



U.S. Department
Of Transportation

Federal Transit
Administration

Prescription and Over-the-Counter Medications Tool Kit

Office of Safety and Security

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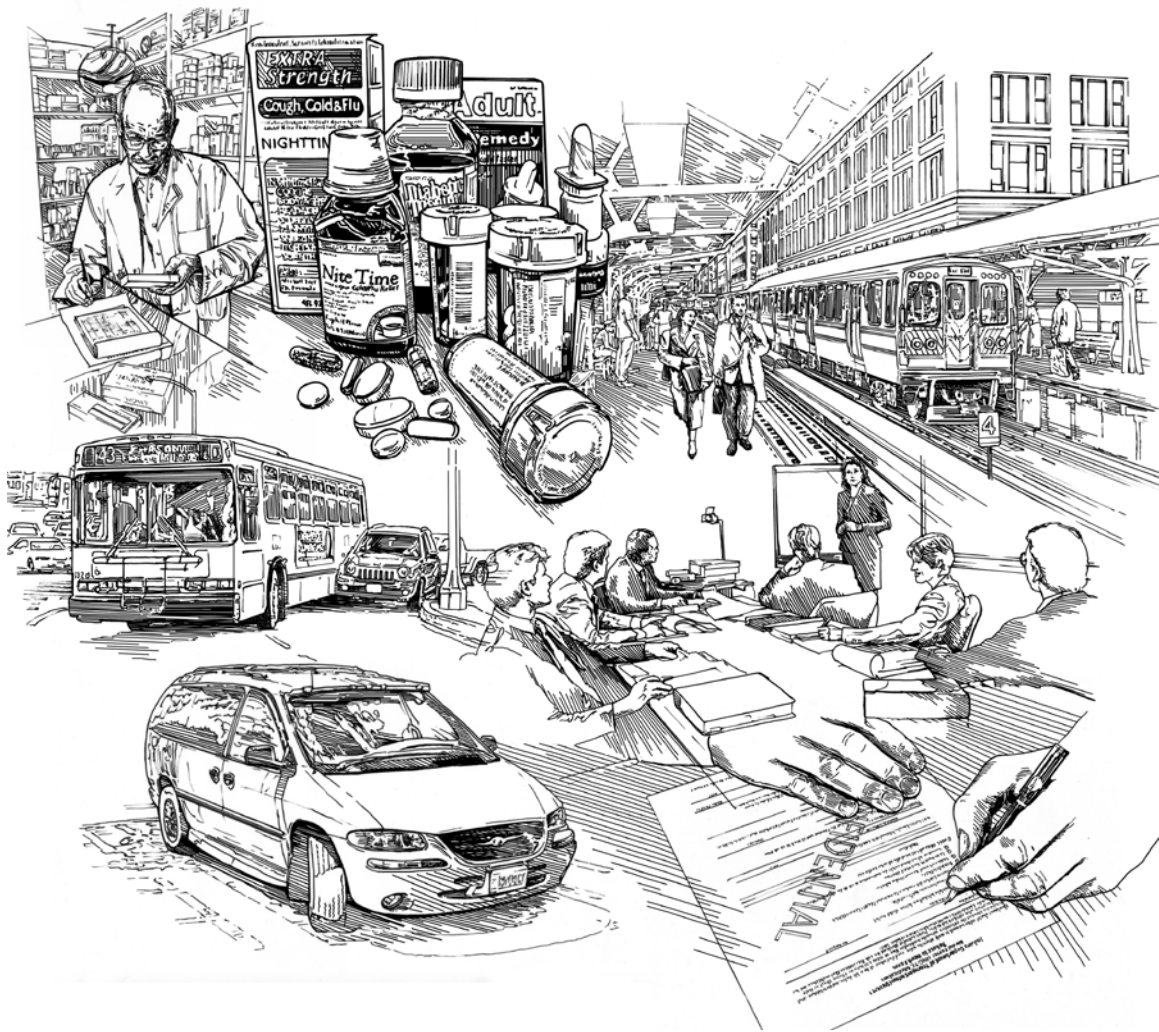


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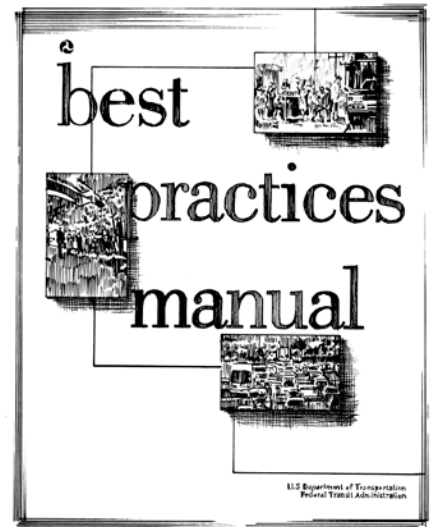
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Disclaimer



DISCLAIMER

The policies, procedures, and other information contained in this Prescription and Over-the-Counter (Rx/OTC Medications) Toolkit does not constitute Federal Regulation. The content is a presentation of the best practices and model forms and policies being used at various transit systems throughout the U.S. at the writing of this Toolkit. Neither does the information presented reflect the only practices to be followed for the monitoring of Rx/OTC medication use, but rather it should be used as a baseline for a program to be molded to fit the individual needs of each transit system. Sound medical knowledge and understanding of the pharmacological properties of prescription and over-the-counter medications, together with detailed knowledge of an employee's medical history and safety-sensitive job duties, must guide each transit system's final assessment of potential risks to the public.



Introduction



INTRODUCTION

In 2000, the National Transportation Safety Board (NTSB) issued a directive to the Federal Transit Administration (FTA) to educate transit agencies on the potential safety risks associated with the use of prescription (Rx) and over-the-counter (OTC) medications by employees who perform safety-sensitive duties.

The NTSB directive recommended that all transit rail agencies require employees in safety-sensitive positions to inform their agency about their use of Rx/OTC medications. Knowledge of the employee's use of medication would provide the transit rail agency with the opportunity to have qualified medical personnel determine the potential effects of the medicines on employee performance, and to train the employees about their responsibility under the agency's Rx/OTC policy.

Shortly thereafter, in response to the NTSB directive, the FTA issued a challenge to all FTA grant recipients to:

- ◆ **Review** policies related to employee use of Rx/OTC medications that could potentially compromise public safety; and
- ◆ **Educate** transit operators and their safety-sensitive employees about the risks and potential dangers associated with the use of Rx and OTC medications.

Subsequently in 2002, the Federal Transit Administration (FTA) published the *Prescription and Over-the-Counter Medication (Rx/OTC) Toolkit* as a tool to help educate transit systems about the potential safety risks associated with Rx/OTC medication use by transit system employees. The toolkit contained a collection of policies, procedures, training aids, and post-accident procedures. Its purpose **was safety and technical assistance**. Its purpose **was not Drug and**

Alcohol Testing, a regulation, nor a list of approved/not approved medications. As a direct result of the Toolkit, many within the transit industry initiated and/or enhanced their Rx/OTC program by establishing policies, creating training programs, and implementing reporting mechanisms, many using the samples contained in the Toolkit.

The NTSB applauded FTA for its progress and leadership in addressing the safety risks posed by the use of Rx/OTC medications in the transit industry. The NTSB also subsequently recommended that the FTA establish a comprehensive toxicological testing requirement for a sample of fatal transit accidents to identify the role played by common Rx/OTC medications. To meet the NTSB expectation, the FTA would be required to develop a standardized methodology to collect the information on the role that Rx/OTC medications play in transit industry fatal accidents and establish a meaningful way to analyze and report the findings.



As a first step in this effort, FTA undertook a comprehensive assessment of the current status of Rx/OTC policies within the transit industry to determine the extent to which transit systems were collecting and maintaining data regarding the role Rx/OTC medications play in fatal accidents. This assessment included an extensive data gathering and analysis process and the national evaluation of policies, procedures,

and post-accident investigations utilized by FTA recipients.

A three-step data collection approach was used:

1. Conducting a data search which included the National Transit Database and any data or research conducted by other federal agencies, such as the Federal Motor Carrier Safety Administration, Federal Aviation Administration, Federal Railroad Administration, etc.;
2. Surveying public transit systems receiving FTA funding; and
3. Conducting one-on-one interviews with selected transit systems.

Into the project, based on the information that was collected, or not collected, as part of the survey process, it was decided to add a fourth step to the study:

4. Conduct a follow-up of randomly selected transit accidents as reported via the National Transit Database (NTD).

Four years of NTD data were studied as part of Step 1, as well as data from the Federal Motor Carrier Safety Administration (FMCSA) via their National Truck Causation Study. Step Two included two online questionnaires which provided much of the information contained in this toolkit. The first questionnaire solicited information regarding a transit system's accident investigation procedures, data collection methodologies, and methods used to determine the role Rx/OTC medications play in accidents. The second questionnaire solicited information regarding each transit system's Rx/OTC policy.

The information obtained from the 300 plus systems that completed the surveys as part of Step 2 formed the basis for this update of the Prescription and Over-the-Counter (Rx/OTC) Medication Toolkit.

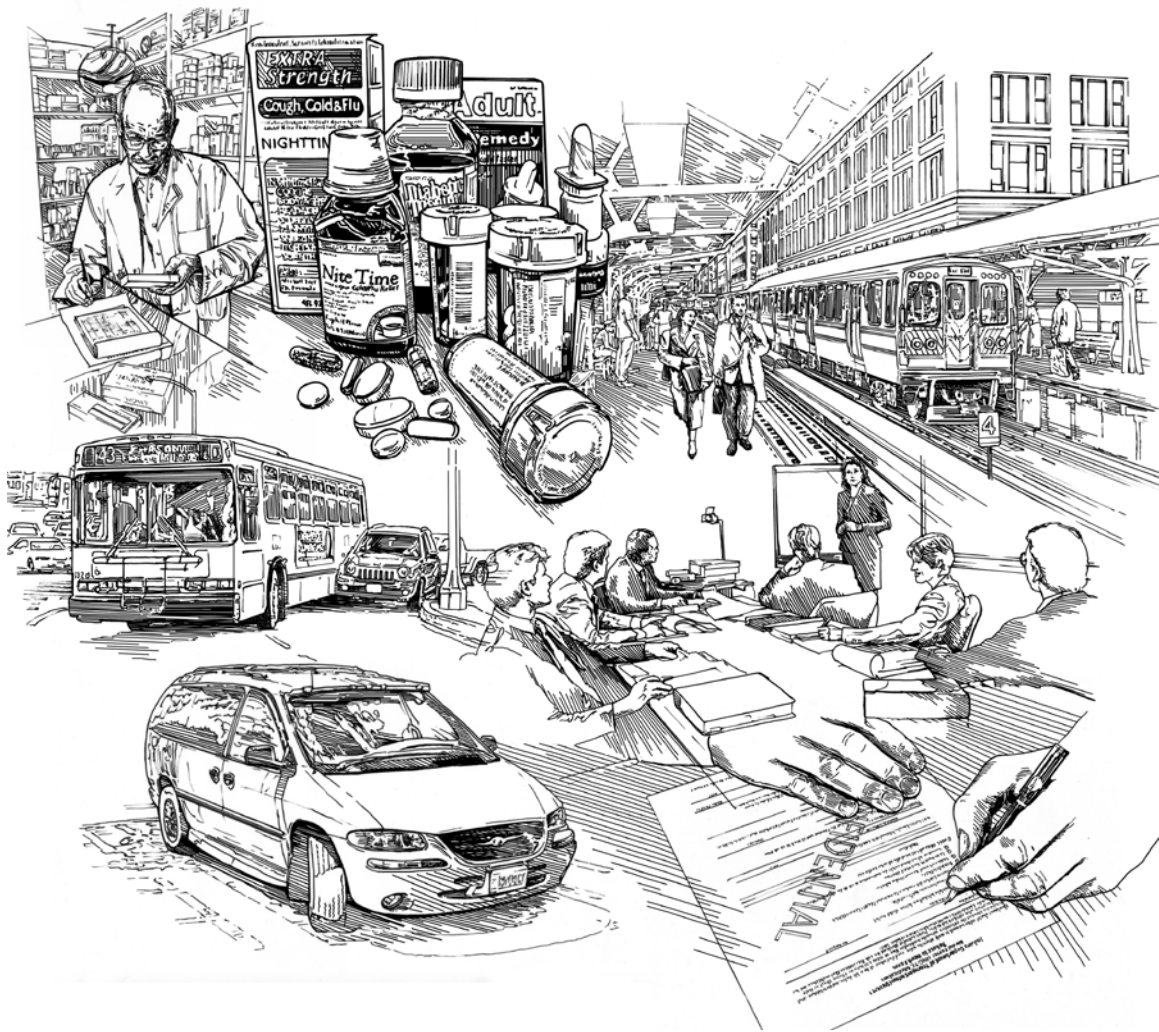
One-on-one interviews were conducted as part of Step 3. It was through this process that information was gained to guide the latter stages of the project. Finally, Step Four, a followup of randomly selected accidents as reported through the NTD, was conducted. It was here that much of the data that guided the recommendations of the study was gathered.

In the nearly nine years since the original effort, many transit systems have refined and enhanced their Rx/OTC policies and programs as evidenced by the surveys. Nearly two-thirds of the participating systems indicated that they do address Rx/OTC medications as part of their organization's Substance Abuse Policy. This is a significant finding, on one hand, because in 2002 transit systems were in the infancy stages of addressing Rx/OTC medications as part of their overall Drug and Alcohol Testing Program. However, there are still several concerns. First, a full one-third of survey respondents still do not address Rx/OTC medication use as part of their substance abuse awareness program. Second, and perhaps of even greater concern, further research with the transit systems that do address Rx/OTC medication use revealed that the majority actually do nothing with the information they collect. Thus, there is still much to do to address Rx/OTC medication use as it impacts transit system safety.

This toolkit includes a variety of best practices from those systems and a model Rx/OTC Medication Program that one State has implemented for its FTA Section 5311 transit operators. For the transit systems that have yet to address the use of Rx/OTC medications by safety-sensitive employees, this Toolkit will serve as a baseline for implementing such a program. It will also be a useful tool for those transit systems that are currently reviewing their existing programs and can serve to enhance or expand those programs.

To read the Final Report of the Prescription and Over-the-Counter (Rx/OTC) Medication Study, or obtain additional copies of this Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

How to Use This Toolkit



HOW TO USE THIS TOOLKIT

What is the Rx/OTC Toolkit?

This Toolkit is a compilation of policies, procedures, forms, and training resources that represent the best practices being used throughout the U.S. by a variety of transit systems. It does not represent all of the effective means that transit systems are using to address and monitor Prescription (Rx) and Over-the-Counter (OTC) medication use, but is the result of an extensive effort by the Federal Transit Administration (FTA) to compile a broad range of materials as examples and models.

Who Should Use This Toolkit?

Any recipient of Federal Transit Administration funding should use this Toolkit to either develop new, or revise existing, Rx/OTC medication policies, procedures, and training programs.

How is the Toolkit Organized?

The toolkit is divided into seven main sections and two additional parts:

- I. Rx/OTC Medication Overview
 - II. Rx/OTC Medication Policies and Procedures
 - III. Accident Investigation Procedures
 - IV. Forms
 - V. Training
 - VI. Resources
- Appendices
Frequently Asked Questions

Each of the main sections contains an introduction and/or discussion of the section describing what is contained in each.

Using the Toolkit

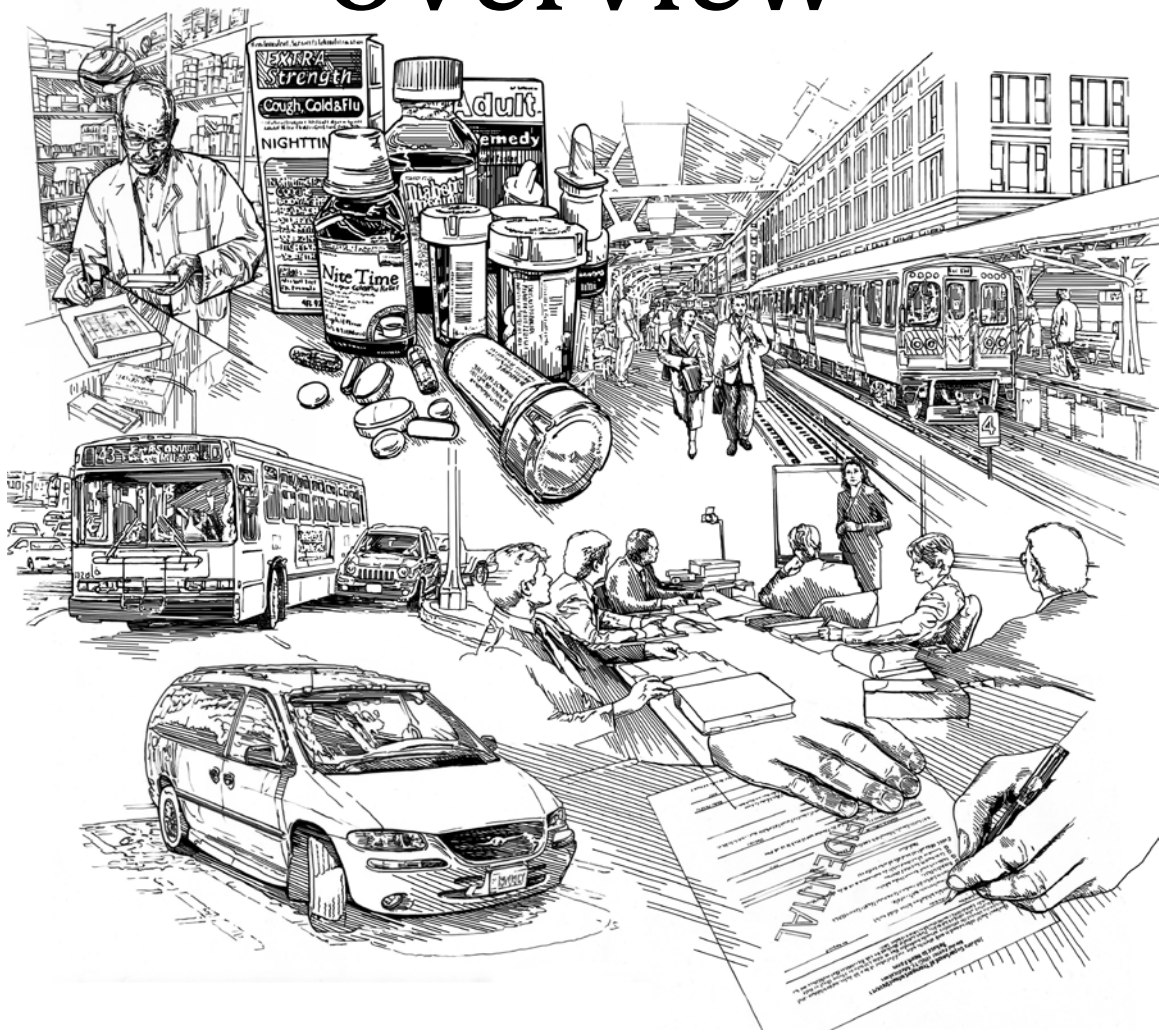
Each of the sections should be used and customized as needed by the individual users.

For example, if a transit system is only beginning to develop its Rx/OTC policy, or is looking to revise its existing policy, the Policies and Procedures Section provides several examples of excellent working policies as well as a model policy for “fill in the blank” that is currently being used in one state for all of its FTA Section 5311 transit operators. Use partial or entire sections of the samples or use them in their entirety as it fits each transit system’s needs. The same is true of all Toolkit sections. Whether a transit system is re-starting from scratch or simply trying to evaluate or update its existing program, an example of the desired topic, process, or procedure is provided. A contact person and e-mail or telephone number is provided for each best practice or model in the event there are questions or clarification is required regarding a specific statement or requirement contained in the sample document.

This toolkit is being provided in electronic format so that the examples provided can be easily customized for a transit system’s specific needs. This document is also available for download from FTA’s website at <http://transit-safety.volpe.dot.gov>.

If a specific question or issue is not addressed, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

Chapter I: RX/OTC Medication Overview



CHAPTER I: Rx/OTC MEDICATION OVERVIEW
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CHAPTER I: PRESCRIPTION AND OVER-THE-COUNTER (Rx/OTC) MEDICATION OVERVIEW

The Food and Drug Administration, FDA, is an agency within the U.S. Department of Health and Human Services and is responsible for protecting the public health by assuring the safety, effectiveness, and security of many products, devices, and substances, which include all human and veterinary drugs, vaccines, and dietary supplements. The FDA, in its regulation of drugs, decides which medications require a prescription and supervision by a physician or other medical professional licensed to prescribe and which ones have been deemed “safe” for use by consumers without the supervision of a physician.

Prescription medications are meant to be taken only by the individual for whom the prescription is written. The prescribing physician or health professional must indicate, in addition to the patient’s name, the name of the substance, the quantity/amount to be dispensed, instructions on frequency and method of administration, the number of refills, if any, and the date. Common types of prescription medications include anti-inflammatory and pain medication, anti-depressants and psychoactive medications, antihistamines, medications for motion sickness, muscle relaxants, steroids (used to treat inflammation, not to be confused with anabolic steroids used to build muscle mass), stimulants, tranquilizers, and sedatives. These medications are used for a wide variety of conditions and ailments, from pain relief and inflammation to allergies, asthma, and depression. Virtually all prescription medications can have some types of side effects, varying from mild to severe, depending on the medication and the individual for whom it is prescribed.

Over-the-Counter (OTC) medications are legal, non-prescription substances taken for the relief of discomforting symptoms. These medications come in a variety of forms, including capsules, powders, tablets, and

liquids, and can be used as fever reducers, to relieve pain and the symptoms of colds, flu, and allergy symptoms; appetite suppressants; bowel preparations; sleeping aids; and stimulants.

OTC medications, while deemed “safe” to use without the oversight of a physician, can also come with a variety of side effects, and if taken improperly, can pose significant health and safety risks both to the individuals taking the medications and, in some cases, those around them. This is of particular concern in the transit industry where safety-sensitive employees responsible for the care and transport of passengers could experience side effects from the use of Rx and/or OTC medications, ultimately adversely impacting the performance of their safety sensitive job duties.

As mentioned previously, side effects can take the form of very mild to extremely severe. Examples of these potential side effects are agitation, anxiety, and blurred vision; breathing difficulty, chest pain and/or tightness; confusion, dizziness, disorientation, double vision, and drowsiness; severe headache, hyperventilation, insomnia, light headedness; muscle cramps/spasms, nausea and vomiting; nervousness, heart palpitations, and rapid or irregular heart beat.

In addressing Rx/OTC medication use and its impact on transit safety, we must not overlook another equally important component: the medical condition for which the medication is prescribed and/or taken. The condition itself, such as high blood pressure, migraines, depression and anxiety, chronic pain, when untreated can also adversely impact the safety of the transit employee as well as the public. The focus of an Rx/OTC program should not be directed solely at the medications and their potential side effects, but should be addressed in concert with the employee’s medical

condition. Nothing in an Rx/OTC program should result in safety sensitive employees delaying or avoiding treatment of a serious medical condition. If untreated the medical condition could compromise the employee's health and welfare and adversely impact their performance as seriously as the side effects of taking the medication to treat the condition. The goal is to achieve a balance between medical conditions, treatment with Rx and OTC medication, and any potential side effects to protect the safety and well-being of not only safety-sensitive employees, but the public.

Following this overview are two exhibits which were compiled from the National Highway and Transportation Safety Administration's (NHTSA's) *"Physician's Guide to Assessing and Counseling Older Drivers-Chapter 9*. Although this document focused on older drivers, the medical conditions discussed are not exclusive to older adults and, therefore, should be used as a reference for identifying medical conditions and Rx/OTC medications that could present a safety risk to any safety sensitive driver.

Exhibit I-1 illustrates the many conditions and illnesses that are common in the workplace and society today that can be a safety concern in driving. Exhibit I-2 is a list of the categories of medication and the possible side effects that each of these categories may entail as they pertain to driver safety.

For more on this subject, go to <http://www.nhtsa.gov/people/injury/olddriver/olderdriversbook/>.

To address the potential safety risks associated with Rx/OTC use and the impact of the performance of safety sensitive job duties, FTA recommends that transit systems develop and implement a Rx/OTC Medication Policy for its safety sensitive employees that includes, but is not limited to, a procedure for obtaining input of a physician, health

professional, or pharmacist regarding the use of any Rx/OTC medication; emphasizing employee responsibility in the use of Rx/OTC medications and its implication on his or her job and the impact of potential side effects on safety; a formal procedure for reporting, authorizing, and monitoring use of medications; and consequences to the employee for violating the policy and/or procedure.

Many factors contribute to the growing use of Rx/OTC medications in our society: stress, poor diets and lack of exercise lead to hypertension and high blood pressure. Moreover, our natural aging process brings its own set of afflictions. The vast selection and access to Rx/OTC medications can help maintain a certain quality of life. At the same time, we cannot be complacent about the potential risks that these medications can pose, not only to us as individuals, but those that have been placed in our responsibility and care.

Another concern with prescription medications is the growing "misuse" of these medications. The 2009 National Survey on Drug Use & Health (NSDUH) found that the misuse of prescription drugs is on the rise. The NSDUH conducted every year by the Substance Abuse and Mental Health Services Administration (SAMHSA) showed the highest number of "new" users in the past year than any other class of drugs. The survey found that in 2009, there were 2.6 million new non-medical users of prescription drugs of which 2.2 million were for non-medical use of pain relievers. For more information, you may download this publication from <http://www.oas.samhsa.gov>. Hard copies may be obtained from <http://www.oas.samhsa.gov/copies.cfm> or call SAMHSA's Health Information Network at 1-877-726-4727.

Given these statistics, transit systems must be diligent in their efforts to address Rx/OTC

medication use, and possible misuse, in their system policies and procedures.

The remaining Chapters of this Toolkit focus on policies and procedures for the use of Prescription and Over-the-Counter medications by safety sensitive employees; procedures for accident investigation; a variety of forms that are required as part of these policies and procedures; training materials and supportive information; and additional resources. Each Chapter will contain a discussion of the particular topic and include examples of the various policies, procedures, training, etc. that are currently being used in the transit industry today.

Specific questions regarding any of the Best Practice examples in the following chapters should be directed to the contact individual indicated for that transit system. For general questions or to obtain additional copies of the Rx/OTC Medication Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

EXHIBIT I-1

MEDICAL CONDITIONS THAT MAY IMPAIR DRIVING

- Vision
 - Visual Acuity
 - Cataracts
 - Diabetic retinopathy
 - Keratoconus
 - Macular degeneration
 - Nystagmus
 - Telescopic lens
 - Visual Field
 - Glaucoma
 - Hemianopia/quadrantanopia
 - Monocular vision
 - Ptosis
 - Retinitis pigmentosa
 - Contrast Sensitivity
 - Defective color vision
 - Poor night vision
- Cardiovascular Diseases
 - Unstable coronary syndrome (unstable angina or myocardial infarction)
 - Cardiac conditions that may cause a sudden, unpredictable loss of consciousness
 - Atrial flutter/fibrillation with bradycardia or rapid ventricular response
 - Paroxysmal supraventricular tachycardia (PSVT), including Wolf-Parkinson-White (WPW) syndrome
 - Prolonged, nonsustained ventricular tachycardia (VT)
 - Sustained ventricular tachycardia (VT)
 - Cardiac arrest
 - High grade atrio-ventricular (AV) block
 - Sick sinus syndrome/sinus bradycardia/sinus exit block/sinus arrest
 - Cardiac disease resulting from structural or functional abnormalities
 - Congestive heart failure (CHF) with low output syndrome
 - Hypertrophic obstructive cardiomyopathy
 - Valvular disease (especially aortic stenosis)
 - Time-limited restrictions: cardiac procedures
 - Percutaneous transluminal coronary angioplasty (PTCA)
 - Pacemaker insertion or revision
 - Cardiac surgery involving median sternotomy
 - Coronary artery bypass graft (CABG)
 - Valve repair or replacement
 - Heart transplant
 - Internal cardioverter defibrillator (ICD)
- Cerebrovascular Diseases
 - Post intracranial surgery
 - Stroke
 - Subarachnoid hemorrhage

- Syncope
- Transient ischemic attacks (TIA)
- Vascular malformation
- Neurologic Diseases
 - Brain tumor
 - Dementia
 - Migraine and other recurrent headache syndromes
 - Movement disorders
 - Multiple sclerosis
 - Paraplegia/quadriplegia
 - Parkinson's disease
 - Peripheral neuropathy
 - Seizure disorder
 - Single unprovoked seizure
 - Withdrawal or change of anti-convulsant drug therapy
 - Sleep disorders
 - Narcolepsy
 - Sleep apnea
 - Stroke
 - Tourette's syndrome
 - Traumatic brain injury
 - Vertigo
- Psychiatric Diseases
 - Affective disorders
 - Depression
 - Bipolar disorder
 - Anxiety disorders
 - Psychotic illness
 - Acute episodes
 - Chronic illness
 - Personality disorders
 - Substance abuse
 - Attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD)
 - Tourette's syndrome
- Metabolic Diseases
 - Diabetes mellitus
 - Insulin dependent diabetes mellitus (IDDM)
 - Non-insulin dependent diabetes mellitus (NIDDM)
 - Hypothyroidism
 - Hyperthyroidism
- Musculoskeletal Disabilities
 - Arthritis
 - Foot abnormalities
 - Limitation of cervical movement
 - Limitation of thoracic and lumbar spine
 - Loss of extremities
 - Muscle disorders
 - Orthopedic procedures/surgeries
 - Amputation
 - Anterior cruciate ligament (ACL) reconstruction

- Limb fractures and treatment involving splints and casts
 - Rotator cuff repair—open or arthroscopic
 - Shoulder reconstruction
 - Total hip replacement
 - Total knee arthroplasty (TKA)
- Peripheral Vascular Diseases
 - Aortic aneurysm
 - Deep vein thrombosis (DVT)
 - Peripheral arterial aneurysm
- Renal Disease
 - Chronic renal failure
 - Renal transplant
- Respiratory Diseases
 - Asthma
 - Chronic obstructive pulmonary disease (COPD)
 - Sleep apnea
- Effects of Anesthesia and Surgery
 - Abdominal, back, and chest surgery
 - Anesthesia
 - General
 - Local
 - Epidural
 - Spinal
 - Neurosurgery
 - Orthopedic surgery
- Miscellaneous Conditions
 - Cancer
 - Hearing loss

Excerpted from “**Physician’s Guide to Assessing and Counseling Older Drivers-Chapter 9**

<http://www.nhtsa.gov/people/injury/olddrive/olderdriversbook/pages/Chapter9.html>

EXHIBIT I-2

MEDICATIONS AND ASSOCIATED SIDE EFFECTS THAT CAN IMPAIR DRIVING

Alcohol	<p>As little as one serving of alcohol (1.25 oz. 80 proof liquor, 12 oz. beer, 5 oz. wine) has the potential to impair driving performance in many individuals. In many cases, individuals may be impaired without being aware of it. Furthermore, alcohol can potentiate the central nervous system (CNS) effects of medications to produce profound and dangerous levels of impairment. Physicians should always warn their patients against drinking and driving, and against combining alcohol with their CNS-active medications.</p>
Anticholinergics	<p>When a patient takes single or multiple medications with anticholinergic activity (including some antidepressants, antihistamines, antiemetics, antipsychotics, and antiparkinsonian drugs), the physician should be alert to the possibility of anticholinergic toxicity and adjust medication dosages accordingly.</p> <p>Anticholinergic effects that can impair driving performance include blurred vision, sedation, confusion, ataxia, tremulousness, and myoclonic jerking. Patients should be counseled about these symptoms and should alert their physician immediately if these symptoms occur. Patients should also be advised that psychomotor and cognitive impairment may be present even in the absence of subjective symptoms.</p> <p>Subtle deficits in attention, memory, and reasoning may occur with therapeutic dosages of anticholinergic drugs without signs of frank toxicity. These deficits have often been mistaken for symptoms of early dementia in elderly patients. Physicians are advised to be aware of this possibility.</p>
Anticonvulsants	<p>The patient should temporarily cease driving during the time of medication initiation, withdrawal, or dosage change due to the risk of recurrent seizure and potential medication side effects that may impair driving performance.</p> <p>If there is significant risk of recurrent seizure during medication withdrawal or change, the patient should cease driving during this time and for at least three months thereafter.</p> <p>Note that many anticonvulsants (e.g., valproic acid, carbamazepine, gabapentine, lamotrigine and topiramate) are also being used as mood stabilizers for treatment of bipolar disorder and as sedating agents for anxiety. These are typically an adjunct to antidepressants, antipsychotics and/or anxiolytics. By themselves, anticonvulsants may be mildly impairing, but the combined medication effects on psychomotor performance tend to be more severe. When co-prescribing anticonvulsants and other psychoactive drugs, it is wise to start with low doses of each and gradually increase the dosage of each one separately to minimize side effects.</p>

Antidepressants	<p>Impairing side effects vary among the different classes of antidepressants, and even within certain classes of antidepressants. In general, antidepressants that possess antagonistic activity at cholinergic, alpha-1-adrenergic, and histaminergic receptors are the most impairing. Whenever possible, physicians should initiate antidepressant therapy with the least impairing medication possible.</p> <p>Patients should be advised not to drive during the initial phase of antidepressant dosage adjustment(s) if they experience drowsiness, lightheadedness, or other side effects that may impair driving performance. Patients should also be advised that they may experience impairment in the absence of any subjective symptoms.</p>
Bupropion	Side effects of bupropion (also known as Wellbutrin® and Zyban®) include anxiety, restlessness and insomnia (leading to daytime drowsiness). Patients should be counseled about these side effects and their potential to impair driving performance. Because bupropion may cause seizures at high doses, it should not be prescribed to patients with epilepsy, brain injuries, eating disorders, or other factors predisposing to seizure activity.
Mirtazapine	Mirtazapine (also known as Remeron®) is typically taken only at night due to its sedating effects. It has been shown to cause substantial impairment for many hours after dosing. Whenever possible, it should be avoided in patients who wish to continue driving.
Monoamine oxidase (MAO) inhibitors	Side effects of MAO inhibitors that may impair driving performance include blurred vision, overstimulation, insomnia (leading to daytime drowsiness), orthostatic hypotension (with transient cognitive deficits), and hypertensive crisis (presenting with severe headaches and/or mental status changes). The latter can be caused by failure to adhere to dietary and medication restrictions. Patients should be counseled about these side effects and their potential to impair driving performance.
Selective serotonin reuptake inhibitors (SSRI)	Common side effects of SSRIs that may impair driving performance include sleep changes (insomnia or sedation), headache, anxiety, and restlessness. While these side effects tend to be mild and well-tolerated, physicians should counsel patients to be alert to their potential to affect driving performance.
Tricyclic antidepressants (TCA)	<p>Common side effects of TCAs that may impair driving performance include sedation, blurred vision, orthostatic hypotension, tremor, excitement, and heart palpitations. In studies involving healthy volunteers, the more sedating TCAs have been shown to impair psychomotor function, motor coordination, and open-road driving. Other studies appear to indicate an increased crash risk for drivers who take TCAs.²⁴</p> <p>Whenever possible, TCAs should be avoided in patients who wish to continue driving. If non-impairing alternatives are not available, then the physician should advise patients of the potential side effects and recommend temporary driving cessation during the initial phase of medication initiation/dosage adjustment. Patients should also be advised that they may experience impairment even in the absence of subjective symptoms.</p>

Antiemetics	<p>Numerous classes of drugs—including anticholinergics, antihistamines, antipsychotics, cannabinoids, benzodiazepenes, 5HT antagonists, and glucocorticoids—are used for their antiemetic effect. Side effects of antiemetics that may impair driving performance include sedation, blurred vision, headache, confusion, and dystonias. Significant impairment may be present even in the absence of subjective symptoms. Patients should be counseled about side effects and their potential to impair driving performance, and should be advised that they may experience impairment even in the absence of subjective symptoms. For more detailed information, see also the recommendations for anticholinergics, antihistamines, antipsychotics, and benzodiazepenes.</p>
Antihistamines	<p>In many patients, the older antihistamines (such as diphenhydramine and chlorpheniramine) have pronounced central nervous system effects. In studies involving healthy volunteers, sedating antihistamines have been shown to impair psychomotor performance, simulated driving, and open-road driving.²⁴ Furthermore, subjects may experience impairment even in the absence of subjective symptoms of impairment.²³ In contrast, most nonsedating antihistamines do not produce these types of impairment after being taken in recommended doses.²⁴ However, even nonsedating antihistamines may cause impairments if taken in higher-than-recommended doses, and one of them— cetirizine—may be slightly impairing to certain patients in normal doses. Patients who take a sedating antihistamine should be advised not to drive while on the medication. If these patients wish to continue driving, they should be prescribed a nonsedating antihistamine.</p>
Antihypertensives	<p>With their hypotensive properties, common side effects of antihypertensives that may impair driving performance include lightheadedness, dizziness, and fatigue. In addition, antihypertensives with a prominent central nervous system effect, including beta-blockers and the sympatholytic drugs clonidine, guanfacine and methyldopa, may cause sedation, confusion, insomnia, and nervousness.</p> <p>Patients should be counseled about these side effects and their potential to impair driving performance. In addition, patients taking antihypertensives that may potentially cause electrolyte imbalance (i.e., diuretics) should be counseled about the symptoms of electrolyte imbalance and their potential to impair driving performance.</p>
Antiparkinsonians	<p>Several medications and classes of medications including levodopa, antimuscarinics (anticholinergics), amantadine, and dopamine agonists may be used in the treatment of Parkinson’s disease symptoms. Common side effects of antiparkinsonian drugs that may impair driving performance include excessive daytime sleepiness, lightheadedness, dizziness, blurred vision, and confusion. (See also the recommendations for anticholinergics.) Patients should be counseled about these side effects and advised not to drive if they experience side effects. Based on the extent of disease symptoms and medication side effects, the physician may also consider referring patients for formal psychomotor testing or for driver evaluation (including on-road assessment) performed by a driver rehabilitation specialist.</p>

Antipsychotics	<p>Most—if not all—antipsychotic medications have a strong potential to impair driving performance through various central nervous system effects. Some of the original or “classic” antipsychotics are heavily sedating, and all produce extrapyramidal side effects (EPS). Although the modern or “atypical” drugs have a lower tendency to cause EPS, they, too, are sedating.</p> <p>Patients should be counseled about these side effects and advised not to drive if they experience side effects severe enough to impair driving performance. The physician should consider referring the patient for formal psychomotor testing or for driver evaluation (including on-road assessment) performed by a driver rehabilitation specialist.</p> <p>If medication therapy is initiated while the patient is hospitalized, the impact of side effects on driving performance should be discussed prior to discharge.</p>
Benzodiazepenes and other sedatives/anxiolytics	<p>Studies have demonstrated impairments in vision, attention, motor coordination, and driving performance with benzodiazepene use. Evening doses of long-acting benzodiazepenes have been shown to markedly impair psychomotor function the following day, while comparable doses of short-acting compounds produce a lesser impairment.²⁴ In contrast, benzodiazepene-like hypnotics (such as zolpidem and zaleplon) have a more rapid rate of elimination. Studies of driving performance and psychomotor function have shown that five hours after taking zaleplon and nine hours after taking zolpidem at recommended doses, it is generally safe to drive again.²⁵⁻²⁷</p> <p>Patients should be prescribed evening doses of the shortest-acting hypnotics whenever possible. Patients who take longer-acting compounds or daytime doses of any hypnotic should be advised of the potential for impairment, even in the absence of subjective symptoms. These patients should also be advised to avoid driving, particularly during the initial phase of dosage adjustment(s).</p>
Muscle relaxants	<p>Most skeletal muscle relaxants (e.g., carisoprodol and cyclobenzaprine) have significant central nervous system effects. Patients should be counseled about these side effects and advised not to drive during the initial phase of dosage adjustment(s) if they experience side effects severe enough to affect safe driving performance.</p>
Nonsteroidal anti-inflammatory drugs (NSAID)	<p>Isolated case reports of confusion following the use of the NSAIDs phenylbutazone and indomethacin suggest that they may rarely impair driving performance.²⁸ If the patient reports this side effect, the physician should consider adjusting the dosage or changing the medication.</p>
Narcotic analgesics	<p>Patients should be counseled about the impairing effects of narcotic analgesics (i.e., opioids) and the potential for impairment even in the absence of subjective symptoms. They should also be advised not to drive while on these medications.</p> <p>In addition, many narcotic analgesics have a high potential for abuse. Accordingly, physicians should always be alert to signs of abuse.</p>

Stimulants	<p>Common side effects of traditional stimulants (such as amphetamines and methylphenidate) that may impair driving performance include euphoria, overconfidence, nervousness, irritability, anxiety, insomnia, headache, and rebound effects as the stimulant wears off. Patients should be counseled about these side effects and advised not to drive during the initial phase of dosage adjustment(s) if they experience side effects severe enough to impair driving performance. (The novel stimulant, modafinil, is not euphorogenic, nor does it appear to cause rebound effects. However, its safety for use when driving has not yet been demonstrated.)</p> <p>In addition, many stimulants have a high potential for abuse. Accordingly, physicians should always be alert to signs of abuse.</p>
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Excerpted from “Physician’s Guide to Assessing and Counseling Older Drivers-Chapter 9-Section 5: Medications,” <http://www.nhtsa.gov/people/injury/olddrive/olderdriversbook/pages/Ch9-Section5.html>

²⁴ Ray WA, Purushottam BT, Shorr RI. Medications and the Older Driver. *Clinics in Geriatric Medicine*. 1993;9(2):413-438.

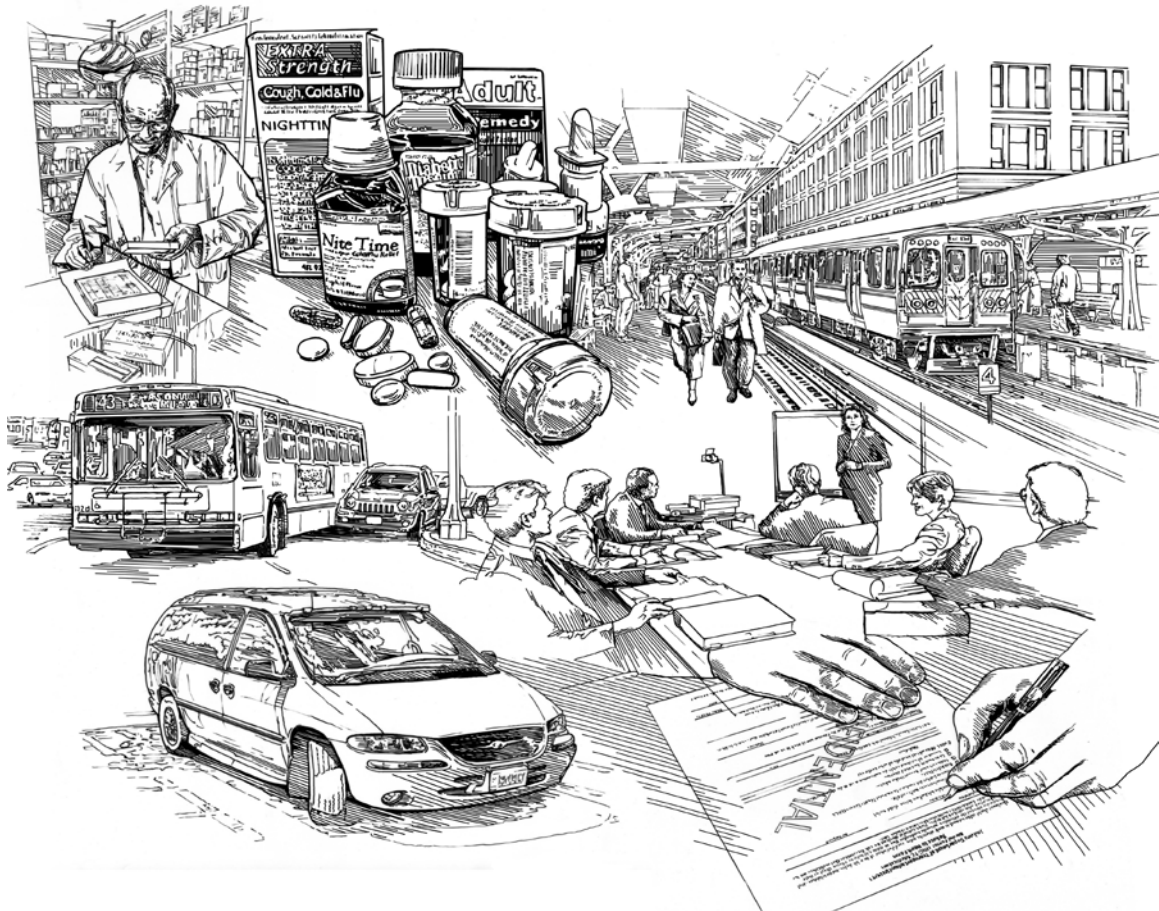
²⁵ Vermeeren A, Danlou PE, O’Hanlon JF. Residual effects of zaleplon 10 and 20 mg on memory and actual driving performance following administration 5 and 2 hours before awakening. *British Journal of Clinical Pharmacology*. 1999;48:367-374.

²⁶ Vermeeren A, Muntjewerff ND, van Boxtel M, et al. Residual effects of zaleplon and zopiclone versus the effects of alcohol on actual car driving performance [abstract]. *European Neuropsychopharmacology*. 2000;10(suppl 3):S394.

²⁷ Volkerts ER, Verster JC, Heuckelem JHG, et al. The impact on car-driving performance of zaleplon and zolpiden administration during the night [abstract]. *European Neuropsychopharmacology*. 2000;10(suppl 3):S395.

²⁸ Ray WA, Gurwitz J, Decker MD, Kennedy DL. Medications and the safety of the older driver: Is there a basis for concern? *Human Factors*. 1992;34(1):33-47.

Chapter II: Rx/OTC Medication Policies and Procedures



CHAPTER II: Rx/OTC MEDICATION POLICIES AND PROCEDURES
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CHAPTER II: Rx/OTC MEDICATION POLICIES AND PROCEDURES

Almost a decade ago, the Federal Transit Administration (FTA) challenged its recipients to develop new or enhance existing policies on employee use of Prescription (Rx) and Over-the-Counter (OTC) medications that could compromise public safety. FTA further challenged its recipients to undertake steps to address any Rx/OTC issues it discovered either as part of its overall Substance Abuse Policy or a separate, stand-alone policy. To facilitate these actions, the FTA compiled a Toolkit containing samples of policies, procedures, forms, and other materials which were being used in the transit industry at that time.

In 2008, the FTA began an assessment to determine the extent to which Rx/OTC medication use has been addressed over the past decade as part of a transit system's drug and alcohol program or any other program that may have been established to ensure that transit system employees report medically qualified to perform their duties. This assessment, consisted, in part, of two on-line surveys. The first survey inquired in detail about transit system policies and procedures to address Rx/OTC medication use. While the survey revealed that about two-thirds of the responding transit systems have Rx/OTC policies in place, a third of the systems still have not addressed Rx/OTC medication use at all. Of the systems that do address Rx/OTC medication use, only 8% have a stand alone policy.

Among the many provisions a Rx/OTC medication policy must address are reporting requirements and the method used for determining fitness for duty. The survey asked specific questions regarding these two key provisions.

Reporting of Rx/OTC medication use is a key requirement of a policy. A total of 170 transit systems responded when asked if they require employees to report the use of Rx

medications. Of those systems, 29, or 17%, do not require employees to report use of Rx/OTC medications. The majority, 110, or 65% of the systems require employees to report the use of Rx medication only when the medication carries a warning label for adverse affects prior to reporting for duty. The remaining systems, 18%, require employees to report all use of Rx medications, regardless of warning label.

