Constable Selection System

Guidelines for Examining Ophthalmologists/Optometrists Vision

Updated August 2023

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VISION ASSESSMENT OF POLICE CONSTABLE APPLICANTS GUIDELINES

Introduction

This document is meant for Ophthalmologists or Optometrists examining police constable candidates who have been referred for further examination. Herein are guidelines and standards for identifying and assessing visual impairments that may be contra-indicators to effective police work. The guidelines and standards are meant to ensure that the vision of police constable applicants will allow them to perform essential constable duties at an acceptable level without compromising the health and safety of themselves, their co-workers or the public. The guidelines and standards were developed based on a comprehensive job analysis of the duties of a police constable. The details of the job analysis are featured in Appendix 7: Police Constable Task List.

OACP Minimum Vision Standards

Visual Acuity

- Corrected/uncorrected acuity at least 6/6 (20/20) with both eyes open.
- If a correction is required to obtain 6/6 (20/20) acuity, then uncorrected visual acuity at least 6/12 (20/40) with both eyes open.

Farsightedness

The amount of hyperopia, under a cycloplegic examination, must not be greater than +2.00 D, spheroequivalent in the least hyperopic eye.

Lateral Deviation "Far"

In excess of 5 eso or 5 exo, requires additional information from an Optometrist/Ophthalmologist, which documents the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments. Guidelines regarding further testing and the appropriate forms can be found below.

Lateral Deviation "Near"

In excess of 6 eso or 10 exo, requires additional information from an Optometrist/Ophthalmologist which documents that the person is unlikely to experience double vision when fatigued or functioning in reduced visual environments. Guidelines regarding further testing and the appropriate forms can be found below.

Colour Vision

Colour vision must be assessed without any colour corrective (e.g. X-Chrom, Chromagen, Enchroma, Vino) lenses. Normal colour vision as determined by the tests listed in Table 1. If the applicant fails any of the screening tests or has a borderline performance on the test (based on the test scoring instructions), then the applicant must pass Farnsworth D-15 or Waggoner Diagnostic D15. Guidelines regarding further testing and the appropriate forms can be found below.

Table 1. List of acceptable for colour vision screening tests

24 plate or 38 plate edition of the Ishihara test Hardy, Rand Ritter 4th or 5th edition, Waggoner PIP24, Waggoner Computerized Color Vision Test Innova/Rabin Cone Contrast Test.

Peripheral Vision

The recommended testing protocol to access each eye's functional visual field is the Humphrey Full Field 135-point program (or equivalent) performed monocularly with the two zone test strategy and single intensity test mode. If this program is not available, then the Full Field 120-point program (or equivalent) performed monocularly is sufficient. If neither of these visual field protocols is available, an equivalent formal perimetric visual field test (i.e., not confrontational fields) would be one that measures the visual field out the limits listed below using a size III Goldman equivalent target at a 10-decibel intensity setting. Except for the physiological blind spot, there should be no significant scotomas within the limits specified below. A significant scotoma is defined as two or more adjacent points that are not seen. If the scotoma is covered completely by the normal visual field in the other eye, then it can be considered as acceptable and may only need to be monitored. Limits for the various meridians are:

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

Corneal refractive surgery

Allowed; however, the Specialist must provide specific documentation outlining the condition and complete appendix 3 in this package.

Pseudophakic intraocular lenses Allowed; however, the Specialist must provide specific documentation outlining the condition and complete appendix 4 in this package.

Phakic intraocular lens implants (PIOL) Allowed; however, the Specialist must provide specific documentation outlining the condition and complete appendix 5 in this package.

Orthokeratology, corneal transplants, intra-stromal corneal rings Not allowed

Ocular disease Free from diseases and disorders that impair visual performance as indicated by the standards above, or will produce sudden, unpredictable incapacitation of the visual system, or are progressive and are likely to impair visual performance. Allowed; however, the Specialist must provide specific documentation outlining the condition in a report if they have a history of cataracts, visible corneal haze or night vision difficulties.

Appendix Directory

APPENDIX 1

Colour Vision Testing Information

To qualify as a police constable, individuals who fail a colour vision screening test must pass Farnsworth Munsell D-15 (D-15) without any colour corrective (e.g. X-Chrome, Enchoma, Chromagen, Vino) lenses or colour discrimination aids.

