

# Keeping The Police At Work

When Accommodations really  
work

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# The Issues Facing the Police 2002-10

- 2002
- Cost of Ill Health retirement
- High Levels of sickness  
Absence
- High Number of restricted  
officers
- Lack of Visibility on Street
- Poor Public perception
- Disability Discrimination  
Act
- 2010
- Numbers of restricted  
Officers
- Levels of sickness absence
- Lack of Visibility on the  
street
- Poor public perception
- Cost of ill health retirement
- Disability Liability Claims
- Credit Crunch



# Headlines /Public View

- **One in 14 police officers are too ill to go out on the beat**
- **Revealed: The £243m wage bill for sick police officers**
- **The police officers who collect full pay for doing an hour a day**
- **There is little incentive to get better, if one is paid a full salary**
- **Perhaps it's time individual police officers were given more specific roles to perform on different rates of pay depending on the qualifications and experience**

# The Political/Professional View

**'Policing can be extremely dangerous and stressful. It is often not appropriate for an officer suffering post traumatic stress or physical injury to return to full duties.'**

**'We do not want to lose officers to ill-health retirement if they can continue to contribute**

**'This is a stark reminder of the dangerous and stressful work the police do on our behalf, and an illustration of how poorly the Government acts to rehabilitate officers**



# Some examples of disabilities

HIV Infection

Asthma

Heart Condition

Quadriplegia

Cancer



EPILEPSY



Lumber disc lesion

Multiple sclerosis

DIABETES

Arthritis

Hypomania

Mental Health condition

Impaired hearing

Sarcoid



Obsessive Compulsive Disorder



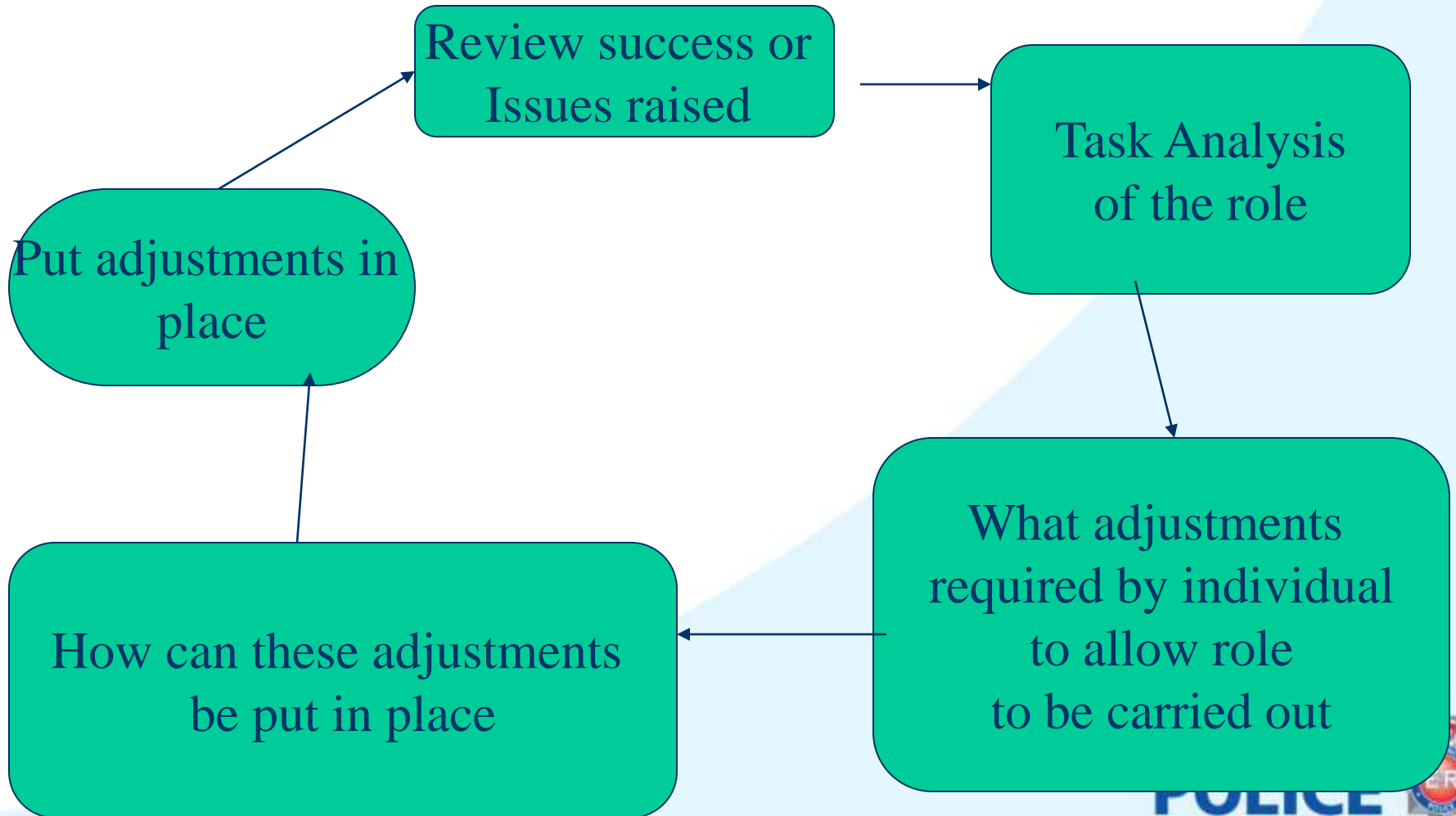
Crohn's/ Colitis

STRESS

Irritable bowel syndrome

Remember many disabilities are HIDDEN

# Individual Assessment



# Main police Activities

- Power Of Arrest
- Arrest or Restrain
- Communication/Interaction with Public
- Organisational abilities at incidents
- Evidence Collection and analysis

# Ordinary Duties

- Patrol/supervising public order;
- Arrest and restraint;
- Managing processes and resources and using IT;
- Incident management, such as traffic and traffic accident management;
- Dealing with crime, such as scene of crime work, interviewing, searching and investigating offences;
- Dealing with procedures, such as prosecution procedures, managing case papers and giving evidence in court.

# Other Desirable Abilities

- Driving
- Shift Work
- Resilience
- Power
- Endurance
- Coping Strategies
- Teamwork

# Task analysis (Essential)

- the ability to exercise reasonable physical force in restraint and retention in custody;
- the ability to run, walk reasonable distances, and stand for reasonable periods;
- the ability to sit for reasonable periods, to write, read, use the telephone and to use (or learn to use) IT;
- the ability to make decisions and report situations to others;