A total of 154 systems responded to an identical question about reporting requirements for use of OTC medications. Thirty-six systems, or 23 percent, do not require employees to report the use of OTC medications. The majority, 100 out of 154 systems (65 percent), require employees to report only OTC medication use that has a warning label indicating for adverse affect prior to reporting for duty. The remaining 18 systems (12 percent) require employees to report use of all OTC medications, regardless of the warning label.

The method for determining if a medication will impact the employee's fitness for duty, that is ability to perform safety sensitive duties, is important because medications have a variety of side-effects which can vary by person. According to survey results, most transit systems understand the importance of this verification; however, the situations that prompt the verification process vary. One hundred and ten (110) out of 183 transit systems, or 60%, require input from a prescribing physician to determine an employee's fitness for duty when taking a Rx medication. Of the 110 systems that require a physician's input, 21 systems (19 percent) require a note for all Rx medications; 42 systems (38 percent) require a note only for Rx medications that carry a warning label and or have the potential to affect the employee's performance.; 23 systems (21 percent) require a note from the prescribing physician only on a case-by-case basis, if management

believes more information is necessary; and, 24 systems (22 percent) require a physician's note for Rx medications that have a warning label and/or if system management feels a physician's input is necessary. As a caveat to the verification process, 42 out of 109 systems, or 39 percent, require a physician's note indicating an employee's fitness for duty for OTC medications that carry a warning label and/or have the potential to affect the performance of safety-sensitive job duties.

Fifteen percent of the survey participants provide a Fitness for Duty Form for Rx medications, but only 7% provide an OTC Medication Fitness for Duty Form.

Researchers also learned through the survey process that in the state of New York, language has been added to the New York State Department of Motor Vehicles Commissioner's Regulations (Part 6) stating, "(a) a person is physically qualified to drive a bus if he or she does NOT use an amphetamine, narcotic, or any habit-forming drug. This regulation applies to whether or not a physician has prescribed the disqualifying drug." Article 19-A of the New York State Traffic Law further states, "Accordingly, no operator who is using a prescription or non-prescription amphetamine, narcotic, or other habit-forming drug will be certified to operate a bus, train, or MetroLink passenger vehicle for NFTA/Metro." (Source: Niagara Frontier Transit.)

Survey respondents were also invited to submit copies of their policies and procedures. From these, a compilation of best practices has been included and is described in the Best Practices section. One of the "best practice" examples is the state of Indiana's model fitness for duty program that contains an overall fitness for duty policy, with a supplemental policy to address Rx/OTC medications. This model program is being used by all Indiana Section 5311 systems. Transit systems developing a policy for the first time are encouraged to

review this model for application to their system. Further, transit systems which have an existing Fitness for Duty and/or Rx/OTC policy in place are also encouraged to review their policies with the model policy to determine any provisions that should be added.

To further assist in this review, following is a list of recommended provisions for a Rx/OTC policy.

Components of a Rx/OTC Policy

- A procedure for obtaining medical input into employee's fitness for duty associated with prescription/OTC use.
- A procedure for removing employees from safety-sensitive duty who are impaired by the Rx or OTC medications.
- An attendance policy that reflects Rx/OTC use-related absence and limitations on use of the medications.
- Employees' responsibilities:
 - Be aware of medical condition and implication for job.
 - Be aware of possible Rx/OTC side effects that may compromise safety.
 - Discuss Rx /OTC side effects and dosages with prescribing medical practitioner.
 - Inform medical practitioner about personal medical conditions and history.
 - Read warning labels.
 - Report the use of prescriptions to designated authorities.
- Roles and responsibilities of management and supervisors.

- Roles and responsibilities of pharmacists and medical practitioners (physicians, psychiatrists, dentists, chiropractors, and physician’s assistants) who prescribe or recommend medications.
- Roles and responsibilities of the employer’s physician or other medical practitioners.
- A formal procedure for reporting, authorizing, and monitoring use of medications.
- Consequences for each type of policy violation:
 - Use of Rx/OTC that contribute to the cause or severity of an accident.
 - Failure to report use.
 - Failure to obtain medical authorization.
 - Violation of other policy provisions.
- Statement of confidentiality
 - Records.
 - Interaction with medical practitioner.
- A list of commonly used Rx/OTC medications and the side effects and dangers associated with their use.

Procedures for Implementing a Rx/OTC Policy

Similar with their Rx/OTC policies, transit systems have developed a variety of methods for implementation of their policies. One approach involves using a medical authorization form that the employee obtains from and submits to the employer for all medications. The form is signed by the treating medical practitioner or pharmacists attesting to the ability of the employee to perform safety-sensitive duties. The form usually defines the safety-sensitive duties and

emphasizes public safety. If the treating medical practitioner recommends that the employee abstain from safety-sensitive duty, the form must include a specified length of time for the abstention. The employer may choose to have the medical authorization form reviewed by its company physician, if applicable, who may decide to overturn the treating practitioner’s determination.

In a second approach, the employer provides the employee or medical practitioner with a list of medications that are approved for use, are disapproved for use, or require medical authorization for use. The employee or medical practitioner compares the medication to the list. If the medication is not on the list of approved medications, an attempt to locate an alternative medication is made. If no alternative is available, the employee must request authorization to perform safety-sensitive duties or will not be allowed to perform such duties while using the medication.

Finally, the Indiana Department of Transportation’s (INDOT’s) model policy for dealing with the safe use of Rx and OTC medications in safety-sensitive positions contains procedures for implementing the policy and was provided to its Section 5311 transit systems as a recommended practice. This document is part of the State’s model Medical Qualification (MQ) Program and stresses employee responsibility and accountability and requires the employer to educate safety-sensitive employees on the dangers of Rx/OTC medication use and fitness for duty in safety-sensitive positions. It also instructs the employee to read all warning labels before taking an OTC medication. This procedure requires a statement from the employee’s prescribing medical practitioner for all Rx medications. The employer’s Medical Determination Officer (MDO) is then responsible for reviewing the employee’s medical statement from his or her prescribing physician and determining whether or not the employee can safely perform safety-sensitive functions.

Various hybrids of these three approaches are currently being used. For example, an employer may use the second or third approach where they have supplied a list of medication to employees, but leave the decision on ability to perform safety-sensitive duties to the employee.

As previously indicated, Indiana’s model Medical Qualification (MQ) Program with Supplemental Policy for Rx/OTC Medications contains all of the recommended provisions for successfully implementing a program to address Rx/OTC Medication use by safety-sensitive employees. Transit systems without such a program are encouraged to consider this model, customizing it where necessary to its unique operating characteristics. Transit systems which have already established policies and procedures to address Rx/OTC Medication use are also encouraged to review the Indiana model to ensure that they have adequately addressed the recommended provisions.

Obstacles and Challenges

Implementing any new program or process is not without its challenges. During the conduct of the previously mentioned research, survey process, and follow-up, transit systems expressed several concerns with adding a Rx/OTC Medication policy and procedure to their Drug and Alcohol Program. Many thought that this would be very difficult to do without an FTA regulation or mandate. Many systems also were reluctant to take on any more administrative “paperwork” without an FTA mandate. A few transit systems commented that they feared that employees would abuse the policy by taking unneeded sick time because of minor colds or other ailments using the Rx/OTC policy as an excuse, despite there being medications and remedies on the market which would not violate such a policy.

A repeated concern expressed by transit systems was the intrusion into and potential breach of an employee’s privacy and

confidentiality in requesting a list of medications being taken. Health Insurance Portability and Accountability Act (HIPAA) regulations were cited many times, as was the Americans with Disabilities Act (ADA) .

While the impact, if any, on HIPAA or ADA is still being investigated, it is important to point out that as with FTA’s overall Drug and Alcohol Program, the information requested from safety-sensitive employees regarding Rx/OTC medication use is a **safety issue**. It is not to obtain information about a specific medical condition, but rather to determine if the medication itself and any related side effects could impair driving and ultimately the employees’ and riding public’s safety.

Transit systems are encouraged to keep this overall goal in mind as they develop and incorporate Rx/OTC medication policies and procedures into their overall Drug and Alcohol Programs.

Best Practices

This section contains policies and procedures to serve as best practice examples for employers in creating a new policy or revising an existing policy on Rx and OTC medications. These examples demonstrate three different policy approaches: (1) all responsibility placed on the employees to determine their own ability to safely perform their duties while using medications, (2) proactive involvement by the employer requiring authorization by medical practitioners that may include a final determination review by the employer’s medical review officers (MROs) or other medical practitioner, and (3) use of a list of medications to guide employees and medical practitioners on which medication may be used, which must be avoided, and which require additional evaluation before being approved for use.

Also included is the Indiana Department of Transportation’s (INDOT’s) model Fitness for Duty Policy which includes a supplemental

policy and procedures for addressing Rx/OTC Medications. The Indiana program enlists the services of a Fitness for Duty Officer (physician) that makes all fitness for duty determinations.

An information sheet precedes each example. It includes a description of the policy, and the highlights of each along with contact information for each of the transit systems.

The “best practice” examples are:

1. Indiana Department of Transportation (INDOT) – Medical Qualification (MQ) Program Policy
2. Livingston Essential Transportation Service (LETS); Howell, MI
3. LACMTA; Los Angeles, CA
4. Maryland Transit Administration; Baltimore, MD
5. Massachusetts Bay Transportation Authority; Boston, MA
6. Metropolitan Evansville Transit System; Evansville, IN
7. Prairie Five Rides; Montevideo, MN
8. Tri-Met; Portland, OR
9. Veolia Transportation, various locations
10. Indiana Department of Transportation (INDOT) – MQ Appeal Policy
11. Indiana Department of Transportation (INDOT) - Indiana Reasonable Suspicion Determination Checklist and Documentation

While these policies were selected as good examples of a Rx/OTC policy/procedure, each is specific to the transit system’s unique environment. Conversely, the Indiana State Model Medical Qualification (MQ) Program (which addresses fitness for duty) and Supplemental Policy for Prescription and Over-the-Counter Medication Use addresses each of the FTA recommended provisions. Transit systems can then customize it to add

their specific attendance policies, disciplinary procedures, etc.

It is important to note that while several transit systems use their Medical Review Officer (MRO) for confirming fitness for duty determinations regarding Rx/OTC medication use, MROs are specific to the FTA’s Drug and Alcohol Testing Program which does not at this time cover Rx/OTC medications.

Therefore, you may use the services of your MRO if you wish, and if the MRO is willing to do so in a separate capacity apart from his or her MRO responsibilities, in assessing Rx/OTC medication use and the performance of safety-sensitive job duties; however, you are not required to do so. You may also require the employee’s prescribing physician to make the fitness for duty determination. Or, if you desire to retain the ultimate determination for fitness for duty with the transit system, you may retain the services of a separate physician (e.g., Indiana’s Medical Determination Officer) to assist you. There are examples in the Best Practices of each of these situations.

Specific questions regarding any of the Best Practice examples should be directed to the contact individual indicated for that transit system.

For general questions or to obtain additional copies of the Rx/OTC Medication Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

Chapter II: Best Practice Summary Table

Transit System Name	Geographic Location	Lg. Urban, Urban, or Sm. Rural	# of Safety-Sensitive Employees	# of Vehicles	Union Representation	Special Notes
Indiana Department of Transportation	Indianapolis, IN	State DOT	N/A	N/A	N/A	INDOT as a State DOT administers Section 5311 systems and directly employees no safety-sensitive employees. The INDOT Model Medical Qualification Program addresses an Rx/OTC Medication policy as a supplement to its overall Medical Qualification Policy. Procedures for implementing the Rx/OTC policy are
Livingston Essential Transportation Service	Howell, MI	Small Urban	35	24	No	Incorporates Rx/OTC medications as part of their complete safety program.
Los Angeles County Metropolitan Transit Authority	Los Angeles, CA	Lg. Urban	7,147	3,589	Yes	Addresses Rx/OTC as part of overall Fitness For Duty; provides a list of medications that DO NOT need to be reported and a Medication Reporting Form.
Maryland Transit Administration	Baltimore, MD	Lg. Urban	2,752	1,535	Yes	Rx/OTC stand alone policy with comprehensive Rx/OTC Release to Work Form
Massachusetts Bay Transportation Authority (MBTA)	Boston, MA	Lg. Urban	5,108	2,777	Yes	Provides an extensive list of Rx/OTC medications and the conditions under which they may be safely taken while performing safety-sensitive job duties.
Metropolitan Evansville Transit System	Evansville, IN	Small Urban	87	41	Yes	Addresses Rx and OTC drugs separately and details those drugs which MUST be reported and those that do not require reporting.
Prairie Five Rides	Montevideo, MN	Rural	17	10	No	Provides Rx/OTC policy in a brochure format for easy reference by employees; requires prescribing physician's sign-off indicating fitness for duty.
TriMet	Portland, OR	Lg. Urban	2,066	1,087	Yes	Stand alone policy written in a question and answer format.
Veolia Transportation	Multiple Locations	Contractor	7,223			All employees and all Rx/OTC medication use requires Substance Abuse Program Manager and/or MRO sign-off.

Sources:
 2010 Public Transportation Fact Book, Appendix B: Transit Agency
 and Urbanized Area Operating Statistics
 and Federal Transit Administration

1. System Name: Indiana Department of Transportation- Indianapolis, Indiana

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: **Model Medical Qualification (MQ) Program.** The Indiana Department of Transportation (INDOT) adopted a model medical qualification (MQ) program to assess the medical qualifications of safety-sensitive employees by its Section 5311 systems. This program consists of an overall MQ Policy, a Supplemental Policy for Rx/OTC Medications, and associated forms and other procedures. Among other provisions, the overall MQ Program requires medical qualification (i.e., fitness for duty) determinations in specific situations, to be made by a Medical Determination Officer (MDO), a medical professional under contract to the individual transit systems and which performs a variety of medical services including, but not limited to, physical examination services/medical qualification assessments for all safety-sensitive transit positions.

Highlights:

- The MQ Policy requires MQ determinations in specific situations, including hiring, return to active status, and in specified triggering events.
- The MDO makes all medical qualification determinations.
- The Rx/OTC Medication supplemental policy emphasizes the need to balance, not limit, the treatment of employee illness during the performance of safety-sensitive duties while still assuring employee and passenger safety and:
 - Clearly defines Rx and OTC medications and the general situations for which they are prescribed and/or used;
 - Emphasizes employee responsibility for Rx and OTC medications and encourages employees to read all warning labels, discuss the medications and their specific safety-sensitive duties with their physician;
 - Addresses the discipline progression of policy violations; and
 - Requires a non-FTA NIDA 10+2 (synthetic opiates) drug test for qualifying accidents.
- Employees must submit Medication Information Forms¹ for all Rx/OTC medications taken. The forms must be:
 - Signed by the employee's physician or pharmacist indicating whether the medications contain warning labels which could affect the performance of safety-sensitive job duties; and
 - Reviewed by the MDO.
- The services of the MDO are competitively procured; each individual Section 5311 transit system enters into a contract with the MDO for services required as part of the state's MQ Program. The Program is administered through the Indiana RTAP Program.
- A separate appeals procedure was developed for disputed medical determinations.
- The overall MQ Program is designed so that related policies, for example a policy on driver fatigue, can be added to the program as they are developed.

¹ The Indiana Model Medication Reporting Form can be found in this Chapter as part of the INDOT Medical Qualification Program and in Chapter IV, Forms of this Toolkit.

INDIANA MODEL MEDICAL QUALIFICATION (MQ) PROGRAM
INTRODUCTION

The Indiana Department of Transportation (INDOT) has developed a Model Medical Qualification (MQ) Program for use by all Indiana Rural Transit (Section 5311) Systems. This Model Program consists of the following components:

1. Medical Qualification (MQ) Policy
2. Example MQ Medical Release Form (as a result of a return to active status situation or triggering event).
3. Supplemental Rx/OTC Medication Policy
4. Rx/OTC Medication Procedures
5. Rx/OTC Medication Information Form
6. Post Accident Investigation Procedures and Forms
7. Medical Qualification Driver's Physical Examination Form
8. Medical Determination Appeals Procedure

Medical qualification assessments and determinations are made by a Medical Determination Officer (MDO) ⁽¹⁾, a medical professional under contract to the individual transit systems. The MDO performs a variety of medical services including, but not limited to, physical examination services/medical qualification assessments for all safety-sensitive transit positions in accordance with Indiana Code 20-9.1-3-1 and applicable transit system policies including Medical Qualification and Substance Abuse Policies. As such, the MDO provides a written recommendation for an applicant's ability to perform the essential duties of a safety-sensitive job. The example MQ Medical Release Form is provided as a guide to the MDO. However, the actual forms used may actually be a composite of these forms and suggestions from the MDO. The Model Medical Qualification Program and the MDO contracts are administered by the Indiana Rural Transit Assistance Program (Indiana RTAP).

This model program is designed so that as additional policies and procedures are developed, for example a standard policy on Driver Fatigue might be developed, they will be added as supplements to the overall MQ Program and distributed to all Indiana Rural Transit Systems. As shown above in #3, the Supplemental Rx/OTC Medications Policy has already been developed.

All forms and program information for the MQ Program are available on the Indiana RTAP website at www.indianartap.com, or by calling (800)709-9981.

⁽¹⁾ A consortium procurement was conducted to obtain the services of a MDO for all 45 Indiana Rural Transit Systems; once the program is in place, the services will be offered to the 19 Indiana Urban Transit Systems.

Medical Qualification Policy

for

(Name of Transit System)

I. Overview and Policy Statement:

_____ Transit System is committed to providing a safe working environment and to protect the health and safety of customers, public, staff, visitors, and transit property. Employees of Indiana transit systems must report for their safety-sensitive job duties “fit for duty,” or for the purposes of this policy, “medically qualified.” This policy establishes a mechanism for identifying and intervening when an employee may pose a threat to him or herself, the safety of others, or property and assesses an employee’s “medical qualification” as it relates to the performance of safety-sensitive job functions.

Safety-sensitive applicants and employees are required, as legally appropriate and as permitted under the Americans with Disabilities Act, to comply with the Medical Qualification program and assessments.

II. Definitions:

Medical Qualification: The physical and cognitive health status that facilitates the performance of essential job functions in a safe and effective manner, protecting the health and safety of oneself, others, and property.

Cognitive Health: The brain-based skills needed to carry out any task from the simplest to the most complex. Cognitive abilities have more to do with the mechanisms of how an individual learns, remembers, problem-solves, and pay attentions rather than with any actual knowledge.

Physical Health: The overall condition of an individual at a given time, the soundness of the body, freedom from disease or abnormality, and the condition of optimal well-being.

Safety- Sensitive Position: A job with duties that include responsibility for the employee's own or other people's safety.

Safety-Sensitive Function¹: Any of the following duties, when performed by employees of recipients, sub-recipients, operators, or contractors:

- (1) Operating a revenue service vehicle, including when not in revenue service;
- (2) Operating a nonrevenue service vehicle, when required to be operated by a holder of a Commercial Driver's License;
- (3) Controlling dispatch or movement of a revenue service vehicle;
- (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service. This section does not apply to the following: an employer who receives funding under 49 U.S.C. 5307 or 5309, is in an area less than 200,000 in population, and contracts out such services; or an employer who receives funding under 49 U.S.C. 5311 and contracts out such services;
- (5) Carrying a firearm for security purposes.

Medical Qualification Assessment: A physical examination performed by the _____ Transit System's Medical Determination Officer (MDO), including but not limited to a health history, physical and/or psychological examination, and any medically indicated diagnostic studies, including blood tests.

¹ USSDOT Federal Motor Carrier Regulations, §382.107
Medical Qualification Policy _____ Transit System
(Form rev. 01/12)

Medical Qualification Determination: A determination made by the MDO attesting to an employee's medical qualification in any of the situations described following an extended medical absence or management-required medical qualification assessment. Allowable costs to obtain the certification may be paid by Workers' Compensation for work-related injuries by the employee's health insurance, the employee, or the employer depending on the circumstances that led up to the medical qualification assessment and the outcome of the assessment.

Medical Determination Officer (MDO): A medical professional under contract to the _____ Transit System that performs a variety of medical services including, but not limited to, physical examination services/medical qualification assessments for all safety-sensitive transit positions in accordance with Indiana Code 20-9.1-3-1 and applicable transit system policies including Medical Qualification, RX/OTC and Substance Abuse Policies. As such, the MDO provides a written recommendation for an applicant's ability to perform the essential duties of a safety-sensitive job.

Reliable Report: Observations by a manager/supervisor to assess an employee's medical qualification, taking into consideration such factors as direct observation of the employee's appearance, behavior, and work performance, interactions with other employees, and/or other verifiable reports of the employee's behavior or condition.

Working Hours²: All time from the time an employee begins to work or is required to be in readiness to work (on duty or on call) until the time he/she is relieved from work and all responsibility for performing work. All work activities are included whether these activities occur on or off transit property.

III. Medical Qualification Responsibilities

Transit employees and management share responsibilities for ensuring that individuals are medically qualified to perform and, therefore, ensure the safety of _____ Transit System's employees and passengers. Specific responsibilities for each are detailed below.

A. Employee Responsibilities

Employees of _____ Transit System must:

- Be medically qualified to report to work;
- Notifying the manager/supervisor when the employee him/herself does not meet the medical qualification requirement;
- Notifying the manager/supervisor of any concerns in the workplace which may impact an employee's medical qualification. (Note: In cases where concerns involve the employee's manager, the employee should make the notification to the next higher level manager); and
- Cooperating with a manager/supervisor's directive and/or referral for a medical qualification assessment.

B. Manager/Supervisor Responsibilities

Managers/Supervisors of _____ Transit System are responsible for:

² *ibid.*

- Observing the attendance, performance, and behavior of the employees they supervise;
- Interviewing an employee who appears to the manager/supervisor as medically unqualified and, therefore unfit, for duty and referring that employee to the MDO for a medical qualification assessment, when appropriate;
- Recording the reasons/observations that triggered a medical qualification assessment referral on a Medical Qualification Referral form;
- Following appropriate leave and disciplinary policies, when appropriate; and
- Enforcing this policy in a fair and consistent manner, respecting the employee's privacy and the confidentiality of medical information.

C. Medical Determination Officer (MDO) Responsibilities

The Medical Determination Officer (MDO) is responsible for:

- Conducting physical examination services/medical qualification assessments for all safety-sensitive transit applicants and employees, including the request and review of laboratory tests, in accordance with Indiana Code 20-9.1-3-1 and applicable transit system policies including Medical Qualification, Substance Abuse, and Prescription and Over-the-Counter Medications;
- Making medical qualification determinations, as applicable and providing written reports of all such assessments and determinations.
- Reviewing health history information collected for all safety-sensitive position applicants and all safety-sensitive employees to issue a determination about an individual's physical qualifications and ability to perform transit-related safety-sensitive functions pursuant to Indiana Code 20-9.1-3-1 and applicable transit system policies including Medical Qualification, Substance Abuse and Prescription and Over-the-Counter (Rx/OTC) Medications.
- Providing a written recommendation on an applicant's or employee's ability to perform the essential functions of a job based upon a review of a physical capabilities examination or assessment exercise.

IV. Conducting Medical Qualification Assessments:

Medical qualification assessments will be conducted for all safety-sensitive employees or applicants for safety-sensitive positions in the following circumstances:

- A. As a requirement of the hiring process;
- B. As a requirement of the annual medical qualification assessment;
- C. Upon returning to duty from absences as defined below;
- D. Following a triggering event, as defined by this Policy and other applicable _____ Transit System policies;
- E. In special circumstances, as required.

A. Hiring and Employment Qualifications:

Applicants and existing employees must meet the qualifications detailed in the safety-sensitive job description for the applicable position in order to be considered for and/or maintain a safety-sensitive position with _____ Transit System.

B. Annual Medical Qualification Assessments

All safety-sensitive transit employees are expected to continue to meet all of the Medical Qualification requirements established at the time of their hire (see Section A above) and to undergo an annual medical qualification assessment, and at other times as established by this policy.

C. Return to Active Status

Employees must undergo a medical qualification assessment by the MDO following return to active status in the following situations:

- Before returning to work from a non-occupational medical leave of 30 calendar days or longer;
- Before returning to work from a serious non-occupational injury or illness requiring hospitalization;
- Before returning to work if employee experienced a medical episode that suggests serious safety risk such as chest pains, loss of consciousness, dizziness, blurry vision, temporary paralysis, extremely elevated blood pressure, suspected heart attack, etc.

The MDO may consult with the treating physician to obtain additional information, as necessary. The system's MDO will be the ultimate determining factor in an employee's medical qualification and return to active status. The MDO also determines whether or not the employee can perform essential functions of the job with or without reasonable accommodations. The manager/supervisor provides, and the employee utilizes, reasonable accommodations, if applicable. If none apply and the employee is not approved to return to active status, the manager/supervisor will then inform the employee of his or her options in accordance with the system's medical leave policy. Accommodations that result in an undue financial burden to the transit system will not be approved.

D. Triggering Events

A triggering event requires that an employee undergo a medical qualification assessment by the MDO. Triggering events include 1. a qualifying accident (see definition below), 2. self-referral, and 3. observations (reliable reports).

1. For purposes of this policy, a qualifying accident is one which meets the National Transit Database definition of a "reportable accident." Qualifying accidents will be investigated and documented in accordance with the _____ Transit System's Post Accident Investigation Procedures (see Exhibit B).
2. Employees have a responsibility to request a medical qualification assessment any time they believe their performance of safety-sensitive job functions may be compromised, either from a medical condition, as a result of taking Prescription or Over-the-Counter Medications (Rx/OTC), or any other condition or event that has the potential to impact the safe performance of their job duties.
3. "Observations" (reliable reports) addresses issues including, but not limited to, an employee's manual dexterity, coordination, alertness, speech, vision acuity, concentration, response to criticism, interactions with co-workers and supervisors, suicidal or threatening statements, change in personal hygiene, presence of condition likely to lead to foodborne disease transmission, memory and/or odor of alcohol, marijuana, or other substance of concern. Observations must be made by a manager/supervisor, or if by another employee, verified by a manager/supervisor.

In cases of triggering events, the following steps must be followed:

- The manager/supervisor immediately assesses the risk and, if applicable, removes the employee from safety-sensitive duty;

- The employee is sent to the MDO for a medical qualification assessment; and
- In the event of a qualifying accident, the employee will be immediately subject to a medical qualification assessment and FTA substance abuse testing, including an expanded opiates panel under the transit system's own authority, as identified in the _____ Transit System's substance abuse policy and/or Rx/OTC medication policy.

E. Special Circumstances

The _____ Transit System reserves the right to request a medical qualification assessment as a result of special circumstances, to be determined on a case by case basis.

V. Documenting Risk Assessments

In the cases of qualifying accidents, the employee is immediately referred to the MDO for a medical qualification assessment. In other triggering events, Managers/Supervisors must assess the risk and document each individual triggering event.

- **No risk:** Keep notes of the event.
- **Minor risk:** Remove the employee from safety-sensitive duty, and encourage the employee to seek medical treatment or use Employee Assistance Program. Document the event.
- **Significant risk:**
 - Remove the employee from safety-sensitive duty, refer to the MDO for immediate medical qualification assessment, and, as applicable, place the employee on paid leave of absence (sick leave or paid administrative leave, in accordance with the system's leave policies;;
 - Arrange for the employee's safe transportation home or to a medical facility, as the situation warrants;
 - Refer the employee for medical qualification assessment or Employee Assistance Program; and
 - Implement discipline, in accordance with the system's discipline policies.
 - Contact local law enforcement, as appropriate.

VI. Medical Qualification Referrals

Medical qualification referrals are either self-referrals by the employee or referrals made by the manager/supervisor.

- Employees voluntarily seeking assistance (i.e., self-referral) for physical or cognitive impairments (including impairments resulting from controlled substance, drug and alcohol abuse/addictions, side effects resulting from legally prescribed or purchased Rx/OTC medications in accordance with the _____ Transit System's established Rx/OTC Medication Policy), mental, and/or emotional problems before their work performance or attendance is adversely impacted will be eligible for leave in accordance with the system's established policies. . Self-referral, does not exempt an employee from disciplinary action for work performance or safety infractions, if such action is warranted.
- In instances where management makes a mandatory medical qualification assessment referral, employees must cooperate with the assessment. Failure to cooperate will result in immediate medical disqualification and discipline in accordance with the _____ Transit System's discipline policy.

- Employees cooperating in a medical qualification assessment and determined to have successfully complied with recommendations for medical, psychological, and/or chemical dependence treatment may be returned to the job with an appropriate Medical Qualification determination provided appropriate discipline, if warranted, has taken place.
- Employees posing a significant safety risk may be medically disqualified from performing safety-sensitive duties and, as such, their safety-sensitive employment status may be medically disqualified indefinitely.

This Medical Qualification Policy is effective as of (insert date policy effective date).

Supplemental Policies:

I. Prescription and Over-the-Counter (Rx/OTC) Medication Policy

Exhibits

A-Prescription and Over-the-Counter Medication Information Form

B-Post Accident Investigation Procedures and Forms

C-State of Indiana Requirements for Section 5311 Public Transit Operators

Indiana Medical Qualification Program
Supplemental Policy I: Prescription and Over-the-Counter (Rx/OTC)
Medications

_____ Transit System

May 2011

I. PURPOSE

The State of Indiana has developed a model Medical Qualification (MQ) Program for adoption by each of its 45 Rural Transit Systems. This model MQ Program consists of several different policies, procedures, and forms to ensure the uniform implementation of the Program. First and foremost is the overall Medical Qualification Policy, which includes this Supplemental Policy for Prescription and Over-the-Counter (Rx/OTC) medications.

The purpose of this supplemental policy is to provide guidelines for safety-sensitive employees in balancing the treatment of illness and the requirements of performing a safety-sensitive function. It is not the intent of this policy to limit employees from obtaining the treatment and medications that they need for their health and well-being, but to ensure that employees are “medically qualified.”

In the interest of protecting transit employees, passengers, and the general public, the (Transit System) must ensure that safety-sensitive employee use of any prescription or over-the-counter (Rx/OTC) medications, or any combination of drugs being taken, will not adversely impact the employee’s job performance. The employee must, therefore, inform the prescribing medical practitioner of the employee’s job duties performed, and then request the medical practitioner to evaluate the employee’s health condition, currently used Rx/OTC medications, and dietary supplements along with any new Rx or recommended OTC medications to determine if the employee can safely perform his/her safety-sensitive job functions. By approving the use of the prescribed or recommended medication, the medical practitioner is ensuring to the greatest extent possible that the employee’s job duties can be performed safely. If the medical practitioner cannot provide such assurance, the employee will be removed from safety-sensitive functions, and the medical practitioner will be asked to determine the duration of the employee’s medical disqualification.

II. APPLICABILITY

This policy applies to all safety-sensitive employees. The procedure set forth herein applies only to Rx/OTC medications that are to be taken that would affect the performance of safety-sensitive duties.

III. PRESCRIPTION (Rx) AND OVER-THE-COUNTER (OTC) MEDICATIONS

Many factors contribute to the growing use of Rx/OTC medications in today’s society: stress, poor diets, and lack of exercise lead to hypertension and high blood pressure. Moreover, the natural aging process brings its own set of afflictions. The vast selection and access to Rx/OTC medications can help maintain a certain quality of life. At the same time, we cannot be complacent about the

potential risks that these medications can pose, not only to us as individuals, but those that have been placed in our responsibility and care.

Prescription (Rx) Medications

Prescription medications are meant to be taken only by the individual for whom the prescription is written. The prescribing physician or healthcare professional must indicate, in addition to the patient's name, the name of the substance, the quantity/amount to be dispensed, instructions on frequency and method of administration, the number of refills, if any, and the date. Virtually all Rx medications can have some type of side effects, varying from mild to severe, depending on the medication and the individual for whom it is prescribed.

The appropriate use of Rx medications is not prohibited. However, the employee has the responsibility to discuss the potential effects of any Rx medication with the prescribing medical practitioner including its potential to impair mental functioning, motor skills, or judgment. The employee must refrain from performing any safety-sensitive function any time his or her ability to safely perform these job duties is adversely impacted by the use of a Rx medication. The use or abuse of medications that impacts an employee's ability to perform safety-sensitive duties are strictly prohibited. Examples of prohibited behavior include:

- a. The use of any Rx medication that adversely impacts the employee's ability to safely perform his/her safety-sensitive job functions.
- b. Not taking medications for medical conditions that could affect the performance of safety-sensitive duties.
- c. Use of a medication that is not prescribed for the employee.
- d. Use of a medication that exceeds the prescribed dosage.
- e. Use of any medication that contains alcohol within four hours of performing safety-sensitive functions.

(OTC) Medications

Over-the-Counter (OTC) medications are legal, non-prescription substances taken for the relief of discomforting symptoms. These medications come in a variety of forms, including capsules, powders, tablets, and liquids, and can be used as fever reducers, to relieve pain and the symptoms of colds, flu, and allergy symptoms; appetite suppressants; bowel preparations; sleeping aids; and stimulants.

The appropriate use of OTC medications is not prohibited. However, the employee has the responsibility to read all warning labels and contraindication notices and, if necessary, discuss the potential effects of any OTC medication, combination of OTCs, use of Rx medications, dietary supplements, and health conditions with a medical practitioner or licensed pharmacist including its potential to impair mental functioning, motor skills, or judgment. Employees must refrain from performing a safety-sensitive function any time their ability to safely perform their job duties is adversely impacted by the use of OTC medications. Examples of prohibited OTC medication use include:

- a. The use of any OTC medication that adversely impacts the employee's ability to safely perform his/her job duties.
- b. Use of any medication that contains alcohol within four hours of performing safety-sensitive functions.
- c. The use of a combination of OTCs with the same active ingredients that could result in an overdose.

IV. REPORTING REQUIREMENTS

Ultimately, the employee is the best judge of how a substance (Rx or OTC) is impacting him or her. As such, the employee has the responsibility to inform the prescribing medical practitioner of performance altering side effects and request medical disqualification from performance of safety-sensitive duties. The employee is encouraged to discuss or consider, along with their medical practitioner, alternative treatments that do not have performance altering side effects.

(Transit System) requires that all safety-sensitive employees provide a Medical Information Form signed by their medical practitioner for each Rx medication used and indicating either that 1) the medication carries a warning against driving a motor vehicle or operating machinery while taking the medication or any other health warnings or contraindications that would affect the individual's performance of safety-sensitive job duties, or 2) the medication does not carry any such warnings. This form is then forwarded to the Transit System's Medical determination Officer (MDO) for review and assessment.

Additionally, the same form is also required before performing a safety-sensitive function for all OTC medications. This form can be signed by a licensed pharmacist or medical professional.

The MDO will determine whether or not the employee is medically qualified for duty. The MDO may consult with the prescribing medical provider, on an as needed basis. The decision of the MDO is final. The medical information form is provided as Exhibit I of this document.

The medical information forms and any other medical information obtained through this process are confidential information and will be maintained in confidential medical files in the **(Transit System)** office.

V. PROCEDURAL GUIDELINES FOR IMPLEMENTATION OF THIS POLICY

The employee, employer, and MDO all have specific responsibilities in the implementation of this policy.

Employee Responsibilities

The employee is responsible for assessing his or her medical qualification while using a Rx/OTC medication. As such, the employee has the following responsibilities:

- The employee is required to notify the prescribing medical provider, for Rx medications, and a medical provider or licensed pharmacist for all OTC medications, of the safety-sensitive nature of his or her job duties.
- The employee has the responsibility to discuss the potential effects of any Rx/OTC drugs with the prescribing physician, including any adverse impact on the safe performance of safety-sensitive job duties. The employee is encouraged to consider and/or discuss with the physician alternative treatments that do not have performance altering side effects and that do not compromise the quality or effectiveness of treatment.

- In the event that any side effects are experienced from the use of a Rx/OTC medication, which have the potential to affect the performance of safety-sensitive job duties, the employee has the responsibility to inform the (Transit System Position Title) immediately so that a medical qualification assessment may be conducted by the MDO.
- The employee is required to provide to the (Transit System Position Title) a medical information form for each Rx/OTC medication taken, signed by the prescribing physician, for Rx medications, and by the physician or a licensed pharmacist for OTC medications.

Employer Responsibilities

The (Transit System) is responsible for enforcing this Rx/OTC Medication policy in conjunction with the (Transit System's) Medical Qualification Policy and ensuring that all safety-sensitive employees are "medically qualified for duty." As such, the (Transit System) will:

- Provide periodic training and information on Rx/OTC medications, including those that have the potential may impair safety-sensitive functions. This information will be provided as a guide only and should not be considered all-inclusive. Use of the information to identify potential problem Rx/OTC medications does not exempt the employee from the process as defined herein, but should be used to trigger more in depth discussions with the prescribing medical practitioner or licensed pharmacist.
- Provide medical authorization forms to the employee for use, with the consultation and written authorization from a medical professional or licensed pharmacist, in reporting Rx/OTC medication use.
- Maintain the confidentiality of all information received from employees regarding Rx/OTC medication use in the employee's confidential medical file.
- Send the employee for a medical qualification evaluation by the MDO as a result of the employee's self-referral.
- Following a qualifying accident (defined as a National Transit Database (NTD) reportable accident), request a non-FTA NIDA 10+2 (synthetic opiates) drug test under its own authority as identified in the (Transit System's) _____ Medical Qualification Policy and Accident Investigation Procedures.

Medical Determination Officer (MDO) Responsibilities

The MDO's decision in a medical qualification determination is final. The MDO will:

- Conduct medical qualification assessments.
- Review all medical information forms and make determinations of medical qualification.
- Consult with the prescribing physician, as necessary.
- Issue medical qualification determinations and document all determinations in writing.

VI. CONSEQUENCES OF POLICY VIOLATION

An employee who fails to report a Rx/OTC medication or who performs safety-sensitive functions when his or her performance is being adversely impacted by a Rx/OTC medication will be subject to the following discipline:

- Failure to report (1st Offense) (company discipline here)
- Failure to report (2nd Offense) (company discipline here)
- Performance of safety-sensitive function when adversely impacted by Rx/OTC medications (company discipline here)
- Falsification of a physician's statement (company discipline here)
- Failure to report the use of Rx/OTC Medications and which was determined to be a causal or contributing factor in a qualifying accident (refer to Medical Qualification policy). (company discipline here)

Medical Determination Officer (MDO) (MDO name/company/contact information):

Indiana Department of Transportation (INDOT)
Exhibit I: Rx/OTC Medication Information Form

Indiana's safety-sensitive transit employees must report to work medically qualified to perform their assigned duties. Given the safety-sensitive nature of their job duties, and possible side effects, employees must not perform any safety-sensitive duties while taking any Prescription or Over-the-Counter (Rx/OTC) medication, unless this medication will have no adverse effect on the performance of their safety-sensitive job duties. **Employees must complete this form for each Rx/OTC medication taken and consult with the necessary medical professional, as indicated.** Prescribing physicians should be consulted for Rx medications and recommended OTCs. Licensed pharmacists should be consulted for OTCs when a physician is not consulted.

The information provided on this form will be used by the employer's Medical Determination Officer (MDO) to make a medical qualification determination of the employee. All information will remain confidential.

Employee Section:

Safety-Sensitive Employee Name

Employee ID#, if applicable

As a safety-sensitive employee, my job functions require the provision of public transit service to the general public, which can include; the transport of frail elderly and people with disabilities, and/or people with special needs, of all ages. Specifically, those duties include (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Operating a transit revenue service vehicle (e.g., van, bus, etc.). | <input type="checkbox"/> Dispatching vehicles. |
| <input type="checkbox"/> Operating a vehicle that requires a Commercial Driver's License (CDL). | <input type="checkbox"/> Maintaining or repairing revenue service vehicles. |
| | <input type="checkbox"/> Carrying a firearm for security purposes. |

I attest that the foregoing information is complete and correct.

Employee Signature

Date

Part I. Physician/Medical Professional Section (please print all information):

As the attending physician/medical professional, I have reviewed the patient's medical history including current use of Rx/OTCs. I have prescribed the following Rx medication and/or recommended use of the following OTC medication:

Rx or OTC Medication (Circle One) and Dosage

Date Taken From

Date Taken To

Please check one of the following:

- This medication **does not carry any warnings** against driving a motor vehicle or operating machinery while taking the medication, or any other health warnings or contraindications that would affect this individual's performance of the safety-sensitive job duties previously described above.
- This medication **carries a warning label** that indicates individuals are advised against driving a motor vehicle or operating machinery while taking this medication, and/or other health warnings or contraindications which may warrant further review and consideration by the transit system's MDO.
- This medication could impair performance of safety-sensitive functions. Safety-sensitive functions should not be performed within _____ hours of taking this medication.

Expected duration this medication will be prescribed: _____.

I have explained to the safety-sensitive employee that individuals can react in differing ways to Rx/OTC medications, and in the event the employee experiences drowsiness, fatigue, or other side effects while taking this medication, or if the employee or employer has any concerns regarding this medication, the individual should cease the performance of his/her safety-sensitive duties and contact his or her supervisor or the employer's MDO immediately as defined in the employee's company policy.

Physician/Medical Professional Printed Name

Phone Number

Physician/Medical Professional Signature

Date

Part II. Pharmacist Section:

As a licensed pharmacist, the above named safety-sensitive individual has indicated that he or she will be taking the following Rx/OTC medication (please print):

_____ *Rx or OTC Medication (Circle One)*

_____ *Dosage*

I have consulted with this individual regarding this medication and provided the following information:

- This medication **does not carry any warnings** against driving a motor vehicle or operating machinery while taking the medication, or any other health warnings or contraindications that would affect this individual's performance of the safety-sensitive job duties previously described above. However, individuals can react in differing ways to OTC medications, and should, therefore, consult a physician or his or her MDO if the employee has not taken this medication before, if any side effects such as drowsiness, fatigue, or other side effects are experienced while taking this medication, or if the employee or employer has any concerns at all regarding this medication. If the employee experiences any of these side effects or symptoms, he or she is advised to cease the performance of all safety-sensitive job functions and to contact his or her supervisor or MDO immediately, as defined in the employee's company policy.

- This medication **carries a warning label** that indicates that individuals are advised against driving a motor vehicle or operating machinery while taking this medication and/or carries other health advisories or contraindications, which warrant further review and consideration by the transit system's MDO.

_____ *Pharmacist Printed Name*

_____ *Phone Number*

_____ *Pharmacist Signature*

_____ *Date*

2. System Name: Livingston Essential Transportation Service (L.E.T.S) – Howell, MI

Contact: Katrina Maxwell, Operations Manager
kmaxwell@co.livingston.mi.us
(517)540-7848

Description: **Rx/OTC Policy.** The L.E.T.S. Rx/OTC policy is described in its FTA drug and alcohol policy. It stresses that some Rx/OTC medications can reduce the effectiveness of a safety-sensitive employee and causes a safety risk. Employees notify the L.E.T.S. Medical Practitioner of Rx/OTC Medications being taken at the time of their Pre-employment Physical and/or Recertification Examination. The Rx/OTC Policy requires all safety-sensitive employees to notify their supervisor of all Rx/OTC medications not already on file with the L.E.T.S. Medical Practitioner by completing a one (1) page Supplemental Medical Examination Report¹. The policy also includes the disciplinary action LETS will take if the employee fails to notify the supervisor of all medications taken. Procedures for implementing this policy are incorporated into the overall policy document.



Highlights:

- The Rx/OTC policy, incorporated as part of L.E.T.S.’ overall FTA Drug and Alcohol policy, is comprehensive and straight forward.
- Safety-sensitive employees are required to complete a one (1) page Supplemental Medical Examination Report for all medications.
- The L.E.T.S. designated Medical Practitioner must review and sign-off on all medications taken by safety-sensitive employees, indicating whether or not the medications are likely to adversely affect the employee’s ability to perform safety-sensitive functions.
- The policy/procedure describes disciplinary actions for policy violations.
- L.E.T.S provides extensive, on-going training on the effects and consequences of Rx/OTC medications in the workplace.
- L.E.T.S. management stresses the importance of public safety and the fitness-for-duty of all safety-sensitive employees through ongoing training.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Small Urban	35	24	No

¹ Supplemental Medical Examination Report can be found in Chapter IV, Forms of this Toolkit.

**Livingston Essential Transportation Service (LETS)
Drug and Alcohol Testing Program**

Prescription and Over-the-Counter Medications:

Prescription and over-the-counter medications can significantly affect the performance of people taking them. Many such medications can make the patient drowsy or dizzy, affect vision or hearing, or bring about other physical conditions that could reduce the effectiveness of a safety-sensitive employee. An employee is permitted to use such medications, as determined by a physician or treating medical practitioner, if the use of the substance by the employee at the prescribed or authorized dosage level is consistent with the safe performance of the employee's duties. Employees in safety sensitive positions are required to notify their supervisor of all prescription and over-the-counter medications by completing and submitting a Supplemental Medical Examination Report so that the Employer can allow qualified medical personnel to determine the medication's potential effects on employee performance. Failure to notify the supervisor of all prescription and over-the-counter medications will result in discipline, up to and including discharge.

Possession of Drugs

Consistent with the Drug-free Workplace Act of 1988, all employees are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of prohibited substances in the workplace including LETS premises, LETS vehicles, while in uniform, or while on LETS business.

In addition, all employees are required to notify the Drug and Alcohol Program Manager of LETS of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction.

Within 5 calendar days of receiving notice that an employee has been convicted of a criminal drug offense occurring in the workplace, LETS must provide written notice of the conviction to the FTA. Violations of these provisions will result in termination.

Application of FTA Drug Policy

The foregoing policy shall be in addition to the policy required by the FTA.

FTA Policy

In addition to each of the foregoing provisions, LETS shall also have the following drug policy required by the FTA, which shall be applicable only to safety-sensitive employees.

Application of Policy

This policy shall apply to all employees who perform or are called upon to perform or may be called upon to perform a safety-sensitive function. Such employees shall be referred to as "safety-sensitive employees."

3. System Name: Los Angeles County Metropolitan Transit Authority (LACMTA) – Los Angeles, CA

Contact: Carol Holben, Medical Standards and Compliance Administrator
holbenc@metro.net
(213)922-4867

Description: **Rx/OTC Medication Policy.** Los Angeles County Metropolitan Transit Authority's (LACMTA's) Rx/OTC medication policy is part of its Fitness-for-Duty policy. The policy applies to all LACMTA employees and establishes standards and procedures for assessing fitness-for-duty to ensure the safety of the public and LACMTA employees. The policy also contains the procedures by which the policy is implemented and employees are required to report to work capable of safely performing the functions of their job for the duration of their shift.

LACMTA employees are not permitted to perform safety-sensitive job duties while taking an Rx/OTC medication unless 1) the medication is on the LACMTA list of medications that are not required to be reported to LACMTA; or 2) the medication is being used in accordance with the instructions of a health care provider who has provided a written determination that the substance will not adversely affect the employee's ability to perform his/her job duties.

LACMTA's policy requires all employees to notify their manager/supervisor when they may not be fit for duty, including impairment from taking Rx/OTC medications. As indicated previously, LACMTA provides a list of medications that do not typically cause impairment and therefore, are not required to be reported. For all other Rx/OTC medications, employees are responsible for reading medication warning labels; being aware of the medication's possible adverse effects on mental functioning, motor skills, or judgment; and seeking the guidance of their health care provider. LACMTA provides employees with a Medication Reporting Form¹ to take to their health care provider. Along with the form, employees are also required to inform their health provider of their job duties and requirements. The health care provider must review the medications taken along with the employee's job requirements and indicate by signing the form whether or not the employee can safely perform those job duties while taking the specified Rx/OTC medication. The employee is then required to submit the form to his or her manager, supervisor, or the Human Resources Standards and Employee Programs Representative.

Employees are not permitted to perform safety-sensitive duties while using medications determined to be unsafe by their health care provider and are expected to take a day of leave unless non-safety-sensitive work is available.

LACMTA safety-sensitive employees, who have not obtained a signed authorization form to consume medication with a warning label that

indicates potential impairment, may not perform safety-sensitive duties if this medication has been taken within the past eight hours. However, the designated Human Resources representative may grant a temporary authorization pending completion of the form by the employee’s health care provider.

