Transit Rail Advisory Committee for Safety (TRACS) Working Group 11-02 Web Conference

Wednesday, December 14th, 2011

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# Attendance

**TRACS Working Group 11-02 Members**

William Bates, United Transportation Union

Bernadette Bridges, Maryland Transit Administration (MTA)

Dr. Benjamin Gerson, MD, University Services

Dr. Natalie Hartenbaum, MD, MPH OccuMedix, Inc. Pamela McCombe, GCRTA

Kate LeGrow, Massachusetts Bay Transportation Authority (MBTA)

Katrina Maxwell, Livingston Essential Transportation Service (LETS)

Roger Toussaint, Transportation Workers Union

**Guests**

Rosamary Amiet, RLS and Associates

John Morrison, Cahill Swift LLC

Robbie Sarles, RLS and Associates

**USDOT/FTA Representatives**

Cindy Ingrao, USDOT Office of Drug and Alcohol Policy & Compliance

Gerald Powers, Acting Director, Office of Safety and Security

Iyon Rosario, FTA Office of Safety and Security

Eve Rutyna, USDOT Volpe Center

Bruce Walker, FTA Office of Safety and Security

**Volpe Center Facilitation**

Jeffrey Bryan, Facilitator

Kevin McCoy, Recorder

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# FTA Administrator’s Tasking to TRACS Working Group 11-02

“Transit Rail Advisory Committee for Safety will receive information at the April 2011 meeting regarding an FTA sponsored study on Prescription and Over-the-Counter (Rx/OTC) medication testing and notification procedures in the transit industry. The study assessed the number of systems that have implemented Rx/OTC policies, and the extent, if any, that Rx/OTC medication use was addressed as part of post-accident investigations.

The TRACS work group is tasked with assisting the FTA Drug and Alcohol Program Manager with reviewing the study and providing recommendations for improving the development of non-regulatory employer Rx/OTC policies, employee Rx/OTC notification training and employee reported information in accident/incident investigations.”

Peter Rogoff, FTA Administrator, Memo to TRACS Working Group 11-02, 4/28/2011

# Working Group Web Conference Proceedings

## Setting

The initial meeting of the TRACS Working Group 11-02 took place via web conference on December 14th, 2011.

## Welcome/Introductions

Iyon Rosario, the FTA liaison to the TRACS Working Group 11-02, welcomed the working group members and invited guests to the web conference meeting.

Jeffrey Bryan, the working group’s facilitator, reviewed the progress of previous TRACS work groups and read the FTA Administrator’s tasking to the Work Group. Mr. Bryan reviewed the ground rules for participation in the group and the general process by which the Work Group will submit recommendations to the TRACS.

The Work Group’s recommendations will be formed by consensus. In the event that consensus cannot be reached, the group can choose to submit both majority and minority reports to the TRACS. The TRACS has the option of accepting or rejecting reports submitted by the Work Group, or sending reports back to the group for further work.

Bruce Walker from the FTA Office of Safety and Security addressed the group. Mr. Walker reminded the group that as a subset of the TRACS, the Work Group is subject to the Federal Advisory Committee Act (FACA) which requires full transparency in how recommendations are formed. Thus, the proceedings of the Work Group will be recorded and made available to the public via the FTA website.

## Presentation: Prescription/Over-the-Counter Medication Use in the Transit Industry, *Robbie L. Sarles*, RLS & Associates, Inc.

Robbie Sarles of RLS & Associates presented her work on drug and alcohol policy for the FTA. Ms. Sarles has worked with the FTA on this issue since the late 1980s. Her presentation addressed both the history and current status of her research into prescription and over-the-counter (Rx/OTC) drug testing and policy in the transit industry.

### History

The genesis of Ms. Sarles’ work on Rx/OTC drug testing and policy in the transit industry was a 2002 National Transportation Safety Board (NTSB) challenge to all FTA grant recipients to review their Rx/OTC drug policies and to educate transit operators of the potential risks associated with Rx/OTC drug use. The FTA released a Rx/OTC Medication Toolkit in 2003. This document reflected the “state-of-the-practice” at that time. This was the first time that drug and alcohol policy focused on OTC medication.