- the ability to evaluate information and to record details;
- the ability to understand, retain and explain facts and procedures;

# Accommodations

- Environment
- Training
- Structural
- Temporal
- Work methods
- Altered Duties
- Temporary or permanent

# Process

- Involves the Individual
- Involves their colleagues
- Involves the management
- Involves Occupational health
- Can involve external organisations
- Can involve family
- Can involve public

# Effective Assessment

- Medical Input - Occupational Health
- Personal ( Individual) Input including Staff Associations/ Trade Unions/ DSN
- Management Input - Line Manager /Human Resources/ Middle and Senior Managers
- Motivated
- Communicate ( Case Conference)

# Medical Input

- Collect Evidence - Results of Investigations/ Consultant's reports/ Research
- Explain rationale of why evidence suggests adjustments/ full return "works"; in layman's terms
- Advise on appropriate potential adjustments

# Individual Factors

- Risk perception: previous medical, organisational and social input. Their perception of loss of function
- Motivation pension/compensation/organisational
- Training
- Health and safety
- Federation Input/ Disability Support network
- Willing to have accommodations
- Collegiate acceptance

# Managerial Perspective

- Health and Safety
- DDA
- Organisational Risk
- Understand purpose of accommodations
- Willing to manage accommodations
- Efficiency Regulations
- Ill Health retirement

# Case Conference

- Attended by all parties  
OH/Individual/Management
- Clear purpose to look at accommodations and alternatives if accommodations do not work
- No long medical words but the practical effect of the disability
- Action Plan

# DDA Needs/Risk Assessment

- Carried out by Line manager
- Looks at Risk assessment
- Looks at managing Risks
- Looks at loss of function
- Assess what accommodations are required
- Manager decides on reasonableness
- Reviewed regularly by manager /employee

# Diabetes 2001

Previously could not:

- Drive Police vehicles
- Could not carry firearms
- Could not work alone
- Could not do nights
- Could not do Public order

Rejected at recruitment stage

Retired on health Grounds

# Diabetes ( Medical assessment)

- **Control of Diabetes within safe level** e.g(4.8-8mol) Hb1Ac ~7.5
- **Hypoglycaemia** any history , last recorded attack individual recognise symptoms
- **Accurate records** of Glucose Monitoring glucometer with computer download
- **Annual Specialist** view ( individual safe levels, complications)
- **Health assessment** (co-morbid conditions, complications vision BMI) ( 3-6 months)

# Medical assessment

## Establish Individual's Knowledge of Diabetes

Do they know:-

- How to control sugar levels,
- Awareness of hypoglycaemic symptoms
- What do to do if low blood glucose?,
- What can destabilise the condition?
- *Motivation*
- *Trust?*

# Individual Responsibility

1 Do they have an understanding of their diabetes?

Healthy lifestyle, hypoglycaemic awareness. Long-term risks, affect of acute illness on diabetes