Employees are encouraged to notify management when observing a co-worker who may not be fit for duty.

Highlights:

- The Rx/OTC policy and implementation procedures are included in LACMTA’s overall Fitness-for-Duty policy.
- Applies to all Metro employees, but only safety-sensitive employees must report medications.
- A Medication Reporting Form is provided by LACMTA and must be signed by the employee’s health care provider.
- LACMTA provides a list of medications that do not need to be reported.
- The policy places responsibility for reading warning labels on all medications, for reporting medication use to LACMTA and to the employee’s health care provider.
- The policy lists ingredients that are commonly found in medications that are strictly prohibited while performing safety- sensitive duties and for eight hours before the performance of these duties.
- Employees may be permitted to perform non-safety-sensitive duties while taking prohibited medications if these are available.
- LACMTA provides a list of medications that do not typically cause impairment and do not need to be reported.
- The employee’s medical provider determines whether or not the medication can be taken while performing safety-sensitive duties.
- It allows for quick determination by the Human Resources representative, and minimizes loss of productivity while the employee awaits a determination.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	7,147	3,589	Yes



Metro

Los Angeles County
Metropolitan Transportation Authority

HUMAN RESOURCES
Fitness for Duty

POLICY STATEMENT

The Los Angeles County Metropolitan Transportation Authority (LACMTA) is dedicated to providing safe, dependable and efficient transportation services to its passengers and a safe and productive work environment for its employees. In order to achieve this, LACMTA is committed to ensuring that its employees are fit for duty and are able to perform the essential duties of their jobs at all times without posing a health or safety risk to themselves, co-workers or the public.

PURPOSE

To establish standards and procedures for assessing fitness-for-duty to ensure that employees/job candidates are physically and mentally able to perform the essential duties of their jobs (with or without an accommodation), without posing a health or safety risk to themselves, co-workers, or the public.

APPLICATION

This policy applies to all LACMTA employees. If a conflict occurs between this policy and a collective bargaining agreement, the collective bargaining agreement prevails.

APPROVED: County Counsel or N/A

ADOPTED: CEO

Date of Last Review: _____

1.0 PROCEDURES

Employees must report to work capable of safely performing the functions of their job for the duration of their shift. Employees are encouraged to notify the manager/supervisor if they observe a co-worker who may not be fit for duty. In cases when the possibly impaired individual is the employee's manager, the employee should notify the next higher level manager or Human Resources management.

When managers observe impaired performance of their employees, they should discuss their observations with the employee who appears to be unfit for duty and record what they observed. If retraining is appropriate, the manager makes arrangements for retraining. If a medical evaluation appears appropriate, the manager refers the matter to the Human Resources Standards and Employee Programs (SEP) Representative.

All employee medical information is confidential, must be kept secure, and disclosed only if compelled.

1.1 Systematic Fitness-for-Duty Examinations

LACMTA requires medical examinations for employees/job candidates in the following situations:

- pre-employment, as a condition of hire after a job offer is made;
- transfer into a position with different physical requirements;
- before rehire or reinstatement;
- renewal of medical certificate for Commercial Driver's License;
- before returning to work from a non-occupational medical leave of 30 calendar days or longer;
- before returning to work from a serious non-occupational injury or illness requiring hospitalization;
- before returning to work if employee experienced a medical episode that suggests serious safety risk such as chest pains, loss of consciousness, dizziness, blurry vision, temporary paralysis, extremely elevated blood pressure, suspected heart attack, etc.;
- when advised by a contracted LACMTA Health Care Provider (HCP) or public health official that an employee may pose a risk of spreading a highly contagious, serious disease to co-workers; or
- to comply with Occupational Safety & Health Administration (OSHA) and CAL-OSHA requirements.

All LACMTA-required medical examinations will be administered by a contracted LACMTA HCP at LACMTA expense. Once an employee has begun the exam process at a LACMTA clinic, the employee must complete the exam at that same clinic.

If a qualified employee/job candidate is determined to be disabled and unable to perform the essential functions of a position, an interactive process will be initiated to determine if a reasonable accommodation can be given. See HR Policy 25, Reasonable Accommodation for more information.

1.2 Special Fitness-for-Duty Examinations

LACMTA may require an employee to undergo a fitness-for-duty examination when:

- the employee is having difficulty performing work duties in a manner that is safe for the employee, the employee's co-workers, LACMTA or the public;
- the employee poses an imminent and serious safety threat to self or others; and
- there is evidence that this may be due to a medical or mental condition.

1.2.1 Procedure for Special Fitness-for-Duty Evaluation

When a manager/supervisor observes or is notified of an employee's possible lack of fitness-for-duty, the manager/supervisor should consult with the SEP Representative from Human Resources. However, if an immediate threat of violence exists, the manager/supervisor should call 911 or LACMTA Security (refer to HR Policy 43, Violence Prevention for further information).

1. In consultation with the SEP Representative, the manager/supervisor investigates the circumstances to determine:
 - if there is a reasonable explanation for the employee's behavior;
 - if the employee is already under medical treatment or willing to seek treatment with his/her own HCP in order to remedy the matter;
 - whether a reasonable suspicion drug and/or alcohol test as described in HR Policy #4-2 Drug and Alcohol Free Work Environment should be ordered by a supervisor; and
 - if the employee should be referred to the Employee Assistance Program for an initial assessment and recommendations regarding the need for a fitness-for-duty examination.
2. Based on the circumstances and information gathered, the SEP Representative may convene a roundtable discussion with the manager/supervisor, County Counsel, Employee/Labor Relations Representative and Risk Management, if applicable. The roundtable will be conducted to review all relevant information regarding the employee and to make a determination as to the appropriate course of action. A fitness-for-duty examination should not be used as a substitute for discipline, a performance improvement plan, or performance-based disqualification.
3. If a fitness-for-duty examination is recommended, the SEP Representative will schedule the employee to take a fitness-for-duty examination with a contracted LACMTA HCP. Employees may be required to provide their own relevant medical records to the LACMTA HCP as part of the examination process.

The LACMTA HCP will make a determination whether the employee is fit for duty, but will not necessarily establish a diagnosis or definitive cause. The LACMTA HCP may clear the employee to return to work or may hold the employee out of service and recommend further examination by a specialist. The examination report is not intended for purposes of treatment and will be limited in scope to information directly related to the employee's ability to safely perform the duties of his/her position.

If the employee is referred to a specialist, the employee will be notified in writing, requested to cooperate with the examining HCP, and informed that failure to cooperate will be considered insubordination and grounds for disciplinary action. LACMTA will pay for the contracted LACMTA HCP and specialist examination(s).

In the event the specialist determines the employee is unfit for duty, the SEP Representative will develop an appropriate course of action. This may include medical disqualification (refer to HR Reasonable Accommodation Policy 25), leave of absence, or temporary light duty until the employee can obtain treatment to resolve the medical condition, be re-evaluated and deemed fit for duty.

1.3 Fitness for Duty and the Use of Prescription and Over-the-Counter Medications

LACMTA, and the Federal Transit Administration (FTA), recognize that some medical conditions require the use of prescription and over-the-counter medications that can impair an employee's ability to perform his/her job duties safely. Employees should only use medication with a valid prescription in their own name.

All employees must:

1. notify the manager/supervisor when they may not be fit for duty, including impairment from taking medications;
2. read medication warning labels and be aware of their possible side effects; and LACMTA
3. inform their HCP of their job duties to enable the HCP to determine if medication would interfere with the safe performance of these job duties.

1.3.1 Guidelines for Safety-Sensitive Employees

- Safety-sensitive employees may not perform any safety-sensitive function if their medication carries a warning label that mental functioning, motor skills or judgment may be adversely affected, unless the medication is being used in accordance with the instructions of a (HCP) who has provided a written determination that the substance will not adversely affect the employee's ability to perform his/her job duties safely.
- Not all medications pose a risk. The LACMTA Medication Reporting Form (Attachment #1) lists medications that do not typically cause impairment and do not need to be reported.

- All other medications may pose a risk and need to have a written determination by the employee's HCP. Employees are expected to take a copy of the LACMTA Medication Reporting Form with them to their HCP and have it completed at the time the prescription is given.
- Employees are to give a copy of the completed and signed LACMTA Medication Reporting Form to their manager, supervisor or the Human Resources SEP Representative.
- An employee, who has not obtained a signed authorization from his/her HCP to consume medication with a warning label that indicates potential impairment, may not perform safety-sensitive duties if this medication has been taken within the past eight hours. The SEP Representative may grant a temporary authorization.
- When the employee's HCP determines that the employee cannot safely perform safety-sensitive functions while taking a medication as prescribed, the employee must report this to the manager or supervisor. The employee will not be allowed to perform safety-sensitive job duties while on the medication. If no other work is available for the employee, he/she may use sick or other leave time.
- Submitting a LACMTA Medication Reporting Form does not exempt an employee from being required to have a fitness-for-duty evaluation if evidence of impairment exists as outlined in Section 1.2.

1.3.2 Guidelines for Non-Safety Sensitive Employees

- Non-safety sensitive employees are not required to report medications. However, these employees should know of any potential risk of impairment associated with their medication(s) and discuss this possible impairment with their supervisors if the employee is required to drive a LACMTA vehicle or operate heavy machinery.

2.0 DEFINITION OF TERMS

Fitness-for-Duty Exam – an examination conducted by a contracted LACMTA HCP and/or specialist to evaluate an employee's physical and/or mental condition(s) and determine if the employee can safely perform his/her job duties.

Health Care Provider (HCP) – a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the state in which the doctor practices; or podiatrists, dentists, clinical psychologists, optometrists, nurse practitioners, nurse-midwives, clinical social workers, and chiropractors.

Valid Prescription – a written authorization by a health care professional licensed to prescribe the use of the medication. The prescription must include the employee's name, the name of the substance, quantity/amount to be dispensed, instructions on frequency and method of administration, number of refills, date medication was prescribed, and length of time medication is prescribed, if applicable.

3.0 RESPONSIBILITIES

Employees ensure they can safely perform their essential duties, report their medications, and comply with this policy.

Managers/supervisors must apply this policy in a fair and consistent manner, while respecting the employee's privacy and confidentiality.

Human Resources administers this policy in a fair and consistent manner, while respecting the employee's privacy and confidentiality. Human Resources selects, contracts, and schedules evaluations with licensed HCPs.

4.0 FLOWCHART

Not Applicable

5.0 REFERENCES

1. HR: Reasonable Accommodation Policy, HR Policy 25
2. HR: Drug and Alcohol Free Work Environment, HR Policy 4-2
3. HR: Violence Prevention Policy, HR Policy 43
4. Health Insurance Portability and Accountability Act (HIPAA)
5. California Civil Code §56:10-56.16

6.0 ATTACHMENTS

1. LACMTA Medication Reporting Form

7.0 PROCEDURE HISTORY

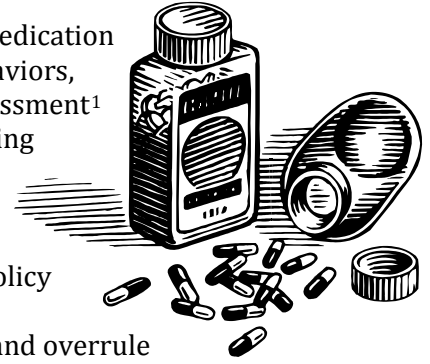
Est. 11/01/04 HR 3-18, Fitness-for-Duty supersedes HR 3-2, Medical Examination

10/12/09 Routine revision and update. Changed record series number from HR 3-18 to HR 29. No substantive changes to policy.

4. System Name: Maryland Transit Administration (MTA) – Baltimore, MD

Contact: Patricia Johnson, Chief, Medical Services
pjohnson6@mta.maryland.gov
(410)767-3851

Description: **MTA OTC/Rx Medication Policy.** MTA’s OTC/Rx Medication policy is a stand-alone policy. It lists prohibited behaviors, describes the procedure for obtaining a medical assessment¹ and authorization, and defines the process for notifying one’s supervisor. The policy also explains the use of sick leave and correlation to the agency’s absenteeism policy and describes the employee’s responsibility in relation to OTC medications. The policy maintains the right for the Maryland Transit Administration (MTA) medical personnel to review and overrule the prescribing physician’s determination. It also defines discipline for policy violations and emphasizes that the employees have the personal responsibility to assess their fitness for duty while using an Rx/OTC medication.



MTA procedures include a requirement for all safety-sensitive employees to obtain a completed medical release form from their physician for each Prescription (Rx) medication prescribed for use while performing safety-sensitive duties. The form must state whether they should be medically disqualified from performing safety-sensitive functions during the duration of the treatment.

Employees in possession of this form disqualifying them from performing safety-sensitive duties are to submit the form to their immediate supervisor to explain their absence. They will be noted as on sick status in the attendance record. Employees who are released to work while taking a prescribed medication may report to work without further notice as long as they have the completed form on their person.

Highlights:

- Stand alone policy that is separate from the FTA Drug and Alcohol Policy.
- Emphasizes the importance of safe medication use in the transit industry.
- Defines the employee’s responsibilities and required procedures clearly for both Prescription and Over-the-Counter medications separately.
- Lists employee’s behaviors and consequences for policy violations that are correlated with the agency’s overall disciplinary code.
- Places responsibility for making fitness for duty assessment on medical professionals; explains the role of the employer, physician, and pharmacist in the OTC evaluation.

¹ Maryland Transit Administration’s Release To Work Form for Prescription Medications can be found in Chapter IV, Forms of this Toolkit.

- Provides documentation of assessment and authorization.
- Provides a Rx medication release to work form which provides documentation of the employee's safety-sensitive duties and other medications currently taken for consideration by the prescribing physician.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	2,752	1,535	Yes



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

POLICY Number 1C1
Effective Date: 3/1/2002

Rev No. _____

Issue Date: 2/2002

Supersedes Procedure/Bulletin No. _____

Page 1 of 7

Policy Name: Over-the-counter (OTC) and Prescription (Rx) Drug Policy

Will this Policy be:

Human Resources Division Management Operations Management Other _____

1. POLICY

1.1 The following behaviors are prohibited:

- 1.1.1** Using a prescription (Rx) medication that is not legally prescribed for the employee.
- 1.1.2** Using a Rx or over-the-counter (OTC) medication in excess of the prescribed dosage.
- 1.1.3** Using any medication that contains alcohol within four (4) hours before performing safety-sensitive functions.
- 1.1.4** Using any medication that adversely impacts the employee's ability to safely perform his/her safety-sensitive job functions.

1.2 The Maryland Transit Administration (MTA) requires that all safety-sensitive employees obtain a completed form 1C1 (sample form attached) from their physician for each **Rx medication** prescribed for use while in working status indicating whether they should be medically disqualified from performing safety-sensitive functions during the duration of the treatment.

1.2.1 Employees in possession of a form 1C1 disqualifying them from performing safety-sensitive duties are to convey the form to their immediate supervisor to explain their absence. This form will be acceptable in lieu of having the "Physician's Section" of the standard sick leave application completed.

Note: The regular sick leave application still has to be completed (all but the Physician's Section). Just attach the 1C1, which will serve the purpose of the Physician's Section.

Reviewed By:	(Signature)	(Date)
<input type="checkbox"/> Human Resources Department Management	_____	_____
<input type="checkbox"/> Bus Operations Management	_____	_____
<input type="checkbox"/> Light Rail Operations Management	_____	_____
<input type="checkbox"/> Metro Rail Operations Management	_____	_____
<input type="checkbox"/> Safety and Risk Management	_____	_____
<input type="checkbox"/> _____	_____	_____

Approved By:
Virginia White
(Print Name)

(Signature)
January 25, 2002
(Date)
Acting Administrator
(Title)



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

POLICY Number 1C1
Effective Date: 3/1/2002

Rev No. _____

Issue Date: 2/2002

Supersedes Procedure/Bulletin No. _____

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1.2.2 Employees medically withheld under 1.2 above shall be carried as “sick” on their attendance record. This will be counted as an occurrence under the Absenteeism/Tardiness Problems – Addressing Excessive Occurrences policy.

1.2.3 Employees released to work while taking a prescribed medication may report to work without further notice as long as they have the form 1C1 release on their person.

1.3 It is the responsibility of safety-sensitive employees when selecting an **over-the-counter medication** to read all warning labels before selecting it for use while in working status.

1.3.1 Medications whose labels indicate they may affect mental functioning, motor skills or judgment should not be selected.

1.3.2 If no alternate medication is available for the condition, employees should seek professional assistance from their physician.

1.4 Employees have the personal responsibility to assess their fitness for duty while using a Rx or OTC medication. They should not report for, or remain on, duty while being adversely affected by a prescription medicine even if they have a form 1C1 release to work from the prescribing physician, or if the OTC medication being taken has no warning label.

2. APPLICABILITY

2.1 This policy applies to all MTA Safety-Sensitive employees.

2.2 The procedure set forth herein applies only to medications that are to be taken or that would have an effect while at work.

3. DEFINITIONS

3.1 For the purposes of this policy, a legally prescribed drug is one that is documented on a form 1C1 by a person licensed to prescribe controlled substances for medical treatment in the State of Maryland. The prescription bottle alone is not sufficient to meet the requirements of this policy.

Reviewed By:

(Signature)

(Date)

- Human Resources Department Management _____
- Bus Operations Management _____
- Light Rail Operations Management _____
- Metro Rail Operations Management _____
- Safety and Risk Management _____
- _____

Approved By:

Virginia White
 (Print Name)

 (Signature)

January 25, 2002
 (Date)

Acting Administrator
 (Title)



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

POLICY Number 1C1
Effective Date: 3/1/2002

Rev No. _____

Issue Date: 2/2002

Supersedes Procedure/Bulletin No. _____

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4. PRESCRIPTION MEDICATIONS

4.1 Obtaining the prescription.

- 4.1.1** The employee is responsible for providing the prescribing physician with form 1C1. The “Employee’s Section” is to be completed before giving the form to the physician. Additionally, the employee shall directly advise the physician if he/she drives a vehicle, operates a vehicle or performs other safety-sensitive duties.
- 4.1.2** The employee is responsible for discussing the potential effects of any prescription medication with the prescribing physician, including its potential to impair mental functioning, motor skills or judgment, as well as any adverse impact on the safe performance of his/her safety-sensitive job duties.
- 4.1.3** The employee is encouraged to ask his/her physician for alternative treatments that do not have performance altering side effects.

4.2 Prescribing physician’s certification.

- 4.2.1** An employee will be medically disqualified from the performance of safety-sensitive functions if the physician determines that the employee’s medical history, current condition, side effects of the medication being prescribed and other indications pose a potential threat to the safety of co-workers, the public and/or the employee.
- 4.2.2** MTA will make a form (form 1C1) available to employees for the guidance of their prescribing physician and his/her communication with MTA. No other form is acceptable under this policy.
- 4.2.3** The prescribing physician’s determination is subject to review by MTA’s physician who may consult with the prescribing physician to obtain additional information as necessary. Based on the information provided, the MTA physician may overrule the prescribing physician and disqualify the employee. (In this event, the MTA physician’s overruling will suffice as the “Physician’s Section” of the sick leave form.) The MTA physician’s decision will be deemed final.

Reviewed By:

(Signature)

(Date)

- Human Resources Department Management _____
- Bus Operations Management _____
- Light Rail Operations Management _____
- Metro Rail Operations Management _____
- Safety and Risk Management _____
- _____

Approved By:

Virginia White
(Print Name)

(Signature)

January 25, 2002
(Date)

Acting Administrator
(Title)



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

POLICY Number 1C1
Effective Date: 3/1/2002

Rev No. _____

Issue Date: 2/2002

Supersedes Procedure/Bulletin No. _____

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4.3 Using the prescription.

4.3.1 Ultimately, the employee may be the best judge of how a substance is impacting him/her. As such, the employee has the responsibility to inform the prescribing physician of performance altering side effects and request medical disqualification from performance of safety-sensitive duties. (Employees on duty should immediately contact their supervisors for relief from safety-sensitive work.)

5. OVER-THE-COUNTER MEDICATIONS

5.1 Selecting an over-the-counter medication.

- 5.1.1** It is the responsibility of safety-sensitive employees, when selecting an over-the-counter medication, to read all warning labels before selecting it for use while in working status.
- 5.1.2** Medications whose labels indicate they may affect mental functioning, motor skills or judgment should not be selected. The advice of a pharmacist, if available at the purchase site, may be helpful in making a selection appropriate to the employee's job duties.
- 5.1.3** If no alternate medication is available for the condition, employees should seek professional assistance from their pharmacist or physician.

5.2 How the pharmacist or physician can assist with selection.

- 5.2.1** The pharmacist has knowledge of a variety of medicines and medicinal ingredients and possible side effects, and may be able to offer guidance concerning alternative medicines available.
- 5.2.2** The physician may be able to select an over-the-counter medication that will be effective without having the potential for negative impact.
- 5.2.3** The physician may determine that no satisfactory over-the-counter remedy exists, and may prescribe a controlled medication under section 4, above.
- 5.2.4** The physician may determine that an over-the-counter medication with potentially negative impact is the preferred choice for treatment and can use form 1C1 to withhold the employee from

Reviewed By:	(Signature)	(Date)
<input type="checkbox"/> Human Resources Department Management	_____	_____
<input type="checkbox"/> Bus Operations Management	_____	_____
<input type="checkbox"/> Light Rail Operations Management	_____	_____
<input type="checkbox"/> Metro Rail Operations Management	_____	_____
<input type="checkbox"/> Safety and Risk Management	_____	_____
<input type="checkbox"/> _____	_____	_____

Approved By:

Virginia White
(Print Name)

(Signature)

January 25, 2002
(Date)

Acting Administrator
(Title)



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

POLICY Number 1C1
Effective Date: 3/1/2002

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Supercedes Procedure/Bulletin No. _____

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work. As with a prescription medication, employees are to convey the form 1C1 when used in this application to their supervisor to explain their absence. Also, the form will be acceptable in lieu of having the “Physician’s Section” of the standard sick leave application completed.

5.3 Using over-the-counter medication.

5.3.1 Ultimately, the employee may be the best judge of how a substance is impacting him/her. As such, the employee has the responsibility to refrain from using any over-the-counter medication that causes performance altering side effects, whether or not the label warns of them. The at-work employee is to contact his/her supervisor for relief from safety-sensitive duties and seek the assistance of his/her physician in selecting an alternative treatment.

6. DISCIPLINE

- 6.1** A safety-sensitive employee who violates this policy is to be removed from service immediately.
- 6.2** Violation of this policy will subject an employee to disciplinary action up to and including termination of employment.
- 6.3** Once removed from service under 6.1 above, an employee may not be returned to safety-sensitive duties until evaluated and released by an MTA physician. Release to work may involve participation in the MTA Rehabilitation Program.

NOTE: An employee who self-reports a problem with the abuse of Rx or OTC medications or other substances that have performance altering effects in violation of this policy prior to reporting to work will be referred to the MTA Substance Abuse Professional for rehabilitation assistance without incurring disciplinary action.

Reviewed By:	(Signature)	(Date)
<input type="checkbox"/> Human Resources Department Management	_____	_____
<input type="checkbox"/> Bus Operations Management	_____	_____
<input type="checkbox"/> Light Rail Operations Management	_____	_____
<input type="checkbox"/> Metro Rail Operations Management	_____	_____
<input type="checkbox"/> Safety and Risk Management	_____	_____
<input type="checkbox"/> _____	_____	_____

Approved By:
Virginia White
(Print Name)

(Signature)

January 25, 2002
(Date)

Acting Administrator
(Title)



Maryland Transit Administration
**OVER-THE-COUNTER AND PRESCRIPTION
 DRUG POLICY**

Release To Work Form 1C1

Rev No. _____

Issue Date: _____

Supersedes Procedure/Bulletin No. _____

Page 6 of 7

**MARYLAND TRANSIT ADMINISTRATION -- SAFETY-SENSITIVE EMPLOYEE
 RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS**

1. **EMPLOYEE:** Complete the "Employee's Section" on the reverse of this form and provide the form to your prescribing physician for completion of the "Physician's Section."
2. **PHYSICIAN:** Please consider the following information and complete the "Physician's Section" on the reverse of this form. Thank you for your assistance.

CONSIDERATIONS

A. The following list of medications of concern if used while performing safety-sensitive work is not definitive or all-inclusive, but is provided as a starting point for your consideration.

Analgesics

Aspirin w/codeine, Codeine, Darvocet, Darvon, Demerol, Dilaudid, Empirin Compound w/codeine, Levo-Dromoran, Methadone, Morphine, Percocet, Percodan, Soma Compound w/codeine, Talacet, Talwin, Tylenol w/codeine, and Vicodin.

Anti-Motion Sickness

Antivert, Dramamine, Marezine, Phenergan, Transderm-Scop.

Tranquilizers & Sedatives

Ativan, Denadryl, Centrax, Compazine, Dalmane, Diazepam, Equani, Halcion, Haldol, Libritabs, Librium, Limbitrol, Paxipam, Phenergan, Prolixin, Serax, Stelazine, Thorazine, Tranxene, Valium, Vlarelase, Xanax.

Antidepressants

Adapin, Amitriptyline, Asendin, Deprol, Desyrel, Elavil, Endep, Etrafon, Limbitrol, Lithium, Ludiomil, Marplan, Nardil, Norpramin, Pamelor, Parnate, Petrofrane, Sinequan, Surmontil, Tofranil, Triavil, Vivactil.

Barbiturates

Alurate, Butisol, Dilantin, Mebaral, Nembutal, Pentobarbital, Secobarbital, Seconal, Sedapap, Tuinal.

Skeletal Muscle Relaxants

Flexeril, Parafon, Soma.

Non-Prescription Cough & Cold Remedies, Antihistamines

Bendadryl, Bromfed, Chlortrimetron, Comtrex, Contac, Deconamine, Dimetapp, Dristan, Drixoral, Externdryl, Fedahist, Kronofed, Naldecon, Nolamin, Novafed, Ornade, Phenergan, Rondec, Rynatan, Sinubid, Sinulin, Tavist-D.

B. The employee should not be released to work unless you are comfortable that, given the safety-sensitive nature of this patient's job duties, his/her medical history, current condition and possible side effects of the prescribed medication(s), it is your professional opinion that the medication(s) will have no adverse influence on the employee's performance of his/her safety-sensitive job duties.

Form 1C1- 2 sides (02/01/02) (over)

Reviewed By:

(Signature)

(Date)

- Human Resources Department Management** _____
- Bus Operations Management** _____
- Light Rail Operations Management** _____
- Metro Rail Operations Management** _____
- Safety and Risk Management** _____
- _____

Approved By:

Virginia White
 (Print Name)

 (Signature)

January 25, 2002
 (Date)

Acting Administrator
 (Title)



Maryland Transit Administration
OVER-THE-COUNTER AND PRESCRIPTION
DRUG POLICY

Release To Work Form 1C1

Rev No. Issue Date: Supercedes Procedure/Bulletin No. Page 7 of 7

RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS

Form 1C1- 2 sides (02/01/02)

Employee's Section:

Printed Name SS#

Employee's MTA Safety-Sensitive Job Function - check those that apply.

- Y Operate a transit bus or train.
Y Operate a non-revenue service vehicle requiring a commercial driver's license (e.g., trucks over 25,000 lbs.).
Y Control the dispatch or movement of transit buses or trains.
Y Maintain/repair transit buses or trains or the electro-mechanical systems controlling train movement.
Y Carry a firearm for security purposes.
Y Supervisor whose duties require the performance of any of the above functions. (Check those that apply.)

Medication(s) currently being taken

I attest that the foregoing information is complete and correct.

Employee Signature Date

Physician's Section:

As the attending physician, I have prescribed the following medication(s) to be taken from to.

Table with 2 columns: Name of Medication, Dosage. Two rows for medication details.

(PLEASE CHECK ONE OF THE FOLLOWING.)

- O Employee may not perform safety-sensitive duties while taking this medication. (Employee - give form to your supervisor.)
O Employee released to perform safety-sensitive duties while taking this medication. (Employee - keep form on your person while at work.)

Physician's Printed Name Telephone No.

Signature Date

- Reviewed By: Human Resources Department Management, Bus Operations Management, Light Rail Operations Management, Metro Rail Operations Management, Safety and Risk Management

Approved By: Virginia White (Print Name), January 25, 2002 (Date), Acting Administrator (Title)

5. System Name: Massachusetts Bay Transportation Authority (MBTA) – Boston, MA

Contact: Kate LeGrow
klegrow@mbta.com
(617)222-5858

Description: **MBTA Rx/OTC Policy.** MBTA’s Rx/OTC policy is included in the “Procedures and Requirements for Promoting a Drug-Free and Alcohol-Free Workplace” section of the “Massachusetts Bay Transportation Authority Drug and Alcohol Policy and Testing Program.” The policy requires all safety-sensitive employees to consult with MBTA’s Medical Operations Department before using any prescription or over-the-counter medications that contain substances that may impair ability to safely perform duties. If it is determined that an employee is unable to perform safety-sensitive functions, the Medical Operations physician or nurse will notify the employee and the employee’s supervisor. The policy indicates that if an employee does not report the medication, he or she may be disciplined up to and including discharge. The policy applies to all safety-sensitive employees including those that are on-call and scheduled employees.

Highlights:

- The Rx/OTC policy is part of the MBTA’s Drug and Alcohol Policy and Testing Program.
- MBTA has its own Medical Operations Department that communicates directly with employee supervisors regarding fitness for duty.
- The policy is comprehensive and clearly written, providing a glossary of definitions and terms.
- The policy addresses on-call employees.
- The policy addresses confidentiality of employee medical records.
- The policy defines simple disciplinary actions for employees who fail to report Rx/OTC medication use.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	5,108	2,777	Yes

Note: Rx/OTC section begins Page 3.

**MASSACHUSETTS BAY TRANSPORTATION
AUTHORITY
DRUG AND ALCOHOL POLICY AND
TESTING PROGRAM**

Effective: August 1, 2001

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MASSACHUSETTS BAY TRANSPORTATION AUTHORITY DRUG AND ALCOHOL POLICY AND TESTING PROGRAM

Effective: August 1, 2001

I. INTRODUCTION AND PURPOSE

The MBTA performs a vital and safety-sensitive service for the public. To ensure that this service is delivered safely, efficiently and effectively, each MBTA employee has the responsibility to perform his/her duties in a safe, conscientious, and courteous manner. The goal of this policy is to establish a drug and alcohol-free work environment and to assure that MBTA employees remain free from the effects of drugs and alcohol in order to guarantee the health and safety of the riding public.

This policy is intended to comply with the Federal Transit Administration's (FTA) drug and alcohol testing regulations (49 CFR Parts 40, as amended 653, 654, and 655) and the Drug Free Workplace Act of 1988. As required by FTA regulations, attachment "A" provides information about the effects of alcohol misuse and the signs and symptoms of an alcohol problem; attachment "B" lists the job classifications determined to be safety-sensitive.

This policy also contains additional MBTA requirements and testing initiatives applicable to all employees. (Such requirements generally are set forth in italics.) The MBTA Board of Directors has adopted this policy on July 16, 2001. **This revision supersedes all previous versions of the MBTA Drug and Alcohol Policy.** The Authority reserves the right to amend the policy as appropriate.

This policy employs four principles as a means to achieve the Authority's goal of providing a service and workplace free from the effects of drug and alcohol use.

The first principle emphasizes **deterrence** from the abuse of drugs and alcohol. The Authority will make education and training available for all employees regarding the effects of substance abuse on individuals and on the workplace. Supervisors and managers will receive specialized training in detection, early intervention and enforcement. As required by FTA, employees who test positive for any reason will receive an evaluation by a Substance Abuse Professional (SAP) before returning to work.

The second principle is **treatment and rehabilitation**. The Authority maintains an Employee Assistance Program (EAP) to assist employees with personal problems, including those surrounding the misuse of drugs and alcohol. The MBTA supports rehabilitation before an employee's job is in jeopardy. Although employees are encouraged to receive help for drug and alcohol problems, participation at EAP will not excuse an employee's failure to comply with Authority rules and regulations nor will it preclude discipline for rule or policy violations.

The third principle is **detection**. Toward this end, the Authority employs drug and alcohol tests in the following circumstances: pre-employment, random, reasonable suspicion, post-accident, return to work, and periodic/follow-up.

The fourth principle is **enforcement**, which is essential if deterrence, rehabilitation and detection are to be successful. All employees must be "fit for duty" as defined within this policy. As

required by the Drug-Free Workplace Act of 1988, this policy statement notifies all employees that the unlawful manufacture, distribution, dispensing, possession and/or use of a controlled substance is prohibited on MBTA property, while using MBTA equipment or while on MBTA business. Additionally, the use of intoxicants or medications resulting in unfitness for duty is strictly prohibited. Employees are required to notify the MBTA of his/her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after that conviction. Furthermore, such behavior and actions will result in disciplinary action up to and including discharge. To assure that safety is maximized, any safety sensitive employee who tests positive for drugs or alcohol after an accident will be discharged.

A. Applicability

The federally required provisions of this policy apply to every person who performs a safety-sensitive function for the MBTA. This includes persons who perform such functions pursuant to a contract with the MBTA. All contractors shall be issued a copy of this policy at the time their contract is executed. All contractors must provide a copy of their drug and alcohol testing policy to the MBTA Director of Occupational Health Services. The policy must be in compliance with the FTA drug and alcohol testing regulations.

The MBTA, under its own authority, will apply all the provisions of this policy and testing program to all MBTA employees (and applicants) to the extent specified below.

Visitors, vendors and contractors will not be permitted to conduct business or remain on MBTA property if they are under the influence of alcohol or an illegal drug.

B. Employee and Management Responsibilities

All employees are required to refrain from using drugs and alcohol as described in the fitness for duty section of this policy.

Authority employees who manage private contracts for work conducted on Authority property or who manage contractors who are representing the Authority are responsible for ensuring contractor compliance with this policy. Independent contractors will be issued a copy of this policy and advised that they are expected to comply accordingly with all federally required provisions.

Employees at all levels of the organization are responsible for ensuring adherence to this policy. Managers and supervisors will be held strictly accountable for both the application of the policy and the consistency of its enforcement. The Assistant General Manager of Employee Relations and Administration will monitor departmental practices to ensure compliance. The Director of Occupational Health Services is the implementation coordinator and is available to answer questions relevant to the policy and associated procedures. The names and telephone numbers of the individuals currently occupying these positions are set forth in Attachment "C". The General Manager will be responsible for disseminating the identity of successors to these individuals by circulating a revised Attachment "C" containing updated information.

The Authority prohibits discrimination on the basis of race, color, sex, age, religion, national origin and ancestry, sexual orientation, veteran status or disability. That prohibition applies to this policy and to its application.

II. PROCEDURES AND REQUIREMENTS FOR PROMOTING A DRUG-FREE AND ALCOHOL-FREE WORKPLACE

A. Fitness for Duty

The Authority has determined that an employee is fit for duty when he/she is unequivocally able to perform his/her job duties, including when he/she is ready for work or working without the presence of any alcohol or the presence of any specified drugs or their metabolites as described by this Drug and Alcohol Policy.

As required by FTA regulation, safety-sensitive employees are prohibited from consuming alcohol four (4) hours prior to performing a safety-sensitive function. Employees who are called to duty shall have the opportunity to acknowledge the use of alcohol and the inability to perform their safety-sensitive functions. If an employee called to duty acknowledges the use of alcohol but claims ability to perform his or her safety-sensitive function, he or she must take and pass an alcohol test prior to being permitted to perform such function; however, in no event will such an employee be permitted to perform such function within four hours after such consumption.

Under its own authority, the MBTA prohibits all employees from (a) alcohol use while on duty or during published on-call hours (duty rosters), and (b) alcohol use within four hours prior to scheduled duty or published on-call hours.

Employees and applicants will be given a drug and/or alcohol screen under the auspices of the MBTA Medical Operations Section and are subject to the requirements and conditions within this policy. Employees are subject to drug and alcohol testing, under the conditions set forth in this policy, at any time while they are on duty.

An employee is "on duty" or "subject to duty" within the meaning of the provision:

- On his/her regularly scheduled days.
- From the time he/she arrives on the property until the time he/she completes his/her work assignments and leaves the property.
- When reporting to the MBTA Clinic for medical evaluation.
- When the employee has volunteered or has been assigned extra work on his/her day off, vacation, etc.
- During published on-call hours (duty rosters).
- When involved with MBTA business while not on MBTA property.
- Alcohol consumption is prohibited four (4) hours prior to reporting for work.

B. Prescription and "Over-the-Counter" Medications

All MBTA employees who perform safety-sensitive duties must be fit to perform those duties.

Such employees should inform their physician, pharmacist, and/or other health care provider of the safety-sensitive nature of their work prior to obtaining prescriptions or “over-the-counter” medication.

The MBTA, under its own authority, requires that safety-sensitive employees consult with Medical Operations before using prescription or over-the-counter medications that contain alcohol or other substances that may impair their ability to perform safety-sensitive duties. This requirement applies only to safety-sensitive employees, and involves only medications that contain substances that may impair their ability to perform their safety-sensitive duties.

A Medical Operations physician or nurse will make the determination as to whether the employee's use of the medication could impair the employee's performance or jeopardizes the safety of the employee, his/her co-workers and/or the public. If Medical Operations determines that the employee's use of the medication could impair the employee's performance or jeopardizes the safety of the employee, his/her co-workers and/or the public, the physician or nurse will advise the employee of any job-related restrictions while taking the medication. These restrictions can include a restrictive time frame prior to reporting for work while using the medication, a restriction against performing safety sensitive job duties and/or medical disqualification from their safety sensitive position during the use of the medication. If it is determined that an employee is medically disqualified from all work or certain job duties the clinic will notify the employee and the employee's supervisor. The supervisor will not be provided any further information unless the employee requests in writing that his or her supervisor be so informed. The employee will remain temporarily disqualified until cleared to return to work by Medical Operations.

Safety-sensitive employees who fail to report their use of potentially impairing prescription drugs or “over-the-counter medications” to Medical Operations and to obtain clearance from Medical Operations for their on-duty use of such medication in accordance with this section, and who subsequently have a positive drug and/or alcohol screen, are subject to discipline including discharge.

This prohibition extends to taking potentially impairing prescription and over-the-counter medications prior to scheduled duty or published on-call hours (duty rosters). Off-duty safety-sensitive employees who are unexpectedly called to duty shall have the opportunity to acknowledge the use of such medications or over-the-counter medications.

C. Education and Training

As required by the Drug-Free Workplace Act of 1988, the MBTA will provide an ongoing drug-free Awareness Program to inform employees about (a) the dangers of drug/alcohol abuse in the workplace; (b) the MBTA's Policy of maintaining a drug-free workplace; (c) services available through the MBTA's Employee Assistance Program to assist with problems related to drug/alcohol use; and (d) the penalties that will be imposed upon its employees for violation of this policy.

Additionally, as required by the FTA, all safety-sensitive employee(s) will receive a minimum of 120 minutes of training on the effects and consequences of drug/alcohol use on personal health, safety and the work environment.

Any supervisor or manager authorized to determine whether reasonable suspicion exists to require a covered employee to undergo a drug and an alcohol test under this policy will be required 4

to receive an additional 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse, and 60 minutes of training on probable drug misuse. Both trainings will cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and prohibited drug misuse, respectively.

Any supervisor or manager authorized to determine whether probable cause exists to require a non-safety-sensitive employee to undergo a drug and an alcohol test under this policy will be required to receive at least 60 minutes of training on the physical, behavioral, speech and performance indicators of probable alcohol misuse, and 60 minutes of training on probable drug misuse. Both trainings will cover the physical, behavioral, speech and performance indicators of probable alcohol misuse and prohibited drug misuse, respectively.

D. Employee Assistance Program (EAP)

The Authority, in order to promote a drug and alcohol-free environment, will work to assist employees with problems due to the use of alcohol or drugs. Employees exhibiting inappropriate or unsatisfactory job performance will be referred to EAP for evaluation. The primary responsibility of the Employee Assistance Program under this policy is to provide a FTA required Substance Abuse Professional (SAP) evaluation.

EAP will assist employees with alcohol and drug problems and related concerns through:

- Performing a SAP evaluation.
- Consultation with supervisors and/or other Authority officials.
- Evaluation and referral.
- Short-term individual and group counseling.
- Individual case management.
- Crisis intervention (twenty-four (24) hour crisis line).
- Specialized training for supervisory staff and individuals.
- Employee educational programs.

There are two ways to begin rehabilitation through EAP:

- ◆ **Voluntary self-referral**
- ◆ **Managerial referral**

*Voluntary self-referral is preferred by the Authority as a means to resolve drug and/or alcohol problems. Any employee who self-identifies prior to any incident or discipline can obtain confidential assistance for his/her problem. An employee is considered a voluntary self-referral if he/she has not incurred discipline at **the Five-Day and/or Ten Day and Final Warning Step** of the MBTA disciplinary code within a two (2) year period. Voluntary participation at EAP will not adversely impact an individual's employment or promotional opportunities at the Authority. However, employees who do not make a conscientious attempt to overcome their drug and/or alcohol problems may experience performance problems as a result and, in that case, will be subject to disciplinary action based on poor or improper job performance and will no longer be considered a voluntary self-referral.*

*An employee can be referred to EAP by union representatives and outside officials (probation officers, court programs) and still be considered a self-referral if he/she has not reached **the Five-Day and/or Ten Day and Final Warning Step** of the MBTA disciplinary code.*

The second avenue for referral is through management. Supervisors and managers are strongly encouraged to refer to the EAP for an evaluation, any employee who demonstrates job performance problems such as excessive absences, tardiness and overall poor work performance.

*The referring supervisor or manager will be informed of the individual's willingness to participate in services. However, employees are not required to participate in the EAP until **the Five Day and/or Ten Day and Final Warning Step** of the MBTA disciplinary code or as outlined below.*

Under the following circumstances, an employee will be required to seek services through EAP:

1. Referral to EAP at the Five Day and/or Ten Day and Final Warning Step of the MBTA Discipline Code.

Under the MBTA's own authority employees in this category will be ordered to EAP by a supervisor or manager as part of the discipline. In most situations the employee will continue to work in his/her position while participating in a service plan established by EAP.

Employees who refuse to participate or fail to participate when referred under this circumstance will be subject to disciplinary action including discharge. Supervisors will be notified in writing if employees in this category refuse and/or fail to participate.

Any safety-sensitive employee who is evaluated by EAP and is determined to be unfit for duty due to a substance abuse problem and who then opts not to participate in a treatment program will be advised by EAP that he/she cannot return to his/her position until cleared by Medical Services. Clearance by Medical Services will involve a drug/alcohol screen.

If an employee fails to begin participation at EAP within seventy-two (72) hours of receiving the discipline or refuses the drug/alcohol clearance screen, he/she will be referred to the appropriate supervisor for disciplinary action including discharge. The referring supervisor will be notified in writing.

2. Referral after a positive drug/alcohol screen.

The Medical Department/Medical Review Officer (MRO) will notify the area supervisor by telephone and in writing, when an employee has a verified positive test result. The supervisor will refer the employee to EAP after a positive drug/alcohol screen as part of the discipline action.

Under the FTA regulations, a Substance Abuse Professional (SAP) must evaluate such employees. *The employee must report to the EAP within seventy-two (72) hours from the supervisor's referral, to determine what assistance is needed by the employee to resolve problems associated with prohibited drug/alcohol use. In addition, employees must participate fully in a service plan established by EAP during the entire time of their suspension. In some cases employees may be held out of work up to an additional six months if they require further treatment.*

Employees who test positive on reasonable suspicion or probable cause, post-accident, or return to work testing will be provided an evaluation by a Substance Abuse Professional (SAP) and advised that they may participate at EAP until they are either returned to work or discharged from the Authority. Participation at EAP in this category does not in any way guarantee that they will be reinstated. Upon termination, employees will be referred to an outside treatment agency if appropriate or if requested by the employee.

3. Referral after an off duty driving under the influence offense.

Under its own authority, the MBTA will require employees whose positions require a valid driver's license, and who are charged with an off duty driving under the influence offense, to report the offense to their supervisor within forty-eight hours of being charged and to report to the EAP for evaluation, treatment and referral. Such employees will not be returned to operating work until their license is restored and until they are cleared for duty by the EAP program, regardless of whether any court-ordered treatment has been completed.

Based upon the reason for referral and the assessment of EAP, employees referred to EAP and determined to have a substance abuse problem may be removed from their position. These employees must complete an EAP referral for services and must be cleared by the EAP for a return to work physical at Medical Operations.

Consent to drug and alcohol testing is a precondition to admittance to EAP whether an employee is a voluntary or managerial referral. EAP representatives may require drug and/or alcohol testing at any time during the EAP evaluation or treatment process when the EAP representative in his or her considered clinical judgment determines it appropriate based upon the circumstances of a particular case. In the case of a voluntary self-referral (initiated by the employee not in the context of a disciplinary action), a single positive result for a test ordered under these circumstances will not be used as grounds for disciplinary action, but the employee will be removed from duty.

E. Role of Substance Abuse Professional

A SAP can be (1) a licensed physician (Medical Doctor or Doctor of Osteopathy), or a licensed or certified psychologist, licensed or certified social worker, or licensed or certified employee assistance professional, with knowledge of and clinical experience in the diagnosis and treatment of drug and alcohol related disorders; or (2) a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC). The Substance Abuse Professionals whom the MBTA currently employs and/or contracts with are listed at Attachment "C". The General Manager will be responsible for disseminating the identity of any new or additional substance abuse professionals by circulating a revised Attachment "C" containing updated information.

The FTA regulations require that any individual who has violated DOT Drug and Alcohol regulations cannot perform any DOT safety-sensitive duties for **any** employer until and unless the employee has completed the Substance Abuse Professional evaluation, referral, and education/treatment process required by the FTA/DOT. The Substance Abuse Professional (SAP)

designated by the MBTA, shall determine what assistance and/or education, the employee needs in resolving problems associated with prohibited drug and/or alcohol use/misuse.

The SAP evaluation shall include:

- a. A comprehensive face-to-face assessment and clinical evaluation to determine what assistance is needed by the employee to resolve problems associated with alcohol and/or drug use;
- b. Recommendations for a course of education and/or treatment with which the employee must demonstrate successful compliance prior to returning to a DOT safety-sensitive duty;
- c. Conduct a face-to-face follow-up evaluation to determine if the employee has actively participated in the education and/or treatment program and has demonstrated successful compliance with the initial assessment and evaluation recommendations;
- d. The SAP evaluator must provide the Authority with a follow-up drug and/or alcohol testing plan;
- e. The SAP evaluator must provide the employee and the Authority with recommendations for continuing education and/or treatment.

Even if the testing category stipulates termination of an employee who received a verified positive drug test, he/she will be afforded the opportunity to be evaluated by a SAP.

Neither the employee nor the MBTA can seek a second SAP evaluation once a qualified SAP has evaluated the employee. If the employee obtains and submits a second evaluation, the MBTA may not rely on it for any purposes under this policy.

F. Confidentiality

Confidentiality is maintained throughout the drug/alcohol screening process and all test results will be forwarded to the Medical Review Officer for review.

Individual test results may not be released to any other party or parties absent a specific written authorization by the tested person to release the results to others, except as follows:

- The employee authorizes the transmittal of the information.
- *The employee has signed a service plan with EAP or a back to work or work resumption agreement with the Authority in which the results of the screen must be known for further action concerning the employee.*
- The employee has been sent for testing under any of the circumstances discussed in Part III, and the Medical Review Officer (or designee) must inform the appropriate supervisory officials of a positive test result.
- The employee makes a claim against the Authority, which involves the drug and alcohol screen and/or its result.

- *The employee makes a claim against the Authority that produces questions regarding services that were provided by the Employee Assistance Program.*
- In legal proceedings that result from an employee's performance of safety-sensitive duties, in which a court of competent jurisdiction determines that the drug or alcohol test information sought is relevant to the case and issues an order directing the MBTA to produce the information. The information is to be released to the decision-maker in the proceedings. The release is to be made with a binding stipulation that the decision-maker whom it is released to will make it available only to parties to the proceedings. The MBTA must immediately notify the employee of any information released under this section.

