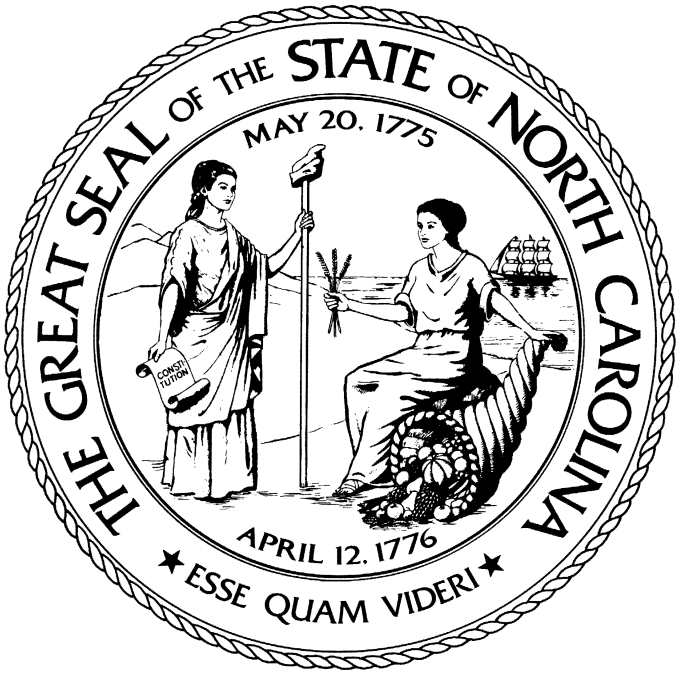
Minimum Medical Qualifications for Law Enforcement Officers, Corrections Officers, Juvenile Justice Officers, Court Counselors, Chief Court Counselors, Detention Officers, and Telecommunicators



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

NORTH CAROLINA SHERIFF'S EDUCATION AND TRAINING STANDARDS COMMISSION

(Rev. 08/2025)

Some individuals with well-controlled disease (e.g. after transformative treatments such as stem cell transplant/gene therapy), or those with variant genotypes with minimal symptoms may be appropriate after demonstrating an extended period of stability. These individuals, which comprise a minority of the SCD population, will require a detailed assessment by a hematologist experienced in managing SCD for clearance for roles requiring physical exertion. Clearance generally may be granted for non-strenuous roles with regular medical follow-ups, provided the capacity for tailored work accommodations.

3. General Anemia

Anemia (typically due to iron deficiency) is common in the general population, with up to 5% of non-pregnant females in the US affected. People with anemia may experience increased fatigue/weakness, reduced cognitive function, shortness of breath, and depression/anxiety. These factors may negatively impact job performance for officers and affect physical performance. Other conditions may also lead to anemia, including renal disease, other nutrient deficiency, inflammation/infection, autoimmune disorders, and bone marrow disorder/malignancy.

All individuals should be screened for anemia and treated appropriately. This can be done with a complete blood count (CBC) with measurement of hemoglobin.

For those who screen positive for anemia, additional studies should be pursued. This can include: Iron studies (serum iron, ferritin, total iron-binding capacity), vitamin B12 and folate levels, creatinine and other measures of renal function, and referral to a specialist if etiology of anemia cannot be easily determined.

Clearance depends on the severity and cause of anemia. Mild anemia with effective treatment may allow for clearance with periodic monitoring. Some individuals may have mild baseline anemia from genetic conditions such as thalassemia trait, which generally does not impact physical activity and thus should not be disqualifying. Severe or untreated anemia will warrant further treatment and improvement before clearance.

4. Thalassemia and other mild congenital anemias

As previously noted, some individuals are born with conditions that are associated with mild anemia, such as alpha or beta thalassemia trait. Individuals with mild baseline anemia are usually well compensated and thus there are no specific indications for additional interventions or monitoring. These conditions are not disqualifying.

5. Leukopenia

Many individuals have low white blood cell (WBC) count or leukopenia. Oftentimes, leukopenia is benign, such as in transient bone marrow suppression after infection, or congenital (e.g. Duffy-associated neutrophil count), or medication associated. People with chronic, persistent leukopenia should be evaluated for conditions which may impact job performance. Depending on the cause, leukopenia can increase susceptibility to infections, which can impact roles that involve frequent contact with the public and potential exposure to pathogens.

It is recommended to obtain a CBC on all candidates to determine WBC count and identify the type of leukopenia (e.g., neutropenia, lymphopenia).

Screen all candidates for blood disorders with a CBC.

Individuals with chronic leukopenia should be evaluated and cleared by a medical specialist who should conduct a thorough risk assessment to evaluate the likelihood of recurrent infections and the impact on job performance. This may involve consultation with a hematologist and/or infectious disease specialist. Individuals with mild leukopenia and no history of recurrent infections may be cleared for duty with regular monitoring. Those with severe leukopenia or frequent infections may require further evaluation and risk assessment with a specialist.

Further workup for the underlying etiology for those with chronic leukopenia should be considered. Additional tests may include specific tests to identify underlying causes (e.g., infections, autoimmune disorders, and bone marrow disorders). For some individuals with slightly low neutrophil counts and no history of frequent infectious complications, Duffy antigen testing may be sufficient.

Individuals at increased risk of infectious complications should be instructed on proper hygiene, vaccinations, and avoiding exposure to known sources of infection

6. Bleeding Disorders

Bleeding disorders include inherited (congenital) disorders such as von Willebrand disease, hemophilia, factor deficiencies, and platelet disorders (including thrombocytopenia or low platelet count). Bleeding disorders may also be acquired: Acquired hemophilia or von Willebrand disease, vitamin K deficiency, and liver disease such as cirrhosis, and chronic kidney disease.

Bleeding disorders can increase the risk of excessive bleeding from injuries, which is a significant concern in law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer roles.

A detailed medical history on prior bleeding issues should be considered. Laboratory tests do not reliably identify all individuals with bleeding disorders and may be falsely abnormal and lead to over-testing.

The following severe bleeding disorders are disqualifying:

Hemophilia
Factor Deficiencies

For those candidates with a bleeding diathesis who are found fit for duty, there should be appropriate training and procedures in place to manage a bleeding episode.

Individuals with mild bleeding disorders may be cleared with precautions and regular monitoring by a bleeding disorder specialist. Those with severe bleeding disorders may not be suitable for roles with high physical risk unless cleared by a hematologist with a specific mitigation plan.

7. History of Thrombophilia or Thrombosis (Not on Active Anticoagulation)

Many individuals have a personal history of venous thromboembolism (VTE) or have inherited genetic traits, which altogether increase the risk of developing a subsequent VTE. Detailed medical history, including the type, location, and frequency of thrombotic events, any underlying thrombophilia (e.g., Factor V Leiden, prothrombin gene mutation, antiphospholipid antibody syndrome), and any risk factors that were present at each event. A hematologist may be helpful obtaining this history and providing corresponding documentation.

A history of thrombosis or thrombophilia can increase the risk of recurrent thrombotic events, which may be exacerbated by prolonged periods of inactivity, dehydration, or injury. Overall, the impact law enforcement officers, corrections officers, juvenile justice officers, court counselors, chief court counselors, detention officers, and telecommunicators on a day-to-day basis is low, but may increase the risk of complications after injuries.

Conduct a thorough risk assessment to evaluate the likelihood of recurrent thrombotic events. This may involve consultation with a hematologist or vascular specialist with anticipated job duties.

Individuals with a well-managed history of thrombosis or thrombophilia, no recent thrombotic events, and otherwise in good health should be cleared for duty. Those with recurrent thrombotic events or significant risk factors should be referred to a qualified hematologist for further evaluation and clearance.

Preventive measures such as ensuring proper hydration, encouraging regular physical activity, and avoiding prolonged periods of inactivity may be helpful. Educate individuals on recognizing early signs of thrombosis and seeking prompt medical attention if symptoms do develop.

8. Current Anticoagulation Use

An increasing number of individuals take anticoagulation and/or antiplatelet medications on a regular basis to reduce the risk for thrombosis. Similarly to those with bleeding disorders, individuals on anticoagulation may be at higher risk for bleeding especially after trauma. All candidates should be asked to provide a list of medications they use daily. This list should be reviewed for any medications that increase the risk for bleeding.

For individuals on anticoagulation, activities that contain a substantial risk for injury should be avoided. Individuals solely on single antiplatelet agents can be considered for more active roles and should be referred to a qualified medical provider for further evaluation and clearance.

Generally, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates who take lifelong anticoagulation should be disqualified due to the risk of morbidity and mortality in the setting of trauma.

Some individuals with lower thrombosis risk may be able to tolerate brief pauses in their anticoagulation dosing to allow for higher risk activities. These candidates should be referred to the prescribing provider

for clearance to participate in these specific functions. A detailed mitigation plan with clear instructions on when to hold their medication should be developed prior to clearance.

If brief pauses in anticoagulation use are not possible to accommodate high risk activities like defensive tactics training, law enforcement officer, corrections officer, juvenile justice officer, court counselor, chief court counselor, and detention officer candidates taking anticoagulation should be disqualified.

Anticoagulation use is not disqualifying for telecommunicator candidates, but they should be encouraged to maintain good medication compliance and follow up with the prescribing provider due to the sedentary nature of the position.