



VICTORIA POLICE

Visual Acuity

Optometrist/Ophthalmologist

Investigations and Reports for Consideration

- Unaided distance vision, monocularly and binocularly
- Aided distance vision, monocularly and binocularly
- Unaided near vision, monocularly and binocularly
- Aided near vision, monocularly and binocularly
- If requires visual aids to meet criteria, a statement indicating that they will wear aids at all times while working and advise management if they are not able or the aids are not fully effective. If requires contact lenses, that they will also ensure they will have a current prescription pair of spectacles to work at all times
- If requires moderate to high power lenses to meet criteria, then binocular vision assessment is also required.
- If anisometropia is present, *consider* aetiology

Medical Standard

May be fit for unrestricted duties if all are true:

- Any anisometropia has been assessed and if causing amblyopia, strabismus or diplopia – those guidelines have been met
- Unaided distance acuity (if no glasses or contact lenses worn)
 - Each eye: at least 6/9 without error
 - Binocular: at least 6/6 without error
- Aided distance acuity (with current glasses / contact lenses)
 - Each eye: At least 6/9 without error
 - Binocular: at least 6/6 without error
- Unaided or aided near acuity
 - N8 (New Times Roman 8 point or 6/15 equivalent Snellen notation)
- If aided, do not require contact lens or spectacle lenses prescribed for one eye for distance visual acuity and the lens in the other eye for near vision
- If aided, do not require multifocal contact lenses
- If using contact lenses, are able to wear them for 12 hours and spectacle lenses are the current prescription
- Meets the NTC Fitness to Drive Commercial Drivers Standard apart from the unaided distance acuity requirement.



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Impact on Job Performance

Acuity deficits impede one's ability to drive, read documents, identify threats, identify suspects and gather evidence



Visual Fields

Requires formal assessment if there is an eye condition that could cause a loss of visual field such as glaucoma.

Optometrist/Ophthalmologist

Investigations and Reports for Consideration

- Formal visual field testing results from either Esterman visual field program, Full Field 135 point program performed monocularly with the single intensity test mode or equivalent formal perimetric visual field test (i.e. not confrontational field) that measures the visual field out to 85 degrees temporally, 50 degrees temporally, 40 degree superiorly and 55 degrees inferiorly using a size III Goldman equivalent target at a 10 decibel intensity setting. For both full field testing and the central visual field testing, the false positive score shall be <20%.

Medical Standard

May be fit for unrestricted duties if all are true:

- No scotoma within +/- 20 degrees of the horizontal meridian of either eye
- Binocular visual field of 140 degrees in the horizontal direction and at least 70 degrees in diameter in the vertical direction centred at the fixation point.
- Absence of a significant central field loss defined as:
 - A cluster of four or more adjoining points that is either completely or partly within the central 2-degree area.
 - Loss consisting of both a single cluster of three adjoining missing points up to and including 20 degrees from fixation and any additional separate missed point(s) within the central 20-degree area.
 - Any central loss that is an extension of a hemianopia or quadrantanopia of size greater than three missed points.
 - Because the spacing between test points vary within and across automated perimeters, the adjacent points are defined as at least 4 degrees apart and no greater than 7 degrees apart.
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



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Impact on Job Performance

Acuity deficits impede one's ability to drive, detection of hazards, detecting a suspect approaching the member from the far right or left side, maintaining situational awareness when there is a hostile crowd surrounding a member, avoiding obstacles when pursuing a suspect on foot, detecting subtle behaviour such as hand/arm movements and POI's reaching for a door. Significant scotomas within the central binocular visual field could interfere with the detection of objects and people in the near periphery. The scotoma could also create a distraction if the object moves into the scotoma and moves out in the normal visual field. This situation could create a pop-up effect, and the sudden appearance could be distracting.



Stereovision

Requires formal assessment if there is any eye condition that could impact binocular vision such as strabismus; decompensated phoria; amblyopia; use of moderate to high power lenses or the power of the lenses in front of each eye differ.