EAP staff will make every effort to carry out all actions relative to this policy in a manner that respects the dignity and confidentiality of those involved. EAP records are regarded as confidential medical records and are not available to anyone outside of EAP staff without a signed release of information.

Only those Authority personnel who must be involved in a case will be given information regarding an employee's positive test result or information regarding the employee's participation or lack thereof in the EAP. Every attempt will be made to advise the employee in advance.

In cases where an employee has chosen to make his/her participation at EAP an issue in any claim against the Authority, the employee understands that he/she waives his/her right to confidentiality. In such cases, the Authority assumes the right to thoroughly explore and evaluate the employee's participation at EAP.

G. Right to Examine Drug and Alcohol Testing Results

Upon a written request by any employee, the Authority will promptly provide copies of any records pertaining to the employee's use of alcohol or drugs, including any records pertaining to his or her alcohol or drug tests. Access to any employee's drug and alcohol testing information will not be contingent upon payment for records other than those specifically requested.

III. PROVISIONS FOR DRUG AND ALCOHOL TESTING

The MBTA will utilize a program of drug and alcohol testing which will be mandatory under the following conditions:

A. Pre-Employment

The FTA requires that candidates for safety-sensitive positions, including employees seeking to transfer into safety-sensitive positions take a drug test with a verified negative result before being employed in such a position. (If the test is reported as being diluted or canceled, the candidate must take another drug test with a verified negative result prior to being employed in a safety-sensitive position.) The federally required test will screen for the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines (See Attachment "B" for the listing of safety-sensitive job classifications.)

Under its own authority, the MBTA will require a urine screen for a urine test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. This additional test will be conducted under a separate chain of custody from the FTA required test.

*The MBTA, under its own authority, requires that **all** candidates for employment at the Authority submit to a drug and alcohol test as a condition of employment. An Evidential Breath Testing Device will screen for the presence of alcohol. The alcohol test will be conducted as a nonfederal test, but will be consistent with all the requirements contained in 49 CFR part 40 as amended.*

Prior to the test, the applicant must sign a release authorizing the procedure. Candidates for employment will be notified of this requirement during the pre-placement process and the test will be given as part of the pre-placement physical.

Authority employees who are transferring into a safety-sensitive position will be given a drug and alcohol test as part of a qualifying physical.

Further, the FTA requires that the Authority must query previous employers for drug and alcohol testing information of applicants seeking to begin performing safety-sensitive duties or current employees who are seeking a transfer to a safety-sensitive position. The applicant/employee must provide written consent releasing the following information from the DOT-regulated employers who have employed the applicant during any period during the two years before the date of the employee's application:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug tests results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any applicant/employee who violated a DOT drug and alcohol regulation, documentation of the applicant's/employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process, the Authority must seek the information from the applicant.

If the employee/applicant refuses to provide this written consent, the Authority cannot permit the applicant/employee to perform safety-sensitive duties.

Under its own authority the MBTA requires that the drug and alcohol testing records be obtained and reviewed by the MRO prior to an applicant/transferee being permitted to perform safety-sensitive duties. The MBTA will make (three) 3 attempts to obtain the drug and alcohol testing information from previous employers. If the Human Resources department determines that every attempt to obtain the record(s) has been made and the record is deemed unavailable, the requirement can be waived.

B. Random

In accordance with FTA requirements, the MBTA will conduct random drug and alcohol testing of employees whose duties include the performance of safety-sensitive functions as defined by the FTA. Such employees will be randomly selected for such testing pursuant to a scientifically valid, computer - based random number generator. There shall be no discretion on the part of management or those conducting the program in the selection and notification of individuals for testing. Each employee in the random testing pool has an equal chance of being selected for testing and shall remain in the pool even after being tested. Random tests will not be announced in advance and will be conducted immediately after notification. Random tests will be administered at random times during the week, day, or shift to avoid predictability. A urine test will be used to screen for the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines. An Evidential Breath Testing Device (EBT) will be used to screen for the presence of alcohol.

The FTA establishes from time to time the number of random drug and alcohol tests that the MBTA must conduct, expressed as a percentage of the number of MBTA employees who perform safety-sensitive functions. Pursuant to current FTA requirements, the MBTA will conduct random testing for drugs at an annual rate of 50% of the safety-sensitive pool, and will conduct random testing for alcohol at an annual rate of 10% of the safety-sensitive pool. In the event that the FTA changes the required percentages in the future, the MBTA will automatically adjust its testing rates to conform to FTA requirements. See Attachment "B" for the listing of safety-sensitive job classifications.

C1. Reasonable Suspicion

The FTA requires testing of safety-sensitive employees when a supervisor trained in detecting the signs and symptoms of drug and alcohol use has reasonable suspicion to believe that an on-duty employee who performs safety-sensitive functions has used a prohibited drug or alcohol.

The determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee.

The employee will be given a urine test for marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines. An Evidential Breath Testing Device (EBT) will be used to screen for the presence of alcohol.

Under its own authority, the MBTA will require a urine screen for a urine test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. This additional test will be conducted under a separate chain of custody from the FTA required test.

Additionally, all employees referred for testing in this category will be required to submit to a "fitness for duty" physical examination.

C2. Probable Cause

The MBTA under its own authority requires testing of non-safety-sensitive employees when a supervisor trained in detecting the signs and symptoms of drug and alcohol use has probable cause to believe that an on-duty employee has used a prohibited drug or alcohol in violation of this policy. Probable cause exists when, based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee, it appears more probable than not that the employee has used a prohibited drug or alcohol in violation of this policy. A supervisor or medical examiner/administrator who is trained in detecting the signs and symptoms of drug and alcohol use must make the required observations.

The employee will be given a urine test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. An Evidential Breath Testing Device (EBT) will be used to screen for the presence of alcohol.

Additionally, all employees referred for testing in this category will be required to submit to a "fitness for duty" physical examination.

D. Post-Accident Testing

The FTA requires post-accident drug and alcohol testing to be conducted in the following circumstances involving safety-sensitive employees and mass transit vehicles:

(1) Fatal Accidents. The operator of a mass transit vehicle that is involved in a fatal accident shall be tested in all circumstances. Also, any other safety-sensitive employee whose performance could have contributed to the accident shall be tested.

(2) Nonfatal Accidents. In the case of a nonfatal accident involving a mass transit vehicle that results in:

- (a) An individual suffering bodily injury and immediately receives medical treatment away from the scene is provided; or
- (b) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, automobile, one or more vehicle (including nonOFTA funded vehicles) incurs disabling damage as a result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or
- (c) With respect to an occurrence in which the mass transit vehicle is a rail car, trolley car, trolley bus or vessel, the mass transit vehicle is removed from operation.

The operator, unless his/her performance can be completely discounted as a contributing factor, and any other safety-sensitive employee whose performance could have contributed to the accident shall be tested. The employee(s) in these situations must be tested unless the employee's performance can be completely discounted as a contributing factor.

The FTA defines mass transit vehicle to include vehicles used for mass transportation or for ancillary services (i.e., non-revenue vehicles such as commercial motor vehicles and police vehicles).

Safety-sensitive employees are prohibited from using alcohol for eight hours following any accident or until the required post-accident alcohol test is administered, whichever occurs first. Safety-sensitive employees required to undergo post-accident testing must remain readily available for drug and alcohol testing. Such employees must notify the MBTA of their location if they leave the accident location to seek medical attention or for any other reason; failure to do so may be deemed a refusal to submit to testing. These requirements, however, do not apply if they would delay necessary medical attention for injured people following an accident or prevent an employee subject to post-accident testing from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

Every effort will be made to conduct post-accident alcohol tests within two hours following the accident. In the event that an alcohol test is not administered within two hours following an accident, the MBTA will document via the supervisor why the test was not administered within two hours. If an alcohol test is not administered within eight hours following the accident, the Authority will make no further attempts to administer an alcohol test and will document via the supervisor why the test was not administered within eight hours. In the event a drug test is not administered within 32 hours following an accident, the Authority will cease its attempts to administer the drug test and the Authority via the site supervisor will prepare and maintain a record stating the reasons why the test was not promptly administered.

(3) Safety Rule Violations. Because violation of one of the following safety rules creates the potential for a serious accident or grave personal injury, or both, the MBTA, under its own authority, requires drug and alcohol testing to be conducted in the following circumstances involving safety-sensitive employees:

(a) noncompliance with a train order, ATO bypass or manual release procedure, manual blocking procedure, signal indication, or safety-related special instruction or direction with respect to the movement of a subway vehicle;

(b) alignment of a switch in violation of an Authority rule, operation of a switch under a train, unauthorized movement through a switch, or entering a crossover before both switches are lined for movement;

(c) failure to secure hand brakes as required during periods of traction power outages;

(d) failure to follow Authority procedure during power traction power outages or during traction power restoration;

(e) improper vehicle configuration or operation of door controls, including set-up switches, toggles or bypass switch;

(f) in the case of a person performing a dispatching function or manual block operations, issuance of an order or establishment of a route that fails to provide proper protection for the subway vehicle; or

(g) violation of established safety protocols governing the performance of repair work on the Authority's track, signal or power systems.

Post-Accident Screens will be identical to those conducted under § III (C1) Reasonable Suspicion Testing, including the *additional testing test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene.* Additionally, all employees referred for testing in this category will be required to submit to a "fitness for duty" physical examination.

Non-safety-sensitive employees will be subject to post-accident testing whenever probable cause exists, as set forth in § III (C2) Probable Cause, including the *additional testing test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene.* Additionally, all employees referred for testing in this category will be required to submit to a "fitness for duty" physical examination.

E. Return to Duty

In accordance with FTA regulations, all safety-sensitive employees who test positive for prohibited drugs or for alcohol at 0.02 or above and who are allowed to return to work must pass a return to duty drug or alcohol test, prior to being returned to duty. This means that the alcohol concentration must be below 0.02 and the employee must have a negative result in all federally required drug categories.

Under its own authority, the MBTA requires Return to Work Drug and Alcohol testing of safety-sensitive employees returning to safety-sensitive duties:

- (a) after the employee has failed or refused to undergo drug or alcohol testing; or*
- (b) when the employee has consented to a treatment plan or work resumption or return to duty agreement requiring the testing; or*
- (c) when the employee is returning from a drug or alcohol rehabilitation program arranged by or made known to the MBTA; or*
- (d) the employee is returning to work after an absence longer than thirty-two (32) calendar days. (This subsection (d) will not apply to employees who are classified as safety-sensitive solely because they carry a firearm for security purposes.)*

Non-safety-sensitive employees will be tested before returning to work when they have consented to such testing as a condition to reinstatement after suspension or in lieu of discharge.

The Return-to-Duty/Work drug and alcohol screen will be identical to that utilized in § III (C1) Reasonable Suspicion testing including the additional testing test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. Additionally, all employees referred for testing in this category will be required to submit to a "fitness for duty" physical examination.

F. Follow-up/Periodic

As required by FTA, safety-sensitive employees who are eligible for a return to duty agreement shall be subject to unannounced follow-up, periodic testing for at least 12 but not more than 60 months. 14

The Substance Abuse Professional (SAP) will recommend the frequency and duration of the follow-up testing. There will be a minimum of six tests required during the first 12 months.

Follow-up testing is separate from and in addition to the regular random testing program. Employees subject to follow-up testing must also remain in the standard random pool and must be tested whenever they are selected for random testing, even if this means being tested twice in the same day, week, or month.

This drug and alcohol screen will be identical to that set forth in § III (B) Random Testing.

Under its own authority the MBTA will maintain a separate Periodic/Follow-up testing pool for safety-sensitive and non-safety-sensitive employees that have consented to such testing as a condition to reinstatement after suspension or in lieu of discharge. The employee will be given a urine test for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. An Evidential Breath Testing Device (EBT) will be used to screen for the presence of alcohol.

IV. METHODOLOGY

MBTA Medical Operations will have the responsibility to coordinate all testing efforts, and will ensure that all testing is performed in accordance with Federal Transit Administration (FTA) rules on drug and alcohol testing, as well as the requirements set by DHHS regarding collections, chain of custody, and laboratory procedures that have been adopted by the MBTA as well as any additional testing rules and procedures that are specified within this policy.

A collector that meets the following training requirements will perform the specimen collection:

- 1) Knowledge about the DOT Urine Specimen Collection Procedure Guidelines and the FTA guidelines regarding specimen collection;
- 2) Must have completed the qualified training requirements;
- 3) Must have demonstrated proficiency in all aspects of collections;
- 4) Must complete refresher training as required;
- 4) Must complete Error Collection Training when required.

A. Drug Testing

1. Urine Collection Site

- (a) The first, and preferred, type of facility for urination that a collection site may include is a single-toilet room, having a full-length privacy door.
- (b) The second type of facility for urination that a collection site may include is a multistall restroom that provides substantial visual privacy. It must meet all

other applicable requirements of this section. If necessary a monitor will be required to;

- (1) Secure all sources of water for washing hands and other substances that could be used for adulteration and substitution (e.g. water faucets, soap dispensers) and place bluing agent in all toilets.
- (2) No one but the employee may be present in the room/multistall restroom during the collection, (except for the monitor in the event of a monitored collection or an observer in the event of a directly observed collection.)
- (3) A collection site may be in a medical facility, mobile facility (e.g. a van), a dedicated collection facility, or any other location meeting the requirements of a collection site.

2. Urine Specimen Collection Procedures

An employee designated for a drug test is required to provide a urine sample at the designated collection site. In order to ensure integrity of the specimen collection procedure, a standard Drug Testing Custody and Control Form will be used. This form will be completed by the employee and the specimen collector. The form will then be forwarded with the urine sample to the designated laboratory. The MBTA will retain a copy of this form in the employee's medical file and a copy is to be given to the employee at the completion of the drug test.

All urine specimens will be collected in a clean, single-use specimen bottle, securely wrapped until filled with the specimen. The employee will select the clean single-use collection container to be used. The specimen bottle(s) will be labeled and sealed with tamper-evident tape/label by the collector in the employee's presence. The employees will initial the bottle(s) seals.

Any person designated to submit to a drug test will, upon request, be provided a written copy of the specimen collection procedure which must be followed by the individual and the collection site personnel.

- a. The collector will ask the donor for photo identification. This ID must be a photo ID issued by the Authority or a Federal, state or local government. *(If the donor does not have a photo identification in his/her possession, the donor's supervisor will be called to the testing site to verify the donor's identification. The donor will not be allowed to leave the testing site to retrieve identification.)* The donor may ask to see the collector's ID, which should have the collector's name and employer on it. It does not have to include the collector's photo, address or telephone number.
- b. After verification and recording of the donor's identification, the collector will complete Step 1 of the Custody and Control Form (CCF).
- c. The collector will ask the donor to remove any unnecessary outer clothing, (coat, hat, etc.) and to leave hand carried items (i.e. briefcase, pocketbook, bags, etc.) outside the toilet area. The collector will secure these items in the rooms designated by the Authority.

- d. The collector must direct the employee/applicant to empty his or her pockets and display the items in them to ensure that no items are present which could be used to adulterate a specimen. An employee/applicant can place the items back into his or her pockets, if nothing is there that can be used to adulterate a specimen. If the collector finds any material that could be used to tamper with a specimen, the collector must:
- (i) Determine if the material appears to be brought to the collection site with the intent to alter the specimen, and if it is the collector shall conduct a directly observed collection using direct observation procedures.
 - (ii) Determine if the material appears to be inadvertently brought to the collection site (e.g. eye drops), secure and maintain it until the collection process is complete and conduct a normal (i.e., unobserved) collection.

The collector should advise the employee that failure to comply with collection directions constitutes a refusal to test.

- e. The collector will instruct the donor to wash and dry his/her hands.
- f. *The collector will, under MBTA policy, allow the donor to select a wrapped/sealed collection container and/or specimen bottle(s) in the collector's presence.*
- g. If the container and the bottle(s) are wrapped together, the donor should be allowed to take the container and the bottle(s) into the toilet enclosure. If the container and the bottle(s) are wrapped separately, only the collection container should be taken into the toilet enclosure. The wrapped bottle(s) should remain outside the enclosure and be opened in the donor's presence when the donor presents the filled collection container to the collector.
- h. The collector will accompany the donor to the toilet enclosure where the donor will provide the urine specimen. The collector will inform the donor that he or she must provide a specimen of at least 45 mL. The donor will enter the toilet enclosure and shut the door; the collector remains outside the closed door. The collector must set a reasonable time limit for voiding.
- i. The donor will hand the filled collection container to the collector. Both the donor and the collector should maintain visual contact of the specimen until the labels/seals are placed over the bottle cap(s).
- j. The collector checks the specimen, reading the specimen temperature indicator within 4 minutes of receiving the specimen from the donor. The collector marks the appropriate box in Step 2 of the CCF.

- k. The collector checks the volume, ensuring that there is at least 45 ml of urine if it is a split specimen collection procedure, and 30 ml of urine if it is a single specimen collection procedure.
- l. The collector checks the specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- m. The collector will pour at least 30 ml of specimen into a specimen bottle (designated Bottle A, if it is a split specimen collection procedure). The remainder of the specimen, (at least 15ml) will be poured into a second bottle (designated Bottle B). If it is a single specimen collection, the collector will pour at least 30ml of specimen into the specimen bottle.
- n. The collector immediately places the lid/cap(s) on the specimen bottle(s), and then applies tamper-evidence label/seals. (CCF, Step 3)
- o. The collector will write the date on the label/seal(s). The donor will be asked to initial the label/seal(s) once they are affixed to the bottle(s).
- p. After sealing the specimen bottle(s), the donor will be permitted to wash and dry his/her hands, if he/she desires.
- q. The donor will be instructed to read and complete the donor certification section of the CCF (Step 4 & 5), including signing the certification statement.
- r. The collector will complete the collector certification section of CCF (Step 5).
- s. The collector will record any remarks concerning the collection process in the “remarks” section of the CCF.
- t. The collector will complete the chain of custody block in Step 6 of the CCF. At a minimum the collector will complete the specimen received by, purpose of change, date, and released by blocks of the chain of custody form.
- u. The collector will prepare the bottle(s) and copies 1, 2, and 3 of the CCF for shipment to the laboratory. If it was a split specimen collection, both bottles and accompanying copies of the CCF will be shipped together to the laboratory. The bottle(s) and the CCF copies will be shipped in a padded mailer or shipping container, secured with an outer seal. The collector will initial and date the seal on the shipping container. The specimen is to be placed into the secured box at the collection site for pick up by the laboratory. The donor is required to remain present during the preparation of the specimen for shipment.
- v. The collector will give the donor his/ her copy of the CFF (copy 5). The donor may leave the collection site once the specimen is packaged for shipping and placed in the secured box for pick up by the laboratory.

3. Protection of Privacy; Observed Collections

Procedures for collecting urine specimens shall allow individual privacy unless there is reason to believe that a particular individual may alter or substitute the specimen to be provided. The following circumstances are the exclusive grounds for conducting a collection under direct observation. If any of these circumstances are present, however, an immediate collection under direct observation must be conducted with no advance notice to the employee:

- (1) The laboratory reports to the MRO that a specimen is invalid, and the MRO determines that there is no adequate medical explanation for the result; or
- (2) The MRO determines that an original positive, adulterated or substituted test result has to be cancelled because the test of the split specimen cannot be performed; or
- (3) The employee has previously been determined to have used a controlled substance without medical authorization and the particular test is being conducted pursuant to federally-required return to duty or follow-up testing provisions, but only when the MRO determines that observed collection is called for, stating his reasons in writing; or
- (4) The employee provides a urine specimen that falls outside the acceptable temperature range (32-38° C/90-100° F), (in which case a second specimen will be collected under direct observation and both specimens will be shipped to the lab); or
- (5) The collector determines that materials appears to have been brought into the collection site with the intent to alter the specimen; or
- (6) The collector observes or detects other conduct that clearly indicates an attempt to tamper with a specimen (e.g., substitute urine in plain view or an attempt to bring into the collection site an adulterant or urine substitute); or
- (7) The original specimen appears to have been tampered with (e.g., blue dye in the specimen, excessive foaming when shaken, smell of bleach), in which case a second specimen will be collected under direct observation and both specimens will be shipped to the lab.

A higher-level supervisor of the collection site person, or a designated MBTA representative, shall review and concur in advance with any decision by a collector, based on the circumstances identified above, to obtain a specimen under direct observation. In all cases of direct observation, the collector/observer shall be of a same gender as the employee who is being tested.

4. Medical Inability to Produce Sample

If the employee is unable to void or voids an insufficient amount of urine, the employee will be provided up to 40 ml of fluid, distributed reasonably through a period of up to three (3) hours, or until the individual has provided a sufficient urine specimen. Any partial specimen will be discarded. If the employee refuses to make the attempt to provide a new urine specimen, the collection will be discontinued as a refusal to test.

If the individual has not provided a sufficient specimen within the three (3) hours of the first unsuccessful attempt, the collection will be discontinued. The Collector will notify the employee's supervisor and the MRO. The Authority through the MRO will direct the employee to obtain within five (5) working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen.

The MRO will provide the evaluating physician the following information:

- (a) *That the employee was required to take a DOT drug test, but was unable to provide a sufficient amount of urine to complete the test;*
- (b) *The consequences of the appropriate DOT agency regulation for refusing to take the required drug test;*
- (c) *That the referral physician must agree to provide written statement to the MRO including whether a medical condition exists or not, that precludes the employee from providing a sufficient amount of urine;*
- (d) *In the case of a pre-employment test the evaluating physician must determine whether the applicant has a medical condition that is serious and permanent or long-term disability that is highly likely to prevent the employee from providing a sufficient amount of urine for a very long or indefinite period of time;*
- (e) *The MRO will review the recommendations of the referring physician and determine whether or not the employee/applicant has a medical condition that prevents him/her from providing sufficient urine. If a medical condition is deemed to exist the MRO shall cancel the test. If it is found no medical condition exists, the MRO will report the results as a refusal to test.*

5. Laboratory Testing

The MBTA will contract for laboratory services with a laboratory certified by the Department of Health and Human Services (DHHS). These laboratories have been rigorously inspected and tested and meet the highest standards for analytical competence. The laboratory will utilize a two tier testing methodology.

The MBTA currently contracts with Quest Diagnostics Inc., One Malcolm Ave, Teterboro, New Jersey 07608-1070; in the event of a change, the General Manager will be responsible for disseminating the identity of any new or additional laboratories by circulating a revised Attachment "C" containing updated information.

5a. Initial screening

All specimens will be tested for the drug or drug classes listed in § IV 3 of the MBTA Drug and Alcohol Policy and Testing Program, using an immunoassay screen approved by the Food and Drug Administration (FDA). The immunoassay will use the cut-off levels established by DHHS to eliminate negative specimens from further considerations. Any presumptive positive test will be subject to confirmation through an additional, more precise testing methodology.

5b. Confirmatory Tests

Any urine specimen identified as positive on the initial screen will be confirmed by a second analytical procedure, which uses a different chemical technique and procedure. Gas chromatography/mass spectrometry (GC/MS) methodology will be used to conduct the confirmation analysis. GC/MS analysis will use cut-offs established by the DHHS for confirmation. Any specimen that does not contain drug or drug metabolites above the GC/MS confirmation cutoff levels will be reported by the laboratory as negative.

5c. Specimen Validity

The laboratory may conduct analyses to determine if the specimen has been adulterated, substituted or unsuitable for testing.

The laboratory will determine a specimen is adulterated if;

- (a) A substance that is not expected to be present in human urine is identified in the specimen;
- (b) A substance that is expected to be present in human urine is identified as a concentration so high that it is not consistent with human urine; or
- (c) The physical characteristics of the specimen are outside the normal expected range for human urine.

Adulterated tests include but are not limited to specific gravity, creatinine, and pH. In addition the laboratory may conduct additional analyses to identify or detect a specific adulterant added to the urine specimen. If the laboratory identifies an adulterant added to the specimen, the laboratory will report the specimen as having an adulterant present, naming the adulterant.

A specimen will be deemed to be substituted if the specimen does not exhibit the clinical signs or characteristics associated with normal human urine, if the creatinine concentration is equal to or less than 5 mg/dL and the specific gravity is equal to or less than 1.001 or greater than or equal to 1.020.

A test that is **verified** adulterated or substituted shall constitute a refusal to test by the MRO. The employee will be referred to their supervisor for disciplinary action.

6. Drug Categories and Testing Thresholds

Pursuant to the Federal Department of Transportation regulations, the drugs to be tested for and the threshold levels of each test that the Authority is required to accept are as follows:

Drug or Metabolite	Urine Screen (Initial Test)	GC/MS Cut-off (Confirmation Test)
1. Cannabinoids (Marijuana)	50 ng.	15 ng.
2. Cocaine	300 ng.	150 ng.
3. Opiates	2,000 ng.	2,000 ng. (narcotics such as heroin, morphine, codeine, and other medicinal narcotics)
4. Amphetamines	1,000 ng.	500 ng.

(racemic amphetamine, dextroamphetamine, methamphetamine)

5. Phencyclidine 25 ng. 25 ng.

Under its own Authority and in identified testing categories, the MBTA will test for the following additional drugs using the outlined threshold levels:

<i>Drug or Metabolite</i>	<i>Urine Screen nanograms/milliliter</i>	<i>GC/MS Cut-of</i>
1. <i>Barbiturates</i>	300 ng.	200 ng.
2. <i>Benzodiazepines</i>	300 ng.	200 ng.
3. <i>Methadone</i>	300 ng.	200 ng.
4. <i>Methaqualone</i>	300 ng.	200 ng.
5. <i>Propoxyphene</i>	300 ng.	200 ng.

6a. Laboratory Reporting of Results

The laboratory must report the results for the primary specimen tested, directly to the Medical Review Officer, (MRO), as one of the following:

- (1) Negative;
- (2) Negative-dilute;
- (3) Rejected for testing, with remarks;
- (4) Positive, with drug(s)/metabolite(s) noted;
- (5) Positive, with drug(s)/metabolite(s) noted-dilute;
- (6) Adulterated, with remark(s);
- (7) Substituted, with remark (s); or
- (8) Invalid result, with remark(s).

The MRO is a licensed physician who is responsible for receiving and reviewing laboratory results generated by the Authority's drug testing program and evaluates medical explanations of drug test results.

The reporting of test results must be by confidential, secure electronic, (not telephone) or hard copy transmission. The laboratory will send to the MRO a copy of the custody and control form bearing the test results. The laboratory shall only report quantitative levels of positive results to the MRO upon his/her specific request. Quantitative levels shall only be released to the Authority if the Authority is involved in an administrative or legal proceeding in which a test result is challenged, questioned or involved. The laboratory will provide a quarterly statistical report to the Authority or its representative summarizing the testing activity for each quarter.

6b. Chain of Custody and Collection Control

To the maximum extent possible, consistent with § IV (A) (1a) Protection of Privacy, the collection site personnel shall keep the individual's specimen bottle(s) within sight before and after the individual has voided. After the specimen is collected, it shall be properly sealed and labeled and marked with a specific specimen number, within the sight of the donor. The chain of custody block on the Drug Testing Chain of Custody and Control Form shall be executed by authorized personnel upon receipt of the specimen. This form shall be used for maximum control and accountability of each specimen from the point of collection to shipment/transportation of the specimen. All test results are to be matched identically with the specimen number and individual employee identification number when results are received.

7. Test Verification

The MRO is responsible for verifying all drug test results and reporting them to the Authority.

7a. Negative Results.

The MRO will review the laboratory results to ensure that the information reported is consistent with the chain of custody form, that the chain of custody form contains no errors, and the employee's/applicant's and collector's signatures. The MRO may then verify the negative results and report the results to the Authority.

7b. Confirmation of a Positive Drug Screen

The MBTA Medical Review Officer (MRO) will review the results of the drug test from the laboratory, verify the laboratory report and determine if the applicant/employee received a positive or negative result from the drug test.

If the applicant/employee receives a positive test result, that individual will be scheduled to meet with the Medical Review Officer for a verification interview. During the interview, the MRO must inform the employee/applicant of the laboratory results. This information must include what drugs the specimen tested positive for or the basis for finding that the specimen was substituted or adulterated. The MRO must explain the verification process, including what information the employee can provide, when a further medical evaluation is needed for the verification process and how all the information can and will be used in regards to the employee/applicant performing safety-sensitive duties. Further, the MRO must inform the employee/applicant that failure to comply with the MRO's request for further medical evaluation is the equivalent of expressly declining to discuss the test. In that case, the MRO must verify the results as reported by the laboratory.

If the employee/applicant continues the interview, the MRO will then review the individual's medical history, including any medical records and biomedical information provided. During the interview, the individual will be afforded the opportunity to discuss the test results and to offer any additional or clarifying information that may explain the positive result.

If there is some new information that may affect the finding, the Medical Review Officer may request the laboratory to perform additional testing on the original specimen in order to further clarify the results. Following these steps, a final determination will be made that the test is either positive or negative and the employee will be so advised.

For a final determination that a test is positive for opiates, the Medical Review Officer shall find clinical evidence in addition to the urine test of unauthorized use of any opium, opiate or opium derivative, unless the GC/MS confirmation testing for opiates confirms the presence of 6-monoacetylmorphine.

The Medical Review Officer will not convey test results to the applicant's/employee's designated representative or any Authority official until the Medical Review Officer has made a final decision that the test was positive or negative.

7c. Verification of a Substituted or Adulterated Specimen

The MBTA Medical Review Officer (MRO) will review the results of the drug test from the laboratory, verify the laboratory report and determine if the applicant/employee has been confirmed as a positive, negative, substituted or adulterated result from the drug test.

If the applicant/employee receives a substituted or adulterated test result, that individual will be called into the clinic for a meeting with the Medical Review Officer who will review the individual's medical history, including any medical records and biomedical information provided. The employee/applicant has the burden of proof that there is a legitimate medical explanation for the result.

During the interview, the individual will be afforded the opportunity to discuss the test results and to offer any additional or clarifying information that may explain the substituted or adulterated result. The MRO has the discretion to extend this time available to the employee/applicant for up to five days before verifying the specimen. Neither the MRO nor the employer will be responsible for arranging for, conducting or paying for any studies, examinations or analyses to determine whether a legitimate medical explanation exists. If the MRO determines that the employee's/applicant's explanation may present a reasonable basis for concluding that there is a legitimate medical explanation, the employee/applicant will be directed to obtain within a five day period a further medical evaluation by a licensed physician acceptable to the MRO, with expertise in the medical issues raised by the employee's/applicant's explanation.

The MRO must consult with the referral physician, providing guidance to him or her concerning his or her responsibilities under this policy.

The MRO must provide the referral physician the following information:

- (a) That the employee/applicant was required to take a DOT drug test, but the laboratory reported the specimen was adulterated or substituted, which is treated as a refusal to test.
- (b) The consequences of the appropriate DOT agency regulation for refusing to take the required drug test.
- (c) That the referral physician must agree to evaluate the employee/applicant and consider the evidence the employee presents concerning the employee's medical explanation.
- (d) That the referral physician may conduct additional tests to determine whether there is a legitimate medical explanation. Any additional urine screen tests must be performed in a DHHS-certified laboratory.

- (e) The referral physician has to make a written recommendation to the MRO about whether the MRO should determine that there is a legitimate medical explanation.

The MRO then must assess the referral physician's recommendation in deciding whether there is a legitimate medical explanation. If the MRO determines that there is a legitimate medical explanation for the substituted or adulterated result, the MRO must cancel the result and inform the Office of Drug and Alcohol Policy Compliance (ODAPC) in writing and the basis for it.

No further action will be necessary unless a negative test result is required, (i.e., pre-employment, return-to-duty, or follow-up tests). If the test is reported as canceled, the employee/applicant must take another drug test with a verified negative result prior to being employed in a safety-sensitive position.

If the MRO determines there is no legitimate medical explanation, he or she must report the test as a verified refusal to test because of adulteration or substitution.

Following these steps, a final determination will be made that the test is either declared substituted or adulterated and the employee/applicant will be so advised and the area supervisor will be notified of the result.

7d. MRO Verification of a Confirmed Positive or a Refusal to Test Because of Adulteration or Substitution Without an Employee/Applicant Interview

The MRO can verify a confirmed positive or a refusal to test because of adulteration or substitution without an employee/applicant interview if one of the following three conditions are met:

1. The employee/applicant expressly declines the opportunity to discuss the test with the MRO. In such circumstances the MRO must document this occurrence including informing the employee of the consequences of not exercising his or her option to speak with the MRO.
2. The Authority has documented that it has notified and instructed the employee/applicant to attend a meeting with the MRO. If the employee/applicant fails to appear at the scheduled meeting or fails to contact the MRO or designee within 72 hours of the originally scheduled meeting the MRO can verify a confirmed positive or a refusal to test because of adulteration or substitution.
3. If the Authority or the MRO (his or her designee) after making and documenting all reasonable efforts have not been able to contact the employee/applicant within ten days of the date on which the MRO received the confirmed test result from the laboratory.

The employee/applicant has up to 60 days from the day of the verification of the results to present information to the MRO documenting that a serious illness, injury or other circumstances unavoidably precluded the employee from contacting the MRO or the Authority in the time provided in § IV A 6b, 1-3. The MRO based on such information may reopen the verification process, allowing the employee to present information concerning whether there is a legitimate medical explanation for the confirmed result.

7e. Invalid Drug Test Results

When the laboratory reports that the test result is an invalid result, the MRO shall:

- (1) review the laboratory reports;
- (2) discuss the results with the certifying scientist;
- (3) interview the employee/applicant regarding any medications the employee may have taken that may interfere with some immunoassay.

If the MRO determines the employee/applicant has given an acceptable explanation, the MRO will cancel the test and indicate the results are invalid and direct observation collection is not required. No further action will be necessary unless a negative test result is required, (i.e., pre-employment, return-to-duty, or follow-up tests).

If the MRO determines that the employee/applicant is unable to provide an explanation and/or a valid prescription for a medication that interfered with the immunoassay test but denies having adulterated the specimen, the MRO must cancel the test, indicating the result is invalid and a direct observation collection is required immediately.

If the employee/applicant admits to having adulterated or substituted the specimen, the MRO must immediately write and sign a statement of what the employee told him or her. The MRO must then report the test as a refusal to test.

7f. Refusal to Test

A refusal to submit to a drug test occurs when an employee/applicant fails to provide a urine sample without a genuine inability to provide a specimen (as determined by a medical evaluation), after he or she has received notice of the requirement to be tested in accordance with the provisions of this policy, or engages in conduct that clearly disrupts the testing process. Such conduct includes:

- Failure to report to the testing site,
- Failure to remain at the testing site until the testing process is complete,
- tampering with sample,
- substitution for the sample,
- disruption of the process of obtaining and accounting for the specimen.

Under FTA regulations as to safety-sensitive employees and *MBTA policy, as to all employees, the above actions* constitute a refusal to submit to a drug test and will be subject to the provisions of the §V (H) of this Policy.

8. Request for Retest

The Medical Review Officer or designee shall notify each employee who has a confirmed positive test, or a verified refusal to test because of adulteration or substitution, that the employee has 72 hours within which to request a test of the split specimen. If the employee requests an analysis of the split specimen within 72 hours of notification of a verified positive test, or a verified refusal to test because of adulteration or substitution, the Medical Review Officer shall direct in writing the laboratory to provide the split specimen to another DHHS-certified laboratory for analysis as required by the FTA.

Upon receipt of the results from a Department of Health and Human Services (DHHS) certified laboratory, the employee will be contacted to return to Medical Services to receive a copy of the results.

During the time required for the retest, the employee will continue in the same status he/she had prior to the request. In the event that the second test returns a negative result, the employee will be compensated for any time or benefits lost.

Because some analytes deteriorate or are lost during freezing and/or storage, quantitation for a retest is not subject to a specific cut-off requirement but must provide data sufficient to confirm the presence of the drug or metabolite.

B. Alcohol Testing Procedures

The FTA regulation requires breath testing be collected through the use of an Evidential Breath Testing Device (EBT) that is approved by the National Highway Traffic Safety Administration (NHTSA). The test must be performed by a breath alcohol technician regulations.

FTA requirements, and the MBTA policy, authorize testing for alcohol and taking action on the finding regardless of whether the alcohol was ingested as a beverage alcohol or a medicinal or other preparation.

The FTA regulation prohibits any employee with an alcohol concentration of 0.04 or greater to perform any safety-sensitive duties until he/she has been evaluated by a Substance Abuse Professional and has passed a return to duty physical.

However, the MBTA, under its own authority will immediately remove from duty, pending appropriate disciplinary action, any employee who has an alcohol concentration of 0.02 or greater on a confirmatory test. At this time, the employee will be referred to the Substance Abuse Professional for evaluation.

An employee/applicant designated for an alcohol screening is required to report to the designated testing site immediately upon notification. In order to ensure integrity of the alcohol screening process a standard Alcohol Testing Form (ATF) will be used. The employee/applicant and the BAT/STT will complete this form. The MBTA will retain a copy of this form in the

employee's/*applicant's* medical file and a copy is to be given to the employee/*applicant* at the completion of the alcohol screening process.

1. Evidential Breath Testing Device (EBT)

An EBT is a breath-testing device that is capable of measuring an employee's/*applicant's* alcohol concentration. It must be able to distinguish alcohol from acetone at the 0.02 alcohol concentration level. An EBT must be capable of conducting an air blank and performing an external calibration check. For confirmation tests, the FTA requires the use of EBT's that can:

- Produce a printed result in triplicate or three consecutive identical copies of each breath test.
- Print a unique and sequential number of each completed test, with the BAT and the employee being able to read the number before each test, and print the number on each copy of the result.
- Print, on each copy of the result, the manufacturer's name for the device, the device's serial number, and the time of the test.

2. Breath Alcohol Technician (BAT)/Screening Test Technician (STT)

The alcohol tests must be performed by a Breath Alcohol Technician (BAT)/Screening Test Technician (STT) who is "trained to proficiency" in the operation of the EBT he/she is using and in the alcohol testing procedures specified in the regulations. The BAT/STT must successfully complete a NHTSA approved course of instruction that provides training in the principles of EBT methodology, operation, and calibration checks. In addition, the BAT/STT must complete training on the fundamentals of breath analysis for alcohol content, the procedures required for obtaining a breath specimen, and interpreting and recording EBT results.

MBTA Medical Operations designated staff will serve as the Authority BATs/STTs. In addition, designated Bus Operations, Subway Operations, Systemwide Maintenance Improvements, Revenue and MBTA Police supervisory personnel may be trained to serve as BATs/STTs in situations where it is in the best interest of the Authority to test the individual as quickly as possible. The immediate supervisor of an employee to be tested for alcohol misuse will not serve as the BAT/STT for that employee's test.

3. Alcohol Breath Testing Process

- The BAT/STT will ask the employee/*applicant* for photo identification. This ID must be a photo ID issued by the Authority or a Federal, state or local government. (*If the employee/applicant does not have a photo identification in his/her possession, the employee's/applicant's supervisor will be called to the testing site to verify the employee's/applicant's identification. The employee/applicant will not be allowed to leave the testing site to retrieve identification.*) The employee/*applicant* may ask to see

the collector's ID, which should have the collector's name and employer on it. It does not have to include the collector's photo, address or telephone number.

- The BAT/STT must ensure that the alcohol testing process is begun without undue delay.
- If the employee/*applicant* is also scheduled for a drug test, whenever practicable the alcohol test is completed before the urine collection process begins.
- The BAT/STT shall explain the testing procedures, including showing the employee/*applicant* the instructions on the back of the ATF.
- The BAT/STT must complete step 1 on the ATF form and direct the employee/*applicant* to complete step 2 and sign the certification.
- If the employee/*applicant* refuses to sign the certification the BAT/STT must document the refusal on the remarks line of the ATF and immediately notify the area supervisor. This is a refusal to test.

The following procedures will be used to conduct the test:

- ◆ **Screening Test** - The BAT/ STT will inform the employee/*applicant* of the need to conduct a screening test. *The BAT/STT must allow the employee/applicant* being tested to select and open an individually sealed, disposable mouthpiece in view of the BAT/STT. The BAT/STT must insert the mouthpiece into the EBT and instruct the employee/*applicant* to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained. If the result of the screening test is an alcohol concentration of less than 0.02, no further testing is required and the employee may then return to his/her safety-sensitive position.
- ◆ **Confirmation Test** - If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test must be performed. The BAT shall instruct the employee/*applicant* not to eat, drink, or put any object or substance in his or her mouth and, to the extent possible, not belch during a waiting period before the confirmation test. This time period begins with the completion of the screening test, and shall not be less than 15 minutes. The confirmation test shall be conducted within 30 minutes of the completion of the screening test. The BAT shall explain to the employee/*applicant* the reason for this requirement (i.e., to prevent any accumulation of mouth alcohol leading to an artificially high reading) and the fact that it is for the employee's/ *applicant's* benefit. The BAT shall also explain that the test will be conducted at the end of the waiting period, even if the employee/*applicant* has disregarded the instruction. If the BAT becomes aware that the employee/*applicant* has not complied with this instruction, the BAT shall so note in the remark section of the form. If the BAT conducts the confirmation test more than 30 minutes after the result of the screening test has been obtained, the BAT shall note in the remark section of the form the time that elapsed between the screening and confirmation tests and the reason why the confirmation test could not be conducted within 30 minutes of the screening test.

The confirmation test is conducted using the same procedures as the screening test. A new mouthpiece shall be used for the confirmation test. Before the confirmation test is administered for each employee, the BAT shall ensure that the EBT registers 0.00 on an air blank. If the reading is greater than 0.00, the BAT shall conduct one more air blank. If the reading is greater than 0.00, testing shall not proceed using that instrument, which shall be taken out of service. However, testing may proceed on another instrument. If the initial and confirmatory test results are not identical, the confirmation test result is deemed to be the final result.

The BAT and the employee/*applicant* must read the sequential test numbers displayed on the EBT.

The BAT must instruct the employee/*applicant* to blow steadily and forcefully into the mouthpiece for at least six seconds or until the device indicates that an adequate amount of breath has been obtained.

The MBTA, under its own authority, has determined that if, on the confirmation test, the employee tests 0.02 or higher he/she will be subject to disciplinary action as outlined in section V of this policy.

Refusal by an employee to complete and sign the alcohol testing form, to provide an adequate amount of breath, or otherwise to cooperate with the collection process must be noted on the form and the test will be terminated. The employee's actions will be regarded as a refusal. The test will be reported as a positive. The employee will be referred immediately to his/her supervisor for disciplinary action including discharge.

If an employee attempts and fails to provide an adequate amount of breath, the BAT/STT must instruct the employee/*applicant* to attempt again to provide a sufficient amount of breath and about the way to do so. If the employee/*applicant* refuses to make the attempt, the BAT/STT must note that fact in the remark section of the ATF and immediately inform his/her supervisor.

If the employee/*applicant* again attempts and fails to provide a sufficient amount of breath, the BAT/STT may provide another opportunity to do so if there is a strong likelihood that it could result in providing a sufficient amount of breath. If a sufficient amount of breath cannot be produced the BAT/STT must make a note in the remarks section of the ATF and direct the employee/*applicant* to obtain an evaluation within five (5) days, concerning the employee's/*applicant's* medical inability to provide an adequate amount of breath. The evaluation must be performed by a licensed physician, who has expertise in the medical issue raised by the employee's failure to provide sufficient breath and acceptable to the MBTA Medical Director.

The Medical Director must provide the evaluating physician the following information:

- (e) That the employee/*applicant* was required to take a DOT/*Non DOT* Alcohol screening test, but was unable to provide a sufficient amount of breath to complete the test;
- (f) The consequences of the appropriate DOT agency regulation *or MBTA policy* for refusing to take the required alcohol test;

- (g) That the evaluating physician must provide the MBTA Medical Director with a signed statement of his or her conclusions and that in his or his reasonable medical judgment must base those conclusions on one of the following determinations:
- (i) A medical condition has, or with a high degree of probability could have, precluded the employee from providing a sufficient amount of breath. The physician must not include in the signed statement detailed information on the employee's/*applicant's* medical condition. In this case, the test is cancelled.
 - (ii) There is not an adequate basis for determining that a medical condition has, or with a high degree of probability could have, precluded the employee/*applicant* from providing a sufficient amount of breath. This constitutes a refusal to test.
 - (iii) The medical condition includes an ascertainable physiological condition (e.g., a respiratory system dysfunction) or a documented pre-existing psychological disorder, but does not include unsupported assertions of "situational anxiety" or hyperventilation.
- (h) The Medical Director upon receipt of the report from the evaluating physician must immediately inform the employee/*applicant* and notified the area of the results based on the FTA regulations.

V. ENFORCEMENT OF POLICY THROUGH DISCIPLINE

A. Pre-Employment/Transfer to Safety-Sensitive Position

Any applicant who tests positive on a pre-placement drug/alcohol screen will not be hired by the Authority. If, after a twenty-four month period, the individual wishes to re-apply to the Authority he/she may do so only if he/she can provide proof that he/she received an evaluation by a Substance Abuse Professional (SAP) in the community and received the appropriate assistance.

Any non-safety-sensitive employee who tests positive on the drug and alcohol screen that is a prerequisite to transfer (by promotion or otherwise) to a safety-sensitive position will not receive the position. The employee will be required to report to the Employee Assistance Program (EAP) for a Substance Abuse Professional (SAP) evaluation and follow a recommended service plan. The employee will be ineligible for transfer into a safety-sensitive position until he or she has complied with his or her EAP service plan. In addition, such an employee will be discharged if the employee is at the FINAL WARNING step of discipline or has previously tested positive for drugs or alcohol on a drug or alcohol test conducted for any reason under the policy.

B. Random Testing

Any employee who tests positive for drugs and/or alcohol pursuant to a random screen shall be discharged if any of the following conditions are met:

- ◆ Second positive test - *If an employee has previously tested positive for drugs and/or alcohol on a drug and/or alcohol test conducted for any reason, the employee shall be discharged for the second positive screen.*
- ◆ Poor disciplinary record - *Any employee who tests positive for drugs and/or alcohol pursuant to a random screen and who is at the FINAL WARNING step of discipline shall be discharged.*

Such employees will not be eligible for the forty (40) day suspension treatment plan.

Employees who test positive for drugs and/or alcohol pursuant to a random screen, and who do not fall under either of the conditions listed above, shall be subject to disciplinary action as follows:

- *When an employee tests positive for drugs and/or alcohol pursuant to a random drug and/or alcohol screen, the employee will receive a minimum of forty (40) working days suspended without pay. The employee will be required to report to the Employee Assistance Program (EAP) for a Substance Abuse Professional (SAP) evaluation and follow a recommended service plan.*
- *The employee must contact EAP, participate in a SAP evaluation and sign a service plan within three (3) working days from the date of his/her suspension. Failure to contact EAP and sign a service plan within three (3) days will result in disciplinary action including discharge.*
- *If, after the SAP evaluation and signing a service plan, an employee fails to fully participate in the recommended service plan, he/she will be provided written notification of failure to participate. The employee will have five working days (5) from receipt of the notice of "failure to participate" to schedule an appointment for reevaluation. Upon the outcome of the reevaluation a new service plan will be executed and the employee's level of participation will be evaluated in one (1) month. If non-participation continues, a second written notification will be sent to the employee and his/her supervisor, which will result in disciplinary action including discharge.*
- *While participating at EAP, the employee will be required to submit to a minimum of three (3) unannounced drug and/or alcohol screens during the time suspended. If an employee tests positive on two (2) screens during the time out suspended, he/she will be removed from the EAP program and referred to his/her area for further disciplinary action including discharge.*
- *Once an employee has served at least thirty-five (35) working days of his/her suspension, EAP shall evaluate the employee's readiness to return to work.*
- *If the employee has fully participated in his/her service program, a return to work agreement will be executed with Labor Relations that will place him/her at the final step of progressive discipline and will require a return to work drug and alcohol screen. If the results of the screen are negative, the employee will be eligible to return to work. The return to work agreement will require that the employee continue to participate in a*

substance abuse prevention program outlined by EAP for an additional minimum two-year period.

