Special Topics

Guidance for the Medical Evaluation of Law Enforcement Officers

provided by ACOEM

Medical Evaluation of Tactical Team Members
Medical Evaluation of Tactical Team Members

Preamble
This chapter provides guidance for the medical evaluation of law enforcement officers (LEOs) who are also tactical team members or tactical team candidates, to safely and effectively perform the essential job functions of a law enforcement tactical team member.

Essential job functions of tactical team members
Tactical team job functions often fall within three general categories: 1) use of specialized weapons and equipment (e.g., respirators); 2) team tactics; and 3) decision-making. There is no national standard set of essential job functions for tactical team members. Appendix C presents a list of common job functions of tactical team members gathered from various sources. Individual agencies will determine their tactical team member essential job functions.

Respirator use is the essential tactical team member job function most likely to create additional medical requirements.

Tactical team members may have different physical fitness requirements compared to patrol officers, due to their respirator use, heavy equipment and specialized missions. These requirements are not a medical issue and are best addressed by each individual agency. Appendix B presents further information on missions of tactical teams.

Medical Evaluation
The sections below list the additional considerations, if any, for each LEO guidance chapter.

Diabetes Guidance
The LEO chapter on Diabetes Mellitus should be used with no changes.

Neurological Guidance
For seizure disorders, the LEO chapter on Seizures and Epilepsy should be used with no changes.

Pending the development of the LEO chapter on neurological disorders, the need for restrictions should be considered for other neurological disorders (for example: tremors, ataxia, vertigo with recent symptoms, decreased hand sensation, hand paresthesias, multiple sclerosis, myasthenia gravis, Menière’s disease, Parkinson’s disease and stroke).

Vision Guidance
The LEO chapter on Eye and Vision should be used with the following changes:

For tactical team members who remotely guide robots or drones:
Intermediate vision visual acuity: 20/20 or better binocularly (OU) — Snellen equivalent — corrected at 24 inches. [This is the distance from eyes to screen when remotely guiding a robot or a drone.]

Hearing Guidance
The LEO chapter on Hearing should be used with no changes.

Cardiovascular Guidance
The LEO chapter on Cardiovascular Disease should be used with no changes.

Respiratory Guidance
The LEO chapters on Pulmonary Disorders should be used with the following changes:

The recommendations in this section are the consensus of the LEO Task Group.
Tactical team members with any history of asthma or COPD who might need to wear any type of respirator (negative pressure, positive pressure, and SCBA) and are classified as mild COPD or well-controlled asthma should be evaluated with a job task simulation test* while wearing the designated respirator.

Tactical team members with any history of asthma or COPD who might need to wear any type of respirator who are classified as other than mild COPD or well-controlled asthma should be restricted from respirator use and referred to their treating physician for reevaluation and optimization of treatment. If they then meet the criteria of mild COPD or well-controlled asthma, they should be evaluated with a job task simulation test* while wearing the designated respirator.

Any tactical team members with any history of asthma or COPD who might need to wear any type of respirator who fail the exercise challenge test while wearing the designated respirator should be restricted from respirator use and referred to their treating physician for reevaluation and optimization of treatment. If they still meet the criteria of mild COPD or well-controlled asthma, they should be re-evaluated with a job task simulation test* while wearing the designated respirator.

**Musculoskeletal Guidance**
The LEO chapter on Musculoskeletal Disorders should be used with no changes.

**Infectious Diseases Guidance**
The LEO chapter on Infectious Diseases should be used with no changes.

**Mental Health Guidance**
The LEO chapter on Mental Health Disorders should be used with no changes.

**Medications Guidance**
The LEO chapter on Medications should be used with the following changes:

Due to the use of enhanced personal protective equipment (PPE), use of medications which adversely affect heat tolerance may require restrictions. Antipsychotics, tricyclic antidepressants, antihistamines, diuretics, beta-blockers, amphetamines are some examples of medications that may predispose to heat illness.¹

**Pregnancy Guidance**
The LEO chapter on Pregnancy should be used with the following changes:

Pregnant tactical team members should be advised of the following additional risk: Increased heat-related risks due to heavy protective equipment (tactical body armor), physical exertion and weight of equipment.

Use the tactical team-specific handout from Appendix D to provide information on pregnancy to female tactical team members.