Optometrist/Ophthalmologist

Investigations and Reports for Consideration

- Results of binocular vision assessment considering not only under ideal conditions, but also in the event of fatigue and under varying illumination and in potentially life threatening and dynamic circumstances
- Formal test for double vision: either the Worth 4 dot, red lens test or Bagolini lenses. All tests should be done in both the light and dark and in the six cardinal positions of gaze (30 degrees straight right, 30 degrees straight left, 30 degrees upper right/left and 30 degrees lower right/left)

Medical Standard

May be fit for unrestricted duties if all are true:

- Stereopsis $\leq$ 200 secs of arc with no evidence of eye suppression
- $\leq$ 5 degrees or 10 prism diopter esotropia
- No diplopia including in reduced visual environments (i.e. nighttime) or when the individual is tired either intermittent or constant.
- If wearing spectacle lenses, no diplopia within a 30° radius of their habitual straight-ahead gaze.
- Prismatic lenses are not being used to manage double vision
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

The importance of stereovision in policing relates to depth perception; the risk of diplopia and impact on field of vision (eye suppression). The primary concern is an officer's situational awareness when their own, their colleagues and/or public safety is at risk.

Specific scenarios to be considered would be:

- a suspect approaching the officer from the far right or left side.
- a hostile crowd surrounding the officer.



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- 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.
- gap judgement during pursuit driving.
- reaction times in visual areas relevant to traffic safety if not able to move their head in time to compensate for field defects.
- detecting suspicious behaviour, especially more subtle behaviour such as hand/arm movements.
- ability to detect another person entering a room or peaking around the corner while interrogating a suspect or managing a domestic disturbance.
- ability to detect short duration flashes.



VICTORIA POLICE

Colour Vision

Optometrist/Ophthalmologist

Investigations and Reports for Consideration

- Ishihara 24-plate test
- Medmont C100 and Farnsworth Dichotomous D15 testing

Medical Standard

May be fit for unrestricted duties if all are true:

- **Victoria Police Colour Vision Guidelines**
- 2 or less errors on Ishihara plates is considered **suitable**
- **3 or more errors on Ishihara plates requires further testing**
- Medmont C100 and Farnsworth Dichotomous D15 testing
 - Normal colour vision is considered **suitable**
 - **Mild deutan defect requires further testing and individual consideration in line with the assessor's opinion.**
- Moderate/severe deutan defect; any degree of protan defect is **not suitable**.

Impact on Job Performance

Acuity deficits impede one's ability to identify people, vehicles or objects, discerning evidence and investigating the scenes of crime.



Refractive Surgery

PRE-EMPLOYMENT: LASIK, LASEK, PRK, SMILE, intrastromal corneal rings

There are two general types of refractive surgery. One uses lasers to modify the power of the cornea, and the other involves implanting a correcting lens in the eye.

Corneal refractive techniques include laser assisted in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), laser epithelial keratomileusis (LASEK), and the small incision lenticule extraction (SMILE) is available. The SMILE procedure uses a laser to make a small nonreal incision in the cornea to remove some inner corneal tissue to correct the refractive error.

Intrastromal corneal rings (ICR) are now primarily used to manage keratoconus and other corneal thinning disorders and diseases with good long-term success.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider date of procedure, visual acuity, stability of condition, eye health including any post-operative complications, limitations in normal vision e.g. glare sensitivity, halos, double vision, night vision problems, ectasia, central corneal haze)

Medical Standard

May be suitable if all are true:

- More than 3 months have elapsed since any corneal refractive technique
- Radial keratometry has not been performed
- The spherical and cylindrical components for each eye are within +0.50 dioptre
- Visual acuity meets guidelines and are within +/- 3 letters on two assessments, separated by at least 21 days
- There is no increased sensitivity to glare, halos, double vision, night vision problems or ectasia
- Central corneal haze in either eye is no greater than trace
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



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Impact on Job Performance

Fluctuating vision and abnormal glare sensitivity may impede one's ability to drive, accurately aim weapons, read documents, identify threats, identify suspects and gather evidence.