Because different pass/failure criteria can be used for the D-15 test, the Constable Selection System has adopted the following criterion based on Farnsworth's original protocol to ensure consistency across the province.

The D-15 test should be administered at least 2 times, possibly 3 times. The candidate must pass the test on two of the three attempts.

The test should be performed binocularly.

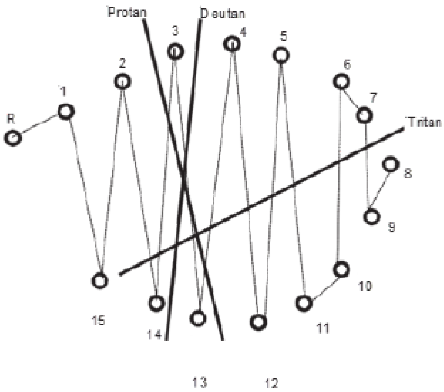
A failure occurs when there are 2, or more major crossings on the score sheet. A major crossing is defined in literature as a difference between any two adjacent caps that is greater than 2. Although the orientation of the crossings is useful in determining the nature of the defect, the orientation of the crossing is not considered in terms of whether the person passes or fails the test. Transpositions of caps (two caps reversed - for example, 1,2,4,3,5) are not considered in determining whether a person passes or fails.

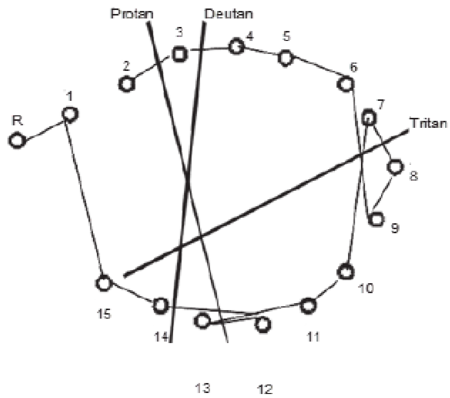
However, more than 3 transpositions on a single trial or consistently nebulous results over the three trials suggest that an additional test is necessary or the patient's colour vision should be evaluated with the Farnsworth-Munsell 100 Hue.

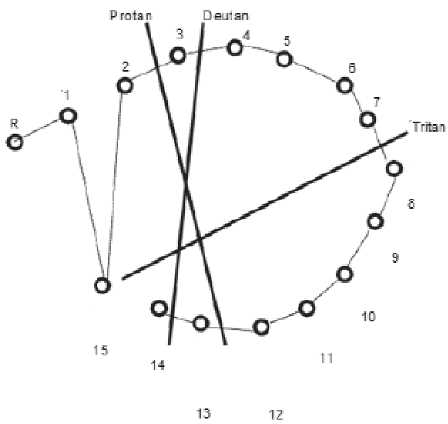
Examples of pass/fail outcomes are shown on the next page.

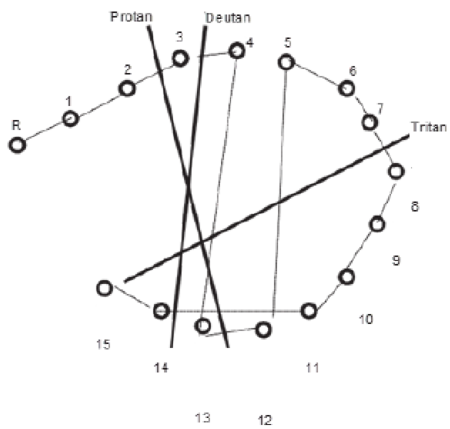
Possible D-15 Scores

Examples of Failing Arrangements

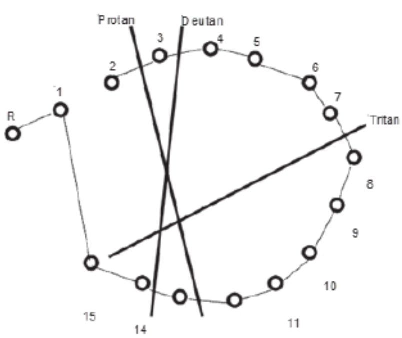


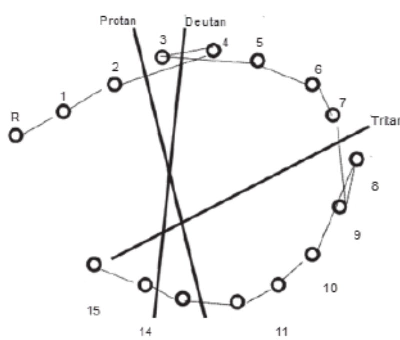






Examples of Passing Arrangements





Farnsworth Munsell D-15 Colour Vision Test Results

Name of Applicant: _____ Date:_____

Trial 1 (OU)

