CASE REPORT

Recruitment of a candidate with haemophilia B as a special constable in the metropolitan police service

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SUMMARY

Individuals with haemophilia are usually excluded from patrolling police roles as these often necessitate confrontation. We describe an individual with moderate to severe haemophilia B who has been recruited by the Metropolitan Police Service as a Special Constable with the support of his haematologist.

BACKGROUND

The role of Police Officer is confrontational and leads to frequent injuries both when on duty as well as during training. Severe bleeding disorders and the use of anticoagulant medication are taken to be barriers to entry because of the potential for internal bleeding into organs, the brain and joints. Home office guidance on the medical aspects of recruitment does not even consider individuals with moderate to severe disease as potential recruits.¹ However, the Equality Act 2010 requires all candidates to be given an individual assessment. This paper describes an individual who was able to enter the role of MSC (Metropolitan Special Constable) with the support of his haematologist.

CASE PRESENTATION

The patient is a 24-year-old working in financial services who was identified as having haemophilia B as a result of his family history. He is known to have a missense mutation of the factor IX gene, usually associated with severe haemophilia B. His factor IX levels vary between <1 and 2 iu/dL (normal range 50–150 iu/dL).

He has a history of rare bleeding despite playing football when younger. He required treatment with factor IX in 2010 after an injury, but no further therapy has been needed since then. He manages his own treatment if required. A joint assessment carried out by the physiotherapist at the Royal Free Haemophilia and Thrombosis Unit in 2011 indicated that he has no damage to his joints. His standard treatment dose of Factor IX is 4000–6000 iu.

The patient presented to the medical recruitment team at the Metropolitan Police Service as a candidate for the MSC role in December 2011. This volunteer role involves being on a patrol with the role and the powers of a police officer for 16 h a month, usually split as 1 day a fortnight. The following issues were raised during his recruitment process:

- Would he reliably be able to receive factor IX prophylaxis before each tour of duty so that he was protected from bleeding excessively? His

usage of factor IX was far below average for an individual with severe haemophilia, so the necessary supply of factor IX could be made available (6000 iu twice a month).

- As a number of physical skills are taught over the period of a week, could factor IX be provided to cover several consecutive days of initial training? This was supported by his haematologist.
- Would he need additional factor IX if injured and would his colleagues be required to administer it? He would require transfer to hospital and to inform the staff that he had haemophilia, but there was no requirement for immediate infusion as his FIX levels would have been normal or near normal at the time of the injury, given that he had treatment before the start of duty. He carries an alert card in all circumstances.
- How would he cope if a period of duty became very prolonged? In practice, his prophylaxis would last for more than 12 h, and even after that period he could safely undertake desk-based tasks such as processing an arrest.
- MSCs are required to put themselves on duty at any time if necessary; how should he respond if this was in a period when he was not covered by treatment? He should carry out a dynamic risk assessment and call for assistance rather than intervene directly, just as an older officer might do.

OUTCOME AND FOLLOW-UP

The patient has now entered service as an MSC and is carrying out the role successfully.

DISCUSSION

Patients with haemophilia are advised to avoid high impact contact sports such as rugby,² although physical exercise is known to be of benefit to their general health, bone density and joint stability.^{3 4} The role of police officer is confrontational, physical and analogous to a contact sport. Therefore, it appears unsuitable for patients with haemophilia. This is true for the full-time role where the obligations of a paid and attested officer, shift patterns, unpredictable changes to rotas and unexpected prolongation of the working day make the provision of prophylaxis difficult and inordinately expensive. However, the MSC role is voluntary, limited to 2 days a month and predictable, rendering the use of prophylaxis feasible. This case demonstrates how, with suitable medical advice and support, an employer can make adjustments that initially appear unrealistic to recruit from a wider pool of candidates.

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Learning points

- ▶ Individuals with haemophilia can participate in confrontational activities such as Metropolitan Special Constable with suitable adjustments.
- ▶ The patient must be supported by the provision of prophylactic treatment.
- ▶ No matter what the disability is, employers should fully explore the potential for reasonable adjustments.

Contributors MM provided care of the individual as haematologist and wrote the relevant sections of the manuscript. SL recruited the individual into the MPS and wrote relevant sections of the manuscript.

Competing interests None.

Patient consent Obtained.

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