- *The voluntary selection of work or working of overtime that interferes with the employee's ability to comply with the substance abuse prevention program may result in an EAP determination that the employee is not in compliance with the required service plan and, therefore, in violation of the Back To Work Agreement. FTA regulations require that the SAP recommend both the number of required follow-up tests per year and the length of the follow-up testing contract. This can be up to 60 months with a minimum of six (6) tests in the first twelve (12) months.*
- *If at the end of his/her forty (40) working day suspension the employee is not fit for duty either by self report or EAP assessment, the employee may have his/her time-outsuspended-without-pay extended for a period of time not to exceed an additional six (6) months and will be required to continue in a substance abuse prevention program monitored by EAP. At the end of this period, failure to qualify to return to duty will result in discharge.*
- *Employees are required to pay for any treatment recommended by the SAP that is not covered by his/her health insurance plan.*

C1. Reasonable Suspicion

Any employee whose duties include the performance of safety-sensitive functions as defined by the Federal Transit Administration and who tests positive for drugs and/or alcohol pursuant to a reasonable suspicion screen will be subject to disciplinary action including discharge.

Any safety-sensitive employee who tests positive for drugs and/or alcohol pursuant to a reasonable suspicion screen will be discharged if either of the following conditions are met:

- ◆ *Second positive test - If an employee has previously tested positive for drugs and/or alcohol on a drug and/or alcohol test conducted for any reason, the employee shall be discharged for the second positive screen.*
- ◆ *Poor disciplinary record - Any employee who tests positive for drugs and/or alcohol pursuant to a probable cause and who is at the FINAL WARNING step of discipline shall be discharged.*

C2. Probable Cause

Any non- safety-sensitive employee who tests positive for drugs and/or alcohol pursuant to a probable cause screen will be subject to disciplinary action including discharge.

Any non-safety-sensitive employee who tests positive for drugs and/or alcohol pursuant to a probable cause screen will be discharged if either of the following conditions are met:

- ◆ Second positive test - *If an employee has previously tested positive for drugs and/or alcohol on a drug and/or alcohol test conducted for any reason, the employee shall be discharged for the second positive screen.*
- ◆ Poor disciplinary record - *Any employee who tests positive for drugs and/or alcohol pursuant to a probable cause and who is at the FINAL WARNING step of discipline shall be discharged.*

D. Post-Accident

Any safety-sensitive employee involved in an accident that tests positive for drugs and/or alcohol will be discharged, regardless of the ultimate preventability determination or the extent of any damage or personal injury.

E. Return to Duty

Any employee who tests positive for drugs and/or alcohol on a return to duty screen pursuant to a signed return-to-work agreement will be discharged. Employees who test positive on return to duty screens in other circumstances will be disciplined in accordance with the provisions for a positive random test (see § V (B)).

F. Follow-up/Periodic

Any employee who tests positive for drugs and/or alcohol pursuant to a follow-up/periodic screen will be discharged.

G. Probationary Employees

Any probationary employee who tests positive for drugs and/or alcohol during his/her probationary period will be discharged. This includes temporary employees who are recommended for permanent status.

H. Refusal to Take Test

Any employee who refuses to submit to any drug and/or alcohol test, either by word or action, will be discharged.

In situations where it has been determined that an employee has tampered with his/her urine sample or an employee refuses or fails, after reasonable opportunity, to complete any step in the drug and/or alcohol testing process, he/she will be discharged.

I. Unsatisfactory Mandated EAP Participation

An employee ordered to EAP under any provision of this policy who fails to participate in the SAP evaluation or fully participate in the recommended treatment program, fails to comply with the terms of his/her EAP plan, or refuses to take a drug and/or alcohol screen when ordered to do so shall be subject to disciplinary action including discharge.

VI. RECORD AND SPECIMEN STORAGE

The Authority will maintain Alcohol/Drug Testing records in the following manner:

- Records of verified negative drug test results will be maintained for a minimum of one year.
- Records of alcohol test results less than 0.02 will be maintained for a minimum of one year.
- Records relating to the drug and alcohol collection process including logbooks, the random selection process, documents generated in connection with decisions to administer reasonable suspicion alcohol tests, and documents generated in connection with decisions on post-accident alcohol tests will be maintained for two years.
- MRO documents showing existence of medical explanation of inability of safety-sensitive employee to provide enough urine, and/or the inability of safety-sensitive employee to provide breath for test, will be maintained for two years.
- Records of alcohol tests results of 0.02 or greater, verified positive drug tests, documents related to the refusal of any drug and/or alcohol test required by 49 CFR 654 and documents presented to dispute the results of an alcohol and/or drug test administered under 49 CFR 653 will be maintained for a minimum of five years.
- Records regarding the calibration of the breathalyzers will be maintained for five years.
- Records pertaining to a determination by a substance abuse professional (SAP) concerning a safety-sensitive employee's need for assistance and compliance with SAP recommendations will be maintained for five years.
- Annual MIS reports will be maintained for five years.
- The Laboratory will keep all certified positive specimens for one year.

VII. DEFINITIONS OF TERMS

Adulterated specimen A specimen that contains a substance that is not expected to be present in human urine, or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

Alcohol The intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

Alcohol Misuse Occurs when an employee arrives at the work site with alcohol in his/her system or the odor of alcohol on his/her breath; consumes a beverage containing alcohol while on duty, subject to duty, within four hours of reporting for duty, or during coffee and/or lunch breaks; or is late to work or absent from work due to the consumption of alcohol.

Alcohol Use The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

Amphetamines Central nervous stimulants that speed up the mind and body and most often appear in capsule form. Also called "Speed" or "Crystal." They may be taken orally, injected or inhaled through the nose.

Assay Initial test required by the regulations to be run on the urine specimen. This test is based on the ability of antibodies to recognize drugs in biological fluids. If any prohibited drug registers positive on this first test, the confirmatory test is then run.

Barbiturates A central nervous system depressant that slows the heartbeat, breathing and brain activity. Also called "Barbs," "Downers" or "Bennies." They are usually taken in a tablet or capsule form of different colors; however, they are sometimes found in a liquid or injectable form.

Benzodiazepines Central nervous system depressants used for the treatment of anxiety, panic attacks, phobias and alcohol withdrawal. Includes Valium, Librium, Ativan, Xanax and Serax. They are taken in a capsule, tablet or liquid form.

Cannabinoids (Marijuana) A hallucinogen made from a plant substance called Cannabis Sativa. It contains an active ingredient, the chemical Tetrahydrocannabinol (THC), ingested in various ways, primarily through smoking the leaf. It acts almost exclusively on the brain, altering the proper interpretation of incoming messages, perceptions and senses.

Cocaine A drug derived from the coca bush, which is usually converted to a powder for use, often by inhaling through the nose or injecting in the veins. It is a powerful physical and mental stimulant. "Rock" or "Crack" is a variant.

Controlled Substances Any drugs that are classified by the Drug Enforcement Administration (DEA) into the five schedules or classes on the basis of their potential for abuse, accepted medical use, and accepted safety for use under medical supervision. A drug in any of these schedules identifies that it is controlled and determines the nature of supervisory control that must be exercised. Medications containing any controlled substance must be prescribed by a physician who has a valid DEA license number.

Dilute specimen A specimen with creatinine and specific gravity values that are lower than expected for human urine.

Disabling Damage Damage that precludes departure of the vehicle from the scene of the accident in its usual manner in daylight after simple repairs. It includes damage to vehicles that could have been operated but would have been further damaged if so operated.

Drugs Any substance, which affects an employee's ability to perform his/her job or poses a threat to the safety of others. This definition includes "over-the-counter" drugs and/or drugs which require a prescription or other written approval from a licensed practitioner/physician or dentist for their use.

Drug Abuse Use of any illegal drug or controlled substance without a valid prescription, misuse of legally prescribed drugs, or use of illegally obtained prescription drugs. This includes use of prescription drugs legally prescribed to another individual other than one's self.

Evidential Breath Testing (EBT) Device A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations, placed on the NHTSA's "Conforming Products List (CPL) for Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.

Fit for Duty An employee is fit for duty when he/she is unequivocally able to perform his/her job duties, including when he/she is ready to work or working without the presence of any alcohol or the presence of any drugs or their metabolites that are proscribed by this Drug and Alcohol Policy.

Follow-up Testing Unannounced drug and alcohol testing given to employees who have returned to duty after management referral to the Employee Assistance Program (EAP). This type of test may be done up to a total of five years from the date the employee returns to duty. A minimum of six tests during the first twelve months will be required.

GC/MS Gas chromatography/mass spectrometry, which is the second or confirmatory test for the positive assay test. This is considered the most accurate and reliable test technique available.

Hydrocodone (Oxycodone) A narcotic analgesic that will cause a decrease in heart rate, breathing and brain activity. Brand names include Percodan and Percocet.

Illegal Use Use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs.

Marijuana (See Cannabinoids)

Medically Authorized A prescription or other writing from a licensed physician or dentist for the use of a drug in the course of medical treatment, including the use of methadone in a certified drug program.

Medical Review Officer (MRO) A person is a licensed physician, who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug tests results.

Metabolite A modified form of a drug that has been chemically altered by the body's metabolic system.

Methadone A non-opiate narcotic which is a synthetic drug. Used most often in the treatment of opiate dependence. Often referred to as "Dollies and Biscuits." Can be taken orally as a tablet, powder, liquid or capsule or injected under the skin or into a vein.

Methaqualone A central nervous system depressant which slows down the heartbeat, breathing and brain activity. Includes Quaaludes, Mescaline and Spoons. Also known as "Ludes" and "Quas". Taken as a capsule or tablet.

Opiates Narcotic drugs that depress body functions and reactions and in large doses may cause euphoria. Includes Opium, Morphine, Codeine, Heroin, Demerol, and Percodan to name a few.

Phencyclidine A drug, which acts simultaneously as both a depressant and hallucinogen and often produces extreme mood shifts. Often called PCP, it is usually sold as a powder and mixed with marijuana.

Positive Alcohol Test The presence of alcohol in the body at a concentration of 0.02 or greater. Refusal to take a breath test without a valid medical explanation also constitutes a positive alcohol test.

Positive Drug Test Any urine or blood that is chemically tested (screened and confirmed), shows the presence of controlled substances, and is verified by the MRO. Refusal to take a drug test without a valid medical explanation also constitutes a positive drug test.

Propoxyphene A narcotic analgesic that will cause a decrease in heart rate, breathing and brain activity. Brand names include Darvon, Dolene, Propene, Daxaphene and Darvocet. Ingested in a capsule or tablet form.

Safety-Sensitive Employee An employee whose job functions are, or whose job includes the performance of functions, related to the safe operation of mass transportation service. The following are the categories of safety-sensitive functions:

Operating a revenue service vehicle, including when not in revenue service;

Operating a non-revenue service vehicle, when required to be operated by a holder of a Commercial Driver's License (CDL);

Controlling dispatch or movement of revenue service vehicles or equipment used in revenue service;

Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service;

Carrying a firearm for security purposes.

Any supervisor who performs or whose description includes the performance of any function listed above is also considered a safety-sensitive employee.

Contractors who "stand in the shoes" of MBTA safety-sensitive employees are also considered safety-sensitive.

Self-Referral An employee is considered a voluntary self-referral if he/she has not incurred discipline at the Five-Day and/or Ten Day and Final Warning Step of the MBTA disciplinary code within a two

(2) year period. Voluntary participation at EAP will not adversely impact an individual's employment or promotional opportunities at the Authority. However, employees who do not make a conscientious attempt to overcome their drug and/or alcohol problems may experience performance problems as a result and in that case will be subject to disciplinary action based on poor job performance, or as a result of a positive drug and/or alcohol screen, and will no longer be considered a voluntary self-referral.

Substance Abuse Professional (SAP) _____ A person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

Substituted specimen _____ A specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

Verified test _____ A drug test result or validity testing result from the Department of Health and Human Services (DHHS) certified laboratory that has undergone review and final determination by the MRO.

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ATTACHMENT A

DRUG AND ALCOHOL FACT SHEET

1. **Alcohol**
A liquid depressant taken orally that slows down physical responses and progressively impairs mental functioning. Some consequences of alcohol abuse are addiction (alcoholism), dizziness, slurred speech, disturbed sleep, vomiting, hangovers, impaired motor skills, violent behavior, liver disease, pancreatic disease, cardiovascular disease, gastrointestinal problems, neurological disorders, cancers, psychiatric disorders, respiratory depression and death (high doses).
2. **Amphetamines**
Stimulants that affect the central nervous system by increasing alertness and relieving fatigue. Amphetamines ingested orally, injected or smoked, are often used to counteract the “down” feeling of tranquilizers or alcohol. Street names include: “speed”, “meth”, “crystal”, “crank”, and “ice”. Amphetamine use can cause increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, and loss of appetite. Amphetamine abuse may result in agitation, increased body temperature, hallucinations, convulsions and possible death. Some examples of amphetamines are Benzedrine, Dexedrine, and Methedrine.
3. **Barbiturates**
Depressants that affect the central nervous system by relieving anxiety, irritability, and tension. Some examples of barbiturates are seconal, nembutal, pheonbarbital, and methaqualone (also known as “ludes”). Some street names are ‘barbs’, ‘downers’, and ‘goofballs’. Barbiturates are swallowed as a tablet/capsule or in a liquid solution (white, water-soluble, bitter tasting powder); inserted as a rectal suppository; injected into the bloodstream (“mainlined”) or under the skin (“skin popping”). Barbiturate use may result in sensory alteration, anxiety reduction, and intoxication. Small amounts of barbiturates may cause calmness and relaxed muscles, larger doses may cause slurred speech, impaired judgment, and loss of motor coordination. Abuse of barbiturates may cause respiratory depression, clammy skin, dilated pupils, weak and rapid pulse, coma and death.
4. **Benzodiazepines**
Depressants that are used therapeutically as sedatives, to relieve anxiety and muscle spasms, and to prevent seizures. Some examples are Xanax, Librium, Valium, Ativan, Halcion, and Klonopin. Abuse of benzodiazepines produce a hypnotic, intoxicated state resulting in reduced inhibition and impaired judgment. Concurrent use of benzodiazepines and alcohol or other depressants can be life threatening.
5. **Cannabis – Marijuana**
Marijuana is a tobacco-like substance (green or gray mixture of dried, shredded leaves/flowers) derived from the hemp plant. Marijuana, for which there are over

200 slang terms including: "pot", "weed", "grass", "reefer" and "Mary Jane", is smoked as a cigarette ("joint" or "nail"), in a pipe or "bong", or in "blunts" (cigars emptied of tobacco and filled with marijuana), often in combination with other drugs such as crack. Marijuana is sometimes mixed into food or brewed as tea. THC (delta-9-tetrahydrocannabinol) the main ingredient in marijuana, changes the way sensory information gets into and is processed by the brain. Marijuana use may cause relaxed inhibitions, increased appetite, disorientation, fatigue, paranoia and possible psychosis.

6. **Cocaine**

A powerful stimulant that directly affects the brain. Cocaine is extracted from the leaves of the cocoa plant. Illicit cocaine is usually distributed as (1) a white crystalline powder that is often diluted with a variety of substances such as lactose, marmitol, and lidocaine; or (2) an off-white chunky material, smokable cocaine or "crack" cocaine. Cocaine powder (street names include "coke", "flake-", "blow" and "snow-") is generally smoked or taken intranasal or intravenously. Paraphernalia associated with cocaine powder include a piece of smooth metal or a mirror, a straw or half straw, and a razorblade. "Crack" or freebase cocaine is cocaine that has not been neutralized by an acid and is smoked. It is almost instantly addictive and one use could cause a fatal heart attack. Cocaine use may cause severe mood swings and irritability, increased blood pressure and heart rate, hallucinations, confusion, anxiety, loss of appetite, brain seizures, strokes, and respiratory failure. There is also the health risk for cocaine users to contract hepatitis or Aids through shared needles.

7. **Methadone**

A narcotic that was synthesized during World War II to replace a shortage of morphine. Methadone is chemically unlike morphine, but produces many of the same effects and those effects are longer lasting than those of morphine. Methadone is taken orally or injected and may cause drowsiness, respiratory depression, constricted pupils, nausea, slow and shallow breathing, clammy skin, convulsions, coma, and possible death. Methadone is used as an analgesic for terminally ill patients and for the treatment of substance dependence.

8. **Opiates — Heroin**

Heroin is a narcotic with street names that include "horse" and "smack". Heroin is usually injected, sniffed, or smoked. Typical paraphernalia for heroin users are syringes. Pure heroin is a white powder with a bitter taste. Another form of heroin, known as "black tar" because of its color and consistency, is produced in Mexico and is more readily available in the western United States. "Black tar" heroin is most frequently dissolved, diluted and injected. Heroin use can cause drowsiness, respiratory depression, convulsions, decreased heart rate and breathing, and possible death. Use of shared needles by heroin users increases the risk of contracting hepatitis and Aids. Other opiates include morphine, codeine and opium.

9. **Phencyclidine (PCP)**

A hallucinogen that alters human perception and mood. PCP is illicitly marketed as

"Angel Dust", "Supergrass", "Killer Weed". "Embalming Fluid", "Rocket Fuel". and other names, which reflect the range of its bizarre and volatile effects. PCP is sold as tablets, capsules, and colored powders that are usually taken orally, snorted or applied to leafy materials such as parsley, oregano or marijuana and smoked. Pure PCP is a white crystalline that can be dissolved in water, however most PCP sold on the illicit market contains contaminants that cause the color to range from tan to brown and the consistency from powder to a gummy mass. The drug's effects are as varied as its appearance and range from feelings of detachment and distance, numbness, slurred speech, loss of coordination, a sense of strength or invulnerability; to a blank stare, rapid movements, severe mood disorders, image distortion, acute anxiety, hallucinations, paranoia, violent hostility and a psychosis indistinguishable from schizophrenia. PCP use may also cause seizures, catatonia, coma and death.

10. Propoxyphene

Synthetic narcotic produced entirely in the laboratory. Usually prescribed in tablet/capsule form for relief of mild to moderate pain. Abuse of propoxyphene alone, or in combination with other drugs, may cause weakness, difficulty breathing, confusion, anxiety, severe drowsiness and dizziness, unconsciousness and death.

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ATTACHMENT B

SAFETY-SENSITIVE CLASSIFICATION REASON CODES

- F - Carries a firearm for security purposes.**
- O - Operates a revenue service vehicle, even when not in revenue service. Performs repair or routine maintenance of revenue service vehicles.**
- C - Controls the movement of revenue services vehicles.**
- S - Supervises and performs a safety-sensitive function.**
(Includes inspection and approval of maintenance)
- L - Operates a non-revenue service vehicle requiring a Commercial Driver's License (CDL).**

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MBTA - Safety Sensitive Jobs

Job Code	Title	Union	Safety Code
067800	Agent, Revenue Collection	L589	OF
033500	Agent, Sr Revenue Coll	ALL	OF
201500	AGM Design & Const	EXEC	S
217400	Asst Dir Safety	EXEC	S
217500	Asst Dir Safety-Const/Eng	EXEC	S
217600	Asst Dir Signals & Comm	EXEC	SM
202000	Asst General Manager	EXEC	S
812600	Asst Mgr Project	LRC-ExUn	S
814400	Asst Mgr Quality Assurnce	LRC-ExUn	S
815000	Asst Mgr Trk&Strct Design	LRC-ExUn	S
815600	Asst Mgr,Proj - QA	LRC-ExUn	S
450200	Asst Supv Bldg & Sta-Nght	L453	M
450800	Asst Supv Electrical Mtce	L453	SM
451600	Asst Supv Mechanical Mtce	L453	SM
000500	Attendant,P-T Train	L589	O
000400	Attendant,Train	L589	O
006400	Attendant,Train Physdq Op	L589	O
006900	Bridgeperson	B&T	M
096700	Bridgeperson,TSP	UNAF	M
008000	Cableperson	L104	SM
226900	Captain	CLT	F
010000	Carpenter	B&T	M
202200	Chief Engineering & Const	EXEC	S
225800	Chief Of Police	EXEC	F
230100	Chief Of Staff	EXEC	S
202400	Chief Operating Officer	EXEC	S
222100	Chief Trans Off	EXEC	SO
009000	Cleaner,Car	L589	O
010100	Cleaner,Car	L589	O
037900	Cleaner,Car	L589	O
038900	Cleaner,Car	L589	O
007900	Clerk,Division	ALL	C
052800	Clerk,Maintenance	L589	C
013500	Clerk,Train	L589	C
817400	Coord,Paratransit	LRC-ExUn	L
047000	Coord,Planning&Scheduling	ALL	SM
735000	Coord,Rail Safety	LRC-L453	S
510700	Coord,RRO Assets Mgmt	L453	SM
511000	Coord,Special Project	L453	S
735100	Coord,Special Project	LRC-L453	S
200900	Dir Bus Operations	EXEC	S
204200	Dir Construction	EXEC	S
025500	Foreperson,Body Shop	ALL	SM
028500	Foreperson,Bridge	ALL	SM
028900	Foreperson,Carpenter	ALL	SM

Job Code	Title	Union	Safety Code
205200	Dir Design	EXEC	S
205900	Dir Operations Support	EXEC	S
207300	Dir Ops Planning & Sched	EXEC	S
207800	Dir Railroad Operations	EXEC	S
208100	Dir Safety	EXEC	S
203300	Dir Subway Operations	EXEC	SC
201700	Dir Systemwide Mtc&Improv	EXEC	S
018300	Dispatcher	ALL	C
537000	Dispatcher,OCC	L453	C
018400	Dispatcher,Power	ALL	C
019700	Dispatcher,Sr Equipment	ALL	SC
023500	Dispatcher,Surface Lines	L589	C
221400	Div Chief Green Line	EXEC	SO
220600	Div Chief Mech - Bus	EXEC	SO
221100	Div Chief Rapid Transit	EXEC	SC
208000	Div Chief Training & OCC	EXEC	SC
234100	Div Engineer Bldg Strct	EXEC	S
234400	Div Engineer MOW	EXEC	S
234700	Div Engineer Power	EXEC	S
222400	Dpty Chief Operating Off	EXEC	S
225900	Dpty Chief Supt - Police	EXEC	F
226000	Dpty Chief/Major	EXEC	F
209000	Dpty Dir Construction	EXEC	S
209400	Dpty Dir Design	EXEC	S
211500	Dpty Dir Ops Lifesaver	EXEC	S
211300	Dpty Dir QA & QC	EXEC	S
212200	Dpty Dir Rail Prog	EXEC	S
212600	Dpty Dir Railroad Ops	EXEC	S
212700	Dpty Dir Sig & Comm Sys	EXEC	SM
220000	Dpty Div Chief Mech - Bus	EXEC	SM
224300	Dpty Div Chief Trans -Bus	EXEC	SO
200600	Dpty General Manager	EXEC	S
039200	Driver, Groundsperson	L104	M
018900	Driver,Truck	L589	L
018600	Driver, Truck & Tractor	L589	L
020000	Engineer	L105	M
021400	Engineer B&T Hoist	B&T	L
518500	Engineer Material Testing	L453	S
522000	Engineer, Resident	L453	S
024900	Fireperson Heating Plant	L003	M
030100	Foreperson Asst Machinist	ALL	SOM
026400	Foreperson Auto Mtce	ALL	SOM
026300	Foreperson, Automotive	ALL	S
047500	Inspector, Chief - RTL	L600	SO
048800	Inspector, Chief - SL	L600	SOC

*Safety Sensitive Designation may be subject to change

MBTA - Safety Sensitive Jobs

Job Code	Title	Union	Safety Code
027300	Foreperson, Crhse-Rvrside	ALL	SOM
029000	Foreperson, Electrical	ALL	SM
028600	Foreperson, Gen-Iron Worker	ALL	SM
029700	Foreperson, Gen-RTL Road	ALL	SM
026900	Foreperson, Inspector	ALL	SM
034400	Foreperson, Laborer	ALL	S
029800	Foreperson, Line	ALL	S
030000	Foreperson, Machinist	ALL	SOM
028700	Foreperson, Mason	ALL	SM
028000	Foreperson, MOW Division	ALL	SM
030500	Foreperson, Night Crew Mtce	ALL	SM
027400	Foreperson, Operations	ALL	SOM
030900	Foreperson, Painter	ALL	SM
032400	Foreperson, Pipefitter	ALL	SM
034900	Foreperson, Repair	ALL	SM
027700	Foreperson, Roofer	ALL	SM
031800	Foreperson, Section	ALL	SM
027900	Foreperson, Sheetmetal	ALL	SM
033300	Foreperson, Shop-Elec	ALL	SOM
033200	Foreperson, Shop-Mech	ALL	SOM
035900	Foreperson, Sub-Painter	ALL	SM
033800	Foreperson, Sub-Carpenter	ALL	SM
035600	Foreperson, Sub-Pipefitter	ALL	S
035800	Foreperson, Sub-SheetMetal	ALL	SM
032300	Foreperson, Upolsterer	ALL	SM
031900	Foreperson, Welding	ALL	SM
032600	Foreperson, Wireperson	ALL	SM
032900	Foreperson, Yard Mtce	ALL	SM
067200	Fueler	L264	OM
048000	Flagger	L589	O
200000	General Manager	EXEC	S
024700	Helpr 3rd CI, Elec Worker	L717	M
043500	Helper, Cable Splicer	B&T	M
044000	Helper, General	L589	LO
044100	Helper, General	L589	LO
047400	Insp. Sig & Interlocking	ALL	M
024200	Inspector	L105	S
075500	Inspector	L600	SOC
007000	Inspector, Bridgeperson	B&T	SM
048400	Inspector, Chief - Bridge	ALL	SMC
860600	Mgr, Sr Proj	LRC-ExUn	S
235800	Mgr, Sr Proj - Row Impr	EXEC	SM
866700	Mgr, Sr Proj - Track	LRC-ExUn	S
866000	Mgr, Sr Proj - Powr Sys Impr	LRC-ExUn	SM
866600	Mgr, Sr Proj - Sig&Comm Imp	LRC-ExUn	SM

*Safety Sensitive Designation may be subject to change.

Job Code	Title	Union	Safety Code
024500	Inspector,Construction	L105	5
537800	Inspector,OSHA	L453	SO
538200	Inspector,Safety	L453	SO
047800	Inspector,Spare Chief -SL	L589	SOC
046500	Inspector,Spare Chief-RTL	L589	SO
049200	Instructor	ALL	SO
079800	Instructor,Equipment	ALL	LS
049300	Instructor,Maintenance	ALL	M
079700	Instructor,Signal	ALL	M
053200	Laborer,Building	B&T	M
054000	Laborer,Track	L589	M
096600	Laborer,TSP	UNAF	M
060400	LD-Cleaner,Car	L589	O
060900	LD-Flagperson	L589	C
061000	LD-Helper, General	L589	L
227000	Lieutenant	CLT	F
057000	Machinist	L264	M
067600	Machinist 1st CI Repairer	L264	M
067400	Machinist,2nd CI Repairer	L264	M
067500	Machinist,3rd CI Repairer	L264	OM
057100	Machinist,Automotive	L264	M
057400	Machinist,Temp	L264	OM
056100	Machinist,Temp Automotive	L264	M
019500	Maintainer,Auto Sub Sta	L104	M
099100	Master,Spare Yard - RTL	ALL	SC
099000	Master,Yard - RTL	ALL	SO
040400	MD-Cleaner,Car	L589	O
041000	MD-Helper,General	L589	L
742900	Mgr Maintenance Systems	LRC-L453	S
743500	Mgr Operations - Bus	LRC-L453	SO
830000	Mgr Pass Veh & Row Safety	LRC-ExUn	S
834800	Mgr Proj - Construction	LRC-ExUn	S
849200	Mgr Proj - Coordination	LRC-ExUn	S
851000	Mgr Proj - Qlty Assurance	LRC-ExUn	S
851600	Mgr Proj - SMI	LRC-ExUn	S
852800	Mgr Proj - Subway	LRC-ExUn	S
854000	Mgr Proj - Track	LRC-ExUn	S
744100	Mgr P-T Track Eng	LRC-L453	SM
855800	Mgr CA - Construction	LRC-ExUn	S
858800	Mgr Station Support Sys	LRC-ExUn	S
747100	Mgr Training MOW - SMI	LRC-L453	SM
095400	Splicer,Cable - B	B&T	M
078200	Starter,Temp Train	ALL	SO
075200	Starter,Train	ALL	SO
276400	Supt Bldg & Station Mtce	EXEC	SM

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MBTA - Safety Sensitive Jobs

Job Code	Title	Union	Safety Code
235500	Mgr,Sr Proj-Sig&Comm Mtce	EXEC	SM
749500	Monitor, Const Safety	LRC-L453	SM
540200	Monitor.Field - RR Prop	L453	SM
000200	Motorperson, P-T	L589	O
000700	Motorperson,P-T RTL Yard	L589	O
000900	Motorperson, P-T Streetcar	L589	O
000300	Motorperson, Rapid Transit	L589	O
000600	Motorperson, RTL Yard	L589	O
000800	Motorperson, Streetcar	L589	O
750700	Off, Rolling Stock Mtce	LRC-L453	SM
752200	Officer, Engineering	LRC-L453	SM
064400	Officer,Police	L253	F
078000	Oper, Special Equipment	L104	L
052900	Operator, Equipment	L589	LM
001100	Operator, P-T Surface	L589	O
000100	Operator, Surface	L589	O
064000	Painter	B&T	M
096300	Painter,TSP	UNAF	M
065300	Pipefitter	B&T	M
055300	Repairer, Head Line	L104	SM
055000	Repairer, Line - 1st Class	L104	M
055100	Repairer,Line - 2nd Class	L104	M
069200	Repairer, Rail	L589	M
051900	Repairer, System	L589	M
218600	Sec Chief Eng & Mtce -RRO	EXEC	SM
204700	Sec Chief Everett Shops	EXEC	SM
220400	Sec Chief Mech - RRO	EXEC	SM
218400	Sec Chief OCC & Trng	EXEC	SC
218500	Sec Chief Plan/Const/Fac	EXEC	S
204600	Sec Chief Subway Eng & CIA	EXEC	SM
221900	Sec Chief Trans - RRO	EXEC	SM
074400	Sergeant	L252	F
009500	Shifter, Car	L589	O
006700	Shifter, P-T Car	L589	O
023700	Spare Dispatcher, OCC	L589	C
023600	Spare Dispatcher, SI	L589	C
077000	Spare Inspector	L589	SOC
085300	Spare Towerperson	L589	C
761500	Supv Mechanical - Bus	LRC-L453	SOC
872600	Supv Mechanical Mtce	LRC-ExUn	SM
761800	Supv Mtce - Bus	L453	M
763300	Supv Mtce - Rapid Transit	LRC-L453	SM
437700	Supv Mtce Control Center	L453	SM
063500	Supv Night Cleaning	LRC-L453	SM
294100	Supv Night/Weekend Ops-SL	EXEC	SOC

Job Code	Title	Union	Safety Code
276600	Supt Cleaning & Mtce Sys	EXEC	SM
277100	Supt Comm & Signals - RRO	EXEC	SM
277000	Supt Elec 8. Mech Mtce	EXEC	SM
277700	Supt Engineering Support	EXEC	SM
277300	Supt Equip & Yard Serv	EXEC	LS
278400	Supt Everett Shops Mice	EXEC	SM
277200	Supt Facilities Mgmt	EXEC	S
278500	Supt Maintenance Of Way	EXEC	SM
278300	Supt Mtce - Bus	EXEC	SM
278600	Supt Mtce - Rapid Transit	EXEC	SM
278700	Supt Mtce - Surface Lines	EXEC	SM
278800	Supt Night Operations	EXEC	SO
278900	Supt Non Revenue Vehicles	EXEC	LS
279100	Supt Ops Control Center	EXEC	SC
279400	Supt Power Systems &Equip	EXEC	SM
279800	Supt Road Control	EXEC	SO
280900	Supt Signal Maintenance	EXEC	S
281500	Supt Systems Service	EXEC	SM
282200	Supt Training Subway	EXEC	SO
282300	Supt Training Mtce - Bus	EXEC	SO
282500	Supt Trans - Bus	EXEC	SOC
281600	Supt Trans / Const	EXEC	SO
281900	Supt Trans - Rapid Transit	EXEC	SO
282000	Supt Trans - Surface Lines	EXEC	SO
281800	Supt Transmission & Dist	EXEC	SM
760000	Supv Auto Body Repair	LRC-L453	SM
286300	Supv Bldg Sta Mtce - Nights	EXEC	SM
870800	Supv Bldg Station Mtce	LRC-ExUn	SM
430600	Supv Bridge Struct Mtce	L453	SM
432200	Supv Car Barn Maintenance	L453	SM
433400	Supv Communications	L453	S
760300	Supv Electrical &Mech Eng	LRC-L453	SM
872000	Supv Electrical Mtce	LRC-ExUn	SM
435800	Supv Equip & Yard Serv	L453	SM
760600	Supv Everett Shops	LRC-L453	SM
436500	Supv Indstrl Hygiene	L453	S
760900	Supv Information Systems	LRC-L453	SC
761200	Supv Machine Shop	LRC-L453	SM
437800	Supv Maintenance Of Way	L453	SM
770500	Supv Trans - Bus	LRC-L453	SO
775600	Supv Trans - Subway	LRC-L453	SOC
875600	Supv Trans & Dist Ops	RC-ExUn	SM
777700	Supv Transm & Dist Eng	LRC-L453	SM
778000	Supv TransmDis Eng & Sfty	LRC-L453	SM
876200	Supv Transmission & Dist	LRC-ExUn	SM

*Safety Sensitive Designation may be subject to change

MBTA - Safety Sensitive Jobs

Job Code	Title	Union	Safety Code	Job Code	Title	Union	Safety Code
292400	Supv NightWeekend Ops-Bus	EXEC	SO	769400	Supv Warrnty Srv&Spec Prj	LRC-L453	S
292300	Supv Nightweekend Ops-RTL	EXEC	SO	024400	Technician, Power Equip	L104	M
873200	Supv Ops Control Center	LRC-ExUn	SC	082900	Tester, Materials	L105	S
765400	Supv PCC Rebuild	LRC-L453	SM	083300	Tester, Sr Materials	L105	S
766000	Supv Power Sys/Equip Eng	LRC-L453	SM	085200	Towerperson	L589	C
766300	Supv Power Sys/Equipment	LRC-L453	SM	545400	Trackmaster Nights	L453	SM
439400	Supv Production	L453	SM	052600	Trackperson	L589	M
766600	Supv Pwr Cntrl&Trc Substa	LRC-L453	SM	052500	Trackperson A	L589	M
767200	Supv Pwr Gener & Unit Sub	LRC-L453	SM	087700	Transitperson	L105	M
767500	Supv Repair Shop Mtce	LRC-L453	SM	089000	Upholsterer	B&T	M
292500	Supv Road Control	EXEC	SO	004300	Welder, Blacksmith	L651	M
769300	Supv Shops Maintenance	LRC-L453	SM	095000	Wireperson	B&T	M
442100	Supv Signal & OCC Systems	L453	S	097000	Wireperson, TSP	UNAF	M
442200	Supv Signal Maintenance	L453	SM	020600	Worker, 1st CI Electrical	L717	M
769600	Supv Sta Supp Sys	LRC-L453	SM	020700	Worker, 2nd CI Electrical	L717	M
769900	Supv Strct Engineering	LRC-L453	SM	058600	Worker, Sheet Metal	B&T	M
770200	Supv Training -Heavy Rail	LRC-L453	SO	096400	Worker, TSP Sheet Metal	UNAF	M

*Safety Sensitive Designation may be subject to change

6. System Name: Metropolitan Evansville Transit System (METS) - Evansville, IN

Contact: Kerry Kamp, Drug and Alcohol Program Manager
kkamp@evansvillepublicworks.com
(812) 435-6165

Description: **Rx/OTC Medication Policy.** METS' Rx/OTC policy is part of the transit system's drug and alcohol testing policy, is very informative, and describes procedures in great detail. The policy lists Rx drugs that must be reported, as well as those that are not required to be reported. Every METS safety-sensitive employee must complete a Medication Approval Form¹ for any medication not listed on the 'prescribed drugs that do not need to be reported list.' The form must be signed by a prescribing physician and provided to the supervisor before beginning safety-sensitive duties.

The policy separates over-the-counter medications from prescription medications and allows the employee to use his or her best judgment when taking OTC medications. Employees are instructed to read the warning labels and discuss possible side effects with their pharmacist or physician.

The Rx/OTC policy instructs the employee to refrain from duty in the event of an adverse side effect or the inability to perform safety-sensitive duties while taking a particular Rx or OTC medication. The policy also describes the disciplinary action if an employee violates the policy and stresses confidentiality.

Highlights:

- The Rx/OTC policy is part of the system's Drug and Alcohol policy.
- The policy is comprehensive and straight forward.
- The policy describes the procedures for reporting a prescription medication.
- The policy requires the employee to make his or her own judgment regarding over-the-counter medication use.
- The policy instructs the employee to read all warning labels and talk to their physician and pharmacy.
- The policy stresses employee confidentiality.
- The policy describes disciplinary action, specifically if the employee's use of an Rx/OTC medication endangers the employee, other employees or the public or has contributed to an accident.
- The policy requires the use of a Medication Approval Form.
- The policy has a list of medications that do not need to be reported to a supervisor.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Small Urban	87	41	Yes

¹ The Medication Approval Form can be found in the Chapter IV, Forms of this Toolkit.

Metropolitan Evansville Transit System Drug and Alcohol Policy

Prescription and Over-the-Counter Medications:

1) Reporting of Prescription Drugs:

In the interest of protection employees and the general public, safety-sensitive employees must make sure that any prescribed drug or combination of drugs being taken will not adversely impact their job performance. The prescribing licensed medical practitioner must approve the medication to ensure that the employee's job duties can be performed safely. This approval must be reported in writing to METS via the Medication Approval Form in Appendix 1 and employees can obtain a Medication Approval Form from the METS Office Manager.

2) Prescribed Drugs that do not need to be reported:

Drugs on the Medication Approval Form listed under the section titled "Drugs That Do Not Need to Be Reported" do not need to be reported, whether taken alone or in combination with other drugs that do not need to be reported. This includes antibiotics, birth control pills, vitamins, local dental injections, creams, ointments and lotions. When using a drug that does not need to be reported, it is the employee's responsibility to make sure that the drug taken is exactly the same as the drug on the list. The list is provided as Appendix 2 and employees can obtain a Drugs That Do Not Need to Be Reported list from the METS Office Manager.

3) Prescribed Drugs that must be reported:

Safety-Sensitive employees must report prescribed drugs listed under the section of the Medication Approval Form title "Mandatory Reportable Drugs" or any other drug that is not listed on the form. When reporting prescribed drugs all other "Mandatory Reportable Drugs" prescribed and being taken at the same time must also be reported. See Appendix 2 for the list of drugs.

4) Over the Counter Medications:

It is the responsibility of safety-sensitive employees, when selection over the counter medication, to read all the warning labels before selection it for use while in a working status. Medications whose labels indicate they affect mental functioning, motor skills or judgment should not be selected. The advice of a pharmacist, if available at the purchase site may be helpful in making a selection appropriate to the employee's job duties. If no alternate medication is available for the condition, employees should seek professional assistance from their pharmacist or physician. Ultimately, the employee may be the best judge of how a substance is impacting him/her. As such the employee has the responsibility to refrain from using any over the counter medication that causes performance altering side effects, whether or not the label warns of them. Although safety-sensitive employees are not required to provide written notice to the METS when using over the counter medications it is highly recommended that the employee confer with his/her physician regarding the possibility of adverse side effects that may impair job performance.

5) Side Effects:

Employees who experience medication side effects or do not feel fit for duty, regardless of medications or previous approvals, must consult their personal physician and immediately refrain from performing hazardous activities including all safety-sensitive functions.

Employees who either leave an assigned shift early or who cannot begin their shift at the appointed time because of side effects from any medication must provide a statement from their physician clearing them to return to duty.

6) How to report medication:

To report a medication, the employee's licensed medical practitioner must read and sign the Medication Approval Form. Employees should bring a Medication Approval Form with them when they visit their doctor. This form must be returned to the employee's METS Supervisor prior to resuming safety-sensitive functions.

Employees have the responsibility to explain their jobs to their medical practitioner and ensure that the use of prescribed medication will not pose a safety risk to themselves, other employees, or the general public. It is recommended that the employee provide the medical professional with a copy of their current job description. Copies of job descriptions may be obtained from the METS Office Manager.

If the employee's use of a prescription or over the counter drug endangers the employee, other employees or the public or has contributed to an accident the employee will be subject to discipline up to and including discharge under METS policy.

7) Confidentiality of Records and Verification:

Medication Approval Forms will be kept in a confidential medical file under the control of the METS Director. If an employee's personal physician and METS medical advisors differ regarding use of a medication, the METS Director will work with the employee's medical practitioner and the METS medical advisor to resolve the difference.

7. System Name: Prairie Five Rides – Montevideo, MN

Contact: Janell Haugen
janellp5@wellmnet.com
(320) 269-8727

Description: **Rx/OTC Policy.** Prairie Five Rides’ policy is a standalone policy that is maintained separate from the FTA Drug and Alcohol Testing Policy. This policy lists and describes the provisions set forth under the transit system’s own authority. The purpose of the policy is clearly defined in a comprehensive format. The policy describes steps employees must take when being prescribed a Rx/OTC medication. Proper use of over-the-counter medications is described in the policy. The policy is to be used in conjunction with a Medication Approval Form¹. Failure to adhere with the policy is clearly defined as are the Do’s and Don’ts for the safe use of Rx/OTC medications. Also included are a few popular medications that could limit an individual’s ability to perform safety-sensitive duties.

Highlights:

- Stand alone policy separate from FTA Drug and Alcohol Testing Policy.
- The policy is in a brochure format and very comprehensive.
- The policy stresses employee responsibility.
- The policy references and requires all employees to complete a Medication Approval Form for all prescribed medications.
- The list medications of concern for safety-sensitive employees are a useful tool for employees and supervisors.
- The Do’s and Don’ts section offers useful tips for the safe use of Rx/OTC medications.



Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Rural	17	10	No

¹ A sample Medication Approval Form can be found in Chapter IV, Forms of this Toolkit.

Prairie Five RIDES
Over-The-Counter & Prescription Drug Policy

Purpose

The purpose of the OVER-THE-COUNTER & PRESCRIPTION DRUG POLICY is to provide guidelines for safety-sensitive employees and their physicians in balancing the treatments of illnesses and the requirements of performing a safety-sensitive function.

It is not the intent of this policy to force ill employees to work nor force employees who are eligible to work while being treated for an illness to stay off the job. The determination of eligibility to work while taking medication primarily rests with the employee's physician and how the medication impacts the employee's ability to perform his or her job safely.

The policy provides a form (Medication Approval Form) for use as a communication document between Prairie Five CAC, Inc., the employee and the treating physician, concerning the employee's eligibility to work while being medicated.

How the Policy Works

Prescription Medication can be prescribed only by a licensed physician. If you are ill and plan to see your physician, you should:

Step 1: Advise your physician of the safety-sensitive nature of your job.

Step 2: Provide your physician with the required Medication Approval Form, which can be obtained from the office

Step 3: Advise your physician of any side effects you may have experienced with any prescription medication in the past.

Step 4: After prescribing medication, your physician must complete the Physician's Section of the Medication Approval Form. On the form your physician will indicate if:

Option A: You **are** permitted to continue performing your safety-sensitive function while taking the prescribed medication

Option B: Your physician indicates that you **are not** permitted to work while taking the prescribed medication because the potential side effects could cause you to be unsafe in the performance of your duties. You submit this form to the Transit Manager, who will place you on the sick list.

Over-the-Counter Medications should be taken with extreme caution.

- Read all the warning labels before selecting a medication for use while performing safety-sensitive functions
- If the label has warnings such as 'do not take this medication while operating a motor vehicle, may cause drowsiness, etc.,' select another medication
- If unsure which medication is safe to take while performing your job, ask your pharmacist. If still unsure, contact your physician for a suitable alternative and follow the procedures in Step 4.
- Ultimately, you are responsible for ensuring your safety and the safety of your co-workers and customers. Taking medication while performing your duties can impair your ability to meet this obligation.

Failure to adhere to this policy could result in disciplinary action, up to and including termination of employment

Summary of Do's and Don'ts

As a safety-sensitive employee you **must always**:

- 1) Inform your physician of the safety-sensitive nature of your duties if a medication is being prescribed.
- 2) Check the label of any over-the-counter medication for any ingredients that could cause unsafe performance of duties.

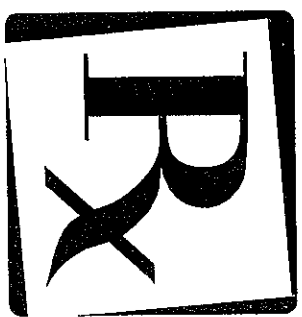
- 3) Request relief from safety-sensitive duties if any medication being used at work produces a side effect that would cause unsafe performance of duties.
- 4) Remember that your safety and that of your co-workers and customers is in your hands. Taking medications while on duty can greatly impact your ability to fulfill this responsibility safely.

As a safety-sensitive employee you **must never:**

- 1) Use a prescription medication that has not been prescribed for you.
- 2) Use a prescription or over-the-counter medication in excess of the prescribed dosage.
- 3) Use any medication that contains alcohol within 4 hours prior to reporting to duty.
- 4) Use any medication that negatively impacts your ability to perform your duties safely.
- 5) Use a prescription, while on duty, without a physician's release.
- 6) Use an over-the-counter medication whose label warns it could affect mental functioning, motor skills or judgment.

Over-The-Counter & Prescription Drug Policy

Toll-Free
1-877-757-4337
website: prairiefive.com



Medications of Concern if Used while Performing Safety-Sensitive Work

This list is not all-inclusive and is subject to change as new products appear on the market.

Over-the-Counter

Benadryl, Bromfed, Chlortrimeton, Comtrex, Contac, Deconamine, Dimetapp, Dristan, Drixoral, Extenzdril, Fedahist, Ibuprofen, Kronofed, Naldecon, Nolamin, Novafed, Ornade, Phenergan, Rondec, Rynatan, Simubid, Simulin, Sudafed, Tavist-D, Tylenol.

Prescription

Analgesics

Aspirin w/codeine, Codeine, Darvocet, Darvon, Demerol, Dilaudid, Empirin Compound w/codeine, Levo-Dromoran, Methadone, Morphine, Percocet, Percodan, Soma Compound w/codeine, Talacet, Talwin, Tylenol w/codeine, and Vicodin.

Anti-Motion Sickness

Antivert, Dramamine, Marezine, Phenergan, Transderm-Scop.

Tranquilizers & Sedatives

Ativan, Dendaryl, Centrax, Compazine, Dalmane, Diazepam, Equani, Halcion, Haldol, Libritabs, Librium, Limbitrol, Paxipam, Phenergan, Prolixin, Serax, Stelazine, Thorazine, Tranxene, Valium, Valrelease, Xanax.

Antidepressants

Adapin, Amitriptyline, Asendin, Deprrol, Desyrel, Elavil, Enderp, Etrafon, Limbitrol, Lithium, Ludionil, Marplan, Nardil, Norpramin, Parnelor, Parnate, Petrofrane, Sinequan, Surmontil, Tofranil, Triavil, Vivacril.

Barbiturates

Alurate, Butisol, Dilantin, Mebaral, Nembutal, Pentobarbital, Secobarbital, Seconal, Sedapap, Tunal.

Skeletal Muscle Relaxants

Flexeril, Parafon, Soma.

