

- I. Purpose
- II. Policy
- III. Procedures

- I. Purpose

This Directive's purpose is to outline policy and procedures for the correct handling of diabetic officers.

- II. Policy

This Division's policy is to ensure the officer's safety and well-being, and the public's safety and well-being.

- III. Procedures

- A. Diabetic Officer

- 1. Officers who develop diabetes, whether Type I or Type II, will report it immediately to the Professional Standards Office, and at the time of their next scheduled physical to the Commission Physician. Officers who demonstrably do not have evidence of cardiovascular, ophthalmological, renal, or neurological complications, may continue on duty provided they meet the following obligations:
 - a. Provide copies of reports on any hospital admission, related to the diabetic condition or any condition, that may alter the officer's diabetic status. Provide copies of treating physician consultation notes for diagnostic examinations, special studies, and follow-up that pertain to their diabetic condition.
 - b. Any incident of incapacitation or mental confusion due to insulin reaction, diabetic acidosis, or diabetic hypoglycemia must be reported immediately to the Professional Standards Office. Documentation must be submitted in writing from the following personnel:
 - (1) The officer's immediate supervisor;
 - (2) The officer's personal physician and the Commission's physician;
 - (3) Other health care and diabetes support group personnel (ie: emergency medical personnel, hospital personnel, counselors, etc.)
 - c. Have a complete medical reevaluation by a specialist every six months, with reading of glycosolated hemoglobin (A1c) concentrations.

- d. Undergo and submit a complete annual medical evaluation by the officer's personal physician along with a consultative diagnosis by a specialist in endocrinology or diabetology, concerning the officer's current status, and prognosis both short (2-5 years) and long term (10-20 years). The report must include a general physical examination including height, weight, build, and physical defects or signs, and at a minimum include the following:

IF UNDER AGE 40

- (1) Fasting blood/serum studies (glucose, cholesterol, a HDL, triglycerides), complete blood count and urinalysis and a reading of glycosolated hemoglobin (A1c) concentration (and lab reference concentration). Resting electrocardiogram (ECG). Blood pressure reading (sitting) at rest on at least two occasions, a.m. and p.m., approximately one week apart. Elevated blood pressure, medication for hypertension, or other evidence of any cardiovascular abnormality will require a maximal concentration stress test ECG study.
- (2) Ophthalmological confirmation of absence of retinal disease, preferably with dilated eye examination, by a retinal specialist.
- (3) Examination and tests to detect any peripheral neuropathy, or circulatory deficiencies of the extremities, when symptomatic.
- (4) Provide a detailed report to the Professional Standards Office, of insulin dosages and types, diet utilized for control and any significant lifestyle factors such as smoking, alcohol use, other medications or drugs taken.
- (5) Obtain and utilize a digital whole blood monitoring device which is portable and can be easily used for the testing of blood glucose concentrations during working hours. Monitors with memories, i.e., chip in monitor, to record blood glucose concentrations. At least two concentrations should be recorded each day and distributed during the month to indicate concentrations at four hour intervals during the waking hours. This log should be certified as authentic by the specialist. Control of blood glucose concentrations is acceptable if fasting blood glucose concentrations are normally between 60 and 140 and postprandial concentrations are normally between 140 and 200. Blood glucose concentrations falling between 50 or above 300 two or more times in a month require reevaluation by a specialist.

IF OVER AGE 40:

In addition to the above, all officers over age 40 will present the results of a maximal exercise stress test. Clear copies of all ECG tracings and an interpretation will be provided. Officers demonstrating abnormal stress tests cannot remain on duty. Should the specialist conduct additional clinically indicated studies to rule out underlying arteriosclerotic disease and no evidence of significant disease is found, the actual pictures and reports will be submitted for consideration.

2. Protocol While on Duty

Supplies required while on duty include: blood sampling lancet; personal blood glucose monitor and strips; a source of rapidly absorbable glucose; insulin and syringes or pump, as appropriate. All disposable materials must be within their expiration dates. Blood glucose concentration must be tested every 4 hours and appropriate measures taken if necessary. While on duty, should circumstances preclude a particular test, intake or an appropriate snack or other source of glucose is an acceptable alternative. However, no two consecutive tests should be replaced by the ingestion of glucose.

B. Supervisors Responsibilities

Supervisors will ensure that once a month each diabetic officer under their supervision completes the "Certification of Compliance with Park Police Medical Standards" form (see Division Forms Log). Supervisors will forward this form to Park Police Administration. Administration will forward form to the Risk Management Office.

**Approved Park Police Document
Signed Original on File**

End of Directive