Ref	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
_____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____

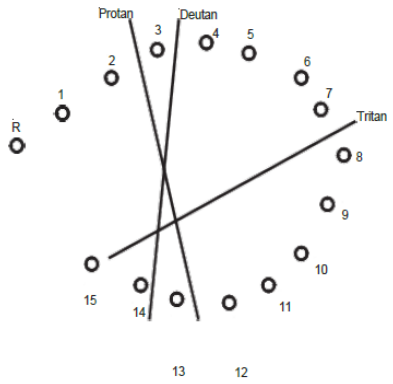
Trial 2 (OU)

Ref	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
_____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____

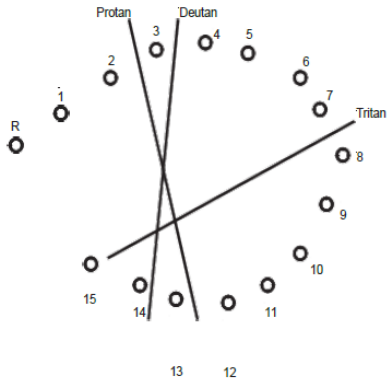
Trial 3 (OU)

Ref	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
_____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____

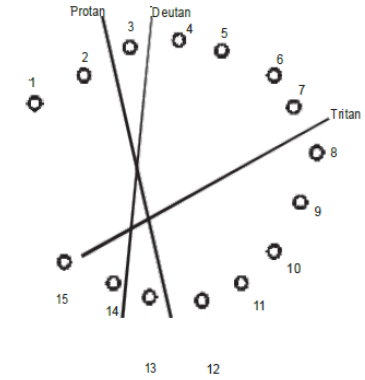
Trial 1



Trial 2



Trial 3



Trial 1	Trial 2	Trial 3
○ Meets Standard	○ Meets Standard	○ Meets Standard
○ Does Not Meet Standard	○ Does Not Meets Standard	○ Does Not Meets Standard

Ophthalmologist/Optometrist
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I certify that the above-named individual:

○ Meets Standard
○ Does Not Meet Standard

the CSS Colour Vision requirements for a police constable applicant as outlined on the Colour Vision Testing Supplementary Information sheet.

Name of Tester: _____ _____
Date

Signature of Tester: _____

APPENDIX 2

Phoria or Strabismus

The presence of any strabismus or large phoria requires additional information from an eye care professional, which documents that the candidate is unlikely to experience double vision when fatigued or in reduced visual environments.

A large phoria is defined as lateral phoria greater than 5 prism dioptres esophoria or 5 prism dioptres exophoria at distance and in excess of 6 prism dioptres esophoria and 10 prism dioptres exophoria at near. Any vertical phoria 2 prism diopters or greater.
The report from the eye care professional should formally document whether or not the candidate is likely to experience double vision when tired or in a reduced visual environment.

A negative history of diplopia, by itself, is not a sufficient evaluation of their likelihood of developing diplopia.

The minimum supporting clinical test results shall include the following:

- Worth 4-Dot test in the dark and/or light (or equivalent) for both strabismus and large phorias
- Positive and Negative Fusional eye movement reserves for phorias only
- Refusional eye movements for phorias only