The NTSB was satisfied by the industry and FTA’s response to their challenge. However, they indicated that further research was needed to establish the nature of the relationship between Rx/OTC drugs and transit accidents. Ms. Sarles’ recent and current work focuses on this relationship.

### Recent and Current Research

RLS & Associates conducted two surveys of transit operators in 2009 to gauge progress on Rx/OTC policies and procedures, accident investigation practices, and to update the FTA Rx/OTC Medication Toolkit. The TRACS Working Group’s tasking directs the group to “assist the FTA Drug and Alcohol Program Manager with reviewing the study and provide recommendations for improving the development of non-regulatory employer Rx/OTC policies, employee Rx/OTC notification training and employee reported information in accident/incident investigations.”

Most survey respondents indicated that they had policies in place. However, most policies were limited in scope and rarely enforced. The 2009 study produced several recommendations for improving Rx/OTC medication policies and procedures at transit agencies:

* Standardize the collecting and reporting of Rx/OTC medication use
* Conduct fitness-for-duty/medically-qualified-for-duty assessments for all safety sensitive employees (SSEs)
* Expand TSI post-accident procedures and training to better address Rx/OTC medication use
* Educate transit systems on how to collect data in post-accident investigation that will allow for stronger correlation with Rx/OTC medication use
* Educate physicians to better understand what transit fitness-for-duty entails

RLS & Associates convened an expert panel to review the results of the 2009 survey in April of 2011. The expert panel produced several additional recommendations for improving Rx/OTC medication policy and procedures at transit agencies:

* The focus must be on safety and ensuring that SSEs are medically-qualified to perform their duties
* Develop a standard for retaining Rx/OTC medication use information in a confidential medical file
* SSE’s must be educated on the meaning of “fitness-for-duty” and/or “medically-qualified-for-duty.”
* Establish medical qualification standards for the entire transit industry
* Collect information before and after implementing medical qualification and Rx/OTC programs to enable cost/benefit evaluation
* Additional accident data must be studied to determine the extent, if any, that Rx/OTC medication use is a causal or contributing factor in transit system accidents
* Conduct further research into the legal or liability issues of Rx/OTC medication policies as they relate to the Health Insurance Portability and Accountability Act (HIPAA), the Americans with Disabilities Act (ADA) and labor union issues. Educate the transit industry on how these issues impact Rx/OTC medication policies.

### Next Steps

The next steps for the FTA-sponsored Rx/OTC medication research study are:

* Incorporate the TRACS Working Group 11-02 into the Rx/OTC medication research project
* Finalize the 2009 Rx/OTC medication study with recommendations and findings
* Consider further study of National Transit Database (NTD) accident data and Rx/OTC medication use
* Consider the recommendations from the study and the expert panel for further follow up

### Questions & Discussion

* We are struggling with the issue of how to measure impairment on a given day. How do you know it is going to remain stable over time, considering clearance cycles?
  + Uncertainty surrounding clearance cycles is one of the reasons the FTA focused on benzodiazepine in the Rx/OTC study.
  + A big challenge is to get the Food and Drug Administration (FDA) to do more driving impairment studies during the medication approval process.
  + The bigger challenge is that medications will affect individuals differently, that makes it difficult to make good policy without violating ADA and HIPPA.
* How are leaders in the transit industry dealing with Rx/OTC medication policy right now?
  + The MBTA has an in-house clinic staffed by a physician that evaluates employees. Employees are required to call the clinic when they are prescribed or begin taking a medication. The physician evaluates the prescription and makes a determination. For psychotropic drugs, we ask the prescriber to certify that they understand the employee is in a safety sensitive position. MBTA is careful not to ask them why they are taking the medication because that could violate HIPAA.

