

Regulations and other Acts

Notice

Police Act
(chapter P-13.1)

École nationale de police du Québec — Training plan regulation — Amendment

CONCERNING the Regulation to amend the Training plan regulation of the École nationale de police du Québec

WHEREAS, under the first paragraph of section 16 of the Police Act (chapter P-13.1), the École nationale de police du Québec shall establish, by by-law, standards for its professional training activities, the approval of training activities developed outside the school, admission requirements, teaching requirements, examinations and certificates of studies and diplomas, as well as standards of equivalence;

WHEREAS, in accordance with sections 10, 11, 12 and 13 of the Regulations Act (chapter R-18.1), a draft of the Regulation to amend the Training plan regulation of the École nationale de police du Québec was published in Part 2 of the *Gazette officielle du Québec* of 21 June 2017, with a notice that it could be adopted by the École nationale de police du Québec on the expiry of 30 days following that publication;

WHEREAS it is expedient to adopt this Regulation;

WHEREAS on 26 January 2017, the governing board of the École nationale de police du Québec adopted the Regulation to amend the Training plan regulation of the École nationale de police du Québec;

CONSEQUENTLY, it is expedient to publish the Regulation to amend the Training plan regulation of the École nationale de police du Québec, attached hereto.

Nicolet, 24 July 2017

PIERRE ST-ANTOINE,
*Director of Institutional Affairs
and Communications*

Regulation to amend the Training plan regulation of the École nationale de police du Québec

Police Act
(chapter P-13.1, s. 16)

1. Section 4 of the Training plan regulation of the École nationale de police du Québec (c. P-13.1, r. 4) is amended:

1° by replacing “physical achievement” in subparagraph 10° of the first paragraph by “standardized physical abilities”;

2° by adding, after subparagraph 14° of the first paragraph, the following subparagraph:

“15° have obtained a firearms certification determined by the School.”

3° by replacing the third paragraph by the following paragraph:

“This medical examination is performed by a physician appointed by the School and includes, among other things, a medical questionnaire described in Schedule “D” to this Regulation, the taking of vital signs, an eyesight test, a puretone audiogram, a blood sample providing a complete blood count (CBC) and the biochemical profile of the applicant, a urinalysis as well as a complete physical examination with respect to the physiological systems and medical conditions as described in Schedule “D”.”

2. Schedules A, B and D are replaced by the schedules attached to this Regulation.

3. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*. However, subparagraph 15° of the first paragraph of section 4, added by subparagraph 2° of section 1, as well as schedules A, B and D, replaced by section 2 do not apply to the assessment of the applicant’s admissibility until the 2017-2018 academic year.

SCHEDULE "A"

MEDICAL EXAMINATION REPORT

Last Name: _____	First Name: _____
File Number: _____	
Address: _____	
Postal Code: _____	Telephone: _____

The above-mentioned applicant underwent a medical examination on ____/____/____.

- Montreal
- Quebec
- Other Specify the city: _____

It is my opinion that this applicant:

- Passed the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec.
- Did not pass the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec by reason of:
- Permanent disability
- Temporary disability

I cannot reach a decision at this point because I am expecting:

- Additional information
- The medical problem to be remedied
- Specialized advice
- Additional medical testing
- Other (specify): _____
- _____

Additional comments:

_____	_____	_____
Last Name	First Name	Licence Number

Signature of assessing physician

Date

SCHEDULE "B"

STANDARDIZED PHYSICAL ABILITIES TEST (2017 POLICE SPAT-ENPQ) REPORT

Last Name	First Name	
Permanent Code	Sex	Assessment Date
College Institution	A.E.C. <input type="checkbox"/> yes	
Address	Telephone	
Postal Code		
E-mail Address		

TIMED CIRCUIT	
Maximum duration of 322 seconds (5 min 22 s)	
LAP 1 <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Push ▪ Low walls ▪ T-test 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p>
LAP 2 <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Pull ▪ Low walls 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p>
LAP 3 <ul style="list-style-type: none"> ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Low walls ▪ Victim body drag ▪ Illuminated targets 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>JUMP Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or + <input type="checkbox"/> --> Total number _____</p>
TOTAL COMPLETION TIME	_____ MIN _____ S <input type="checkbox"/> WITHDRAWAL (NOTE THE TIME)
FINAL RESULT	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL (DOCUMENT FAILURE)

NOTES (e.g., reason for failure, health condition, injury, reason for absence, difficulty observed during the test)

NAME OF THE PERSON IN CHARGE OF ASSESSMENT _____

SIGNATURE OF THE PERSON IN CHARGE OF ASSESSMENT _____

SCHEDULE "D"

Medical Questionnaire

To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
 Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.