Phoria Assessment Summary

Name of Applicant: _____ Date:_____

Cover Test:	Cover Test:
FOR BOTH STRABISMUS AND LARGE PHORIA Distance Worth 4 Dot Test in the Dark Or Equivalent Test (circle one) Fused Diplopia Suppression	**FOR BOTH STRABISMUS AND LARGE PHORIA** Near Worth 4 Dot Test in the Dark Or Equivalent Test (circle one) Fused Diplopia Suppression
FOR LARGE PHORIA ONLY (Horizontal or Vertical) Distance Negative Fusional Reserves _____	**FOR LARGE PHORIA ONLY (Horizontal or Vertical)** Near Negative Fusional Reserves _____
FOR LARGE PHORIA ONLY (Horizontal or Vertical) Distance Positive Fusional Reserves _____	**FOR LARGE PHORIA ONLY (Horizontal or Vertical)** Near Positive Fusional Reserves _____

Additional Tests & Results (if applicable)

In your opinion, is this individual likely to experience diplopia, considering fatigue effects and that the person will be working in reduced visual environments? (circle one)

Yes No

Additional information or comments:

Ophthalmologist/Optometrist
Official Stamp

Name of Tester: _____ _____
Date

Signature of Tester: _____

APPENDIX 3

Corneal Refractive Surgery

In order to meet the uncorrected visual acuity standard, candidates who have had, photorefractive keratectomy (PRK), laser in situ keratomileusis (LASIK), sub-Bowman keratomileusis (SBK), laser subepithelial keratomileusis (LASEK), laser thermokeratoplasty (LTK), small incision lenticule extraction (SMILE) or any other laser-assisted corneal refractive surgery within the last six months must provide documentation that the visual acuity and refraction have been stable after the last surgical procedure. Their eye care provider should provide the necessary documentation and must give full particulars regarding:

- the uncorrected monocular acuities,
- corrected monocular visual acuities,
- subjective refraction results

Documentation must be provided for two examinations that are at least 21 days apart. The documentation should also state that all drugs related to the surgery have been discontinued (except for over-the-counter artificial tears).

The acuities must meet the standards at each visit and should be within ±3 letters of each other. For example, if the visual acuity was 6/9 at the one visit and the applicant read the 6/9 line of letters correctly, plus three letters on the next smallest line at the next examination, then the acuity would be recorded at 6/9+3. In this example, the acuity would be considered to be stable. The refraction result for each eye should be within ±0.50 dioptre for the spherical component and ±0.50 dioptre for the cylindrical component. The visual acuity and refraction tolerances reflect day-to-day variability.

All refractive surgery candidates who have had refractive surgery in the last 6 months or currently report night vision problems must meet the following night vision requirement. Night vision shall be evaluated after it has been established that the refractive error is stable.

Night Vision Standard: Obtain minimum scores on at least 2 of the 3 following tests (all testing is done binocularly with or without any spectacle or contact lens correction):

- Low Contrast (25% Weber Contrast) Photopic Vision: minimum acuity of 0.20 logMAR (6/9)
- High Contrast (>85% Weber Contrast) Mesopic Vision: minimum acuity of 0.30 logMAR (6/12)
- Low Contrast (25% Weber Contrast) Mesopic Vision: minimum acuity of 0.58 logMAR (6/22.5)

The implementation of the standard is a tiered design. The first level is a screening protocol that identifies individuals who are at risk of having night vision difficulties. The second level is an assessment with the full set of tests outlined below for those individuals who fail the screening portion.

The screening protocol is based on the 25% Weber contrast (i.e. low contrast) visual acuity chart at standard photopic chart luminance levels (see below).

Candidates who have had laser-assisted corneal refractive surgery and have a minimum binocular visual acuity of 0.10 log MAR (6/7.5) using an acuity chart with a letter contrast of 25% (Weber Contrast) are deemed to meet the standard and are not subject to further testing. Note that all the letters on the 0.10 logMAR line have to be read correctly.

Surgery candidates who fail to obtain an acuity of at least 0.10 logMAR will be evaluated using the full set of tests.

All individuals with other types of refractive surgery, including PIOLs (see Appendix 5), will be evaluated using the full set of tests.

The testing conditions for photopic and mesopic vision are as follows.

For self-illuminating visual acuity charts.

- Photopic Vision: Background luminance ranges between 85 cd/m^2 and 110 cd/m^2
- Mesopic Vision: Viewing the screen (luminance ranges between 85 cd/m^2 and 110 cd/m^2) through welding goggles with a Shade 6 filter (or a filter with a luminance transmittance within the range of 1% to 0.4%).