Summary of Do's and Don'ts

As a safety-sensitive employee you must always:

1. Inform your physician of the safety-sensitive nature of your duties if a medication is being prescribed.
2. Check the label of any over-the-counter medication for any ingredients that could cause unsafe performance of duties.
3. Request relief from safety-sensitive duties if any medication being used at work produces a side effect that would cause unsafe performance of duties.
4. Remember that your safety and that of your co-workers and customers is in your hands. Taking medications while on duty can greatly impact your ability to fulfill this responsibility safely.

As a safety-sensitive employee you must never:

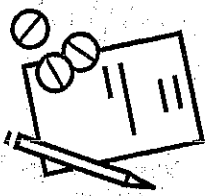
1. Use a prescription medication that has not been prescribed for you.
2. Use a prescription or over-the-counter medication in excess of the prescribed dosage.
3. Use any medication that contains alcohol within 4 hours prior to reporting to duty.
4. Use any medication that negatively impacts your ability to perform your duties safely.
5. Use a prescription, while on duty, without a physician's release.
6. Use an over-the-counter medication whose label warns it could affect mental functioning, motor skills or judgment.

Prairie Five RIDES
Public Transportation
System for ALL AGES.



PURPOSE

The purpose of the **OVER-THE-COUNTER & PRESCRIPTION DRUG POLICY** is to provide guidelines for safety-sensitive employees and their physicians in balancing the treatment of illnesses and the requirements of performing a safety-sensitive function.



It is not the intent of this policy to force ill employees to work nor force employees who are eligible to work while being treated for an illness to stay off the job. The determination of eligibility to work while taking medication primarily rests with the employee's physician and how the medication impacts the employee's ability to perform his or her job safely.

Employees will be informing prescribing physician of current medications they are taking.

The policy provides a form (MEDICATION APPROVAL FORM) for use as a communication document between Prairie Five CAC, Inc., the employee and the treating physician, concerning the employee's eligibility to work while being medicated.

HOW THE POLICY WORKS

Prescription Medications can be prescribed only by a licensed physician. If you are ill and plan to see your physician, you should:

Step #1: Advise your physician of the safety-sensitive nature of your job.

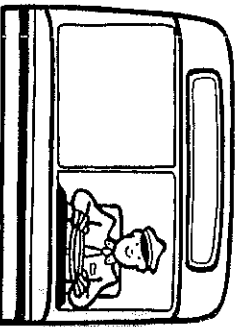
Step #2: Provide your physician with the required Medication Approval Form, which can be obtained from the office.

Step #3: Advise your physician of any side effects you may have experienced with any prescription medications in the past.

Step #4: After prescribing medication, your physician must complete the Physician's Section of the Medication Approval Form. On the form your physician will indicate if:

Option A: You are permitted to continue performing your safety-sensitive function while taking the prescribed medication.

Option B: Your physician indicates that you are not permitted to work while taking the prescribed medication because the potential side effects could cause you to be unsafe in the performance of your duties. You submit this form to the Transit Manager,



Safety is an issue for our staff and patrons.

ager, who will place you on the sick list.

Over-the-Counter Medications should be taken with extreme caution.

✓ Read all warning labels before selecting a medication for use while performing safety-sensitive functions.

✓ If the label has warnings such as do not take this medication while operating a motor vehicle, may cause drowsiness, etc., select another medication.

✓ If unsure which medication is safe to take while performing your job, ask your pharmacist. If still unsure contact your physician for a suitable alternative and follow the procedures in Step #4.

✓ Ultimately, you are responsible for ensuring your safety and the safety of your co-workers and customers. Taking medication while performing your duties can impair your ability to meet this obligation.

Failure to adhere to this policy could result in disciplinary action, up to and including termination of employment.

8. System Name: Veolia Transportation

Contact: Ebbe Jensen
Ebbe.jensen@veoliatransportation.com
(803)255-7084

Description: **Rx/OTC Medication Policy.** Veolia’s Rx/OTC policy is one section of the FTA drug and alcohol testing policy. The policy indicates that all safety-sensitive employees must notify the Company of all medications that may interfere with their ability to perform work. This notification is accomplished by the submission of a Prescription/Non Prescription Notification Form¹. The forms must be submitted to a substance abuse program administrator or the appropriate manager. The MRO or a physician will make a determination of the employee’s ability to perform safety-sensitive duties based on the information provided. Disciplinary action for violation of the policy is adequately described. The employee is required to use a personal day if he or she is found unfit for duty because of Rx/OTC medication use.

Highlights:

- The Rx/OTC policy is part of the drug and alcohol policy.
- The Rx/OTC section is italicized to stand out and indicate it is under the Veolia’s authority.
- The policy is comprehensive and to the point.
- The policy requires safety-sensitive employees to report all Rx/OTC medication use.
- *Approval from a Substance Abuse Program Manager or MRO is required for all employees and all Rx/OTC medications.
- The consequences for policy violations are described in the policy.

*Note: It is usually recommended that an employee’s physician would complete any required medication notification form and make the determination of the employee’s ability to perform safety-sensitive duties while taking a Rx/OTC medication.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Various Locations	7,223	Varies by Location	Varies by Location

¹ The Prescription/Non-Prescription Notification Form can be found in Chapter IV, Forms of this Toolkit.

Veolia
Substance Abuse Policy

Prescription and Over-the-Counter Medications:

It is VEOLIA's policy that all safety sensitive employees must notify the Company when they are taking prescription or non-prescription medication that may interfere with their ability to perform work safely. Failure to do so will result in disciplinary action up to and including termination of employment.

There is only one approved method of notification. Employees must use the Prescription/Non-Prescription notification form to inform the company of all medication used. Falsification of this form in any way is cause for immediate termination

Prescription/Non-Prescription forms must be completed by a Physician, Physician Assistant, Pharmacist, or Registered Nurse. Completed Prescription/Non-Prescription Notification forms must be turned in to the Substance Abuse Program Administrator prior to the beginning of the shift, if the Substance Abuse Program Administrator is not available, forms must be turned in to the appropriate Department Manager, Senior Supervisor, or Foreman on duty.

During normal business hours a determination can usually be made immediately as to whether an employee will be allowed to work. If an immediate determination cannot be made, a Medical Review Officer (MRO) will be notified and will make a determination as to an employee's ability to safely work.

Employees will not be allowed to clock in until the Substance Abuse Program Administrator or the MRO has made a determination. All normal rules and regulations applying to Miss Outs, No Call No Shows, and Unauthorized Absences shall apply. Employees shall be allowed to use available PTO, EPTO, and vacation until they are cleared to return to work. All normal rules and regulations regarding the scheduling of PTO, EPTO, and vacation apply.

9. System Name: TriMet® - Portland, OR

Contact: Brooke Taylor, Drug and Alcohol
Program Manager
brookeb@trimet.org
(503)962-4828



Description: **Rx/OTC Medication Policy.** TriMet maintains their Rx/OTC policy separate from their FTA drug and alcohol testing policy. The policy is written in a question and answer format and focuses on each safety-sensitive employee's right to use medications and also stresses the importance of maintaining public safety. The policy also incorporates TriMet's procedures for implementing the policy. TriMet's Management and Occupational Health Physician are responsible for policy oversight and enforcement.

Employees are required to obtain a Prescription Drug Use Form¹, signed by a physician, for each prescription medication taken by the employee. This form must indicate whether the employee should be medically disqualified from performing safety-sensitive functions during the duration of the treatment or is released to work. The employee must complete the "employee section" before giving the form to the physician or prescribing individual. The employee is required to advise the physician or prescribing individual of the safety-sensitive nature of his or her job. The employee is also encouraged to ask for alternative treatments that do not have performance altering side effects.

Employees disqualified from performing safety-sensitive duties must submit the Prescription Drug Use form to their immediate supervisor to explain their absence. Employees medically withheld under this provision will be noted as on sick leave on their attendance record. Employees who are released to work while taking the prescription medication may report to work without further notice as long as they submit the form to their supervisor. The supervisor must convey this form to TriMet's Occupational Health Doctor.

Over-the-Counter (OTC) medications with labels indicating that they may affect mental functioning, motor skills, or judgment are not to be selected for use while performing safety sensitive duties. If the employee chooses an OTC medication that has a warning label indicating that it may cause performance-altering side effects, the employee must notify his or her supervisor or manager prior to performing safety-sensitive duties. In conjunction with TriMet's Occupational Health Doctor, the employee's manager or supervisor will determine whether the employee is fit to perform safety-sensitive duties.

A safety-sensitive employee who violates this policy will be removed from service immediately. Violation of this policy will subject the

¹ TriMet's Prescription Drug Use Form can be found in Chapter IV, Forms of this Toolkit.

employee to disciplinary action up to and including termination. Once removed, the employee cannot be returned to safety-sensitive duties until evaluated and released by a TriMet physician.

Highlights:

- Standalone policy that is not part of the FTA required drug and alcohol policy.
- Focuses on employee responsibility and accountability.
- The policy requires the use of a Prescription Drug Use Form for each Rx medication.
- TriMet’s Occupational Health Physician is responsible for deciding whether or not the employee can take the medication while performing safety-sensitive duties.
- The policy requires the employee to read all the warning labels on OTC medications to determine if it is safe to use.
- The policy describes disciplinary action for policy violation.
- The policy describes Rx/OTC medication use and post accident investigations.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	2,066	1,087	Yes

TriMet Prescription and Over-The-Counter Drug Use Policy

Purpose

TriMet strives to provide a consistently safe mode of transportation for the community's servers and a safe work environment for the employees who are so vital to providing the service. TriMet recognizes that an employee's use of certain prescription (Rx) and over-the-counter (OTC) drugs while providing this service may compromise TriMet's ability to carry out its service in the safest manner possible and inhibit its ability to provide a safe work environment for its employees. Accordingly, the use of certain Rx and OTC medications is strictly prohibited when such use will jeopardize TriMet's commitment to providing a safe mode of transportation and a safe work environment.

Scope

The purpose of this policy is to be first identified and carried out by all employees in safety-sensitive positions who are using Rx or OTC medications. The oversight and enforcement of this policy is the responsibility of TriMet's Occupational Health Physician, in conjunction with all managers and supervisors of employees in safety-sensitive positions and the DAPM and DER. The procedure set forth herein applies only to medications that are to be taken or that would have an effect while at work.

Policy

The following behaviors are strictly prohibited:

- Using a Rx medication that is not legally prescribed for the employee.
- Using a Rx or OTC medication in excess of the prescribed dosage.
- Using any medication that contains alcohol within four (4) hours before performing safety-sensitive functions.
- Using any medication that adversely impacts the employee's ability to safely perform his/her safety-sensitive job functions.

Guidelines

1. What do I do if I am a safety-sensitive employee and am using (or will be using) a Rx?

TriMet requires that all safety-sensitive employees obtain a completed Prescription Drug Use form from their physician or other prescribing individual for each Rx medication prescribed for use while in working status. This form should indicate whether the employee should be medically disqualified from performing safety-sensitive functions during the duration of the treatment, or is released to work. The employee is responsible for providing the prescribing physician or individual with the Prescription Drug Use form. The "Employee's Section" is to be completed before giving this form to the physician or prescribing individual. The employee shall directly advise the physician or prescribing individual if he/she drives a vehicle, operates a vehicle, or performs other safety-sensitive duties. The employee is responsible for discussing the potential effects of any prescription medication with the prescribing physician or individual, including its potential to impair mental function, motor skills, or judgment, as well as any adverse impact on the safe performance of his/her safety-sensitive job duties. The employee is encouraged to ask his/her physician or prescribing individual for alternative treatments that do not have performance altering side effects.

Employees in possession of this form disqualifying them from performing safety-sensitive duties are to convey the form to their immediate supervisor to explain their absence. Employees medically withheld under the provision above shall be carried as “sick” on their attendance record. Employees released to work while taking a Rx may report to work without further notice as long as they submit the Prescription Drug Use form to their supervisor or manager. The immediate supervisor must convey this form to TriMet’s Occupational Health Doctor.

2. Who determines whether I am able to perform my safety-sensitive job function while using a Rx?

A safety-sensitive employee is required to provide his/her supervisor or manager with the Prescription Drug Use form. The supervisor or manager will deem the employee unfit to perform the employee’s safety-sensitive job function if it is clear from the form that the physician or prescribing individual has determined that the employee’s medical history, current condition, side effects of the medication being prescribed, and other indicators pose a potential threat to the safety of co-workers, the public, and/or the employee. The supervisor or manager will then submit the form, along with the reference to the supervisor or manager’s decision, to TriMet’s physician.

The prescribing physician or individual’s determination is subject to review by TriMet’s physician who may consult with the prescribing physician or individual to obtain additional information as necessary. Based on the information provided, the TriMet physician may overrule the prescribing physician or individual and disqualify the employee. TriMet’s physician’s decision will be deemed final.

Ultimately, the employee may be the best judge of how a substance is impacting the employee. As such, the employee is responsible for informing the prescribing physician or individual of performance-altering side effects and request medial disqualification from performance of safety-sensitive duties. If the employee is on duty, the employee should immediately contact his/her supervisor for relief from safety-sensitive work.

3. What is my responsibility as a safety-sensitive employee when choosing an OTC?

It is the responsibility of safety-sensitive employees when selecting an OTC medication to read all warning labels before selecting it for use while in working status. Medications whose labels indicate they may affect mental functioning, motor skills, or judgment should not be selected. The advice of a pharmacist, if available at the purchase site, may be helpful in making a selection appropriate to the employee’s job duties. If no alternate medication is available for the condition, employees should seek professional assistance from their physician or other prescribing individual.

4. Who determines whether I am able to perform my safety-sensitive job function while using an OTC?

It is the safety-sensitive employee's responsibility to read all warning labels carefully and choose an OTC prudently. If the employee chooses an OTC that has a warning label indicating that it may cause performance-altering side effects, the employee must notify his/her supervisor or manager prior to performing safety-sensitive duties. In conjunction with TriMet's physician, the employee's manager or supervisor will determine whether the employee is fit to perform safety-sensitive duties. The manager or supervisor's determination is subject to review by TriMet's physician. TriMet's physician's decision will be deemed final.

5. What will happen if I use a Rx or OTC and do not provide my supervisor or manager with a Prescription Drug form or notify my supervisor or manager that I am using an OTC that may cause performance-altering side effects?

A safety-sensitive employee who violates this policy will be removed from service immediately. Violation of this policy will subject the employee to disciplinary action up to and including termination of employment. Once removed from service, an employee may not be returned to safety-sensitive duties until evaluated and released by a TriMet physician.

6. What if I am using a Rx or OTC and am involved in an on-the-job accident?

A safety-sensitive employee that is using a Rx or OTC and is involved (directly or indirectly) in an on-the-job accident involving operation of a revenue vehicle, as that term is defined by the DOT regulations, is required to complete a Post-Accident Drug and Alcohol Test Decision Documentation Form. If it is determined that use of the Rx or OTC was a contributing factor in the accident, and the employee did not provide the required Safety-Sensitive Employee Prescription Drug Use form to his/her supervisor or notify the supervisor that the employee was taking an OTC that may cause performance-altering side effects, the employee will be subject to discipline, up to and including termination.

9. System Name: Indiana Department of Transportation- Indianapolis, Indiana

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: **Model Medical Qualification (MQ) Program Appeal Procedure.** The Indiana Department of Transportation (INDOT) adopted a model medical qualification (MQ) program to address overall fitness for duty for safety-sensitive employees by its Section 5311 systems. Among other provisions, the overall MQ Program requires medical qualification determinations by a Medical Determination Officer (MDO), a medical professional under contract to the individual transit systems and which performs a variety of medical services including, but not limited to, physical examination services/medical qualification assessments for all safety-sensitive transit positions. This document sets forth the procedure in the case of disputed medical determinations by a safety-sensitive employee.

Highlights:

- ◆ The MQ Program Appeal Procedure assures an objective review of the facts related to a disputed medical qualification determination of a safety-sensitive transit employee.
- ◆ Establishes a prompt response documented in writing for all disputed determinations.
- ◆ Gives safety-sensitive employees the right to prove functional capability to effectively perform all safety-sensitive job functions associated with their position in a disputed determination.
- ◆ Places the burden of proof for demonstrating performance of safety-sensitive job functions on the safety-sensitive employee disputing the original determination.

Medical Qualification Program

Appeal Procedure

Overview:

The purpose of the Medical Qualification Program is to provide a safe working environment and to protect the health and safety of customers, employees, public, and property. The Medical Qualification Program requires employees of Indiana transit systems to be medically qualified when performing safety-sensitive duties. Each transit system must adopt a Medical Qualification Policy that addresses medical determinations to establish that every employee is medically qualified to perform safety-sensitive duties. Accordingly, each transit system must also establish a medical determination appeal procedure for safety-sensitive employees.

The Medical Qualification Program has integrated procedures to ensure a thorough review of the employee's health status, increasing the accuracy of the Medical Qualification Determination. These procedures can be incorporated into the medical determination appeal process, as outlined below.

Sample Appeal Procedure:

_____ transit system has established this Medical Qualification Determination Appeal Procedure to ensure an objective review of the facts related to a disputed medical qualification determination of a safety-sensitive transit employee.

As established in the _____ transit system's adopted Medical Qualification Policy, applicants and employees must be able to perform essential safety-sensitive position functions. The following actions will be taken during the initial Medical Qualification Assessment to ensure the objective review of facts:

- All medical qualification assessments will be reviewed by the Medical Determination Officer (MDO).
- The MDO will request and review laboratory tests, in accordance with Indiana Code 20-9.1-3-1 and applicable transit system policies including Medical Qualification, Substance Abuse, and Prescription and Over-the-Counter Medications.
- The MDO will review health history information for all safety-sensitive applicants and employees.
- The MDO will consult with treating physicians to obtain additional information, as necessary.
- The MDO will provide a written report of all Medical Qualification assessments and determinations to the _____ transit system.

_____ transit system will take the following actions in the event a safety-sensitive employee is determined to be medically unqualified:

- Notify the applicant or employee of his or her Medical Qualification status.
- Evaluate and determine if the system has an alternate position available to provide the employee with a reasonable accommodation.

- Inform the employee of his or her options in accordance with the system's medical leave policy.
- Enforce the medical determination in accordance with the system's established policy.

Safety-sensitive employees have the right to appeal a medical determination. Safety-sensitive employees appealing a medical determination must complete the following:

- Submit a written notice of appeal and request for review of the medical determination to _____ (System CEO) not more than 30 days after the medical determination is rendered.
- Submit documentation to support the request for appeal with the written notice of appeal.

_____ transit system will acknowledge the appeal request and/or the request for direct observation evaluation in writing to the safety-sensitive employee no later than 5 days from receipt of the request and will forward this request to the MDO for review and determination.

The MDO will review the appeal request and any supporting documentation. During this review, the MDO may request additional medical testing and/or clarification or further explanation of supporting documentation.

The MDO will render a written decision within 30 days of receipt of the review request or in cases where additional testing or information is requested, 30 days from the receipt of requested information, to the transit system. The transit system will notify the employee of the MDO's appeal decision in writing within 5 days of receipt of the information from the MDO.

Safety-sensitive employees have the right to prove functional capability to effectively perform all safety-sensitive job functions associated with their position. Safety-sensitive employees requesting to demonstrate their performance of safety-sensitive job functions bear the burden of proof and must:

- Submit a written request for a job function capability evaluation to _____ (System CEO) no later than 30 days after the medical determination was rendered.

_____ transit system will acknowledge the functionality capability request in writing to the safety-sensitive employee no later than 5 days from receipt of the request. A functionality capability evaluation of the employee's qualification to perform safety-sensitive duties will be performed within 10 days from the receipt of the written request. The evaluation will be performed in a controlled environment by a team determined by the MDO and consisting of: a Physical Therapist, a Medical Practitioner, and an INDOT Passenger Assistance Trainer. The cost of the evaluation will be borne by _____.

The MDO will render a written decision to the transit system within 30 days of receipt of the functionality capability evaluation report or in cases where additional testing or information is requested, 30 days from the receipt of requested information. The transit system will notify the employee of the MDO's decision within 5 days from the receipt of the MDO's decision.

The MDO's decision is final.

11. System Name: Indiana Department of Transportation- Indianapolis, Indiana

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: **Indiana Reasonable Suspicion Determination Checklist and Documentation.**
The Indiana Department of Transportation (INDOT) adopted a model medical qualification (MQ) program to ensure that Indiana's rural transit systems are medically qualified to perform safety-sensitive duties. It includes the Indiana Prescription and Over-the-Counter (Rx/OTC) Medication Policy and Procedures which requires a process for determining reasonable suspicions. This document sets forth the checklist for both ensuring consistent and thorough reasonable suspicion determinations and documenting each determination.

Highlights:

- ◆ The Indiana Reasonable Suspicion Determination Checklist and Documentation ensures consistent and thorough determinations.
- ◆ It provides a mechanism for documenting in writing each determination.
- ◆ The checklist provides a comprehensive listing of possible indicators and causes for the determination as well as the requirement for the determining supervisor's written first hand observations.
- ◆ The checklist can be used for all reasonable suspicion determinations, including those that may result in a required DOT drug and alcohol test.

INDIANA REASONABLE SUSPICION INCIDENT CHECKLIST & DOCUMENTATION

Please print or type all information unless otherwise indicated.

Safety-Sensitive Employee's Full Name

Date/Time of Observation

Supervisor's Full Name & Telephone

Date of Supervisor's Drug and Alcohol Reasonable Suspicion Decision Training

Date of Supervisor's Medical Qualification Reasonable Suspicion Decision Training

This checklist is to be completed when a supervisor – trained in accordance with 49 CFR Part 655.14(b) and/or in accordance with Indiana Medical Qualification Program – determines that an incident has occurred which provides reasonable suspicion that an employee is exhibiting behaviors consistent with the symptoms of drug use and/or alcohol misuse and/or behaviors consistent with medical disqualification from performing safety-sensitive duties. Mark each applicable item on this form and add any additional facts or circumstances which you have observed.

A. Nature of Incident/Cause for Suspicion

- 1. Observed/reported possession or use of a prohibited substance (including passenger complaint)
- 2. Apparent drug or alcohol intoxication
- 3. Observed drug or alcohol intoxication
- 4. Arrest for drug-related offense
- 5. Other (e.g. flagrant violation of safety or serious misconduct, accident or 'near miss,' fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) Please specify:

B. Behavioral Indicators

- 1. Verbal abusiveness
- 2. Physical abusiveness
- 3. Extreme aggressiveness or agitation
- 4. Withdrawal, depression, tearfulness, or state of responsiveness

- ___5. Inappropriate verbal responses to questioning or instruction
- ___6. Other erratic or inappropriate behavior (e.g. hallucinations, disoriented, confused) Please specify:

C. Physical Signs and Symptoms

- ___1. Possession, dispensing, or using prohibited substance
- ___2. Slurred or incoherent speech
- ___3. Unsteady gait or other loss of physical control, poor conditioning
- ___4. Dilated or constricted pupils or unusual eye movement
- ___5. Bloodshot or watery eyes
- ___6. Extreme aggressiveness or agitation
- ___7. Excessive sweating or clamminess of skin
- ___8. Flushed or very pale face
- ___9. Highly excited or nervous
- ___10. Nausea or vomiting
- ___11. Disheveled appearance or out of uniform
- ___12. Odor of alcohol
- ___13. Odor of marijuana
- ___14. Dry mouth (frequent swallowing/lip wetting)
- ___15. Shaking hands or body tremors/twitching
- ___16. Dizziness or fainting
- ___17. Breathing irregularity or difficulty breathing
- ___18. Runny nose or sores around nostrils
- ___19. Inappropriate wearing of sunglasses
- ___20. Puncture marks or "tracks"
- ___21. Other (Specify)

D. Written Summary

Please summarize the facts and circumstances surrounding the incident. The observations must be specific, contemporaneous, and articulable regarding the appearance, behavior, speech, or body odors of the safety-sensitive employee. Attach additional sheets as needed.

The previous documentation of physical, behavioral, and performance indicators of the named safety-sensitive employee were observed by:

Supervisor's Full Name (printed or typed) Signature Date

Safety-Sensitive Employee referred for:

DOT Drug Testing Yes No Date: _____

DOT Alcohol Testing Yes No Date: _____

Medical Qualification Assessment Yes No Date: _____

Safety-Sensitive Employee Removed from Duty Pending Results:

Yes No Date: _____

Medical Determination Officer Receipt Acknowledgement:

Medical Determination Officer Signature Date: _____

FORWARD THIS DOCUMENT TO THE DRUG AND ALCOHOL PROGRAM MANAGER.

Chapter III: Accident Investigation Procedures



CHAPTER III: ACCIDENT INVESTIGATION PROCEDURES
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CHAPTER III: ACCIDENT INVESTIGATION PROCEDURES

To fully address Prescription and Over-the-Counter (Rx/OTC) Medication use as part of their overall Substance Abuse Program, transit systems should have a policy on the use of Rx/OTC medications; procedures for implementing the policy; a training program for implementing the policy; and finally, transit systems should identify the use of medications in their drug and alcohol post-accident investigations. Ideally, transit systems routinely collect Rx/OTC medication information from their employees and have that information on file to easily access during post-accident procedures.

At a minimum, transit systems should include standard questions regarding Rx/OTC medication use on their post accident investigation forms and/or interview questionnaires used as part of a general fitness-for-duty determination.

If, as part of the investigation, the employee reveals he or she has taken an Rx/OTC medication, additional information should be solicited at that time, including the last time the medication was taken, how long the medication has been used, dosage, frequency, side effects experienced, etc. This information should then be compared to Rx/OTC medication information that is maintained on file by the transit system and used, along with the opinion of medical professionals and management, to determine whether the medication could have contributed to the accident.

If it is found that a safety-sensitive employee is taking a restricted medication without a medical release form, the transit system must then follow its policy for possible disciplinary action.

During the research for this section, many post accident procedures were reviewed and transit systems interviewed regarding Rx/OTC medication use as a causal or

contributing factor in transit accidents. Many transit systems indicated during interviews that Rx/OTC medications are addressed during post accident investigations. However, actual review of the forms and procedures used did not support this. The conclusions drawn are that, while it may in fact be the transit system's policy to address Rx/OTC medication use, since it is not incorporated into the standard questions asked and/or forms used, there was no way to verify that it was actually occurring.

Further research into this issue revealed what may be a plausible explanation of the absence of Rx/OTC medication documentation in post accident investigations, even for those systems that have an Rx/OTC policy. Many of the transit systems, particularly larger systems, use a national standard accident investigation training and procedure. At the time of this study, this training did not specifically address Rx/OTC medication use in the investigation process. Transit systems are encouraged to revise their procedures to incorporate Rx/OTC medication use into their standard list of post accident questions, especially as they relate to causal and contributing factors.

Best practices for post accident investigation procedures addressing Rx/OTC medication use have, however, been identified and follow:

1. Greater Cleveland Regional Transit Authority (GCRTA) uses a standard form to post accident investigations. Investigators are trained to ask Rx/OTC medication questions during these investigations.
2. Indiana Department of Transportation (INDOT) has developed a model post accident investigation process that includes questions to determine the medical

qualifications of safety-sensitive employees as it relates to the use of Rx/OTC medications.

3. Livingston Essential Transportation Services (L.E.T.S.) questions employees about their Rx/OTC medication use as part of their post-accident procedures. That information is then compared to the Rx/OTC information on file for that employee.
4. Massachusetts Bay Transportation Authority (MBTA), addresses Rx/OTC medication use in their overall drug and alcohol policy as part of fitness for duty. Fitness for duty assessments are required following all accidents.
5. Santa Clara Valley Transportation Authority addresses medical issues and use of Rx/OTC medications with employees as part of its initial accident investigation procedures.

Some of the forms referenced in these procedures are provided here for your convenience and have also been provided in Chapter IV, Forms, of this Toolkit.

Specific questions regarding the Best Practice examples should be directed to the contact individual indicated for that transit system. For general questions or to obtain additional copies of the Rx/OTC Medication Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

Chapter III: Post Accident Investigation Procedures - Best Practice Summary Table

Transit System Name	Geographic Location	Lg. Urban, Urban, or Sm. Rural	# of Safety-Sensitive Employees	# of Vehicles	Union Representation	Special Notes
Greater Cleveland Regional Transit Authority (GCRTA)	Cleveland, OH	Lg. Urban	1,856	780	Yes	GCRTA addresses Rx/OTC Medication Use as part of its overall post accident investigation procedures.
Indiana Department of Transportation	Indianapolis, IN	State	N/A	N/A	N/A	INDOT as a State DOT administers Section 5311 systems and directly employees no safety-sensitive employees
Livingston Essential Transportation Service	Howell, MI	Small Urban	35	24	No	Incorporates Rx/OTC medications as part of their complete safety program.
Massachusetts Bay Transportation Authority (MBTA)	Boston, MA	Lg. Urban	5,108	2,777	Yes	Provides an extensive list of Rx/OTC medications and the conditions under which they may be safely taken while performing safety-sensitive job duties.
Santa Clara Valley Transportation Authority (VTA)	San Jose, CA	Lg. Urban	1,425	891	Yes	VTA investigators are training to inquire about Rx/OTC medication use as part of their post accident investigation procedures.

Sources:
 2010 Public Transportation Fact Book, Appendix B: Transit Agency
 and Urbanized Area Operating Statistics
 and Federal Transit Administration

1. System Name: **Greater Cleveland Regional Transit Authority (GCRTA) - Cleveland, Ohio**

Contact: Rhonda Branche, Employee Benefits Officer
(216)566-5323; rbranche@gcrta.org

Description: **Accident Investigation Procedures.** GCRTA's incident/accident investigation procedures include a question and answer interview to provide for a consistent and thorough investigation of each incident, which is then documented as part of a confidential written Incident Report. Investigators are trained to ask two questions of each operator involved in the incident which pertain specifically to fitness for duty: 1) Are you fatigued? and 2) Are you on any prescription or over-the-counter medications, and if so, what are they? These responses are recorded along with all other details of the incident on the written incident report and are used to determine the causal factors/findings and subsequent recommendations for corrective action, if necessary.

Highlights:

- Investigators are trained to inquire about Rx/OTC medication use after every accident.
- A written incident report is used document all information collected during the post accident investigation.

Note: This transit system's investigators are trained in inquiring about Rx/OTC medications, and the information is documented on a written incident report, however, the actual standardized forms used during the investigation do not reflect the actual Rx/OTC medication questions that are asked. "

Urban/Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Urban	1,856	780	Yes

2. System Name: Indiana Department of Transportation- Indianapolis, Indiana

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: **Post Accident Model Procedures.** The Indiana Department of Transportation (INDOT) adopted model post accident investigation procedures for use by its Section 5311 systems. This program consists of sample procedures which can be modified and adopted by each rural transit system as well as forms for documenting the process, including a Rx/OTC Medication questionnaire/form to document the use of Rx/OTC medications by the safety-sensitive employee.

Highlights:

- The Model procedures include the documentation of all required post accident investigation questions, including questions regarding the use of Rx/OTC Medications.
- It requires the investigating manager/supervisor to make a general medical qualification determination and to ask about Rx/OTC medication use.
- It requires the use of a second form to specifically document Rx/OTC medication use.

All forms are included in Chapter IV of this Toolkit.

Note: INDOT administers the FTA Section 5311 Program and oversees the State's 45 rural transit operators. The MQ Program is administered by the Indiana RTAP Program.

Indiana Model Post Accident Documentation Procedures for Determining Rx/OTC Involvement

In the interest of safety and protecting employees and the public, (Transit System) has adopted the following procedures to investigate Prescription and Over-the-Counter (Rx/OTC) Medication use after accidents. These procedures are not intended to obstruct law enforcement from performing its investigation or from the employee seeking medical treatment.

Post Accident Investigation – Required Forms

As part of the post accident investigation process a (Transit System) manager/supervisor will complete a Post Accident Drug and Alcohol Testing Determination Form. The investigating supervisor will make a general Medical Qualification (fitness-for-duty) determination and ask the safety-sensitive employee if he or she has taken any prescription or over-the-counter medications. If the employee indicates that he or she has an Rx/OTC medication, the investigating supervisor will ask the employee to complete a second form.

The second form, Prescription and Over-the-Counter Medication Post-Accident Investigation Form, will be kept confidential, is considered a medical report, and is afforded the same protections. This form has two parts. The first part is used to list all the medications taken by the employee during the 7 days immediately preceding the accident. The second part contains questions concerning dosage, frequency, last time taken, prescribing physician, discussions with the medical practitioner or pharmacist, side effects experienced by the employee, etc. It also has a space to list the exact information provided on the label of the medication. A separate second part should be completed for each of the medications listed on the first part.

This information will be used, along with the opinion of the MDO, by management to determine whether the medication could have contributed to the accident.

Non-FTA Post-Accident Drug Testing¹

In the event of a qualifying accident, the employee will be immediately subject to a Medical Qualification evaluation and a non-FTA NIDA 10+2 (synthetic opiates) drug test under the (Transit System)'s own authority. A qualifying accident is defined as a National Transit Database (NTD) reportable accident.

Post Accident Investigation – Findings and Actions

The information obtained from the Rx/OTC accident investigation will be used by the Medical Determination Officer (MDO) to compare with the employee's Medication Information Forms on file and to determine causal or contributing factors. This information, together with the results of the non-FTA post accident NIDA 10+2 (synthetic opiates) drug test, will determine if the employee informed management of all medications as required by the Rx/OTC Medication Policy. If it is found that a safety-sensitive employee was taking a restricted medication that had not been reported and/or reviewed by the MDO, the employee will face disciplinary action. This information will also be used in the post accident investigation to determine causal or contributing factors. Disciplinary action, if any, will be determined in accordance with the appropriate Transit System's policies and procedures, including its Rx/OTC Medication Policy.

¹ Non-FTA drug testing is conducted under the transit system's own authority only following a qualifying accident.

3. System Name: Livingston Essential Transportation Service (L.E.T.S.) – Howell, MI

Contact Name: Katrina Maxwell
kmaxwell@co.livingston.mi.us
(517)540-7848

Description: **Accident Investigation Procedure.**
All employees in safety-sensitive positions are required to notify their supervisor of all medications, including Prescription (Rx), Over-the-Counter (OTC), vitamins, supplements, etc., not already on file with the L.E.T.S. Medical Practitioner by completing and submitting a one (1) page Supplemental Medical Examination Report. In the event of an accident, the investigating supervisor will question the employee on his or her use of Rx/OTC medications. The investigating supervisor will also ask the employee if he or she reported the medication in accordance with the Rx/OTC policy. If the employee did not report the medication, he or she is considered to be in violation of the policy and the L.E.T.S. disciplinary process is triggered.

Highlights:

- Post accident procedures include asking the employee about Rx/OTC medication use and comparing it to the Rx/OTC information on file for that employee.
- In the event an employee is involved in an accident and found to have taken a medication that was not previously reported, he or she is in violation of the Rx/OTC policy and subject to the L.E.T.S. disciplinary process.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Small Urban	35	24	No

4. System Name: Massachusetts Bay Transportation Authority (MBTA) – Boston, MA

Contact: Kate LeGrow, Drug and Alcohol Program Manager
klegrow@mbta.com
(617)222-5858

Description: **Accident Investigation Procedures.** MBTA conducts all post accident testing in accordance with FTA rules and regulations for the five drugs specified by the FTA regulations. In addition, MBTA conducts post accident, expanded opiate, and drug and alcohol tests under its own authority if any one of seven specific pre-defined situations occur. MBTA conducts a complete and very thorough post accident investigation. This includes conducting a post-accident screen that is identical to the methods used for reasonable suspicion determinations. The supervisor at the scene investigates the physical condition of the employee, the employee’s behavior, the general job performance, and activity at the accident scene. In the event that an employee is referred for testing in this category, he or she will be tested for marijuana, cocaine, opiates, phencyclidine, amphetamines, barbituates, benzodiazepines, methadone, methaqualone, and prozyphene. Additionally, all employees referred for testing in this category will be required to submit to a “fitness for duty” physical evaluation.

Non-safety-sensitive employees will also be subject to post-accident testing whenever probable cause exists, including the ten-panel test.

Note: MBTA is currently developing procedures to expand the opiate panel of testing. Further, MBTA’s investigators are trained to inquire about Rx/OTC medications, and the information is documented on a written incident report, however, the actual standardized forms used during the investigation do not reflect the actual Rx/OTC medication questions that are asked.

Highlights:

- Safety-sensitive employees who fail to report their use of potentially impairing prescription drugs or over-the-counter medications to, and obtain medical clearance from, Medical Operations will be subject to discipline up to and including termination if they have a positive drug screen.
- MBTA investigators complete an “observations of employee’s physical condition” form after every accident.
- MBTA conducts a fitness-for-duty evaluation for accidents that meet certain criteria.
- MBTA conducts a ten-panel drug testing after accidents under their own authority on safety-sensitive and non-safety-sensitive employees, if probable cause exists.

Large Urban/ Small Urban/ Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	5,108	2777	Yes

5. System Name: Santa Clara Valley Transportation Authority – San Jose, CA

Contact Name: Jacquelyn Adams
jackie.adams@vta.org
(408)321-5822

Description: **Accident Investigation Procedures.** The Santa Clara Valley Transportation Authority addresses medical issues and use of Rx/OTC medications with employees as part of its accident investigation procedures. The Division Superintendent, Office Supervisor, and Assistant Superintendent report to the scene of an accident, as appropriate. The lead investigator is trained to inquire about the employee’s health, fitness-for-duty, and Rx/OTC medication use.

Information is gathered and reviewed from the employee’s medical records, information documented from an employee’s self-report, post accident fitness for duty medical evaluation, law enforcement reports, and hospital reports to determine if Rx/OTC medications had a causal or contributing effect on the accident.

Highlights:

- Several supervisors report to the scene of the accident, as appropriate. This procedure helps to ensure that the situation has been properly evaluated and that the post accident investigation procedures were properly administered.
- The lead investigator inquires about Rx/OTC medication use.
- All available information that could assist in determining if Rx/OTC medications could have contributed to the accident is accessed and reviewed.

Note: This transit system’s investigators are trained in inquiring about Rx/OTC medications, and the information is documented on a written incident report, however, the actual standardized forms used during the investigation do not reflect the actual Rx/OTC medication questions that are asked.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	1,425	891	Yes

Chapter IV: Forms



CHAPTER IV: FORMS
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CHAPTER IV: FORMS

Chapters II, Rx/OTC Policies and Procedures and III, Accident Investigation Procedures, reference several forms that are being used by transit systems across the country to standardize the implementation of their Rx/OTC Medication programs, either as a standalone program or as part of their overall Drug and Alcohol Program. These forms are provided in this chapter for your convenience, review, and use. You may use these as a benchmark and/or point of reference, or to modify for your use and to reflect your system's unique characteristics.

For example, a wide cross section of examples are provided, from requiring the reporting of all Rx/OTC medications being used by a safety-sensitive employee, to only those with the potential to adversely affect the performance of safety-sensitive job duties. Some forms require only the signature of the employee's prescribing physician and others also require the employee as well as the transit system's physician.

If you do not currently address Rx/OTC medications as part of your Drug and Alcohol Program or if you are reviewing your existing Rx/OTC procedures, you are strongly encouraged to review and discuss the different options presented in this toolkit and develop the program that best meets your system's needs and situation.

The following forms are presented:

1. The Indiana Department of Transportation's (INDOT's) developed this model Rx/OTC Medication Information Form for its Section 5311 systems as part of its overall Medical Qualification (MQ) Program. This form requires the signature of a physician or pharmacist indicating if the medications taken by the employee carry warning labels that warn against the operation of motor vehicles or machinery or carries other health advisories or contraindications, which warrant further review and consideration by the transit system's Medical Determination Officer (MDO).
2. The Safety-Sensitive Employee Medications of Concern is provided by INDOT to its Section 5311 systems and is a proactive attempt to assist transit systems and their employees in assessing the use of Rx/OTC medications by transit employees and the medications' potential to adversely impact the performance of safety-sensitive job duties before an accident happens.
3. The Indiana Department of Transportation (INDOT) developed this model Rx/OTC DOT Post-Accident Investigation Form for its Section 5311 systems. This form allows the consideration and assessment of Rx/OTC medications as a causal or contributing factor to an accident at the initial time of accident investigation.
4. The INDOT Prescription and Over-the-Counter (Rx/OTC) Medications Assessment and Post-Accident Investigation Questionnaire is only completed if Rx/OTC medication use is documented on the DOT Post-Accident Investigation Form (see #3 above).
5. Livingston Essential Transportation Service's (L.E.T.S.) Supplemental Medical Examination Report is used to report the use of all prescription and over-the-counter medications by a L.E.T.S. employee to the L.E.T.S. medical examiner.
6. Los Angeles County Metropolitan Transit Authority (LACMTA) Medication Reporting Form is used to communicate medication information from the employee's health care

provider to the employee's supervisor.

7. Maryland Transit Administration's Release to Work Form for Prescription Medications provides a list of prescription and over-the-counter medications of concern if used while performing safety-sensitive work. It also requires the prescribing physician's release of an employee to perform safety-sensitive job duties while taking the prescribed medication.
8. Massachusetts Bay Transportation Authority's Rx/OTC Medication Restrictive Use Guideline provides a list of approximately 850 prescription and over-the-counter (Rx/OTC) medications noting the restriction guidelines for each while performing safety-sensitive job functions.
9. Metropolitan Evansville Transit System (METS) only requires its Medication Approval Form if an employee is taking a medication that is NOT on METS' 'Prescribed Drugs That Do Not Need to be Reported' list.
10. Prairie Five Rides uses its Medication Approval Form to convey information from an employee and his or her prescribing physician to the transit system regarding any adverse impact of a prescribed medication on an employee's safety-sensitive performance.
11. Tri-Met's Prescription Drug Use Form is required only for prescription drugs and requires employees to list all of their safety-sensitive job duties and any medications they are taking. The form requires the signature of the employee, prescribing physician, and Tri-Met Management.
12. Veolia Transportation's Prescription Medication Notification form requires the employee's notification of all medications taken, dosage, and length of the prescription, and also requires the prescribing physician to prescribe alternative medications that do not

have the potential to adversely impact safety-sensitive job performance.

A complete description of each form is provided on the summary sheet preceding each form.

Specific questions regarding any of the Best Practice examples should be directed to the contact individual indicated for that transit system. For general questions or to obtain additional copies of the Rx/OTC Medication Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail at fta.damis@dot.gov.

Chapter IV: Forms - Best Practice Summary Table

Transit System Name	Geographic Location	Lg. Urban, Urban, or Sm. Rural	# of Safety-Sensitive Employees	# of Vehicles	Union Representation	Special Notes
Indiana Department of Transportation	Indianapolis, IN	State	N/A	N/A	N/A	INDOT as a State DOT administers Section 5311 systems and directly employees no safety-sensitive employees
Livingston Essential Transportation Service	Howell, MI	Small Urban	35	24	No	Incorporates Rx/OTC medications as part of their complete safety program.
Los Angeles County Metropolitan Transit Authority	Los Angeles, CA	Lg. Urban	7,147	3,589	Yes	Addresses Rx/OTC as part of overall Fitness For Duty; provides a list of medications that DO NOT need to be reported and a Medication Reporting Form.
Maryland Transit Administration	Baltimore, MD	Lg. Urban	2,752	1,535	Yes	Rx/OTC stand alone policy with comprehensive Rx/OTC Release to Work Form
Massachusetts Bay Transportation Authority (MBTA)	Boston, MA	Lg. Urban	5,108	2,777	Yes	Provides an extensive list of Rx/OTC medications and the conditions under which they may be safely taken while performing safety-sensitive job duties.
Metropolitan Evansville Transit System	Evansville, IN	Small Urban	87	41	Yes	Addresses Rx and OTC drugs separately and details those drugs which MUST be reported and those that do not require reporting.
Prairie Five Rides	Montevideo, MN	Rural	17	10	No	Provides Rx/OTC policy in a brochure format for easy reference by employees; requires prescribing physician's sign-off indicating fitness for duty.
TriMet	Portland, OR	Lg. Urban	2,066	1,087	Yes	Stand alone policy written in a question and answer format.
Veolia Transportation	Multiple Locations	Contractor	7,223			All employees and all Rx/OTC medication use requires Substance Abuse Program Manager and/or MRO sign-off.

Sources:

2010 Public Transportation Fact Book, Appendix B: Transit Agency and Urbanized Area Operating Statistics and Federal Transit Administration

1. System Name: Indiana Department of Transportation (INDOT) - Indianapolis, IN (on behalf of Indiana's Section 5311 transit systems)

Form: Rx/OTC Medications Release to Work Form

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: The Indiana Department of Transportation adopted this model form for use by their Section 5311 systems and is part of INDOT's stand-alone model Rx/OTC Medication policy.

Highlights:

- Emphasizes employee responsibility for Rx and OTC medications by requiring them to submit a form for each Rx/OTC medication taken.
- Requires signature of a physician or pharmacist for any Rx/OTC medications indicating if the medication carries any warning label that warns against operating a motor vehicle or operating machinery while taking this medication and/or carries other health advisories or contraindications, which warrant further review and consideration by the transit system's Medical Determination Officer (MDO).
- Places final responsibility for making a medical qualification determination on the requisite MDO.

Note: INDOT administers the FTA Section 5311 Program and oversees the State's 45 rural transit operators. INDOT developed a Model Medical Qualification (MQ) Program which includes, but is not limited to, a MQ Policy and Procedures, Rx/OTC Medication Policy and Procedures, Accident Investigation Procedure, and accompanying forms for implementing these policies and procedures.

Indiana Department of Transportation (INDOT)

Medical Qualification (MQ) Program

Exhibit I: Rx/OTC Medication Information Form

Indiana's safety-sensitive transit employees must report to work "fit for duty." Given the safety-sensitive nature of their job duties, and possible side effects, employees should not perform any safety-sensitive duties while taking any Prescription or Over-the-Counter (Rx/OTC) medication, unless this medication will have no adverse effect on the performance of their safety-sensitive job duties. **Employees must complete this form for each Rx/OTC medication taken and consult with the necessary medical professional, as indicated.** Prescribing physicians should be consulted for Rx medications and recommended OTCs. Licensed pharmacists should be consulted for OTCs when a physician is not consulted.

This information will be used by the employer's Medical Determination Officer (MDO) to make a medical qualification determination for the employee. All information will remain confidential.

Employee Section:

Employee Name

Employee ID#, if applicable

As a safety-sensitive employee, my job functions require the provision of public transit service to the general public, which can include the transport of frail elderly and people with disabilities, and/or people with special needs, of all ages. Specifically, those duties include (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Operating a transit revenue service vehicle (e.g., van, bus, etc.). | <input type="checkbox"/> Dispatching vehicles. |
| <input type="checkbox"/> Operating a vehicle that requires a Commercial Driver's License (CDL). | <input type="checkbox"/> Maintaining or repairing revenue service vehicles. |
| | <input type="checkbox"/> Carrying a firearm for security purposes. |

I attest that the foregoing information is complete and correct.

Employee Signature

Date

Part I. Physician/Medical Professional Section:

As the attending physician/medical professional, I have reviewed the patient's medical history including current use of Rx/OTCs. I have prescribed the following Rx medication and/or recommended use of the following OTC medication (please print):

Rx or OTC Medication (Circle One) and Dosage

Date Taken From

Date Taken To

Please check one of the following:

- This medication **does not carry any warnings** against driving a motor vehicle or operating machinery while taking the medication, or any other health warnings or contraindications that would affect this individual's performance of the safety-sensitive job duties previously described above.
- This medication **carries a warning label** that indicates that individuals are advised against driving a motor vehicle or operating machinery while taking this medication, and/or other health warnings or contraindications which warrant further review and consideration by the transit system's MDO.

I have explained to the safety-sensitive employee that individuals can react in differing ways to Rx/OTC medications, and in the event the employee experiences drowsiness, fatigue, or other side effects while taking this medication, or if the employee or employer has any concerns at all regarding this medication, the individual should cease the performance of his/her safety-sensitive duties and contact their supervisor or the employer's MDO immediately as defined in the employee's company policy.