Refractive Surgery

Fitness for Duty: LASIK, LASEK, PRK, SMILE, intrastromal corneal rings

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Intrastromal corneal rings (ICR) are now primarily used to manage keratoconus and other corneal thinning disorders and diseases with good long-term success.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider date of procedure, visual acuity, stability of condition, eye health including any post-operative complications, limitations in normal vision e.g. glare sensitivity, halos, double vision, night vision problems, ectasia, central corneal haze)

Medical Standard

May be fit for unrestricted duties if all are true:

- More than one month has elapsed since any corneal refractive technique
- Radial keratometry has not been performed
- The spherical and cylindrical components for each eye are within +0.50 dioptre
- Visual acuity meets guidelines and are within +/- 3 letters on two assessments, separated by at least 21 days
- There is no increased sensitivity to glare, halos, double vision, night vision problems or ectasia
- Central corneal haze in either eye is no greater than trace
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



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Impact on Job Performance

Fluctuating vision and abnormal glare sensitivity may impede one's ability to drive, accurately aim weapons, read documents, identify threats, identify suspects and gather evidence.

For higher refractive errors (e.g. >6 dioptries), Phakic Intraocular Implants (PIOL) may be used. PIOLs are small lenses that are implanted in either the anterior chamber (AC-PIOL) or posterior chamber (PC-PIOL). The surgery to implant the devices is similar to cataract surgery. Although the PIOLs are removable, there are no known reports of individuals doing so without a triggering complication.



Refractive Surgery

PRE-EMPLOYMENT: Phakic Intraocular Lenses (AC-PIOL, PC-PIOL), Clear Lens Extraction

For higher refractive errors (e.g. >6 dioptries), Phakic Intraocular Implants (PIOL) may be used. PIOLs are small lenses that are implanted in either the anterior chamber (AC-PIOL) or posterior chamber (PC-PIOL). The surgery to implant the devices is similar to cataract surgery. Although the PIOLs are removable, there are no known reports of individuals doing so without a triggering complication.

Clear Lens Extraction is identical to cataract surgery except the natural human lens is clear, and the implant's power is adjusted to correct for a high refractive error. This technique is not performed often because of the increased risk of retinal detachment and the loss of accommodation.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider date of procedure, visual acuity, stability of condition, eye health including any post-operative complications including cataracts, limitations in normal vision e.g. glare sensitivity, halos, double vision, night vision problems, ectasia, central corneal haze)

Medical Standard

May be suitable if all are true:

- More than 6 months have elapsed since Clear Lens Extraction and AC-PIOL
- More than one year has elapsed since PC-PIOL
- Multifocal intraocular lens were not implanted
- There are no physical restrictions
- Visual acuity meets guidelines and are within +/- 3 letters on two assessments, separated by at least 21 days
- There is no increased sensitivity to glare, halos, double vision, night vision problems or ectasia
- Central corneal haze in either eye is no greater than trace
- There are no significant cataracts
- Meets the NTC Fitness to Drive Commercial Drivers Standard.



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Impact on Job Performance

Fluctuating vision and abnormal glare sensitivity may impede one's ability to drive, accurately aim weapons, read documents, identify threats, identify suspects and gather evidence.



Refractive Surgery

Fitness for Duty: Phakic Intraocular Lenses (PIOL)

For higher refractive errors (e.g. >6 dioptries), Phakic Intraocular Implants (PIOL) may be used. PIOLs are small lenses that are implanted in either the anterior chamber (AC-PIOL) or posterior chamber (PC-PIOL). The surgery to implant the devices is similar to cataract surgery. Although the PIOLs are removable, there are no known reports of individuals doing so without a triggering complication.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider date of procedure, visual acuity, stability of condition, eye health including any post-operative complications including cataracts, limitations in normal vision e.g. glare sensitivity, halos, double vision, night vision problems, ectasia, central corneal haze)

Medical Standard

May be fit for unrestricted duties if all are true:

- More than 6 months have elapsed since Clear Lens Extraction and AC-PIOL
- More than one year has elapsed since PC-PIOL
- Multifocal intraocular lens were not implanted
- There are no physical restrictions
- Visual acuity meets guidelines and are within +/- 3 letters on two assessments, separated by at least 21 days
- There is no increased sensitivity to glare, halos, double vision, night vision problems or ectasia
- Central corneal haze in either eye is no greater than trace
- There are no significant cataracts
- Meets the NTC Fitness to Drive Commercial Drivers Standard

Impact on Job Performance

Fluctuating vision and abnormal glare sensitivity may impede one's ability to drive, accurately aim weapons, read documents, identify threats, identify suspects and gather evidence.