The mesopic acuity is conducted after 5 minutes of adapting to the room illumination with the filter in place. If the chart does not use the logMAR progression in letter size, then a minimum of 5 different letters for each letter size must be presented. To meet the minimum acuity requirement for each condition (e.g. 6/9, 6/12, 6/22.5) , the candidate must get all 5 letters correct for each corresponding letter size.

If the chart uses the standard logMAR format, then the standard logMAR rules for determining visual acuity apply.

For printed Bailey-Lovie or ETDRS Visual Acuity Charts)

- Illumination on the charts ranges from 275 to 300 lux;
- Dim illumination is created by having the candidate view the charts through welding goggles with a Shade 6 (luminance transmittance within the range of 1% to 0.4%) filter in place.

Note: it has been shown that individuals who fail to meet the minimum criterion for the visual resolution tests also have increased sensitivity to glare.

Corneal Refractive Surgery Summary

For all candidates who had surgery within the last 6 months

Name of Applicant: _____ Date: _____

Refractive Surgery Performed: _____

Date Performed: _____

Assessments	Summary From Previous Assessment	Summary From Most Recent Assessment
Date of Assessment:		
Time of Day:		
Uncorrected Visual Acuities		
Right Eye		
Left Eye		
Best Corrected Visual Acuities		
Right Eye		
Left Eye		
Subjective Refraction (Sphere Cylinder)		
Right Eye		
Left Eye		
Current Medication Related to Surgery		

Considerations

- These examinations must be at least 21 days apart.
- If the candidate has undergone radial keratotomy, then the two assessments must be at different times of the day. These times should be at least 8 hours apart.

Corrected and Uncorrected Acuity Requirements [Minimum corrected/uncorrected acuity is 6/6 binocularly. If spectacles or contact lenses are required, then the binocular uncorrected acuity should be at least 6/12]

◯ Meets Standard ◯ Does Not Meet Standard

Stability of Refraction and Acuity Requirements [Acuities are considered stable if the values are within ±3 letters of each other at each visit. The refractive results are stable if the spherical component for each eye is within ± 0.50 dioptre and the cylindrical component is also within ±0.50 dioptre for each eye for the two assessments.]

◯ Meets Standard ◯ Does Not Meet Standard

Ophthalmologist/Optometrist Official Stamp

Name of Tester: _____ _____ Date

Signature of Tester: _____

Night Vision Testing Summary

For either corneal refractive surgical procedures or phakic intra-ocular lens implants

Name of Applicant: _____ Date: _____

Assessment	Visual Acuity	Criteria
Room illumination Bailey-Lovie Low Contrast, Acuity Minimum requirement, is at least 0.20 logMAR		○ Meets Standard ○ Does Not Meet Standard
High Contrast Bailey-Lovie Low Acuity with Filters (after 5 min of adaptation) Minimum requirement is at least 0.30 logMAR		○ Meets Standard ○ Does Not Meet Standard
Low Contrast Bailey-Lovie Acuity with Filters (after 5 min of adaptation)2 Minimum requirement is at least 0.58 logMAR		○ Meets Standard ○ Does Not Meet Standard

Considerations

- All testing should be done binocularly
- The dark adaptation period is with the filters on. The candidate is required to dark adapt only once for the low luminance testing sequence
- **To meet the night vision standard, the candidate must pass two of the three tests.**

OVERALL RESULT

○ Meets Standard ○ Does Not Meet Standard

Ophthalmologist/Optometrist
Official Stamp

Name of Tester: _____ _____
Date

Signature of Tester: _____

APPENDIX 4

Pseudophakic Intra-ocular Lens Implants

Single-focus (i.e. monofocal) intra-ocular lens implants as part of cataract surgery or clear lens extractions should be reviewed on an individual basis. Multifocal implants, however, are not allowed because of reduced contrast sensitivity and halos at night.
The agency should request a report after the surgeon has deemed that the refractive error is stable and the wound has healed sufficiently. The report should include the following:

- date of surgery;
- uncorrected distance acuity of each eye;
- best corrected visual acuity of each eye;
- either stereoacuity (this test may require a reading lens in front of the eye with the intra-ocular lens or an indication that the candidate is nonstrabismus);
- a statement indicating that the wound has healed sufficiently so that the candidate can carry out strenuous physical activities; and
- whether the candidate required prophylactic laser surgery to reduce the likelihood of a retinal detachment in the cases where clear lens extraction was performed to correct high amounts of myopia.