Physician/Medical Professional Printed Name

Phone Number

Physician/Medical Professional Signature

Date

Part II. Pharmacist Section:

As a licensed pharmacist, the above named safety-sensitive individual has indicated that he or she will be taking the following Rx/OTC medication (please print):

_____ *Rx or OTC Medication (Circle One)* _____ *Dosage*

I have consulted with this individual regarding this medication and provide the following information:

- This medication **does not carry any warnings** against driving a motor vehicle or operating machinery while taking the medication, or any other health warnings or contraindications that would affect this individual's performance of the safety-sensitive job duties previously described above. However, individuals can react in differing ways to OTC medications, and should, therefore, consult a physician or his or her MDO if the employee has not taken this medication before, if any side effects such as drowsiness, fatigue, or other side effects are experienced while taking this medication, or if the employee or employer has any concerns at all regarding this medication. If the employee experiences any of these side effects or symptoms, he or she is advised to cease the performance of all safety-sensitive job functions and to contact his or her supervisor or MDO immediately, as defined in the employee's company policy.

- This medication **carries a warning label** that indicates that individuals are advised against driving a motor vehicle or operating machinery while taking this medication and/or carries other health advisories or contraindications, which warrant further review and consideration by the transit system's MDO.

_____ *Pharmacist Printed Name*

_____ *Phone Number*

_____ *Pharmacist Signature*

_____ *Date*

2. System Name: Indiana Department of Transportation (INDOT) - Indianapolis, IN

Form: Safety-Sensitive Employee Medications of Concern

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: The Indiana Department of Transportation provides this sample list of medications of concern as a benchmark or point of reference for its transit systems and their employees. It is not a definitive or all inclusive list, but is provided as a starting point for consideration of those medications which have the potential to adversely impact the performance of safety-sensitive job duties and, therefore, should be prohibited from use by safety-sensitive employees during the performance of their job duties.

Highlights:

- Provides a point of reference for transit systems working to ensure the safety of its employees and customers.
- Provides a list of the most commonly used Rx/OTC medications on the market today.
- Allows employees to be aware of those medications that are cause for concern so that they can discuss their medical treatment with their physicians, pharmacists, and/or health provider.

Note: INDOT administers the FTA Section 5311 Program and oversees the State's 45 rural transit operators. INDOT developed a Model Medical Qualification (MQ) Program which includes, but is not limited to, a MQ Policy and Procedures, Rx/OTC Medication Policy and Procedures, Accident Investigation Procedure, and accompanying forms for implementing these policies and procedures.

Indiana Department of Transportation (INDOT) Safety-Sensitive Employee Medications of Concern

Safety-sensitive employees taking medications for any reason should not be released to work, given the safety sensitive nature of their job duties, medical history, and/or possible side effects of the medications, unless the medications being used will have no adverse effect on the employees' performance of safety sensitive job duties. Following is a list of medications that can be considered dangerous to use while performing safety sensitive functions. This list is not definitive or all inclusive, but is provided as a starting point for your consideration to self-report using the INDOT medication information form to be completed jointly with, and signed by, your medical provider. This list will be maintained and updated periodically.

Analgesics: (prescription pain relievers)

- Aspirin w/Codeine
- Codeine
- Darvocet
- Darvon
- Demerol
- Dilaudid
- Empirin Compound w/Codeine
- Levo-Dromoran
- Methadone
- Morphine
- Percocet
- Percodan
- Soma Compound w/Codeine
- Talacen
- Talwin
- Tylenol w/Codeine
- Vicodin

Anti-Motion Sickness:

- Antivert
- Dramamine
- Marezine
- Phenergan
- Transderm-Scop

Tranquilizers & Sedatives:

- Ativan
- Benadryl
- Compazine
- Dalmane
- Diazepam
- Equanil
- Halcion
- Haldol
- Libritabs
- Librium
- Limbitrol
- Phenergan
- Prolixin
- Serax
- Stelazine
- Thorazine
- Tranzene
- Valium
- Xanax

Antidepressants:

- Amitriptyline
- Deprol
- Desyrel
- Elavil
- Etrafon
- Limbitrol
- Lithium
- Marplan
- Nardil
- Norpramin
- Pamelor
- Parnate
- Sinequan
- Surmontil
- Tofranil
- Triavil
- Vivactil

Barbiturates:

- Alurate
- Butisol
- Dilantin
- Mebaral
- Nembutal
- Pentobarbital
- Secobarbital
- Seconal
- Sedapap
- Tuinal

Skeletal Muscle Relaxants:

- Flexeril
- Soma
- Parafon

Over-the-Counter Medications

- Benadryl
- Chlortrimenton
- Comtrex
- Contac
- Deconamine
- Dimetapp
- Dristan
- Drizoral
- Naldecon
- Novafed
- Phenergan
- Rondec
- Rynatan
- Tavist
- Imodium AD
- Dramamine
- Bonine
- Unisom
- Nytol
- Tylenol PM

Please complete a separate medication release form for each Rx/OTC medication.

3. System Name: Indiana Department of Transportation (INDOT) - Indianapolis, IN)

Form: Indiana Model DOT Post-Accident Investigation Form

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: The Indiana Department of Transportation adopted this model form for use by their Section 5311 systems and is part of INDOT's stand-alone model Rx/OTC Medication policy.

Highlights:

- In addition to documenting the need for and conduct of a DOT post-accident drug and alcohol test, this form also allows the transit system to document any Rx/OTC medication use which can be considered in the post-accident determination as a causal or contributing factor.¹
- If Rx/OTC medications are documented, the Prescription and Over-the-Counter (Rx/OTC) Medication - Post-Accident Investigation Summary Form must be completed (see following form).

Note: INDOT administers the FTA Section 5311 Program and oversees the State's 45 rural transit operators. INDOT developed a Model Medical Qualification (MQ) Program which includes, but is not limited to, a MQ Policy and Procedures, Rx/OTC Medication Policy and Procedures, Accident Investigation Procedure, and accompanying forms for implementing these policies and procedures.

¹ INDOT's required Rx/OTC Medication Policy requires a non-FTA NIDA 10_2 (synthetic opiates) drug test under its own authority following a qualifying accident.

YOUR LOGO
HERE

Company Name

Indiana Model DOT Post-Accident Investigation Form

To be Completed by Investigating Supervisor

Accident Date: _____

Accident Time: _____

Report Date: _____

Report Time: _____

Accident Location: _____

Investigating Supervisor: _____

Safety-Sensitive Employee: _____

Employee Position: _____

Result of Accident: *(use information available at the time of the accident)*

_____ **Fatality** *(immediately perform a DOT drug and alcohol test)*

_____ **Disabling Damage*** *(immediately perform a DOT drug and alcohol test unless the employee can be completed discounted as a contributing factor)*

_____ **Injury requiring immediate medical attention away from the scene of the accident**
(immediately perform a DOT drug and alcohol test unless the employee can be completed discounted as a contributing factor)

_____ **Other:** *(do not test under DOT authority)*

Was the employee sent for DOT testing? Yes _____ No _____

Explain: _____

***Disabling damage** means damage, which precludes departure of any vehicle from the scene of the occurrence in its usual manner in daylight after simple repairs. Disabling damage includes damage to vehicles that could have been operated but would have been further damaged if so operated, but does not include damage which can be remedied temporarily at the scene of the occurrence without special tools or parts, tire disablement, without damage even if no spare tire is available, or damage to headlights, taillights, turn signals, horn, mirrors, or windshield wipers that makes them inoperative.

YOUR LOGO
HERE

Company Name

To Be Completed By Investigating Supervisor

Notification of Testing Requirement: Date: _____ Time: _____

Alcohol Test Conducted: Date: _____ Time: _____

Drug Test Conducted: Date: _____ Time: _____

Did the alcohol test occur more than two hours after the accident? Yes: _____ No: _____

Explain: _____

Did more than 8 hours elapse before the alcohol test was performed?
(all attempts to have the employee tested for alcohol must cease after 8 hours) Yes: _____ No: _____

Explain: _____

Did more than 32 hours elapse before the drug test was performed?
(all attempts to have the employee tested for drugs must cease after 32 hours) Yes: _____ No: _____

Explain: _____

Did the employee indicate use of Prescription or Over-the-Counter Medication use?
(complete the post-accident Rx/OTC investigation questionnaire) Yes: _____ No: _____

Supervisor's Signature

Date

Please ensure that the following documents are maintained with this form:

Order to test _____ Chain of Custody _____ Test Result Summary Form _____
Rx/OTC Investigation Form _____ Alcohol Testing Form _____ Accident Investigation Form _____

MAINTAIN THIS FORM WITH THE DRUG AND ALCOHOL TESTING RECORDS

4. System Name: Indiana Department of Transportation (INDOT) - Indianapolis, IN

Form: Prescription and Over-the-Counter (Rx/OTC) Medication and Post-Accident Investigation Questionnaire and Documentation

Contact: James English
jenglish@indot.in.gov
(317)232-1483

Description: The Indiana Department of Transportation adopted this model form for use by their Section 5311 systems and is part of INDOT's Medical Qualification (MQ) Program.

Highlights:

- Is only completed if Rx/OTC medication use is documented on the DOT Post-Accident Investigation Form (see previous form).
- Permits the transit system to ask about Rx/OTC medications taken, and not medical conditions; however, if the employee volunteers the information, it can be noted.
- Specifically assesses Rx/OTC medication use as a potential contributing factor at the time of the initial accident investigation.
- Requires initial assessment of the employee's state (behavior, injury, etc.) at the time of the initial accident investigation by the transit supervisor.
- Requires the employee to self-report at the time of the accident all Rx/OTC medication use within seven days of the accident and to complete a separate Post Accident Medication Information Form (page 2 of this form) for each medication taken.
- Requires detailed information (dosage, frequency, side effects, etc.) for each medication taken by the employee within seven days of the accident.

Note: INDOT administers the FTA Section 5311 Program and oversees the State's 45 rural transit operators. INDOT developed a Model Medical Qualification (MQ) Program, which includes, but is not limited to, MQ Policy and Procedures, Rx/OTC Medication Policy and Procedures, Accident Investigation Procedure, and accompanying forms for implementing these policies and procedures.



Indiana Model Prescription and Over-the-Counter (Rx/OTC) Medication - Post-Accident Investigation Form

This form is to be completed during the initial accident investigation to document Rx/OTC medication use reported by the safety sensitive employee and reviewed by the Medical Determination Officer (MDO), as required by the Transit System's Medical Qualification policy. The information obtained with this document will be kept confidential and is afforded the same protections as a medical report.

DO NOT ask the employee the "reason" he or she is/was taking a specific medication. However, if the employee volunteers the information, it should be noted.

To be completed by Investigating Supervisor:

Safety-Sensitive Employee's Name

Date/Time of Accident

Investigating Supervisor's Name

Supervisor's Signature

A post-accident drug and alcohol testing determination form must be completed for all accidents. Attach a copy of completed determination form with this form.

Describe the employee's behavior at the time of the accident:

To be completed by Employee:

Please list all Rx/OTC medications that you are currently taking or have taken within the past 7 days. Complete a Medication Information Form for EACH of the listed medications.

Prescription Medications:

Over-the-Counter Medications:



Rx/OTC Post Accident Medication Information Form

To Be Completed By Employee:

Please provide information on each Rx/OTC medication you are currently taking or have taken within the past 7 days. THIS FORM IS STRICTLY CONFIDENTIAL.

1. Name of Medication _____

2. How much do you take? (dosage) _____

3. How often do you take it? (frequency) _____

4. How long have you been taking this medication? _____

5. Is the prescription in your name? _____

6. When was the last time you took this medication and what was the dosage? _____

7. Did you take a dose prior to that? _____
If so list time and dosage.

8. How many times have you taken it in the past 7 days? _____

9. Did you experience any side effects? (if so, please describe) _____

10. When did the side effects first appear? _____

11. When did the side effects disappear? _____

12. Have you discussed the use and potential side effects of this Rx/OTC with the prescribing physician? (please describe) _____

13. Is the prescribing physician aware of your safety-sensitive job duties? (please describe) _____

14. Have you discussed the use of this Rx/OTC with a licensed pharmacist? (please describe) _____

15. Did you inform the licensed pharmacist of your safety-sensitive job duties? (please describe) _____

16. Are there any warning labels on the Rx/OTC medication container? _____

I attest that the information contained in this document is true and complete to the best of my knowledge. I acknowledge and understand that failure to disclose information and/or providing false or misleading information may be grounds for disciplinary action in accordance with the system's personnel policies.

Safety- Sensitive Employee's Signature

Date

Employee's Name Printed

Safety-Sensitive Position

CONFIDENTIAL

5. System Name: Livingston Essential Transportation Service (L.E.T.S.) – Howell, MI

Form: Supplemental Medical Examination Report

Contact: Katrina Maxwell, Operations Manager
kmaxwell@co.livingston.mi.us
 (517)540-7848

Description: L.E.T.S. uses a one (1) page Supplemental Medical Examination Report as a method to communicate safety-sensitive employee medication information to the system’s Medical Practitioner. Employees are required to complete this form each time they take any new medication regardless of the potential to influence performance of safety sensitive duties. The employee lists all medications used regularly or recently. The employee then authorizes L.E.T.S. to forward the information to the company appointed Medical Practitioner. The Medical Practitioner is responsible for reviewing the information on the form and making a determination whether the medications are acceptable for use while performing safety-sensitive functions. If the medication is not approved for use, the employee must report to the Medical Practitioner’s office for reevaluation.



Highlights:

- The policy requires safety-sensitive employees to complete a one (1) page Supplemental Medical Examination Report for all medications, regardless of their known potential to negatively affect an employee’s performance of safety-sensitive job duties.
- The Medical Practitioner must review and sign off that the medication taken by the safety-sensitive employee is unlikely to adversely affect his or her ability to perform safety sensitive functions.
- The employee gives consent for the information to be released to L.E.T.S. and to its Medical Practitioner.
- The employee’s prescribing physician is not asked to sign or provide any information.
- Employees are required to list all Rx/OTC medications they are taking.

LargeUrban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Small Urban	35	24	No

Livingston Essential Transportation Services

Should you have any questions, please feel free to call Katrina Maxwell at 517.540.7848 or via e-mail at kmaxwell@co.livingston.mi.us

1. **Prescriptions and Over-the-Counter Medications:**

Prescription and over-the-counter medications can significantly affect the performance of people taking them. Many such medications can make the patient drowsy or dizzy, affect vision or hearing, or bring about other physical conditions that could reduce the effectiveness of a safety-sensitive employee. An employee is permitted to use such medications, as determined by a physician or treating medical practitioner, if the use of the substance by the employee at the prescribed or authorized dosage level is consistent with the safe performance of the employee's duties. Employees in safety sensitive positions are required to notify their supervisor of all prescription and over-the-counter medications by completing and submitting a Supplemental Medical Examination Report (see Form # 4 and attachments) so that the Employer can allow qualified medical personnel to determine the medication's potential effects on employee performance. Failure to notify the supervisor of all prescription and over-the-counter medications will result in discipline, up to and including discharge.

Supplemental Medical Examination Report – Form # 4 FOR LETS TRANSPORTATION / LIVINGSTON COUNTY

1. DRIVER'S INFORMATION					
_____	_____	_____	_____	_____	_____
Driver's Name (Last, First, Middle)	Social Security No.	Birth date	Age	Sex (M, F)	Date of Exam
_____	_____	_____	_____	_____	_____
Address	City, State, Zip Code	Work Tel.	Driver License No.		

2. MEDICATION CHANGES	List all medications (including over-the-counter medications) used regularly or recently.
_____ _____	
I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.	
_____	_____
Driver's Signature	Date
I hereby authorize LETS (Livingston Essential Transportation Service) to forward and release this Supplemental Medical Examination Report and any related medical record(s) to Advanced Occupational for the purpose of medical evaluation to determine the medication's potential effects on my job performance.	

Driver's Signature

Date

I hereby authorize Advanced Occupational to release this Supplemental Medical Examination Report and related medical record(s) to LETS (Livingston Essential Transportation Service) for the purpose of conveying the status of my Medical Examiner's Certificate.

Driver's Signature

Date

MEDICAL EXAMINER'S COMMENTS ON MEDICATIONS:

_____ Medications are acceptable; continue with your current Medical Examiner's Certificate.

_____ Medications are not acceptable; please report to the medical examiner's office for reevaluation and for re-issuance of your Medical Examiner's Certificate.

Medical Examiner's Signature : _____ **Date:** _____ **Address:** _____

Medical Examiner's Name _____ **Telephone Number :** _____

6. System Name: Los Angeles County Metropolitan Transit Authority (LACMTA) – Los Angeles, CA

Form: Medication Reporting Form

Contact: Carol Holben, Medical Standards and Compliance Administrator
holbenc@metro.net
(213)922-4867

Description: Metro uses a Medication Reporting Form to communicate medication information from the employee’s health care provider to the employee’s supervisor. The form indicates several medications that do not need to be reported, i.e. vitamins, creams, aspirin, etc. The form lists several over-the-counter medication ingredients that are strictly prohibited while working and for 8 hours prior to reporting to work. Employees must give permission for the health care provider to discuss their medication information with the Human Resources Medical Standards & Compliance Administrator. The employee must also agree to comply with the recommendations and restrictions made by the health care provider and/or Metro Human Resources.

The safety sensitive nature of the employee’s position is described on the form and the assistance of the health care provider is requested to determine if the medication is safe for use while performing safety sensitive functions. The health care provider must list the name of the medication, dosage/frequency, and the beginning date. The physician must then indicate if the medication is safe or potential impairment and the time restriction on its use. The employee is instructed to return the form to his or her supervisor or human resources.

Highlights:

- The form lists medications that are not required to be reported, but also lists medication ingredients that are prohibited.
- The employee’s health care provider is required to make the fitness for duty determination.
- It provides for the opportunity for the employee’s health care provider and Metro’s Human Resources Medical Standards & Compliance Administrator to work together.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Urban	7,147	3,589	Yes



Metro

MEDICATION REPORTING FORM

- **Please note that the following medications DO NOT need to be reported:** aspirin, acetaminophen, ibuprofen, antibiotics and antimicrobials, birth control pills, hormones, immunizations, vitamins, creams, lotions, ointments, eye drops, inhalers for asthma, loratadine, pseudophedrine, medications for acid reflux, corticosteroids, diuretics, viagra, cialis, and levitra
- **Metro PROHIBITS safety-sensitive employees from taking over-the-counter (OTC) medications containing the following ingredients while working and for 8 hours prior:** Brompheniramine, clemastine, chlorpheniramine, dimenhydrinate, diphenhydramine, meclizine, and doxylamine

Employee completes this section.

Employee Name _____ Employee contact phone: _____

Badge No. _____ Div. /Dept. No. _____ Supervisor Name _____

I hereby give my permission for my health care provider to discuss the determinations below with the Metro Human Resources Medical Standards & Compliance Administrator if there are concerns regarding safety. **I also hereby agree to comply with the prescribed use of these medications and with the recommendations and restrictions made by my health care provider and/or Metro Human Resources.**

Employee Signature _____ Date _____

DEAR HEALTH CARE PROVIDER:

➤ **Safety of the public and employees is the greatest priority at Metro.** We are requesting your assistance in determining if it is safe for your patient to perform safety-sensitive functions while taking medications that you prescribe. Safety sensitive functions include operating or repairing buses or trains. *The National Transportation Safety Board has identified a relationship between accidents and medications.* Please discuss with your patient his/her daily job responsibilities and reactions to these medications. A potential safety risk occurs with any medication that carries a warning against operating machinery or has side effects of drowsiness, dizziness or agitation. In these cases, please consider an alternative medication if one is available, or prescribe a time restriction.

➤ **Based on your best medical opinion, make your determination and complete the section below and check the applicable box.** Please contact H.R. Standards & Employee Programs at (213) 922-4867 or 922-7055 if you have questions.

Safe - This patient's condition and medication will not interfere with his/her ability to perform job duties safely.
Potential Impairment - This medication may impair functioning; patient should not take while performing job duties or for period of time prior to duties. Please specify number of hours that should elapse between last dose and beginning duties.

<u>Name of Drug</u>	<u>Dosage/Frequency</u>	<u>Date to Begin</u>
1. _____		
<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment - Employee should not take during or for _____ hours before duties.		
2. _____		
<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment - Employee should not take during or for _____ hours before duties.		
3. _____		
<input type="checkbox"/> Safe <input type="checkbox"/> Potential Impairment - Employee should not take during or for _____ hours before duties.		

I have reviewed the above named Metro employee's current medical condition, and I am familiar with the employee's job duties. This patient is currently under my medical supervision, and this is my best medical opinion.

Health Care Provider Signature _____ Date _____

Please print or stamp name, address and phone number:

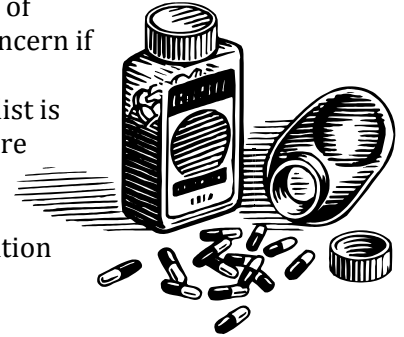
Employee should give completed form to Manager or Supervisor or to Human Resources (fax 213-922-3885)

7. System Name: Maryland Transit Administration – Baltimore, MD

Form: Release to Work Form for Prescription Medications

Contact: Patricia Johnson, Chief, Medical Services
pjohnson6@mta.maryland.gov
(410)767-3851

Description: Maryland Transit Administration uses a two-sided Release to Work for Prescription Medications form. The first side is a list of prescription and over-the-counter medications of concern if used while performing safety-sensitive work. These medications are listed to raise caution, although the list is not definitive or all-inclusive. Special instructions are given to the prescribing physician stating that the safety-sensitive employee is not to be released to work unless he or she is comfortable that the medication will have no adverse influence on the employee's performance of safety-sensitive duties.



The second side of the form consists of two sections. Employees are required to complete the first section with their name, signature, date, medication currently being taken, and their safety-sensitive job functions. The physician is asked to complete the second section stating the names of all prescribed medications and the dosage. The physician must also indicate whether or not the employee can safely perform their job functions while using the medication. The physician must sign the form and provide his or her office phone number.

Highlights:

- The form includes a list of medications to be cautious of while performing safety-sensitive functions.
- The form emphasizes the importance of safe medication use in the transit industry.
- Both the employee and the employee's physician must indicate the medications being prescribed.
- Prescription medications require a physician's signature.
- Over-the-counter medications are listed on the 'medications to be used with caution' side of the form.
- The form describes the safety-sensitive nature of the job duties.
- The form requires the name of the drug, dosage, duration, and frequency of the medication.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	2,752	1,535	Yes

**MARYLAND TRANSIT ADMINISTRATION -- SAFETY-SENSITIVE EMPLOYEE
RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS**

1. EMPLOYEE: Complete the "Employee's Section" on the reverse of this form and provide the form to your prescribing physician for completion of the "Physician's Section."
2. PHYSICIAN: Please consider the following information and complete the "Physician's Section" on the reverse of this form. Thank you for your assistance.

CONSIDERATIONS

A. The following list of medications of concern if used while performing safety-sensitive work is not definitive or all-inclusive, but is provided as a starting point for your consideration.

Analgesics

Aspirin w/codeine, Codeine, Darvocet, Darvon, Demerol, Dilaudid, Empirin Compound w/codeine, Levo-Dromoran, Methadone, Morphine, Percocet, Percodan, Soma Compound w/codeine, Talacet, Talwin, Tylenol w/codeine, and Vicodin.

Anti-Motion Sickness

Antivert, Dramamine, Marezine, Phenergan, Transderm-Scop.

Tranquilizers & Sedatives

Ativan, Denadryl, Centrax, Compazine, Dalmane, Diazepam, Equani, Halcion, Haldol, Libritabs, Librium, Limbitrol, Paxipam, Phenergan, Prolixin, Serax, Stelazine, Thorazine, Tranxene, Valium, Vlarelase, Xanax.

Antidepressants

Adapin, Amitriptyline, Asendin, Deprol, Desyrel, Elavil, Endep, Etrafon, Limbitrol, Lithium, Ludiomil, Marplan, Nardil, Norpramin, Pamelor, Parnate, Petrofrane, Sinequan, Surmontil, Tofranil, Triavil, Vivactil.

Barbiturates

Alurate, Butisol, Dilantin, Mebaral, Nembutal, Pentobarbital, Secobarbital, Seconal, Sedapap, Tuinal.

Skeletal Muscle Relaxants

Flexeril, Parafon, Soma.

Non-Prescription Cough & Cold Remedies, Antihistamines

Bendadryl, Bromfed, Chlrotrimetron, Comtrex, Contac, Deconamine, Dimetapp, Dristan, Drixoral, Externdryl, Fedahist, Kronofed, Naldecon, Nolamin, Novafed, Ornade, Phenergan, Rondec, Rynatan, Sinubid, Sinulin, Tavist-D.

B. The employee should not be released to work unless you are comfortable that, given the safety-sensitive nature of this patient's job duties, his/her medical history, current condition and possible side effects of the prescribed medication(s), it is your professional opinion that the medication(s) will have no adverse influence on the employee's performance of his/her safety-sensitive job duties.

RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS

Form 1C1- 2 sides (02/01/02)

Employee's Section:

Printed Name _____ SS# _____

Employee's MTA Safety-Sensitive Job Function – check those that apply.

- Y Operate a transit bus or train.
- Y Operate a non-revenue service vehicle requiring a commercial driver's license (e.g., trucks over 25,000 lbs.).
- Y Control the dispatch or movement of transit buses or trains.
- Y Maintain/repair transit buses or trains or the electro-mechanical systems controlling train movement.
- Y Carry a firearm for security purposes.
- Y Supervisor whose duties require the performance of any of the above functions. (Check those that apply.)

Medication(s) currently being taken

I attest that the foregoing information is complete and correct.

Employee Signature _____ Date _____

Physician's Section:

As the attending physician, I have prescribed the following medication(s) to be taken from _____ to _____.

Name of Medication	Dosage

Name of Medication	Dosage

(PLEASE CHECK ONE OF THE FOLLOWING.)

- Employee may not perform safety-sensitive duties while taking this medication. (Employee – give form to your supervisor.)
- Employee released to perform safety-sensitive duties while taking this medication. (Employee – keep form on your person while at work.)

Physician's Printed Name	Telephone No.

Signature	Date

8. System Name: Massachusetts Bay Transportation Authority – Boston, MA

Contact: Kate LeGrow
klegrow@mbta.com
(617)222-5858

Description: MBTA maintains a list of approximately 850 prescription and over-the-counter (Rx/OTC) medications noting the restriction guidelines for each while performing safety-sensitive job functions in order to make fitness for duty assessments related to Rx/OTC medication use by its safety-sensitive employees. These restrictions include a restrictive time frame prior to reporting for work while using the medication; a restriction against performing safety sensitive job duties and/or medical disqualification from a safety-sensitive position during the use of the medication. It also notes for which medications a letter is required from the prescribing physician. This list is updated regularly.

- Highlights:
- This is a comprehensive list of medications that allows management to be fully aware of the restrictions associated with each medication on the list.
 - The list notes those medications that are prohibited for use during the performance of safety-sensitive job duties as well as those requiring a letter from the prescribing physician.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	5,108	2,777	Yes

Medication List

MBTA Rx/OTC Medication Restriction Guidelines		
Drug Name	GuideLine	Need Letter from Prescribing MD
abilify	12 Hours	
ACAMPROSATE CALCIUM	8 Hours If Positive Side Effects	x
ACCUPRIL	No Restriction	
acetaminophen/codeine	12 Hours	
acetaminophen	No Restriction	
ACIPHEX	No Restriction	
ACTIFED	8 Hours	
ACTIGALL	No Restriction	
ACTONEL	No Restriction	
ACTOS	No Restriction	
ACTOSPLUSMET	No Restriction	
ACULAR	8 Hours If Positive Side Effects	
ACYCLOVIR	8 Hours If Positive Side Effects	
ADDERAL	8 Hours If Positive Side Effects	x
ADDERALL XR	8 Hours If Positive Side Effects	x
ADIPEX-P	8 Hours If Positive Side Effects	
ADVAIR DISKUS	No Restriction	
ADVIL	8 Hours If Positive Side Effects	
albuterol	No Restriction	
ALBUTEROL AEROSOL	No Restriction	
alendronate	No Restriction	
ALEVE	8 Hours If Positive Side Effects	
alfuzosin	8 Hours	
allegra	8 Hours If Positive Side Effects	
ALLEGRA-D	8 Hours If Positive Side Effects	
ALLERX	8 Hours If Positive Side Effects	
ALLI	No Restriction	
allopurinol	No Restriction	
ALLUPURINOL	No Restriction	
ALPHAGAN P	8 Hours	
alprazolam	8 Hours	x
ALTACE	No Restriction	
AMARYL	No Restriction	
ambien	8 Hours	
AMITRIPTYLINE	8 Hours If Positive Side Effects	x
amlodipine	No Restriction	
amlodipine/benazepril	No Restriction	
amoxicillin	No Restriction	
amoxicillin/clavulanate	No Restriction	
AMOXIL	No Restriction	
amphetamine mixed salts	8 Hours If Positive Side Effects	x
amphetamine salts	8 Hours If Positive Side Effects	
AMRIX	12 Hours	
ANAPROX	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
ANASPAZ	No Restriction	
ANDROGEL	No Restriction	
ANGELIQ	No Restriction	
ANTABUSE	8 Hours If Positive Side Effects	
APRI	No Restriction	
ARAVA	No Restriction	
ARICEPT	Not allowed in SS job. Must have FFD	
ARIMIDEX	No Restriction	
ARIPIRZAOLE	12 Hours	
ARITHROMYCIN	No Restriction	
ASACOL	No Restriction	
ASPIRIN	No Restriction	
ASTELIN NASAL SPRAY	8 Hours If Positive Side Effects	
ATACAND	No Restriction	
ATARAX	8 Hours	
atenolol	No Restriction	
ATIVAN	8 Hours	x
atomoxetine	8 Hours If Positive Side Effects	x
atorvastatin	No Restriction	
ATROVENT	No Restriction	
AUGMENTIN	No Restriction	
AUGMENTIN ES-600	No Restriction	
AVALIDE	No Restriction	
AVANDIA	No Restriction	
AVAPRO	No Restriction	
AVELOX	No Restriction	
AVIANE	No Restriction	
AXERT	8 Hours If Positive Side Effects	
azasan	No Restriction	
AZATHIOPRINE	No Restriction	
azithromycin	No Restriction	
AZMACORT	8 Hours If Positive Side Effects	
BABY ASPIRIN	No Restriction	
BACLOFEN	12 Hours	
BACTRIM	No Restriction	
BACTROBAN	No Restriction	
BALSALAZIDE	No Restriction	
BARACLUDE	No Restriction	
BENADRYL	8 Hours	
benazepril	No Restriction	
BENICAR	No Restriction	
BENTYL	No Restriction	
benzodiazepine	8 Hours	x
benzodiazepines	8 Hours	x
BENZONATATE	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
BENZONATATE	8 hours if positive side effects. Do not chew/swallow whole	
BENZTROPINE	Not allowed in SS job. Must have FFD	
benztropine mesylate	Not allowed in SS job. Must have FFD	
BEXTRA	Not Available	
BIAXIN	No Restriction	
BIAXIN XL	No Restriction	
bontril	8 Hours If Positive Side Effects	
brimonidine	No Restriction	
BROMFED	12 Hours	
BROMOCRIPTINE	8 Hours If Positive Side Effects	
BUDEPRION	8 Hours If Positive Side Effects	
Budeprion	No Restriction	
budesonide	No Restriction	
bupropion hcl	8 Hours If Positive Side Effects	x
BUSPAR	8 Hours	x
BUSPIRONE	8 Hours	
bupirone hydrochloride	8 Hours	x
BUT/ASA/CAFF	12 Hours	
BUTALBITAL/ATAPCAFFEI	12 Hours	
butalbutol	12 Hours	
byetta	No Restriction	
BYSTOLIC	No Restriction	
calcitonin	No Restriction	
camposate	8 Hours If Positive Side Effects	
campral	8 Hours If Positive Side Effects	x
CAMPRIL	8 Hours If Positive Side Effects	
CAMPROSATE	8 Hours If Positive Side Effects	
CANASA	No Restriction	
candesartan	No Restriction	
CAPTOPRIL	No Restriction	
carbamazepine	12 hours if positive side effects	x
carisoprodol	8 Hours	
CARTIA XT	No Restriction	
carvedilol	No Restriction	
casodex	8 Hours If Positive Side Effects	
CEALIS	No Restriction	
CEFACLOR	No Restriction	
cefadroxil	8 Hours If Positive Side Effects	
cefdinir	No Restriction	
cefprozil	No Restriction	
CEFUROXIME AXETIL	No Restriction	
CEFZIL	No Restriction	
CELAXA	No Restriction	
CELEBREX	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
celecoxib	8 Hours If Positive Side Effects	
celexa	8 Hours If Positive Side Effects	
cephalexin	No Restriction	
CETIRINE	8 Hours If Positive Side Effects	
cetirizine	8 Hours If Positive Side Effects	
cetirizine/pseudoephedrine	8 Hours If Positive Side Effects	
CHANTIX	Letter from EE Primary stating its ok to use medication if ee is safety sensitive per Dr Weintraub 12/15/08	
CHERATUSSINAC SYRUP	12 Hours	
CHERRY TUSSIN AC SYRUP	12 Hours	
chlorhexadrine gluconate	8 Hours If Positive Side Effects	
CHLORHEXIDINE RINSE	8 Hours	
CHLOZOXAZONE	8 Hours	
cholestyramine	8 Hours If Positive Side Effects	
CHOROZOXAZON	12 Hours	
CICLOPIROX	No Restriction	
CIPRO	No Restriction	
ciprofloxacin	No Restriction	
citalopram	8 Hours If Positive Side Effects	x
CITALOPRAM	8 Hours If Positive Side Effects	
CLARINEX	No Restriction	
CLARITHROMYC	No Restriction	
clarithromycin	No Restriction	
CLARITIN	8 Hours If Positive Side Effects	
CLARITIN-D	8 Hours If Positive Side Effects	
CLEOCIN	8 Hours If Positive Side Effects	
Clidinium	8 Hours	
clindamycin	8 Hours If Positive Side Effects	
CLINORIL	8 Hours If Positive Side Effects	
CLOBETASOL SOLUTION	No Restriction	
clonazepam	8 Hours	x
clonidine	8 Hours If Positive Side Effects	
clonzaepam	8 Hours	x
clopidogrel	No Restriction	
clorazepate	8 Hours	x
CLOTRIAMAZOLE	No Restriction	
CLOTRIMAZOLE / BETAMETHASONE	8 Hours	
clotrimazole/betamethasone	8 Hours	
CLOZARIL	8 Hours	x
CODAMINE	12 Hours	
COGENTIN	Not allowed in SS job. Must have FFD	
COLACE	No Restriction	
COLCHICINE	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
COMBIVENT	No Restriction	
COMPAZINE	8 Hours	
CONCERTA	8 Hours If Positive Side Effects	
conj. estrogens/medroxyprogesterone	No Restriction	
conjugated estrogens	No Restriction	
CONTACT	8 Hours	
COPAZINE	No Restriction	
COREG	No Restriction	
CORICIDAN	8 Hours	
corisoprodol	8 Hours	
CORTISONE	No Restriction	
CORTISPORIN EAR GEL	No Restriction	
COTRIM	No Restriction	
cough suppressant	8 Hours If Positive Side Effects	
COUMADIN	No Restriction	
COZAAR	No Restriction	
CRESTOR	No Restriction	
cyclobenzaprine	12 Hours	
CYLAPRIL	diet pill if s/e 8 hr non prescription	
CYLERT	8 Hours If Positive Side Effects	x
CYMBALTA	8 Hours If Positive Side Effects	x
cyproheptadine	No Restriction	
darvocet	12 Hours	
DARVON	12 Hours	
DAYPRO	8 Hours If Positive Side Effects	
DAYQUIL	8 Hours If Positive Side Effects	
DECONAMINE	No Restriction	
demadex	No Restriction	
DEMEROL	12 Hours	
DEPAKENE	12 hours if positive side effects. Must have FFD	x
DEPAKOTE	12 hours if positive side effects. Must have FFD	x
DEPAKOTE ER	12 hours if positive side effects. Must have FFD	
DESIPRAMINE	No Restriction	
deslorratidine	No Restriction	
desogestrel/ethinyl estradiol	No Restriction	
DESONIDE	No Restriction	
DESYREL	8 Hours	x
DETROL	8 Hours If Positive Side Effects	
DETROL LA	8 Hours If Positive Side Effects	
diazepam	24 Hours	x
diazepam	24 Hours	x
diclofenac	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
DICLOFENAC SODIUM	8 Hours If Positive Side Effects	
DICYCLOMINE	No Restriction	
dicyclomine hydrochloride	No Restriction	
DIFLUCAN	No Restriction	
DIFLUNISAL	8 Hours If Positive Side Effects	
DIGITEK	No Restriction	
digoxin	No Restriction	
DILANTIN	12 hours if positive side effects. Must have FFD	
DILAUDID	12 Hours	
Diltiazem	No Restriction	
DILTIAZEM HCL	No Restriction	
DIOVAN	No Restriction	
DIOVAN HCT	No Restriction	
diphenenoxlate	No Restriction	
diphenhydramine hydrochloride	8 Hours	
DITROPAN	8 Hours If Positive Side Effects	
DITROPAN XL	8 Hours If Positive Side Effects	
divalproex	12 hours if positive side effects	x
docusate	8 Hours If Positive Side Effects	
docusate sodium	No Restriction	
DOLOBID	8 Hours If Positive Side Effects	
donepezil	Not allowed in SS job. Must have FFD	
DONNATAL	No Restriction	
DOSTINEX	8 Hours If Positive Side Effects	
DOXAZOSIN	No Restriction	
DOXEPIN	8 Hours If Positive Side Effects	x
doxycycline	No Restriction	
DOXYCYCLINE HYCLATE	No Restriction	
DRAMAMINE	8 Hours If Positive Side Effects	
DRAMAMINE PATCH	8 Hours If Positive Side Effects	
drospirenone/ethinyl estradiol	No Restriction	
duloxetine	8 Hours If Positive Side Effects	x
DURAGESIC	24 Hours	
DURICEF	8 Hours If Positive Side Effects	
ecotrin	No Restriction	
EFFEXOR XR	8 Hours If Positive Side Effects	x
elavil	8 Hours If Positive Side Effects	x
ELIDEL	No Restriction	
emtricitabine	No Restriction	
ENABLEX	8 Hours If Positive Side Effects	
enalapril	No Restriction	
ENBREL	8 Hours If Positive Side Effects	
ENDOCET	8 Hours	
entecavir	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
EPI PEN	8 Hours If Positive Side Effects	
EPIDURAL STEROID INJECTION	No Restriction	
epinephrine	8 Hours If Positive Side Effects	
ERYTHROMYCIN	8 Hours If Positive Side Effects	
escitalopram	8 Hours If Positive Side Effects	x
ESKALITH	8 Hours If Positive Side Effects	x
esomeprazole	No Restriction	
ESTRAZOLAM	8 Hours	x
ethinyl estradiol/norethindrone	No Restriction	
etodolac	8 Hours If Positive Side Effects	
EVISTA	No Restriction	
exenatide	No Restriction	
EXTENDRYL	8 Hours If Positive Side Effects	
ezetimibe	No Restriction	
FAMCICLORIR	8 Hours If Positive Side Effects	
FELDENE	8 Hours If Positive Side Effects	
felodipine	No Restriction	
FEMERA	8 Hours If Positive Side Effects	
FEMHRT	No Restriction	
fenofibrate	No Restriction	
fentanyl	24 Hours	
FENTENYL	24 Hours	
FEXOFENADINE	8 Hours If Positive Side Effects	
fexofenadine hydrochloride	8 Hours If Positive Side Effects	
fexofenadine pseudoephedrine	8 Hours If Positive Side Effects	
FEXOFENEDINE	8 Hours If Positive Side Effects	
finasteride	No Restriction	
FIORICET	12 Hours	
FIORINAL	8 Hours	
FLEXARIL	12 Hours	
FLOMAX	8 Hours If Positive Side Effects	
FLONASE	No Restriction	
FLOVENT	No Restriction	
fluconazole	No Restriction	
FLUOCINONIDE	8 Hours If Positive Side Effects	
fluoxetine	8 Hours If Positive Side Effects	x
FLURBIPROFEN	No Restriction	
fluticasone	No Restriction	
fluticasone propionate	No Restriction	
fluvastatin	No Restriction	
folic acid	No Restriction	
formidrin caps	8 Hours	
FOSAMAX	No Restriction	
fosinopril	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
FROVATRIPTAN	12 Hours	
furosemide	No Restriction	
furosemole	No Restriction	
gabapentin	8 Hours If Positive Side Effects	
GABAPENTIN/NEURONTIN	8 Hours If Positive Side Effects	
GAPAPENTIN	8 Hours If Positive Side Effects	
GAUIFNESIN	No Restriction	
gemfibrozil	No Restriction	
GEODON	8 Hours If Positive Side Effects	x
GIATUSS	12 Hours	
glimepiride	No Restriction	
glipizide	No Restriction	
GLUCOPHAGE XR	No Restriction	
glucosamine	8 Hours If Positive Side Effects	
GLUCOTROL XL	No Restriction	
GLUCOVANCE	No Restriction	
glyburide	No Restriction	
glyburide/metformin	No Restriction	
glycolax	8 Hours If Positive Side Effects	
GLYSET	No Restriction	
grifulvin	8 Hours If Positive Side Effects	
GRISEOFULVIN	8 Hours If Positive Side Effects	
GUAIFENESIN	No Restriction	
GUAIFENESIN WITH CODIENE	8 Hours	
HALDOL	8 Hours	x
HISMANAL	8 Hours If Positive Side Effects	
HUMALOG	Can not drive if Bus Operator	
human insulin 70/30	Can not drive if Bus Operator	
human insulin nph	Can not drive if Bus Operator	
HUMLIN R INSULIN	Can not drive if Bus Operator	
HUMULIN 70/30	Can not drive if Bus Operator	
HUMULIN N	Can not drive if Bus Operator	
HYCOMINE	Not ALLOWED - WITHDRAWN FROM US MARKET	
HYDRALAZINE	8 Hours If Positive Side Effects	
HYDRCODONE	12 Hours	
HYDROCHLORIDE	8 Hours	
hydrochlorothiazide	No Restriction	
HYDROCHLOROTHYAZIDE	No Restriction	
HYDROCODONE	12 Hours	
hydrocodone w/ apap 10/300	12 Hours	
hydrocodone/apap	12 Hours	
hydrocodone/chlorpheniramine	12 Hours	
HYDROMET	12 Hours	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
hydromorphone	12 Hours	
hydroxyzine	8 Hours	
HYDRXYCHLORAQUINE	No Restriction	
HYOSCYAMINE	8 Hours If Positive Side Effects	
HYZAAR	No Restriction	
ibuprofen	8 Hours If Positive Side Effects	
ibuprophen	8 Hours If Positive Side Effects	
IC AMITRIPTYLINE	8 Hours If Positive Side Effects	
IC AMLODIPINE	No Restriction	
IC AMLODIPINE BESYLATE	No Restriction	
IC ATENOLOL	No Restriction	
IC AZITHROMCIN	No Restriction	
IC AZITHROMYCIN	No Restriction	
IC BENZONATATE	8 Hours If Positive Side Effects	
IC CHERATUSSIN AC SUR.	12 Hours	
IC CYCLOBENZAPRINE	12 Hours	
IC DILT-CD	No Restriction	
IC- ETODOLAC	8 Hours If Positive Side Effects	
IC HYDROCHLOROTHIAZIDE	No Restriction	
IC HYDROCONE	12 Hours	
ic indocin	8 Hours If Positive Side Effects	
IC INDOMETHACIN	8 Hours If Positive Side Effects	
IC IOPHEN-CNR	12 Hours	
IC LISINOPRIL	No Restriction	
IC METFORMIN HCL	No Restriction	
IC NABUMETONE	No Restriction	
IC OMEPRAZOLE	No Restriction	
IC SILVER SULFADIAZINE	No Restriction	
IC SIMVASTATIN	No Restriction	
IC SULINDAC	No Restriction	
IC TESTOSTERONE	8 Hours If Positive Side Effects	
IC- DIPHENOXYLATE/ATROPINE	No Restriction	
IMIPRAMINE	No Restriction	
imipramine	8 Hours If Positive Side Effects	x
imitrex	12 Hours	
INDERAL LA	No Restriction	
INDOCIN	8 Hours If Positive Side Effects	
INDOMETHACIN	8 Hours If Positive Side Effects	
indomethicin	8 Hours If Positive Side Effects	
INFLUENZA VACCINE	No Restriction	
INHALER PROAIR	No Restriction	
INSULIN	Can not drive if Bus Operator	
insulin glargine	Can not drive if Bus Operator	
insulin lispro	Can not drive if Bus Operator	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
INVEGA	8 Hours If Positive Side Effects	
IOPHEN	12 Hours	
ipratropium	No Restriction	
ipratropium/albuterol	No Restriction	
irbesartan	No Restriction	
irbesartan/hctz	No Restriction	
IRON PILLS	No Restriction	
ISOMETH /APAP/ DICHLOR	12 Hours	
ISOMETH D	12 Hours	
isomethepfene	8 Hours	
ISONIAZID	No Restriction	
ISOSORBIDE MONONITRATE	No Restriction	
isosorbide mononitrate s.a.	No Restriction	
ISOTONIX	No Restriction	
JANUVIA	No Restriction	
KADIAN	12 Hours	
KALETRA	No Restriction	
KARIVA	No Restriction	
KAVA-KAVA	8 Hours	
KEFLEX	8 Hours If Positive Side Effects	
KEPPRA	8 Hours If Positive Side Effects	
ketek tabs	No Restriction	
ketoprofen	8 Hours If Positive Side Effects	
ketorolac	8 Hours If Positive Side Effects	
KLONOPIN	8 Hours	x
KLOR-CON	No Restriction	
KLOR-CON M20	No Restriction	
LABETALOL	8 Hours If Positive Side Effects	
LAMASIL	No Restriction	
LAMICTAL	No Restriction	
lamisil	No Restriction	
Lamotrigine	Must have FFD	
LANOXIN	No Restriction	
lansoprazole	No Restriction	
LANTUS	Cannot drive if bus operator	
LASIX	No Restriction	
latanoprost	No Restriction	
LESCOL XL	No Restriction	
letrozole	8 Hours If Positive Side Effects	
leuprolide	8 Hours If Positive Side Effects	
LEVAQUIN	No Restriction	
LEVITRA	No Restriction	
LEVOBRYROXINE	No Restriction	
levofloxacin	No Restriction	
levonorgestrel/ethinyl estradiol	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
LEVOTHROID	No Restriction	
LEVOTHYROXINE	8 Hours If Positive Side Effects	
levothyroxine	No Restriction	
LEVOXYL	No Restriction	
levsin	8 Hours If Positive Side Effects	
LEXAPRO	8 Hours If Positive Side Effects	x
LIBRIUM	12 Hours	x
LIDOCAINE GEL	8 Hours If Positive Side Effects	
LIDODERM - PATCH	no restrictions necessary - per Dr. Wachman 2-20-07	
LIPITOR	No Restriction	
liquid hydrocodone bitarte, homatropine	12 Hours	
lisinopril	No Restriction	
LISINOPRIL/HCTZ	No Restriction	
LITHIUM MOOD STABILIZER	8 Hours If Positive Side Effects	x
LODINE	8 Hours If Positive Side Effects	
LOMOTIL	No Restriction	
lopressor	No Restriction	
LORATADINE	8 Hours If Positive Side Effects	
lorazepam	8 Hours	x
loricet	12 Hours	
LORTABS	8 Hours	
losartan	No Restriction	
losartan/hctz	No Restriction	
LOTENSIN	No Restriction	
LOTREL	No Restriction	
LOVASTATIN	No Restriction	
LOVENOX	No Restriction	
LOW-OGESTREL	No Restriction	
LOXITANE	8 Hours	
Ipoinavir	No Restriction	
LUMAGEN EYE GTT	No Restriction	
LUNESTA	8 Hours	
LUPRON DEPOT	8 Hours If Positive Side Effects	
LYBROXINE	No Restriction	
LYRICA	8 Hours If Positive Side Effects	
M.S.	12 Hours	
MACROBID	No Restriction	
MAG/OX	No Restriction	
MARINOL	Cannot work in SS position, Non SS ok. Must have FFD. Need referral from MD and Rx	
MAXALT	No Restriction	
meclizine	8 Hours If Positive Side Effects	
MEDIZINE	8 Hours If Positive Side Effects	
meloxicam	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
meperadine	12 Hours	
MEPHYLPEDNISOLONE	No Restriction	
MERIDIA	8 Hours If Positive Side Effects	
METAPCRABAMOL	12 Hours	
metoprolol	No Restriction	
metaxalone	12 Hours	
metformin	No Restriction	
	12 Hrs for non CDL holders . ANY person whose position requires a CDL/DPU has a 24 hour restriction while being prescribed this medication. No exceptions Regulation §391.41 Physical qualifications for drivers.	
METHADONE		
METHIMAZOLA	No Restriction	
methocarbamol	8 Hours	
METHOTREXATE	8 Hours If Positive Side Effects	
METHYIPREDSIOLONE	8 Hours If Positive Side Effects	
METHYLPHENIDAPE	8 Hours If Positive Side Effects	
methylphenidate xr	8 Hours If Positive Side Effects	
methylprednisolone	No Restriction	
METHYLPREDNISOLONE	No Restriction	
METHYLTRETNISOLONE	No Restriction	
METOCARBAMOL	8 Hours	
METOCLOPRAMIDE	8 Hours If Positive Side Effects	
metoprolol	No Restriction	
METOPROLOL TARTRATE	No Restriction	
METRONIDAZOLE	No Restriction	
MIACALCIN	No Restriction	
MICROGESTIN FE	No Restriction	
MIDRIN	8 Hours	
miglitol	No Restriction	
MIGRAN-A CAPS	8 Hours	
MINOCYCLINE	No Restriction	
MIRALAX	No Restriction	
MIRAPEX	8 Hours If Positive Side Effects	
mirtazapine	8 Hours If Positive Side Effects	x
mirtazopan	12 Hours	
MOBIC	8 Hours If Positive Side Effects	
	Restricted, any person whose position requires a DPU/CDL must see Dr. Weintraub prior to taking this medicaton. No exceptions Regulation 391.41 Physical qualification for drivers.	
modafinil		
mometasone	No Restriction	
MONOPRIL	No Restriction	
montelukast	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
MORPHINE	12 Hours	
morphine sulfate	12 Hours	
morphine sulfate immed.release	12 Hours	
morphine sulfate slow release	12 Hours	
MOTRIN	8 Hours If Positive Side Effects	
MOXIFLOACIN	No Restriction	
moxifloxacin	No Restriction	
MS-CONTIN	12 Hours	
MULTIVATMINS	No Restriction	
mupirocin	No Restriction	
MUSINEX	No Restriction	
MYTOSSIN W/CODE	12 Hours	
NABUMETONE	8 Hours If Positive Side Effects	
NADOLOL	Must have FFD	
NALTREXONE	8 Hours If Positive Side Effects	
NAPRELAN	8 Hours If Positive Side Effects	
NAPROSYN	8 Hours If Positive Side Effects	
naproxen	8 Hours If Positive Side Effects	
NARDIL	8 Hours If Positive Side Effects	x
NASACORT AQ	No Restriction	
NASONEX	No Restriction	
NAVANE	8 Hours If Positive Side Effects	x
NECON	No Restriction	
NEMBUTOL	8 Hours	x
NEURONTIN	8 Hours If Positive Side Effects	x
NEXIUM	No Restriction	
niacin	No Restriction	
NIASPAN	No Restriction	
NICOTINE PATCH	8 Hours If Positive Side Effects	
NIFEDIAC CC	No Restriction	
nifedipine	No Restriction	
NIFEDIPINE ER	No Restriction	
NINOCYCLINE	No Restriction	
nitrofurantoin	No Restriction	
nitroglycerin	No Restriction	
NITROQUICK	No Restriction	
norelgestromin/ethinyl estradiol	No Restriction	
norethindrone/ethinyl estradiol	No Restriction	
NORFLEX	12 Hours	
NORGESIC	12 Hours	
norgestimate/ethinyl estradiol	No Restriction	
norgestrel/ethinyl estradiol	No Restriction	
NORPRAMINE	8 Hours If Positive Side Effects	x
NORTRIPTYLINE	8 Hours If Positive Side Effects	x