* + LETS does pre-employment and yearly DOT physical screenings where they ask about all the medications employees are taking. A physician evaluates the screening for employees who would be in safety sensitive positions. LETS retains the information and requires employees to submit a form when they start a new medication or change the dosage of a current prescription. A physician evaluates any new medications in the context of the yearly physical screening and makes the determination of whether or not the SSE is fit for duty or not.
  + The State of Indiana has mandated that all transit systems have annual physicals for SSEs. The emphasis of this program is on being medically-qualified for work. Rx/OTC medication is part of that determination. They conduct follow-up physicals evaluations for employees involved in accidents/incidents. They have also engaged researchers to categorize the work activities that each job function performs, to assist physician in evaluating if employees are medically-qualified for duty.

## Presentation: Project PATH Post-Accident Testing Heuristics, *John Morrison*, Cahill Swift, LLC.

John Morrison of Cahill Swift, LLC presented the results of his research into the impairment effects of short-acting benzodiazepine hypnotics (sleeping aids) on experienced public transit and school bus drivers. The blind study measured the ability of participants to operate an advanced driving simulator under the influence of Triazolam (a benzodiazepine hypnotic) over a two-hour period, and again the following day.

The Project PATH study found that over the two hours of the experimental session, subjects showed decreased vigor and increased sleepiness, and were more likely to weave out of driving lanes, when given the adult dose of Triazolam (0.250 Mg) as when given a half-dose, or placebo. The most pronounced impairment occurred about two hours after the medication was taken. Subjects did not demonstrate impairment on the following day.

Saliva samples were collected from the participants following the two-hour sessions to assess how much of the drug was in the driver’s system. The study found wide variations among individuals. The study found that individuals were affected in different ways by the same dosage under the same experimental conditions. Further investigation revealed that in some cases, study participants with the biggest variation in recorded impairment compared with saliva measurements were taking other Rx/OTC medication that may have caused a reaction with the Triazolam.

Some conclusions of the study were:

* Subjects did not exhibit impairment on the following day
* Subjects’ self-perceptions of impairment were correct
* Tests of recognitions and reaction time showed the most consistent impairment
* Individual differences between subjects is an important finding
* Even the best drivers are impaired by prescription medications
* Interactions between drugs may be just as important as individual drugs

### Questions & Discussion

* What if an employee is taking one these short-acting drugs that they are using for sleep, but they aren’t taking it every night. How are transit agencies dealing with that in the existing protocols?

LETS leaves the decisions to their DOT Medical Examiner. If the Medical Examiner feels that a particular medication is not suitable for a SSE to take, the Medical Examiner will check the box on the Supplemental Medical Examination Report that states “Medications are not acceptable; please report to the medical examiner’s office for reevaluation and for re-issuance of your Medical Examiner’s Certificate.” and suggest the SSE’s primary physician consider prescribing a different, more appropriate medication. LETS had a case where a physician ordered a work restriction based on a cough medicine. The restriction prevented the employee from working on the day the medication was taken, as well as the following day. The employee chose to use sick time rather than change their medication.

* John, do you envision this study as the prototype for how to study the impairment effects of other drugs?
  + Yes, it could be.
* It appears that this study suggests that the dosage prescribed and the time that the medication is taken makes a difference. Do you recommend that the work group evaluate the half-lives of particular medications?
  + Yes. I will also send a more detailed list of recommendations to the group for review.

## Next Steps

Jeffrey Bryan thanks the participants and reviewed the next steps for the TRACS Work Group 11-02:

* The next meeting will likely be in mid-January, and will be another web conference. Additional details will be sent to the group via email.
* In advance of the next meeting, a list of recommendations from the study that the group has been asked to evaluate will be sent out via email. In the next meeting we will go through each recommendation and discuss how it might affect the Work Group’s recommendations to the TRACS.

Bruce Walker thanks the participants and reviewed additional upcoming milestones for the group:

* The next full TRACS meeting will likely be in the last week of January. The members of the work group that are on the full TRACS may be asked to provide a status report to the committee on where the Work Group is going.
* We will schedule a face-to-face meeting of the Work Group sometime in March or April. We will coordinate with everyone to find a time that works for all. Iyon Rosario will be in touch via email to coordinate the scheduling of the next meetings.