidelines of the CMA and the Canadian Diabetes Association).
- A candidate is disqualified if he or she has non-insulin treated diabetes and shows a low understanding of his or her condition (for example, not following physician's instructions on diet, medication or the prevention of complications, such as hypoglycaemia), and is not under regular supervision of a qualified healthcare practitioner to ensure that any progression in condition or in complications do not go undetected.
- Evidence of an uncontrolled or poorly controlled condition related to thyroid, parathyroid, pituitary deficiency, diabetes insipidus, or adrenal dysfunction prevents the applicant from holding a professional driver's licence. Once adequately treated, the applicant must demonstrate stability for six months to be reconsidered.

### **Medications, Drugs and Alcohol:**

The assessment of a police constable applicant's medication, drug and alcohol use is similar to that used to determine the fitness of a patient to drive under a professional driver's licence. However, this assessment must also determine the potential impairment to other policing duties, most notably the use of a weapon. If the examining physician determines that the applicant is not fit to drive under a professional licence or not fit to perform other policing duties, then the applicant is to be disqualified. If an applicant is using, or has used, a substance or alcohol at a level that is deemed to cause a disqualifying level of impairment for employment as a police constable, the applicant must provide evidence that a discontinuation or reduction to a tolerable level has been maintained for a period of at least one year.

### **Infectious diseases that are life threatening:**

Candidates with chronic life threatening infectious diseases will be assessed on an individual basis to determine medical fitness for police work.

Infectious diseases may result in a delay or denial of medical clearance.

Should you require any further medical information, please contact your family physician.

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