**Amputations and Prosthetics Guidance**
The LEO chapter on Amputations and Prosthetics should be used with no changes.

**Sleep Disorders Guidance**
The LEO chapter on Sleep Disorders should be used with no changes.

*Job task simulation test: See Appendix C of the Asthma chapter. The test should be specific to the tactical team member’s essential job functions.
Substance Use Guidance
The LEO chapter on *Substance Use Disorders* should be used with no changes.

Miscellaneous Issues
Pending the development of LEO guidance chapters on these disorders, tactical team members should be evaluated for restrictions based on conditions that would adversely affect heat tolerance and respirator use. Some that might be considered include:

- History of heat related illness (e.g., heat stroke or heat exhaustion)
- History of rhabdomyolysis
- Dermatological conditions (e.g., burn scarring, diffuse psoriasis)
- Skull or facial deformity likely to interfere with use of PPE.

Timing and Content of the Medical Evaluation

Periodic Medical Evaluation
Pending the development of the LEO chapter on periodic medical evaluation:


Tactical team members who are determined by their agency to be regulated by 29 CFR 1910.120 (hazardous waste operations and emergency response available at: [https://www.osha.gov/laws-regulations/standardnumber/1910/1910.120](https://www.osha.gov/laws-regulations/standardnumber/1910/1910.120)) should be evaluated according to that regulation.

Spirometry:
LEOs with no respiratory symptoms or no known lung disease should have spirometry performed to establish a baseline, though it is not needed to decide fitness for duty as a tactical team member. Repeat spirometry may be performed following any exposure and/or as part of a surveillance program. In order to provide an effective baseline for comparison after an acute exposure, it is the consensus of the Task Group to repeat the spirometry at least every 5 years.

For LEOs with respiratory symptoms or known lung disease, spirometry should be performed prior to joining the tactical team (if not done within the past year). The spirometry should be repeated with any change in the underlying medical condition, change in job performance or at the discretion of the police physician. It is the consensus of the Task Group that repeat spirometry be more frequent than every 5 years.
Appendix A: Terminology

A law enforcement tactical team can be defined as follows: “A Special Weapons and Tactics (SWAT) team is any designated group of law enforcement officers who are selected, trained, and equipped to work as a coordinated team to resolve critical incidents that are so hazardous, complex, or unusual that they may exceed the capabilities of first responders or investigative units. The primary characteristic of SWAT that distinguishes it from the other units is the focus of effort. SWAT teams are focused on tactical solutions, as opposed to other functions, such as investigation.”\(^2\)

Various agencies use different terms for this type of specialized law enforcement response teams. This document uses “tactical team” to refer to all such specialized response teams.

In a recent survey, 51.1% of law enforcement agencies referred to their tactical team as Special Weapons and Tactics Team, 14.3% as Special Response Team, 11.1% as Emergency Response Team, 5.2% as Special Emergency Response Team. 16.6% of agencies used other names for their tactical team.\(^3\)
Appendix B: Missions of Tactical Teams

In a national study of 254 agencies the most common activations of tactical teams, in decreasing order of frequency, were the following:

- Warrant service
- Building search
- Barricaded suspects
- Area search (Footnote: e.g., fugitive tracking in rural environment)
- Suicidal individuals
- Automobile assault (including van and truck assault)
- Hostage situation and hostage rescue
- Civil unrest and crowd control
- Active shooter
- Bus assault
- Downed officer
- Water-borne assault

This study also reported that 60.3% of agencies surveyed had their own SWAT team and 30.9% participated in a multi-agency SWAT team. 89.8% of agencies had exclusively part-time members with primary duties outside of the SWAT team.

Other assignments of tactical teams might include:
- Executive protection
- Special event security
- Prisoner and witness security
- High-risk apprehensions
- Covert and undercover operations
- Train assault
- Aircraft assault
- Training

*Hostage rescue includes planned deliberate hostage rescue and emergency hostage rescue. According to the National Tactical Officers Association, planned deliberate hostage rescue is the “most resource demanding” SWAT mission, and is beyond the capabilities of “SWAT Tier 2 teams.”