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Cataract

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider whether the cataract is being monitored or has been surgically treated; visual acuity in each eye and binocularly and whether there is any increase in glare sensitivity

Medical Standard

May be fit for unrestricted duties if all are true:

- If cataracts are being monitored
 - All vision requirements are met
 - No abnormal sensitivity to glare
- If cataract surgery has been performed
 - Multifocal intraocular lens were not implanted
 - There are no physical restrictions
 - Visual acuity meets guidelines
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

Decreased visual acuity and glare sensitivity due to a cataract may impede one's ability to drive, avoid obstacles, read documents, identify threats, accurately aim weapons, identify suspects and gather evidence.



Keratoconus

PRE-EMPLOYMENT

Keratoconus is a bilateral, progressive, noninflammatory corneal disease that results in irregular astigmatism and corneal scarring. The condition usually stabilises between the ages of 30 and 45 years. The condition affects both eyes, although the severity can vary between eyes. Both irregular astigmatism and scarring can reduce visual acuity. Approximately 25% of the cases will require a corneal transplant because of either the loss of vision or contact lens intolerance.

Spectacles can manage the refractive error, but vision is usually better if the person is fitted with contact lenses or intrastromal corneal rings. Crosslink surgery is frequently performed to stop or slow progression and improve visual acuity.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider aided and unaided visual acuity. If contact lenses are worn, must also include aided visual acuity with spectacles and indicate whether contact lenses can be comfortably worn for 12 hours.
- If contact lenses are required, a statement confirming that they will wear them at all times while working and advise management if they are not able to
- If crosslink surgery has been performed, include aided and unaided visual acuity, date of procedure, stability of vision and whether they are fit for work-related physical activities

Medical Standard

May be suitable if all are true:

- If condition is being monitored:
 - Visual acuity meets guidelines
- If crosslink surgery has been performed
 - A minimum of 6 months has passed since surgery
 - Has been cleared for unrestricted physical activities
 - Spherical and cylindrical components for each eye are within +/- 0.50 dioptre
 - Vision meets guidelines
 - Visual acuities in each eye are within +/- 3 letters on two assessments separated by at least 30 days.
- If corneal transplant is not required and has not been performed



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- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

Decreased visual acuity may impede one's ability to drive, avoid obstacles, read documents, identify threats, accurately aim weapons, identify suspects and gather evidence.

Corneal transplants (penetrating keratoplasty) run the risk of severe vision loss in one eye and potential rupture of the globe due to trauma which could impact driving ability and maintain control of a situation, may be unable to pursue the suspect or seek safety.

Protective eyewear would reduce the risk, but spectacle dislodgment is common when a member is engaged in a struggle with a suspect, and so it is unlikely that safety eyewear would always be effective.



Keratoconus

FITNESS FOR DUTY

Keratoconus is a bilateral, progressive, noninflammatory corneal disease that results in irregular astigmatism and corneal scarring. The condition usually stabilises between the ages of 30 and 45 years. The condition affects both eyes, although the severity can vary between eyes. Both irregular astigmatism and scarring can reduce visual acuity. Approximately 25% of the cases will require a corneal transplant because of either the loss of vision or contact lens intolerance.