The application process can proceed if the candidate meets the current vision standards.

Pseudophakic Intra-Ocular Lens Surgery Summary

Name of Applicant: _____ Date: _____

Type of Intra-Ocular Lens: _____ Date of Surgery: _____

Assessments	Summary From Most Recent Assessment
Date of Assessment:	
Time of Day:	
Uncorrected Visual Acuities	
Right Eye	
Left Eye	
Best Corrected Visual Acuities	
Right Eye	
Left Eye	
Subjective Refraction (Sphere Cylinder)	
Right Eye	
Left Eye	

Criteria

Is the candidate strabismus or likely to experience double vision?

○ Yes ○ No

If the surgery was a clear lens extraction, was prophylactic laser surgery performed?

○ Yes ○ No

In your opinion, has the candidate recovered sufficiently from the surgery to participate in strenuous activities? For example, dragging a 45 kg weight for 10 metres, lifting 30kg, running at high speed for 100 metres, climbing over fences or other obstacles, and jumping over low obstacles.

○ Yes ○ No

Ophthalmologist/Optometrist
Official Stamp

Name of Tester: _____ _____
Date

Signature of Tester: _____

APPENDIX 5

Phakic Intra-ocular Lens Implants

Phakic Intra-ocular lens implants (PIOL) are allowed to meet the uncorrected visual acuity requirements. However, cataract formation, potential night vision problems, and dislocation due to trauma remain concerns.

Cataracts can occur anytime post-operatively. Cataracts due to surgical trauma usually occur within three months, while later developing cataracts are typically due to disruption of the human crystalline lens' metabolism or the implant touching the crystalline lens. The incidence of cataracts has decreased with the newer designs and surgical techniques. Night vision problems arise from a number of factors, including a small optical zone in the PIOL relative to the pupil size and lens opacities.

PIOLs are acceptable devices for correcting refractive errors providing that the candidate meets all the other vision requirements and the following additional conditions. These are:

- A minimum waiting period to ensure the incisions have healed, the refractive error is stable;
- Cataracts or other lens opacities due to surgical trauma have not developed within 3 months; and
- Night vision is not impaired.

To date, there have been no reports of dislocation/dislodgement of the STAAR Visian/ICL. However, there are some reports that the Artisan/Verisyse lens did become dislodged due to moderate trauma. Protective eyewear should be encouraged for constables who have had PIOL, especially those who have implanted the Artisan/Verisyse PIOL.

Minimum Post-surgical Waiting Period

A minimum of 3 months, provided the applicant can document that the refractive error and visual acuity have been stable for at least 3 months prior to the most recent assessment AND there are no lens opacities, lens vacuoles, or cataracts present in either eye.

If any lens opacities/vacuoles/cataracts develop within the first 3 months postoperatively or the refractive error has not stabilized, then the minimum waiting period will be extended.

For the appearance of lens opacities/vacuoles/cataracts, the minimum extension would be 6 months after the first appearance. This is to ensure that these conditions do not progress.

- For only an unstable refractive error (no lens opacities), the waiting period would be extended until the refraction has been stable for at least 3 months.
- Acuities within +3 letters of each other at the two visits are deemed stable.
- The refractive results for each eye must be within ±0.50 dioptre for the spherical component and ±0.50 dioptre for the cylindrical component at the two visits in order to be deemed stable.

Night Vision

The night vision standard for any PIOL is the same as the standard for candidates who have undergone corneal refractive surgery. (See Appendix 3).

Candidates with PIOLs must obtain minimum scores on at least 2 of the 3 following tests.
All testing is done binocularly with or without any spectacle or contact lens correction.

The testing conditions for photopic and mesopic vision are as follows.

For self-illuminating visual acuity charts.

- Photopic Vision: Background luminance ranges between 85 cd/m^2 and 110 cd/m^2
- Mesopic Vision: Viewing the screen (luminance ranges between 85 cd/m^2 and 110 cd/m^2) through welding goggles with a Shade 6 filter (or a filter with a luminance transmittance within the range of 1% to 0.4%).