**The National Tactical Officers Association recommends a minimum of 16 hours of monthly training after initial training
Appendix C: Job Functions of Tactical Team Members

1. Job functions related to the SWAT missions relevant to the majority of tactical teams and officers\(^2,3,4\):

SWAT core competencies fall within three general categories:
1. Weapons, munitions, and equipment training
2. Individual and team movement and tactics
3. Decision-making

SWAT Essential job functions include:
-Immediate action operation/crisis entry
-Deliberate entry and search
-Victim rescue procedures (i.e., moving patients)
-Perimeter control/containment
-Team movement and team tactics
-Deployment of diversionary devices
-Climbing ladders
-Detection of booby traps
-Rappelling/fast roping (airborne and static)
-Armored vehicle operations
-Use of specialized equipment and weapons

2. Specialized environments needing additional PPE:

HazMat/CBRNE operations:
-Entering Immediately Dangerous to Life and Health (IDLH) environments:
  - Wear a self-contained breathing apparatus (SCBA)
  - Wear a level A Occupational Safety and Health Administration (OSHA) suit
  - Wear a level B OSHA suit

Waterborne operations:
-Personal Flotation Device (PFD)
-Exposure suit

Airborne operations:
-Nomex flight suit
-Helmet

3. Types of specialized equipment used by most officers within the tactical team

-Long guns (several types)
-Ballistic shields (typical weight is 15-40 pounds)
-Breaching tools/mechanical and ballistic breaching (12-gauge shotgun, rams, picks, pullers, sledgehammer...)
-Night vision equipment
-Armored vehicle
-Ballistic PPE: hard body armor (level III or IV/heavier than for patrol), helmet
-Distraction devices (“flash-bang”)
-Full-face air-purifying respirator
-Level C OSHA suit
4. Essential job functions limited to specialized officers within the tactical team*

- Use of a scoped rifle (marksman)
- Explosive breaching
- Control of remotely controlled vehicle (land or airborne)
- Chemical agent application
- SWAT canine handling

*This document does not address crisis negotiation or tactical emergency medical support.
APPENDIX D: Medical Information Regarding Issues Related to Pregnancy in Members of Tactical Teams

The following information is intended to help you make informed decisions regarding your job activities if you are pregnant or considering becoming pregnant. While some pregnant tactical team members will be able to continue to work throughout pregnancy with accommodations, you should discuss with your treating healthcare provider any individual conditions that may require limitation of activities during pregnancy.

Types of Risks
The following activities/occupational hazards may have adverse effects at any time during pregnancy:
- Live-fire qualification and practice (for example, use of lead-free ammunition, avoidance of weapon cleaning solvents and other modifications may reduce the exposure and resultant risks)
- Receiving a TASER discharge in training
- Exposure to toxic chemicals (for example, raids on clandestine drug labs, HAZMAT events)
- Exposure to high-volume vehicular traffic (for example, assignments near tunnels and tolls, or foot patrol in an area with high exposure to vehicular exhaust)
- Trauma (even simple falls)
- Increased heat-related risks due to physical exertion, body armor and weight of equipment

First trimester – In addition to the above, there are no other activities with an adverse effect.

Second trimester – In addition to the above, the following activities may have adverse effects:
- Defensive tactics training involving ground fighting, falls, or blunt abdominal trauma
- Contact with prisoners (due to risk of trauma)
- Restraining and arresting suspects
- Alternating shift work, prolonged standing and heavy lifting

Third Trimester – In addition to the above, there are no other activities with an adverse effect. Activities that involve or require speed, agility and balance may be adversely affected by body changes of pregnancy.

Post-Delivery Risks
Post-delivery – Return-to-work decisions should be based upon an individualized evaluation of your current status, the requirements of your work assignment, and the type of delivery and complications.

Lactation – Exposure to toxic substances as outlined above (for example, live-fire training) may result in these substances being present in breast milk.

Standard body armor is not designed to protect the fetus, and typically does not cover the lower abdomen. The body armor fitted pre-pregnancy may not offer the same level of protection during pregnancy.

The International Association of Chiefs of Police has also developed a model policy on pregnancy which can be ordered through their web site at http://www.theiacp.org/model-policy/model_policy/pregnancy/

More complete information is available in the Pregnancy chapter of the ACOEM Guidance for Medical Evaluation of Law Enforcement Officers (LEOs).
References


Additional References:

