DERMATOLOGY[1]

I. INTRODUCTION

A. CONDITIONS OF CONCERN

Skin disease may be due to a primary disorder or secondary to systemic diseases. For secondary disorders, evaluation of the underlying disease is required to ensure that it is not disqualifying in and of itself.

There are a variety of dermatological conditions that can have an impact on an individual's ability to perform patrol officer activities. Examples include:

- Eczema (hand, nummular) which in its severe stages can restrict the ability to handle weapons, apply physical restraints, etc. Severe eczema can also put an individual at significantly greater risk of substantial harm from exposure to toxic substances or bodily fluids;

- Psoriasis, if accompanied by marked fissuring or hyperkeratosis of the palms or soles, can have a significant impact on the ability to grasp and fully use one's hands or to perform duties that require weight bearing;

- Dermatitis (atopic -- e.g., wool, rubber allergies) can render an individual unable to wear rubber gloves or certain uniforms, or to handle various substances (e.g., fingerprint powder) common to patrol officer activities;

- Disorders due to heat, cold or vibration (sweat retention, Raynaud's disease, urticaria) and abnormal reactions to light (photodermatitis, polymorphic light reaction, solar urticaria) have obvious implications for an officer's ability to work outdoors or in other adverse environments;

- Cosmetic disfigurements (severe scarring, burns) can result in restricted functioning and otherwise interfere with an individual's flexibility, grip strength, etc;

- Systemic cutaneous lesions (autoimmune, infectious, drug reactions) may represent secondary disorders of other conditions that require evaluation.

---

[1]Author: Stephen G. Weyers, M.D.
Specialist Review Panel: Robert Adams, M.D.; Timothy Berger, M.D.; Nikolajs Lapins, M.D.; Gerald Gellin, M.D.

General information on a variety of skin conditions can be found in Recent Advances in Dermatology (Phillips, et al., 1992).

B. IMPLICATIONS FOR JOB PERFORMANCE

While disorders of the skin severe enough to limit the ability to perform patrol officer job functions are quite rare, there are a number of job-related concerns that must be addressed when evaluating a candidate with skin abnormalities. These include:

1. Impact on Ability to Perform/Withstand Physical Job Demands. Both routine and vigorous physical activity may be hampered by severe skin conditions. Vigorous physical activity may be hampered by skin irritation or interference with treatment of the condition. Skin conditions may also result in restricted joint functioning in the hands or elsewhere. In addition, performance of job duties can be adversely affected by discomfort associated with severe skin conditions and distractions from pain or itching.

2. Risk of Infection/Contagion. Officers with open skin lesions or eczema can present a risk of body fluid exposure at accident and crime scenes.

3. Environmental Controls/Restrictions. Environmental conditions, such as high wind, dust, direct sunlight, snow and ice, and temperature extremes, present an extreme challenge to persons with certain cutaneous disorders. Other workplace conditions, such as the need to wear gloves when dealing with hazardous materials and to prevent exposure to bodily fluids, may interfere with the treatment of certain skin disorders or may otherwise worsen skin problems.

4. Heightened Proneness to Infection. Certain skin conditions (e.g., dermatitis), when coupled with the demands of the patrol officer position, can result in a very high risk of repeated and/or prolonged infection, which may require excessive time off for treatment or recuperation.

II. MEDICAL EXAMINATION AND EVALUATION GUIDELINES

A. GENERAL SCREENING RECOMMENDATIONS

1) History: The physician should obtain information regarding sensitivity to light, heat, cold, chemicals, vibration and food. Any history of skin conditions in the past should be reviewed, including the treatment required and the outcome of treatment.

2) Examination: The physical examination may reveal skin changes requiring additional history to clarify the significance of the condition. The skin should be examined for lesions to determine their type, distribution, shape, and arrangement. Table II-1 provides descriptions of primary skin lesions.

3) Routine testing: No routine testing is generally required of candidates.

TABLE II-1
Description of Primary Skin Lesions

1 Macule:	A flat, colored lesion, <2 cm in diameter, not raised above the surface of the surrounding skin. A "freckle," or ephelid, is a prototype pigmented macule.
2 Patch:	A large (>2 cm), flat lesion with a color different from surrounding skin. This differs from a macule only in size.
3 Papule:	A small, solid lesion, <1 cm in diameter, that is raised above the surface of the surrounding skin and hence palpable (e.g., inflammatory lesion of acne or small wart).
4 Nodule:	A larger (1-5 cm), firm lesion raised above the surface of the surrounding skin. This differs from a papule only in size (e.g., dermal nevus).
5 Tumor:	Palpable masses of variable size and consistency (e.g., basal or squamous-cell carcinomas).
6 Plaque:	A large (>1 cm) flat-topped raised lesion; edges may either be distinct (e.g., in psoriasis) or gradually blend with surrounding skin (e.g., in eczematous dermatitis).
7 Vesicle:	A small, fluid-filled lesion <1 cm in diameter that is raised above the plane of surrounding skin. Fluid is often visible, and the lesions are often translucent [e.g., vesicles in allergic contact dermatitis caused by Rhus (poison oak)].
8 Pustule:	A vesicle filled with leukocytes. Note: The presence of pustules does not necessarily signify the existence of an infection.
9 Bulla:	A fluid-filled, raised, often translucent lesion >1 cm in diameter.
10 Cyst:	A soft, raised, encapsulated lesion filled with semisolid or liquid contents.
11 Wheal:	A raised, erythematous papule or plaque, usually representing short-lived dermal edema.
12 Telangiectasis:	Dilated, superficial blood vessels.

Adapted with permission from Wilson, G.D., et al. (eds.). 1991. Principles of Internal Medicine, 12th ed. New York: McGraw-Hill.

B. EVALUATION OF COMMON CLINICAL SYNDROMES

1) Undiagnosed Skin Disorders: Should be evaluated and treated prior to determination of fitness for duty. Chronic or recurrent skin conditions should be evaluated by a dermatologist.

2) Minor Skin Conditions: Minor skin conditions can usually be treated successfully such that performance of patrol officer duties will not be adversely affected. Candidates with treated skin conditions that will not be worsened by the environmental conditions of the job or by performing essential job duties are medically qualified.

3) Treated Skin Conditions that Require Control of the Environment and/or Job Duties: If it is determined that the conditions and/or demands of the job will result in a relapse or worsening of the skin condition to a point where the candidate could not perform the essential functions of the job, or would pose a direct threat of harm to self or others, the individual is unsuitable for patrol officer work. However, this determination should not be made before considering possible work restrictions, controls, or other methods by which the individual could be accommodated to enable him/her to perform the job without a direct threat of harm.

4) Skin Conditions that Cannot be Effectively Treated to Maintain an Intact Barrier to Infection or Injury: Environmental conditions and exposure to emergency situations (e.g., administering first aid, subduing combative subjects) may present a direct threat of harm to the individual due to the risk of infection. Candidates with these types of skin conditions who are unable to work effectively and safely in emergency situations (even with reasonable accommodation) are unsuitable for patrol officer work.

REFERENCES

Wilson, J.D., et al. (eds.). 1991. Principles of Internal Medicine, 12th ed. New York: McGraw-Hill

Phillips, T. J., et al. 1992. Recent advances in dermatology. NEJM. 326(3):167-178.