The mesopic acuity is conducted after 5 minutes of adapting to the room illumination with the filter in place. If the chart does not use the logMAR progression in letter size, then a minimum of 5 different letters for each letter size must be presented. To meet the minimum acuity requirement for each condition (e.g. 6/9, 6/12, 6/22.5), the candidate must get all 5 letters correct for each corresponding letter size.

If the chart uses the standard logMAR format, then the standard logMAR rules for determining visual acuity apply.

For printed Bailey-Lovie or ETDRS Visual Acuity Charts)

- Illumination on the charts ranges from 275 to 300 lux;
- Dim illumination is created by having the candidate view the charts through welding goggles with a Shade 6 (luminance transmittance within the range of 1% to 0.4%) filter in place.

Pseudophakic Intra-Ocular Lens Surgery Summary

Name of Applicant: _____ Date: _____

Date of Surgery: _____

Assessments	Baseline Post-Operative Assessment to Determine Stability	3-Month Post-Operative Assessment	6-Month Post-Operative Assessment (if necessary)
Date of Assessment:			
Time of Day:			
Uncorrected Visual Acuities			
Right Eye			
Left Eye			
Best Corrected Visual Acuities			
Right Eye			
Left Eye			
Subjective Refraction (Sphere Cylinder)			
Right Eye			
Left Eye			
Appearance of Crystalline Lens			
Right Eye			
Left Eye			

Considerations

- Visual acuities and refractive errors between baseline post-operative and 3 months post-operative must be stable. Acuities are considered stable if the values are within ±3 letters of each other at each visit. The refractive results are stable if the spherical component for each eye is within ±0.50 dioptre and the cylindrical component is also within ±0.50 dioptre for each eye for the two assessments. If these values are not stable, then the waiting period is extended another 3 months

Date that any lens opacities/vacuoles/cataracts were first noted: _____

- If any lens opacities are present within the first 6 months post-operative or the refractive error has not been stable for at least 3 months, then the waiting period will be extended. Please consult **Appendix 5** for more details.

Ophthalmologist/Optometrist
Official Stamp

Name of Tester: _____ _____
Date

Signature of Tester: _____

APPENDIX 6

Visual Field Testing

Surveys of police officers indicate that peripheral vision is one of the more important visual abilities for safe patrol officer performance. Examples of critical situations in which peripheral vision is critical include:

- a suspect approaching the officer from the far right or left side;
- a hostile crowd surrounding an officer;
- an officer attempting to look out of the side of a patrol car to spot a suspect while still controlling the vehicle; driving under emergency conditions.

The recommended testing protocol to access each eye's functional visual field is the Humphrey Full Field 135-point program (or equivalent) performed monocularly with the two zone test strategy and single-intensity test mode. If this program is not available, then the Full Field 120-point program (or equivalent) performed monocularly is sufficient. If neither of these visual field protocols is available, an equivalent formal perimetric visual field test (i.e., not confrontational fields) would be one that measures the visual field out the limits listed below using a size III Goldman equivalent target at a 10-decibel intensity setting.

Except for the physiological blind spot, no significant scotomas should be within the limits specified below. A significant scotoma within the limits below is defined as two or more adjacent points that are not seen.

Limits for the various meridians are.

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

APPENDIX 7

Police Constable Task List

1. Preparing for Duty

a) Inspect equipment, including:
- *i) pistol and other weapons*
- *ii) emergency equipment*
- *iii) vehicle*
- *iv) communication equipment*

2. Standard Patrol Checks (Prevention)

a) Carry an equipment belt (firearm, radio, baton, aerosol weapon) for the duration of the shift

b) After business hours, check locked doors and windows

c) Patrol includes:
- *i) driving a car*
- *ii) driving another vehicle*
- *iii) motorcycle*
- *iv) bicycle*
- *v) horse*
- *vi) ATV*
- *vii) snowmobile*

d) Conduct foot patrol:
- *i) walking continuously in the course of the day*

e) Use standard emergency equipment or techniques, including:
- *i) flares*
- *ii) traffic cones*
- *iii) first aid*
- *iv) CPR*

f) Perform security checks of business and home (on request)

g) Assist motorists with automobile problems, including:
- *i) lost keys*
- *ii) keys locked in the vehicle*
- *iii) stalled auto*
- *iv) flat tire*