IMPORTANT – PLEASE READ BEFORE COMPLETING THIS QUESTIONNAIRE: The purpose of this medical examination is to determine if the applicant has a condition that could affect his ability to perform the tasks of the basic training program in police patrolling safely and efficiently, including firearms handling.

N.B. The masculine form used in this questionnaire includes the feminine.

1	Identification
----------	-----------------------

File Number:

Last Name: _____

First Name: _____

Address: _____
(street) (apt.)

(city) (province) (postal code)

Telephone: _____
(home)

(work or cell)

Email: _____

Date of Birth: _____
(year) (month) (day)

Age: _____ Sex: M F

Have you ever completed a medical questionnaire or undergone a medical examination for the École nationale de police du Québec?

Yes No

Applicant's Initials:

**To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.**

		Yes	No	No.	Comments
13 -	Kidney or bladder disorders: e.g. kidney failure, blood, proteins or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	13 -	
14 -	Nervous system disorders: e.g. convulsions, vertigo, epilepsy, paralysis, severe headaches, tremor, loss of consciousness, concussion, dyslexia or other cognitive disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	14 -	
15 -	Mental health disorders: e.g. insomnia, anxiety, depression, memory loss, phobia, panic disorder, psychosis, attention-deficit disorder? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	15 -	Month/Year: Time off from work/studies? If yes, duration: Hospitalization? Medication:
16 -	Musculo-skeletal disorders:				
	a) joint pain, arthritis, muscle atrophy, amputation, stiffness or loss of strength in the shoulders, elbows, wrists, hands hips, knees, ankles, feet? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16a -	
	b) Difficulty walking on uneven surface, climbing stairs, standing in stairs, kneeling, making movements with wrists, arms? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16b -	
17 -	Back and spine disorders: e.g., back pain, herniated disk, difficulty bending, carrying heavy objects, turning or bending your neck forward or keeping your head in the same position for a long time? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	17 -	Month/year: Description of the problem: Time off from work/studies? If yes, duration: Treatment:
18 -	Skin/immune system disorders: e.g., psoriasis, eczema, hives? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	18 -	Treatment: Time off from work/studies? If yes, duration:
19 -	Circulatory system disorder: e.g., anemia, coagulation disorder, leukemia, etc.? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	19 -	
20 -	Endocrine system disorders: e.g., thyroid, adrenal gland disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	20 -	
21 -	Have you ever received treatment or do you receive treatment for: If yes, please give details.			21 -	
	- Cancer?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Hypertension?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Allergies: medication, latex, food, others?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>		
22 -	Have you ever refused to undergo treatment or surgery that was recommended by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	22 -	Month/year: Nature of treatment or surgery:

Applicant's Initials:

Comments:

To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
 Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.

4	Lifestyle	Please provide the requested information on positive answers
----------	------------------	---

	Yes	No	No.	Comments
23- Do you take substances that could alter your judgement, vigilance, physical capacity or concentration at work? (e.g., alcohol, drugs, medication, energy drinks)	<input type="checkbox"/>	<input type="checkbox"/>	23 -	
24- Are you limited to work on a rotating or particular schedule? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	24 -	

Comments:

IMPORTANT: READ AND SIGN

I agree to undergo a medical examination including laboratory tests, x-rays and other required testing. I authorize the medical examiner to forward the relevant findings of these exams to the École nationale de police du Québec and I also authorize that my entire file be transmitted to the health clinic of the School when required.

I have re-read my answers to each of the questions in this questionnaire and I certify that they are complete and true to the best of my knowledge. Any false statement regarding the provided information could cancel my application for admission to the École nationale de police du Québec.

_____ day / _____ month / _____ year

Signature of the applicant
Signature of the witness (M.D./nurse)