Spectacles can manage the refractive error, but vision is usually better if the person is fitted with contact lenses or intrastromal corneal rings. Crosslink surgery is frequently performed to stop or slow progression and improve visual acuity.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider aided and unaided visual acuity. If contact lenses are worn, must also include aided visual acuity with spectacles and indicate whether contact lenses can be comfortably worn for 12 hours.
- If contact lenses are required, a statement confirming that they will wear them at all times while working and advise management if they are not able to
- If crosslink surgery has been performed, include aided and unaided visual acuity, date of procedure, stability of vision and whether they are fit for work-related physical activities

Medical Standard

May be fit for unrestricted duties if all are true:

- If condition is being monitored:
 - Visual acuity meets guidelines
- If crosslink surgery has been performed
 - A minimum of 6 months has passed since surgery
 - Has been cleared for unrestricted physical activities
 - Spherical and cylindrical components for each eye are within +/- 0.50 dioptre
 - Vision meets guidelines
 - Visual acuities in each eye are within +/- 3 letters on two assessments separated by at least 30 days.
- If corneal transplant is not required and has not been performed



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- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

Decreased visual acuity may impede one's ability to drive, avoid obstacles, read documents, identify threats, accurately aim weapons, identify suspects and gather evidence.

Corneal transplants (penetrating keratoplasty) run the risk of severe vision loss in one eye and potential rupture of the globe due to trauma which could impact driving ability and maintain control of a situation, may be unable to pursue the suspect or seek safety.

Protective eyewear would reduce the risk, but spectacle dislodgment is common when a member is engaged in a struggle with a suspect, and so it is unlikely that safety eyewear would always be effective.



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Penetrating Keratoplasty

Corneal transplants are performed when the central part of the cornea has become too disrupted to provide reasonable vision. This disruption could be due to injury, infection, dystrophy such as keratoconus, or some other disorder.

Ophthalmologist/Ophthalmic Surgeon

Investigations and Reports for Consideration

- Consider aided and unaided visual acuity. If contact lenses are worn, must also include aided visual acuity with spectacles and indicate whether contact lenses can be comfortably worn for 12 hours
- If contact lenses are required, a statement confirming that they will wear them at all times while working and advise management if they are not able to
- If crosslink surgery has been performed, include aided and unaided visual acuity, date of procedure, stability of vision and whether they are fit for work-related physical activities

Medical Standard

- Permanent restrictions are required

Impact on Job Performance

Risk of severe vision loss in one eye and potential rupture of the globe due to trauma could impact driving ability and maintain control of a situation, may be unable to pursue the suspect or seek safety. Protective eyewear would reduce the risk, but spectacle dislodgment is common when a member is engaged in a struggle with a suspect, and so it is unlikely that safety eyewear would always be effective.



Orthokeratology

Orthokeratology (corneal reshaping) involves wearing special rigid gas permeable contact lenses (RGP lenses) overnight to reduce myopia. The contact lenses reduce the focusing power of the eye by changing the shape of the cornea. It is a technique used to slow the rate of myopia progression to in children and adolescents. In adults, the procedure can enable the individual to have good vision without corrective lenses for short periods. Nevertheless, an individual's vision deteriorates as the cornea returns to its original shape and after lens removal. In as little as one day after overnight wear, the refractive error can change by 0.25 to 0.75 dioptre. A 0.75 dioptre change could reduce acuity from 6/6 value to between 6/12 and 6/15. This procedure is unacceptable because of the fluctuating visual acuity, and it is not possible to monitor for changes throughout the day.

After this procedure, it takes approximately 4 to 6 weeks for vision to stabilise after discontinuing the overnight wear.

Ophthalmologist

Investigations and Reports for Consideration

- Consider date that orthokeratology was commenced and discontinued; visual acuity over the past month and whether the individual meets the overall vision guidelines

Medical Standard

- Orthokeratology has been discontinued at least 2 months prior
- Refractive error and visual acuity have been stable for a least one month
 - Spherical and cylindrical components for each eye are within ± 0.50 dioptre
 - Visual acuities in each eye are within ± 3 letters on two assessments separated by at least 30 days.
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

Fluctuating vision may impede one's ability to drive, avoid obstacle, read documents, identify threats, accurately aim weapons, identify suspects and gather evidence.