3. Response to Patrol Situations

a) Draw, load and discharge firearm:
i) pull slide on a semi-automatic firearm
ii) grip in each of left and right hand to aim and discharge

b) Drive in pursuit of another vehicle

c) Administer first aid or CPR

d) Pursue, on foot, fleeing suspects by:
i) climbing stairs in an emergency (2 to 10 flights)
ii) climbing over a barrier (i.e. a 4 ft high fence)
iii) running at high speed for 100 metres
iv) running at reduced speed for 15 to 30 minutes
v) avoiding obstacles while running
vi) jumping over low obstacles
vii) jumping across an obstacle (ditch, hole, creek) while running
viii) balancing (beams, fences, roofs etc.) while running, crawling, jumping (3 m)

e) Physically force open a closed or locked door with the following:
i) own body
ii) pry bar

f) Use force if necessary to:
i) subdue an attacking or resisting person
ii) separate disorderly persons from other persons at the scene of a disturbance
iii) restrain dangerous person for transport

g) Use a baton for protection of:
i) self
ii) another person

h) Handcuff suspect when necessary

i) Carry a person unable or refusing to walk to transport him/her to a police car

j) Search for missing or lost persons

k) Humanely destroy by shooting injured or dangerous animals, including wildlife, domestic animals and livestock

l) Perform one or more of the above tasks in a sequence

4. Arrest and Detention Procedures

Alone or with a partner, arrest and prevent the escape of a person who has committed, attempted to commit or is about to commit a crime with any of the following procedures, singularly or in an appropriate sequence, as necessary:

a) Pull the person from a vehicle or away from a stationary object (such as a car door) he or she is holding

b) Physically restrain or protect oneself by: *i) using grip strength, locks, grips, neck and shoulder holds and arm bars*
ii) striking to subdue
iii) blocking kicks and blows
iv) avoiding thrown objects
v) wrestling for an extended period

c) Pry open hands

d) Lift or force into a police car or van

5. Search and Seizure (Evidence and Property Procedures)

a) Search and separate suspect from others not searched

b) Lift (30 kg) and move a short distance (carry 25 m) objects involved with or which interfere with search and seizure

c) Locate, including stooping to search under low objects, obtain, handle and preserve physical evidence in accordance with search and seizure laws

d) Secure the personal effects of a deceased person

e) Perform one or more of the above tasks in a sequence

6. Search and Rescue

a) Run at a high speed to the rescue scene (100 m)

b) Run at reduced speed for 5 to 10 minutes

c) Crawl under and over a variety of obstacles (2 to 5 m)

d) Crawl 65 metres

e) Lift a victim (over 35 kg) to safety

f) Drag a person (over 45 kg) who is unable to walk (unconscious, drunk, overcome by smoke, injured) to safety (10 m)

g) Conduct first aid, including CPR, when required

h) Swim and drag a person from the water

i) Dig in search of persons engulfed by snow, mud or sand

j) Perform one or more of the above tasks in a sequence

7. Crowd Control

a) Set up barriers to contain crowds

b) Maintain crowd control

8. Traffic Activities

a) Arrest an impaired driver

b) Protect and preserve traffic accident scene and property

c) Direct/control traffic to facilitate vehicle and pedestrian traffic flow and prevent accidents

d) Move by pushing traffic hazards, such as vehicles or other objects, from the roadway

e) Set up roadblocks to check motor vehicles and occupants or protect and preserve an accident scene by:

i) lifting and placing traffic cones
ii) directing/redirecting traffic

f) Operate radar equipment for speed enforcement

g) Escort funerals, parades, oversized truck-trailer loads, dignitaries and emergency vehicles

h) Perform one or more of the above tasks in a sequence

9. Investigating: Preliminary and Follow-up

a) Follow crime-scene investigation procedures

b) Locate and or isolate suspect in a crime

c) Follow missing-person investigation procedures and processes

d) Search vehicles, dwellings, business establishments, etc., for evidence in follow-up investigations

e) Search deceased or deceased's property for identification and to secure valuables

f) Photograph the arrested person

g) Fingerprint prisoners and other persons

h) Organize and conduct line-ups

i) Investigate noise complaints

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