2 Are they aware of the responsibilities that they will undertake on a daily basis?

Regular monitoring and recording of blood sugar, regular refreshment breaks

# Individual Responsibility

3 How well motivated are they to follow guidelines?

4 Do they comply with all medical advice?

5 Are they aware of what do if their blood sugar falls below 4.2 mmol ?

6 Individual must ensure that substances available to take if levels fall or symptoms occur

# Management Responsibility

Are the managers aware of the importance of:

- Regular checks on individual?
- Regular updating of risk assessment?
- Potential effects on operational capacity if individual has either a medical condition or hypoglycaemic attack
- The need for regular refreshment breaks.
- Requirement of not driving after low blood sugar

# Accommodations

- Refreshment Break
- Break after Low Blood Sugar
- Supply Glucometer
- Supply carbohydrates
- Support ( double crewed)
- Possibly no nights
- Ensure colleagues aware( with consent)
- Education?



# Diabetes and Driving

## ***Diabetes Care: Cox*** (2009)

- 452 IDD with an average of 26 years duration driving 16,000 miles
- Study over 12 months suggested drivers should aim for 5mmol/l
- 52% reported more mishaps
- 22% had collisions
- 2.4% reported collisions related to hypoglycaemia
- 5% had six or more accidents

Cox et al Diabetes Care 2009

# Diabetes 2010

- Response drivers with IDDM
- Applicant for firearms unit
- Applicants now accepted with adjustments if they can pass recruit task analysis
- 1 Ill Health retirement in 7 years

# Epilepsy and Driving

- **Epileptic drivers--a study of 1,089 patients.**
  - [Med Law. 1997; 16\(2\):295-306 \(ISSN: 0723-1393\)](#)
  - A longitudinal study of 1,089 epileptic patients followed up by the same specialist between 1965-1991
  - The results show road accidents caused by epileptic seizures are few and most of them are minor
  - the differences between patients with epilepsy lies mostly in their behaviour and in their own representation of the risks
- 
- Beaussart M; Beaussart-Defaye J; Lamiaux JM

# Epilepsy

- **Attacks** date of 1<sup>st</sup> , 2<sup>nd</sup> and last attacks
- **Age** of onset
- **Type of Epilepsy**
- **Cause of Epilepsy**
- **Medication**
- **EEG appearance**
- **Neurologist opinion**
- **Personal factors**

# Workplace Risks

- Lone working
- Night working
- VDU
- Driving
- Environment
- Stress
- Machinery
- Heights?? (Dynamic assessment)

# Accommodations

- No Lone working
- No Night Working
- No heights
- Colleagues aware
- Duration depends on history of attacks

# Accommodations

- IT equipment
- Laptop
- Voice recorders
- Ramps
- DSE adjustments
- Time
- Altered body armour
- Training adjustments
- Shifts
- Earpieces
- Double Crewed
- Disabled Access Doors
- Loop systems
- Attitude

# Case 1 PC

- Serious Motorcycle RTA 2003
- Burns to ® Arm ® Leg
- Required Muscle flap ® ankle
- PTSD
- Deskbound should be retired
- Given therapy: psychological after physical

# Case 1

- Larger Boots ( custom made)
- Protective bandage arm
- Playing squash 2006
- Promoted to sergeant
- Adjusted OST
- No Public Order
- 2010 no sickness for 6 years considering Inspectors exam

# Case 2

- 2006 Motorcycle accident
- Quadriplegia
- On Career Break
- Wanting to return ( self esteem)
- Options adjusted duties
- Ill health retirement

# Case 2

- Disabled Push button Doors
- Widened pavement
- Ramps
- Large room with Desk and access suited for wheelchair
- Access to work
- Psychological treatment
- Reintegration with colleagues
- Reduced Hours
- Works in PST/(The Hub)
- Management Support
- Attendance good

# Summary

OH provide:

- Advice
- Expertise

Individual provides

- Motivation, desire cooperation

Management provide

- Support, decide on reasonableness,  
Management structure Policy and procedures

# Benefits to Individuals

- Self esteem
- Work is Beneficial to health
- Financial Security
- Goals
- Social Interaction
- Pride In organisation

# Organisational benefits

- Retain Skills
- Reduce Recruitment Costs/ training Costs
- Wellbeing of Staff
- Increased awareness of disability issues when dealing with community
- Staff Confidence trust

# Objective Organisational Benefits

- 2001/2002
  - Average Days Sickness 12.7
  - Cost £14.2m
  - Ill Health Retired 57
  - Cost £3.2m
  - Restricted Officers 420
  - Cost £4.2m
  - **Total Cost £21.6m**
- 2008/09
  - Average Days sickness 7.8
  - Cost £8.68m
  - Ill health Retired 6 (2009/10) £0.37m
  - Restricted Officers 365
  - Cost £3.65m
  - **Total Cost £12.7m**
  - **Saving £8.9m or 209 Officers on street?**