Glaucoma, Glaucoma Suspect and Ocular Hypertension

Glaucoma is a group of diseases that damages the optic nerve at the level near the optic nerve head. A glaucoma suspect or ocular hypertensive does not have frank glaucoma, but they are being monitored and/or treated because they have a high risk for developing glaucoma. High intraocular pressure is a major risk factor, but there are types where the intraocular pressure is within the normal limits. Regardless of the mechanism, glaucoma causes loss of the peripheral vision at first, which can progress to blindness if left untreated. The individual is usually asymptomatic until there has been extensive loss of their visual field. The condition may affect one or both eyes, but if it affects both eyes, the vision loss is usually asymmetric. Although an individual's intraocular pressure may be well controlled, 20% of individuals with glaucoma will continue to have progressive field loss.

Optometrist or Ophthalmologist

Investigations and Reports for Consideration

- Consider intraocular pressure over the previous 6 months; aided and unaided visual acuity; formal visual field assessment using Esterman binocular field test, or its equivalent

Medical Standard

May be fit for unrestricted duties if all are true:

- Target intraocular pressure has been maintained for the previous 6 months
- Visual fields meet guidelines and have been stable for the previous 6 months
- Visual acuity meets guidelines
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

Because glaucoma affects the peripheral visual field before visual acuity, the primary concern in terms of fitness to work is whether the visual field loss affects an individual's ability to detect hazards in their peripheral field while driving, walking/running or monitoring a crowd.



Strabismus, Decompensated Phoria and Amblyopia

Strabismus is a condition where the eyes are directed at different points in the environment. One eye may be intermittently or constantly turned inward (esotropia), outward (exotropia) or vertically (hypertropia). If the strabismus occurs during early childhood, suppression of the deviated eye usually develops to eliminate the resulting diplopia and visual confusion. If the strabismus is not treated at a young age, then the suppression may result in permanent loss of vision in the deviated eye (amblyopia). However, not all strabismic individuals have amblyopia, and not all amblyopes have strabismus. Amblyopia is the loss of vision in one eye due to inadequate stimulation during early childhood. Amblyopia will not develop during adulthood. In the case of adult-onset strabismus, suppression rarely develops and so double vision is an ongoing problem.

A decompensated phoria is synonymous with intermittent strabismus. A decompensated phoria usually occurs in adulthood and is a result of diminished capacity to maintain the two eyes aligned with the fixation object. There is usually no obvious neurological defect.

Optometrist/Ophthalmologist

Investigations and Reports for Consideration

- Results of binocular vision assessment considering not only under ideal conditions, but also in the event of fatigue and under varying illumination and in potentially life threatening and dynamic circumstances
- Formal test for double vision: either the Worth 4 dot, red lens test or Bagolini lenses. All tests should be done in both the light and dark and in the six cardinal positions of gaze (30 degrees straight right, 30 degrees straight left, 30 degrees upper right/left and 30 degrees lower right/left)

Medical Standard

May be fit for unrestricted duties if all are true:

- Stereopsis ≤ 200 secs of arc with no evidence of eye suppression
- <5 degrees or 10 prism diopter esotropia
- No diplopia including in reduced visual environments (i.e. nighttime) or when the individual is tired either intermittent or constant
- If wearing spectacle lenses, no diplopia within a 30° radius of their habitual straight-ahead gaze



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- Prismatic lenses are not being used to manage double vision
- Meets the NTC Fitness to Drive Commercial Drivers Standard.

Impact on Job Performance

The importance of stereovision in policing relates to depth perception; the risk of diplopia and impact on field of vision (eye suppression). The primary concern is an officer's situational awareness when their own, their colleagues and/or public safety is at risk.

Specific scenarios to be considered would be:

- a suspect approaching the officer from the far right or left side.
- a hostile crowd surrounding the 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.
- gap judgement during pursuit driving.
- reaction times in visual areas relevant to traffic safety if not able to move their head in time to compensate for field defects.
- detecting suspicious behaviour, especially more subtle behaviour such as hand/arm movements.
- ability to detect another person entering a room or peaking around the corner while interrogating a suspect or managing a domestic disturbance.
- ability to detect short duration flashes.
- tripping is also more likely to occur when pursuing individuals on foot or negotiating stairs, gradients and slippery terrain.