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
nortripyline	8 Hours If Positive Side Effects	x
NORVASC	No Restriction	
NOVACAINE	No Restriction	
NUCYNTA	8 Hours If Positive Side Effects	
NUPRIN	8 Hours If Positive Side Effects	
NYQUIL	8 Hours	
NYSTATIN	No Restriction	
NYTOL	8 Hours If Positive Side Effects	
olanzapine	8 Hours	x
omeprazole	No Restriction	
OMNICEF	No Restriction	
ondansetron hydrochloride	8 Hours If Positive Side Effects	
OPANA	12 Hours	
ORPHENADRINE	12 Hours	
ORTHO EVRA	No Restriction	
ORTHO TRI-CYCLEN	No Restriction	
ORTHO-NOVUM	No Restriction	
ORUDIS	8 Hours If Positive Side Effects	
oseltamivir	12 Hours	
OXAZEPAM	8 Hours	x
OXCARBAZEPINE	Must Have FFD	
OXIR	8 Hours	
oxybutynin	8 Hours If Positive Side Effects	
oxycodone	8 Hours	
oxycodone/acetaminophen	12 Hours	
oxycodone/apap	8 Hours	
oxycodone/aspirin	12 Hours	
OXYCONTIN	12 Hours	
PAMERLOR	8 Hours If Positive Side Effects	x
pantoprazole	No Restriction	
parafon-forte dsc	8 Hours	
PARNATE	8 Hours If Positive Side Effects	x
paroxetine	8 hours if positive side effects . Do not stop suddenly (paxil withdrawal)	x
PATANOL	8 Hours	
PAXIL	8 hours if positive side effects . Do not stop suddenly (paxil withdrawal)	x
PAXIL CR	8 hours if positive side effects Do not stop suddenly (paxil withdrawal)	x
peg 3350	No Restriction	
penicillen	8 Hours If Positive Side Effects	
penicillin vk	No Restriction	
Pennicillin	No Restriction	
PERCOCET	12 Hours	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
PERCODAN	12 Hours	
peractin	No Restriction	
PERIOSTAT	8 Hours If Positive Side Effects	
PHENAZOPYRIDINE	8 Hours If Positive Side Effects	
PHENDIMETRAZINE	8 Hours If Positive Side Effects	
PHENERGAN VC	8 Hours	
phenergan with codeine	12 Hours	
PHENOBARBITAL	12 Hours	x
PHENTERMINE	8 Hours If Positive Side Effects	
phenylephrine and promethazine	8 Hours	
PHENYLPROPANOLAMINE	8 Hours	
phenylpropanolamine w/hydrocodone-oral	12 Hours	
phenytoin	12 hours if positive side effects	
pimecrolimus	No Restriction	
pioglitazone	No Restriction	
piroxicam	8 Hours If Positive Side Effects	
PIROXICAN	No Restriction	
PLAVIX	No Restriction	
PLENDIL	No Restriction	
POTASSIUM	No Restriction	
potassium chloride	No Restriction	
PRANDIN	No Restriction	
PRAVACHOL	No Restriction	
pravastatin	No Restriction	
PRAVASTATIN SODIUM	No Restriction	
PRAZOSIN	No Restriction	
PRAZOSIN HYROCHLORIDE	No Restriction	
PRECOSE	No Restriction	
prednisone	No Restriction	
pregabalin	8 Hours If Positive Side Effects	
PREMARIN	No Restriction	
PREMPRO	No Restriction	
PRENATAL PLU TABS	No Restriction	
PREVACID	No Restriction	
PREVALITE	8 Hours If Positive Side Effects	
PREVPAC	No Restriction	
PRILOSEC	No Restriction	
PRIMIDONE	8 Hours If Positive Side Effects	
PRISTIQ	8 Hours If Positive Side Effects	
PRO AIR	8 Hours If Positive Side Effects	
prochlorperazine	8 Hours	
PROMETHAZINE (NO CODEINE)	8 Hours	
promethazine/codeine	12 Hours	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
PROMETHAZINE/CODEINE	12 Hours	
PROPECIA	No Restriction	
propoxyphene n/apap	12 Hours	
propranolol	No Restriction	
PROPRANOLOL	No Restriction	
PROPRANOLOL HYDROCHLORIDE	No Restriction	
PROPRANOLOL HYDROCHLORIDE	No Restriction	
PROSCAR	No Restriction	
PROSED DS	8 Hours If Positive Side Effects	
prosom	8 Hours	x
PROTONIX	No Restriction	
protoniz	No Restriction	
PROTOPRAZOLE	No Restriction	
PROVENTIL	No Restriction	
PROVIGIL	Restricted, any person whose position requires a DPU/CDL must see Dr. Weintraub prior to taking this medication. No exceptions Regulation 391.41 Physical qualification for drivers.	
PROZAC	8 Hours If Positive Side Effects	x
PSEUDOVENT	No Restriction	
PULMICORT	No Restriction	
pyridium	8 Hours If Positive Side Effects	
quetiapine	8 Hours	x
quinapril	No Restriction	
QVAR	No Restriction	
rabeprazole	No Restriction	
raloxifene	No Restriction	
ramipril	No Restriction	
ranitidine	No Restriction	
relafen	8 Hours If Positive Side Effects	
RELPAK	8 Hours	
remeron	8 Hours If Positive Side Effects	
RENTATE DHA EXTRA	No Restriction	
replacing effexor	8 Hours If Positive Side Effects	
RESTORIL	12 Hours	x
RHINOCORT AQUA	No Restriction	
risedronate	No Restriction	
RISPERDAL	8 Hours	x
risperidone	8 Hours	x
ritalin	8 Hours If Positive Side Effects	
Ritalin	Requires MD Note. Must be referred to Medical Director	x
ROBAXIN	8 Hours	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
ROBITUSSIN	No Restriction	
ROBITUSSIN -AC	12 Hours	
rofecoxib	NOT ALLOWED - HAS BEEN REMOVED FROM THE MARKET	
rosiglitazone maleate	No Restriction	
ROXICET	12 Hours	
salmeterol	No Restriction	
salmeterol/fluticasone	No Restriction	
Sandostatin	No Restriction	
SELEGILINE	No Restriction	
SERAX	8 Hours	x
SEREVENT DISKUS	No Restriction	
SEROQUEL	8 Hours	x
sertraline	8 Hours If Positive Side Effects	x
SERTRALINE HYDROCHLORIDE	No Restriction	
SERZONE	8 Hours If Positive Side Effects	x
sildenafil citrate	No Restriction	
simvastatin	No Restriction	
SINEQUAN	12 Hours	x
sinequin	8 Hours If Positive Side Effects	x
SINGULAIR	No Restriction	
SINVASTAVTIN	No Restriction	
SIONATA	No Restriction	
SKELAXIN	12 Hours	
SMZ-TMP	No Restriction	
SOMA	8 Hours	
SPIRIVA	No Restriction	
spironolactone	No Restriction	
STRATTERA	8 Hours If Positive Side Effects	x
SUBOXONE	12 Hrs, Letter from Physician Must be put in for MD consult with Follow-up every three months	
SUCRALTATE	No Restriction	
SUDAFED	8 Hours If Positive Side Effects	
SULFAMETHOXAZOLE	8 Hours If Positive Side Effects	
SULINDAK	No Restriction	
sumatriptan	8 Hours If Positive Side Effects	
SYMBICOURT	No Restriction	
SYNTHROID	No Restriction	
TAMOXIFEN	8 Hours If Positive Side Effects	
TAMOXIFEN	No Restriction	
tamsulosin	8 Hours If Positive Side Effects	
TARKA	8 Hours If Positive Side Effects	
TAVIST	8 Hours If Positive Side Effects	
tegaserod	8 Hours If Positive Side Effects	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
TEGRETOL	12 hours if positive side effects. Must have FFD	x
temazepam	12 Hours	x
TERAAZOSIN	No Restriction	
terazosin	No Restriction	
TERBINAFINE	No Restriction	
TERBINAFINE HCL	No Restriction	
tessalon pearls	8 hours if positive side effects Do not chew/swallow whole	
TESTOSTERONE	No Restriction	
TETRACYCLINE	No Restriction	
THEOPHYLLINE	No Restriction	
thiothixene	Must have FFD	x
THORAZINE	8 Hours	x
timolol	No Restriction	
TIZANDINE	12 Hours	
tizanidine	12 Hours	
TIZANIDINE	8 Hours	
tobradex	No Restriction	
tobramycin	No Restriction	
tobramycin/dexamethasone	No Restriction	
TOBYRAMYCIN	No Restriction	
TOFRANIL	8 Hours If Positive Side Effects	x
TOLECTIN	8 Hours If Positive Side Effects	
tolterodine	8 Hours If Positive Side Effects	
topamax	No Restriction	
topiramate	8 Hours If Positive Side Effects	x
TOPROL-XL	No Restriction	
TORADOL	8 Hours If Positive Side Effects	
toradol (im/iv)	8 Hours If Positive Side Effects	
TORSEMIDE	No Restriction	
TRAMADOL	8 Hours	
tramadol/acetaminophen	8 Hours If Positive Side Effects	
TRAMADOLH	8 Hours If Positive Side Effects	
tramidol	8 Hours If Positive Side Effects	
trandolapril	8 Hours If Positive Side Effects	
TRANXENE	8 Hours	x
TRAZODONE	8 Hours	x
trazodone hydrochloride	8 Hours	x
triamcinolone	8 Hours If Positive Side Effects	
triamcinolone acetonide	No Restriction	
triamterene/hctz	No Restriction	
TRICOR	No Restriction	
TRILAFON	8 Hours	x
TRILEPTAL	12 hours if positive side effects	x
trimeth/sulfameth	No Restriction	
TRIMOX	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
triprolidine or pseudoephedrine	8 Hours	
TRIVORA-28	No Restriction	
trotropium	No Restriction	
TRUVADA	No Restriction	
TUSSIN DM	none (take only at bedtime)	
TUSSIONEX	12 Hours	
TUSSIONEX W/ HYDROCODONE	12 Hours	
TYLENOL	No Restriction	
TYLENOL ALLERGY&SINUS	8 Hours If Positive Side Effects	
TYLENOL SEVERL ALLERGY	8 Hours If Positive Side Effects	
TYLENOL SLEEP AID	8 Hours	
TYLENOL SORE THROAT DAY N.D	8 Hours If Positive Side Effects	
TYLENOL W/ CODEINE	12 Hours	
TYLENOL/CODEINE	12 Hours	
ULTRACET	8 Hours If Positive Side Effects	
ULTRAM	8 Hours If Positive Side Effects	
UNIVASC	No Restriction	
UROXATREL	No Restriction	
URSO	8 Hours If Positive Side Effects	
valacyclovir	No Restriction	
VALERIAN	8 Hours	
VALIUM	24 Hours	x
valsartan	No Restriction	
valsartan/hctz	No Restriction	
VALTRESX	No Restriction	
venlafaxine	8 Hours If Positive Side Effects	x
veramyst	8 Hours If Positive Side Effects	
verapamil	No Restriction	
VERSED	12 Hours	
VESICARE	No Restriction	
VIAGRA	No Restriction	
VICKS CHLORASEPTIC ORAL	No Restriction	
VICODEN	12 Hours	
VICODIN	12 Hours	
VICOPROFEN	8 Hours	
VIOXX	NOT ALLOWED - HAS BEEN REMOVED FROM THE MARKET	
VISTARIL	8 Hours	
VITAMIN B5	No Restriction	
VITAMINS, MULTI OTC	No Restriction	
VITMAIN D	No Restriction	

Medication List

Drug Name	GuideLine	Need Letter from Prescribing MD
VOLTAREN	8 Hours If Positive Side Effects	
VYTORIN	8 Hours If Positive Side Effects	
w/hydrococone-oral	8 Hours	
warfarin	No Restriction	
WELLBUTRIN	8 Hours If Positive Side Effects	x
WELLBUTRIN SR	8 Hours If Positive Side Effects	x
XALATAN	No Restriction	
XANAX	8 Hours	x
XELODA	8 Hours If Positive Side Effects	
XENADRINE	diet pill	
XODOL	12 Hours	
XYZAL	No Restriction	
YASMIN 28	No Restriction	
zanaflex	8 Hours	
ZANTAC	8 Hours If Positive Side Effects	
ZARONTIN	12 hours if positive side effects	x
ZELNORM	8 Hours If Positive Side Effects	
ZEMPREX D	12 hours if positive side effects	
zertec	8 Hours If Positive Side Effects	
ZESTREL	No Restriction	
ZETIA	No Restriction	
ZIPRASADONE	Must have FFD	x
ZITHROMAX	No Restriction	
ZOCOR	No Restriction	
ZOFRAN	8 Hours If Positive Side Effects	
ZOLIPDEM	8 Hours	
zolmitriptan	8 Hours If Positive Side Effects	
ZOLOFT	8 Hours If Positive Side Effects	x
ZOLPIDEM	8 Hours	
zolpidem tartrate	8 Hours	
ZOMIG	8 Hours If Positive Side Effects	
ZONEGRAN	12 hours if positive side effects	x
zuprasidene	8 Hours If Positive Side Effects	x
ZYBAN	No Restriction	
ZYFLO CR	8 Hours If Positive Side Effects	
ZYPREXA	8 Hours	x
ZYRTEC	8 Hours If Positive Side Effects	
ZYRTEC-D	8 Hours If Positive Side Effects	

9. System Name: Metropolitan Evansville Transit System (METS) - Evansville, IN

Form: Medication Approval Form

Contact: Kerry Kamp, Drug and Alcohol Program Manager
kkamp@evansvillepublicworks.com
(812)435-6165

Description: Every METS safety-sensitive employee must complete a Medication Approval Form for any medication not listed on the 'prescribed drugs that do not need to be reported list.' The list includes drugs that are not required to be reported unless known by the employee to cause problems, or if restrictions are posed by the prescribing physician. All prescription drugs not included on the list must be reported to METS management. Safety-sensitive employees are required to sign the form indicating that the information provided by their physician is true and correct. The form states the employee performs safety-sensitive functions and that impairment could affect public safety. The employee's prescribing physician must indicate the name of each medication prescribed, the date prescribed, the expiration of the prescription, and any restrictions. The form must be signed by the prescribing physician and provided to the employee's supervisor before the employee can perform safety-sensitive duties.



Highlights:

- METS provides a list of medications that do not need to be reported, thereby limiting the need for the form to be completed to only medications not included on the list.
- The employee's prescribing physician must sign the form indicating that all medications listed are acceptable to use while performing safety sensitive functions.
- The form states the safety-sensitive nature of the job functions and that impairment could endanger the safety of the public, the employee and, coworkers.
- The form requires the expiration date of the prescription, thereby indicating the length of time that the employee would be restricted from performing safety-sensitive duties.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Small Urban	87	41	Yes

Appendix 1

Metropolitan Evansville Transit System Medication Approval Form

Employee Completes This Section

Employee Name: _____ Date: _____

Employee #: _____ Job Title: _____

Work Phone #: (812) 435-6166 _____

The information provided in this Medical Approval Form is true and correct the best of my knowledge. I understand and will comply with the prescribed use of these medications and their restrictions while working.

Signed: _____ Date: _____

Physician Completes This Section

Please complete this form so that your patient can work in his/her Metropolitan Evansville Transit System safety-sensitive job. By signing below you are acknowledging that you are aware of this employee's job duty requirements and that the prescribed medication(s) currently being taken will not adversely impair performance of endanger the safety of this individual, coworker, METS customer or the public. Please indicate below what, if any, restrictions should be placed upon the time when the medication is taken and the time the individual can safely perform his/her job duties.

Medication Employee is Currently Taking

Name of Drug	Date Prescribed	Approval Expires	Restrictions

Signed: _____ Date: _____

Please print Name, Address and Phone Number Below

Appendix 2

Drugs That Do Not Need To Be Reported

The following drugs do not need to be reported unless known by the employee to cause problems or if restrictions are imposed by the prescribing physician.

Allergy, Asthma & Decongestants	Analgesics	Antihypertensives	Miscellaneous
Alph-pned	Acetaminophen	Aldactide	Ablalon A Drops
Brethaire	Advil	Aldactone	Acyclovir
Entex	Anacin-3	Aldomet	Aristocort
Guaifensin	Anaprox	Calan	Beconase
Hismanal	Asprin	Capoten	Carafate
Ipratropium Inhaler	Datril	Captopril	Cimetidine
Kenalog	Fenoprofen	Catapres TTS	Colbenemid
Nasalide	Ibuprofen	Catapress	Cortosone
Phenypropanolamine	Indocin	Chlorothiazide	Digoxin
PPA-GG-LA	Medipren	Diuril	Donnagel
Pseudoephedrine	Motrin	Enalapril	Ergotec
Seldane	Nalfon	HCTZ	Lanoxin
Sine-Aid	Naprosyn	Hydrodiuril	Meclomen
Sudafed	Nuprin	Hydrochlorothiazide	Prednisone
Terbutaline Inhaler	Panadol	Lasix	Prilosec
Terbutaline	Rufin	Lisinopril	Synthroid
Terienadine	Trendar	Lopressor	Tagamet
Theo-Dur	Tylenol	Methyldopa	Vancenase
Theopnilline		Moduretic	Viagra
Zephrex	Dental	Prinivil	Zantac
	Lidocaine	Procardia	
	Xylocaine	Vasoretic	
Antibiotics		Vasotec	
All	Immunizations		
	All	Vitamins	
Birth Control Pills		All	
All	Topical Agents		
	Lotions, Creams, etc		

Mandatory Reportable Drugs

All prescribed drugs not listed above must be reported with or without restrictions.

10. System Name: Prairie Five Rides – Montevideo, MN

Form: Medication Approval Form

Contact: Janell Haugen
janellp5@wellmnet.com
(320)269-8727

Description: Prairie Five Rides’ Medication Approval Form is referenced in its Rx/OTC policy. This form is used as a communication document between Prairie Five CAC, Inc. and the employee and the employee’s treating physician, concerning the employee’s ability to work while being medicated. Safety-sensitive employees are instructed to give this form to their physician when being prescribed a new medication. The form indicates the safety-sensitive employee is a transit driver or a dispatcher. The physician is directed to sign the form stating that the medication being used will not interfere with his or her ability to safely perform safety-sensitive job duties. The form also indicates the date by which the patient will need to be re-evaluated. The employee is required to return the form to the transit manager before beginning safety-sensitive duties.

Highlights:

- The form requires the signature of the prescribing physician to confirm the employee’s fitness for duty while taking a prescribed medication.
- The employee is required to have the form completed and return it prior to performing any safety-sensitive duties while taking a Rx medication.
- The form does not require that the specific medication be named, nor its dosage or frequency of use be specified.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Rural	17	10	No

APPENDIX C
MEDICATION APPROVAL FORM
(For Safety-Sensitive Employees)

PHYSICIAN COMPLETES

Please complete this form so that your patient can work in his/her Prairie Five CAC, Inc. safety-sensitive job as a Transit Driver and Dispatcher. By signing below, you are acknowledging that you are aware of this employee's job requirements and day-to-day responsibilities, and that the newly prescribed medication (s) in conjunction with medication(s) currently being taken will not impair performance or endanger the safety of this individual, coworkers, Prairie Five CAC, Inc. customers, or the public.

1. I have reviewed the above named Prairie five CAC, Inc. employee's medical records and am familiar with the employee's job duties. In my opinion, this patient's condition and the medication (s) he/she is taking will not interfere with his/her ability to safely perform those job duties.
2. This individual is currently under my medical supervision and was last seen on _____ and will be re-evaluated on _____.

Signed _____ Date _____

Please Print Name, Address and Phone Number:

*Please return the ORIGINAL form to the Transit Manager

PRAIRIE FIVE CAC, INC. / RIDES
7th & Washington PO Box 59
Montevideo, MN 56265-0695

Telephone 1-877-757-4337
FAX 320-269-6570
07-03-07

11. System Name: TriMet® - Portland, OR



Form: Prescription Drug Use Form

Contact: Brooke Taylor, Drug and Alcohol Program
Manager
brookeb@trimet.org
(503)962-4828

Description: Employees are required to obtain a Prescription Drug Use Form, signed by a physician, for each prescription medication taken by the employee. The form lists considerations for the physician to take into account when making the decision to release an employee to work while taking the medication. The physician is notified that the employee operates in a safety-sensitive environment. Employees are required to indicate the specific job duties that they perform and the medication that they are taking. The physician lists the medications they have prescribed, the dosage information, and the duration of the prescription. The physician then indicates whether the employee can perform safety-sensitive functions while taking the medication. The form is returned to Tri-Met management who must sign the form as well.

Highlights:

- The form states the employee is in a safety-sensitive position. And requires the employee to indicate the specific safety-sensitive job duties performed.
- The form is primarily required for medications prescribed to treat depression, pain, heart conditions, dizziness, or seizures.
- The physician must indicate the specific medication, dosage, and duration of the prescription.
- The form requires the signatures of the employee and prescribing physician, before Tri-Met's review and signature.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Large Urban	2,066	1,087	Yes

SAFETY-SENSITIVE EMPLOYEE PRESCRIPTION DRUG USE FORM

EMPLOYEE: Complete the “employee’s Section” on the reverse of this form and provide the form to your prescribing physician or individual for completion of the “Physician/Prescribing Individual’s Section.”

PHYSICIAN OR PRESCRIBING INDIVIDUAL: Please consider the following information and complete the “Physician/Prescribing Individual’s Section” on the reverse of this form. Thank you for your assistance.

Considerations:

1. The employee should report any medication that treats depression, pain, heart, dizziness, or seizures.
2. The employee should not be released to work unless you are comfortable that, given the safety-sensitive nature of this patient’s job duties, his/her medical history, current condition and possible side effects of the prescribed medication(s), it is your professional opinion that the medication(s) will have no adverse influence on the employee’s performance of his/her safety-sensitive job duties.

Employee’s Section:

Printed Name: _____ Employee Identification Number: _____

Employee’s TriMet Safety-Sensitive Job Function—Check those that apply:

- Operate a transit bus or train
- Operate s non-revenue service vehicle requiring a commercial driver’s license
- Control the dispatch or movement of transit buses or trains
- Maintain/repair transit buses or trains or the electro-mechanical systems controlling train movement
- Carry a firearm for security purposes
- Supervisor whose duties require the performance of any of the above functions.

Medication(s) currently being taken: _____

I attest that the foregoing information is complete and correct.

Employee Signature: _____ Date: _____

PHYSICIAN/PRESCRIBING INDIVIDUAL’S SECTION:

As the attending physician or prescribing individual, I have prescribed the following medication(s) to be taken from _____ to _____.

Name of medication: _____ Dosage: _____

Name of medication: _____ Dosage: _____

Please check one of the following:

- Employee *may not perform safety-sensitive duties* while taking this medication.
(Employee: give this form to your supervisor).
- Employee is *released* to perform safety-sensitive duties while taking this medication.
(Employee: give this form to your supervisor).

Physician or Prescribing Individual's Printed Name: _____

Telephone: _____

Signature: _____

Date: _____

For TriMet use only:

Reviewed by: _____

12. System Name: Veolia Transportation (Multiple Sites)

Form: Prescription Medication Notification Form

Contact: Ebbe Jensen
Ebbe.jensen@veoliatransportation.com
(803)255-7084

Description: Veolia requires safety-sensitive employees to complete a Prescription Medication Notification form for all medications taken by the employee. This form requires the name of employee and the date the form was completed. Additionally, the employee must list all medications taken, the dosage, and the length of the prescription. The form includes a paragraph that states that “the employee performs safety-sensitive functions and impairment from medications could affect public safety.” The form also requests the physician to prescribe alternative medications, when possible.

- Highlights:
- *Approval from a Substance Abuse Program Manager or MRO is required for all employees and all Rx/OTC medications prior to the performance of safety-sensitive job duties.
 - The physician indicates if the medication will impair the employee’s ability to safely operate a vehicle.
 - The employee authorizes the physician to release information regarding medical, alcohol, or drug abuse history.
 - Requests prescribing physicians to prescribe alternative medications, whenever possible, that do not have the potential to adversely affect the employee’s performance of safety sensitive job duties.

*Note: It is usually recommended that an employee’s physician would complete any required medication notification form and make the determination of the employee’s ability to perform safety-sensitive duties while taking a Rx/OTC medication, rather than having the transit system responsible for this determination.

Large Urban/ Small Urban/Rural	# of Safety-Sensitive Employees	# of Vehicles	Union?
Contractor – varies	7,223	varies	varies

Prescription Medication Notification

(TO BE COMPLETED BY THE PHYSICIAN AND/OR PHARMACIST)



VEOLIA
TRANSPORTATION

Today's Date: _____ Employee Name: _____

Name of Medication

Dosage

Beginning Date / Ending Date of Medication

1. _____
2. _____
3. _____
4. _____
5. _____

Will these medications impair the patient's ability to safely operate a motor vehicle?

YES NO UNKNOWN

I understand that employees of Veolia Transportation are involved in operation of public transportation vehicles and equipment and have a responsibility to the safety of the general public. To be under the influence of any medication, while working, which COULD impair an employee's ability to perform their duties safely, is strictly prohibited.

Additionally, Veolia Transportation enforces a very strict drug and alcohol testing program. Medication that results in a positive drug and/or alcohol test could present disciplinary actions up to and including termination for the employee. Therefore, working while under the influence of such medications is strictly prohibited. Substitute medications without such results are requested whenever possible.

Physician/Pharmacist Signature: _____ Date: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize the above-signed physician to release any information regarding medical, alcohol or drug abuse history acquired in the course of my treatment. I understand that this authorization or photo static copy of the original shall be kept on permanent file.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____



Chapter V: Training



CHAPTER V – TRAINING
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CHAPTER V: TRAINING

Following FTA's challenge to transit systems to establish programs to educate safety-sensitive employees about the potential dangers associated with the use of prescription (Rx) and over-the-counter (OTC) medications, numerous training aids were developed. This section contains examples of many of those aids.

The training aids within this toolkit include pamphlets, guides, and/or brochures; PowerPoint presentations, videos, posters, and more, to assist employers in creating a training program on Rx and OTC medications. This compilation is not all inclusive, but provides samples of some of the better materials in the industry that can be used as part of a transit system's training program.

Individuals learn at different paces and in different manners. Using a variety of resources and training methods will help ensure that your information is not only communicated to your employees, but also received.

There are dozens of websites and other sources of information that offer sample documents and sources of information on drugs and alcohol, including Rx and OTC medications. Transit systems are encouraged to thoroughly review all sources of information that they consider using to ensure that the information is coming from a reputable source and that it is appropriate to the transit system. If in doubt, transit systems should consult with a medical professional to confirm the information they are considering is valid and applicable.

Chapter VI of this Toolkit, Resources, provides a listing of websites and sources that are known as reputable and can be trusted for providing accurate and up-to-date information.

In addition to the FTA-required training, a transit system's drug and alcohol training program should incorporate elements that address Rx/OTC medication use. These

elements should include periodic refreshers as part of regularly-scheduled safety meetings, payroll stuffers, posters, and other creative informational materials. In today's society, individuals can almost become "conditioned" to taking medications to treat even minor ailments without regard for the impact of those medications on driving ability. Anything that a transit system can do to combat this "conditioning" and assist transit employees with making informed and safe decisions regarding their Rx and OTC medication use will ultimately help ensure a safe environment for transit employees and customers.

One of the training resources highlighted in this Chapter is the Oregon Department of Transportation's **Safety-Sensitive Employee Drug and Alcohol On-line Training**, which was developed specifically to meet the FTA's required one hour of training for safety-sensitive employees. Currently only available to Oregon transit systems, efforts are underway to make web-based training available nationally.

In addition to those transit systems highlighted throughout this Toolkit, you may already know systems in your area that have successful training programs. Contact your transit system peers, and or the transit systems highlighted in the other chapters of this Toolkit, to ask about their training programs and materials that you might be able to use for your own program. Don't hesitate to use what has already been tried and tested, but make sure what you are using is from a reputable source.

In summary,

1. Every transit system should have a structured, on-going Drug and Alcohol training program that meets FTA's Drug and Alcohol testing requirements and addresses Rx/OTC medications.

2. Training programs should include structured class room, lecture-type training, on-line, web-based training, and informal discussions, such as those that might occur during safety meetings.
3. Effective training programs take into account different types of learners, therefore, materials should be presented in different formats, such as posters, brochures, payroll stuffers, videos, PowerPoint presentations, etc.
4. Don't hesitate to use resources from this Toolkit or from your transit system peers to develop your, or enhance your existing, training program.
5. Always make sure that the information and resources you are using are from a reputable source.

The following items can be used as part of a training program to address Rx/OTC medication use:

Brochures, Fact Sheets, Pamphlets, and Newsletters

1. **Buying Prescription Medicine Online: A Consumer Safety Guide** is a brochure distributed by the U.S. Department of Health and Human Services, Food and Drug Administration, August 6, 2009. This brochure provides guidance on the dangers of purchasing medicines on-line.
2. The FDA also produced the brochure **Driving When You are Taking Medications** which is an excellent training tool for drivers to learn about possible medication reactions and their impact on driving skills.
3. FTA's quarterly **Drug and Alcohol Regulation Updates** contain regular articles on Rx/OTC medications, which can be used as part of

scheduled training, safety meetings, etc.

4. The Council on Family Health, National Consumers League of the U.S. Food and Drug Administration has published **Drug Interactions: What You Should Know** as a tool for learning more about possible drug interactions.
5. The **New Drug Facts Label** is a brochure produced by the National Council on Patient Information and Education (NCPIE) and available at www.bemedwise.org. This is an excellent teaching tool for understanding what information is required to be provided on each drug label.
6. **NIDA InfoFacts**, National Institute for Drug Abuse (NIDA), <http://www.nida.nih.gov/Infofacts/infofactsindex.html> offers a number of individual briefs on related topics. Two of note include Rx and OTC Medications and on Stimulant ADHD Medications: Methylphenidate and Amphetamines.
7. **Over-the-Counter Medicine: What's Right for You?** is a brochure also produced by the FDA and would be an excellent tool for facilitating a training discussion or used as a standalone piece on the possible impacts of OTC medicine use on driving. These brochures are available free of charge through FTA.
8. **Partnership for a Drug Free America** is a series of fact sheets that can be printed or downloaded on a variety of drugs, including Rx and OTC medications.
9. The U.S. Department of Health and Human Services, Food and Drug Administration guide **"Think it Through—A Guide to Managing the Benefits and Risks of Medicines**

describes the risks and benefits of using Rx/OTC medications.

10. **Tips for Talking with Your Pharmacist**, another FDA guide for the safe use of medications and using an individual's local pharmacist as a resource.
11. **Use Over-The-Counter Medicines Wisely** is a brochure also by NCPIC and available through Be MedWise which stresses the need for personal responsibility in understanding the possible risks and side effects of OTC medicines.

Power Point Training

12. The Massachusetts Bay Transportation Authority updated its **Reasonable Suspicion Training to address Rx/OTC medication use**. This power point emphasizes the impact to safety Rx/OTC medication use can have and the need for a medical professional to make a determination of whether or not an employee's performance of safety-sensitive job functions is adversely impacted by the use of Rx/OTC medications. The training is used in concert with MBTA's Rx/OTC Medication Policy and Medication Restriction List.
13. **Prescription and Over-the-Counter (Rx/OTC) Use in the Transit Industry**, by RLS & Associates, Inc., is a PowerPoint presentation and is based on information from the Food and Drug Administration, Federal Railroad Administration, and Federal Aviation Administration. It does not constitute Federal regulations for Federal Transit Administration-funded (FTA) entities but provides information that FTA encourages transit systems to use to educate their employees about the potential impact Rx/OTC medications can have on transit system safety.

Videos

14. **Drugs & Driving: A Deadly Combination**, Films Media Group/Films for Humanities & Sciences, www.films.com is a 12 minute video which examines the impact of taking over-the-counter drugs while driving, a practice listed as a primary cause of traffic accidents.
15. The Center for Urban Transportation Research, CUTR, University of South Florida, Tampa, FL, www.cutr.usf.edu developed a video and PowerPoint presentation, both entitled **A Prescription for Safety**. Both present the guidelines for the safe and effective use of prescription and over-the-counter medications by safety-sensitive employees.

Web Based Training

16. **Oregon Department of Transportation Safety-Sensitive Employee Drug and Alcohol On-line Training**, is a series of on-line training modules specifically designed to meet the Federal Transit Administration's (FTA's) one hour of training requirement for safety-sensitive employees.
17. **Streetdrugs University**, a distance based learning site that provides high quality photos and video of prescription and illegal drugs, as well as tobacco and alcohol products. Training is available at a fee.

Miscellaneous

18. **AMA Physician's Guide to Assessing and Counseling Older Drivers**, was developed jointly with the National Highway and Traffic Safety Administration (NHSTA). Chapter 9 of this training document focuses on common medical conditions, and those medications commonly used to treat the conditions, associated with

older drivers and which have the impact to impair driving.

19. **Are You Fit for Duty** is a poster developed by the the Center for Urban Transportation Research (CUTR), which can be used to post in common employee areas as a reminder for employees to report their Rx/OTC medication use.
20. The Center for Urban Transportation Research (CUTR) has developed the **Employee Guidelines for Use of Rx and OTCs** offers ten tips or reminders for employees for Rx/OTC medication use.

For general questions or to obtain additional copies of the Rx/OTC Medication Toolkit, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

CHAPTER V: TRAINING
Rx/OTC Medications Training Summary

No.	Title	Format	Author	Source	Description
1	Buying Prescription Medicine Online: A Consumer Safety Guide	Brochure	U.S. Department of Health and Human Services, Food and Drug Administration	Food and Drug Administration, www.fda.gov/drugs/resourcesforou/ucm080588.htm	Provides guidance on the dangers of purchasing medicines on-line.
2	Driving When You Are Taking Medications	Brochure	Food and Drug Administration	www.fda.gov	An excellent training tool for drivers to learn about possible medication reactions and the impact on driving skills
3	FTA Drug and Alcohol Regulation Updates	Newsletter	Federal Transit Administration (FTA)	http://transit-safety.fta.dot.gov/drugandalcohol/default.aspx	Quarterly newsletter of articles specifically addressing FTA Drug and Alcohol testing program, with a regular section on Rx/OTC Medications. An excellent training tool for drivers to learn about possible medication reactions and the impact on driving skills
4	Drug Interactions: What You Should Know	Brochure	U.S. Food and Drug Administration (FDA)	Federal Citizen Information Center. Item #527M, Pueblo, CO 81009 www.pueblo.gsa.gov	This 10 page brochure discusses the precautions that need to be used when taking more than one over-the-counter medicine. There is also a chart listing several OTC drugs and common interactions.
5	New Drug Facts Label	Brochure/Handout	National Council on Patient Information and Education (NCPIE)	www.bemedwise.org	An excellent teaching tool for understanding what information is required to be provided on each drug label.
6	NIDA InfoFacts	Brochure	National Institute on Drug Abuse (NIDA)/National Institutes of Health/U.S. Department of Health & Human Services	www.drugabuse.gov/drugpages/prescription.html	This informational pamphlet presents an easy to read and understand overview of Prescription and Over-the-Counter Medications (Rx/OTC), including commonly abused medications. Each medication is described in detail as to its classification, potential for abuse, affect on the brain, adverse effects, addiction treatments, etc.
7	Over-the-Counter Medicine: What's Right For You?	Brochure	U.S. Department of Health and Human Services	Food and Drug Administration, www.fda.gov	This 12 page, multicolor pamphlet provides an easy to understand summary of over-the counter medications, describing how to read the labels and cautions about drug interactions, side effects, and other hazards associated with the use of over-the-counter medications.
8	Partnership for a Drug Free America	Newsletter & Drug Guide	Partnership for a Drug Free America	www.drugfree.org	Although the information is directed at parents of teens, it is an excellent source of information on commonly abused drugs, illegal and prescription.
9	"Think it Through--A Guide to Managing the Benefits and Risks of Medicine	Brochure	U.S. Department of Health and Human Services	www.fda.gov	This guide describes in detail the risks and benefits of using both prescription and over-the-counter medications.
10	Tips for Talking with Your Pharmacist	Brochure	Federal Drug Administration (FDA)	www.fda.gov	This four page guide is an excellent training tool to learn how to use medicines safely.
11	Use Over-the-Counter Medicines Wisely	Brochure	National Council on Patient Information and Education (NCPIE)	www.bemedwise.org	This brochure stresses the need for personal responsibility in understanding the possible risks and side effects of OTC medicines.

CHAPTER V: TRAINING
Rx/OTC Medications Training Summary

No.	Title	Format	Author	Source	Description
12	MBTA Reasonable Suspicion Training	PowerPoint	Massachusetts Bay Transportation Authority	Kate LeGrow, Massachusetts Bay Transportation Authority (MBTA), 10 Park Plaza, 7th Floor, Room 7610, Boston, MA 02116, klegrow@mbta.com, (617)222-5858	This PowerPoint presentation incorporates Rx/OTC Medication use into FTA Reasonable Suspicion Training for supervisors.
13	Prescription and Over-the-Counter Use in the Transit Industry	PowerPoint	RLS & Associates, Inc.	rls@rlsandassoc.com	This PowerPoint presentation addresses FTA's recommendations regarding Prescription and Over-the-Counter Medications and their impact safety-sensitive employees and transit system safety.
14	Drugs & Driving: A Deadly Combination	Video	Films Media Group/Films for Humanities & Sciences	www.films.com	This 12-minute video examines the largely unreported impact of taking over-the-counter drugs while driving, a practice listed as a primary cause of traffic accidents.
15	A Prescription for Safety	Video & PowerPoint	Center for Urban Transportation Research (CUTR)	www.cutr.usf.edu	A short 5-minute video targeting Rx/OTC Medication use in the conduct of safety-sensitive job duties. PowerPoint contains similar information, but in greater detail.
16	Safety-Sensitive Employee Drug and Alcohol On-Line Training	On-Line Training	Oregon Department of Transportation and RLS & Associates, Inc.	www.oregon.gov/ODOT/PT	This training, the first of its kind, meets the FTA requirement for a minimum of 60 minutes of training for safety-sensitive transit employees on the effects and consequences of prohibited drug use on personal health, safety, and the work environment. It also includes a unit on Prescription and Over-the-Counter Medications (Rx/OTC).
17	Streetdrugs University	On-Line Training	Streetdrugs.org	www.streetdrugs.org	This distance-based learning site is a division of Streetdrugs.org, a nationally recognized and reputable source of drug and alcohol educational and training information and materials.
18	AMA Physician's Guide to Assessing and Counseling Older Drivers	Training Module	American Medical Association and National Highway and Traffic Safety Administration (NHTSA)	www.nhtsa.gov	This NHTSA training module developed jointly with the American Medical Association, provides in chapter 9 of the module an excellent overview of the medical conditions commonly afflicting older drivers and the medications most commonly prescribed and/or used to treat these conditions.
19	Are You Fit For Duty	Poster	CUTR	www.cutr.usf.edu	A poster which can be used to post in common employee areas as a reminder for employees to report their Rx/OTC medication use.
20	Employee Guidelines for Use of Rx and OTCs	Handout	CUTR	www.cutr.usf.edu	Covers ten tips or reminders for employees for Rx/OTC medication use.

Title: 1. Buying Prescription Medicine Online: A Consumer Safety Guide

Format: Brochure

Author: U.S. Department of Health and Human Services, Food and Drug Administration

Source: Food and Drug Administration, August 6, 2009
www.fda.gov/drugs/resourcesforyou/ucm080588.htm

Summary: This brochure provides guidance on the dangers of purchasing medicines online. This brochure stresses that some websites sell medicine that may not be safe to use and could put your health at risk. This brochure provides guidance on what to look for when purchasing medications online and which websites to stay away from. It stresses the importance of talking to your personal doctor and only taking prescriptions that was prescribed by a licensed professional. This brochure also states that all medications must be FDA approved for your safety. It provides information on resources to gain more information and tips for keeping your privacy safe.

Highlights:



- Brochure format makes it easy to read and concise.
- Provides guidance for buying medicine online safely.
- Describes some of the dangers of purchasing medications online.
- The U.S. Department of Health and Human Services is an accredited source
- Describes how to look for websites with practices that protect the consumer.
- Stresses the importance of talking with your doctor.

For related information, go to:

Imported medicine
www.fda.gov/importeddrugs

Counterfeit medicine
www.fda.gov/counterfeit

Generic drugs
www.fda.gov/cder/ogd

Visit www.fda.gov/cder and click on **“Consumer Education”** for more on how to buy and use medicines.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Food and Drug Administration
www.fda.gov
1-888-INFO-FDA
(1-888-463-6332)



National Council on Patient Information and Education
www.talkaboutrx.org

Find this guide online at www.fda.gov/buyonlineguide

Buying Prescription Medicine Online: **A CONSUMER SAFETY GUIDE**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

In cooperation with the **National Council on Patient Information and Education**

Buying your medicine online can be easy. Just make sure you do it safely.



The Internet has changed the way we live, work and shop. The growth of the Internet has made it possible to compare prices and buy products without ever leaving home. But **when it comes to buying medicine online, it is important to be very careful.** Some websites sell medicine that may not be safe to use and could put your health at risk.

Some websites that sell medicine:

- aren't U.S. state-licensed pharmacies or aren't pharmacies at all
- may give a diagnosis that is not correct and sell medicine that is not right for you or your condition
- won't protect your personal information

Some medicines sold online:

- are fake (counterfeit or “copycat” medicines)
- are too strong or too weak
- have dangerous ingredients
- have expired (are out-of-date)
- aren't FDA-approved (haven't been checked for safety and effectiveness)
- aren't made using safe standards
- aren't safe to use with other medicine or products you use
- aren't labeled, stored, or shipped correctly

These tips will help protect you if you buy medicines online:

Know your source to make sure it's safe

Make sure a website is a state-licensed pharmacy that is located in the United States. Pharmacies and pharmacists in the United States are licensed by a state's board of pharmacy. Your state board of pharmacy can tell you if a website is a state-licensed pharmacy, is in good standing, and is located in the United States. Find a list of state boards of pharmacy on the National Association of Boards of Pharmacy (NABP) website at www.nabp.info

The NABP is a professional association of the state boards of pharmacy. It has a program to help you find some of the pharmacies that are licensed to sell medicine online. Internet websites that display the seal of this program have been checked to make sure they meet state and federal rules. For more on this program and a list of pharmacies that display the Verified Internet Pharmacy Practice Sites™ Seal, (VIPPS® Seal), go to www.vipps.info



Meet and talk with your doctor

- **Talk with your doctor** and have a physical exam before you get any new medicine for the first time.
- **Use ONLY medicine that has been prescribed** by your doctor or another trusted professional who is licensed in the U.S. to write prescriptions for medicine.
- **Ask your doctor** if there are any special steps you need to take to fill your prescription.

Visit FDA's page, "Buying Medicines and Medical Products Online," at www.fda.gov/buyonline

Look for websites with practices that protect you

A safe website should:

- 1 be located in the United States and licensed by the state board of pharmacy** where the website is operating (check www.nabp.info for a list of state boards of pharmacy)
- 2 have a licensed pharmacist** to answer your questions
- 3 require a prescription** from your doctor or other health care professional who is licensed in the United States to write prescriptions for medicine
- 4 have a way for you to talk to a person** if you have problems

Be sure your privacy is protected

- **Look for privacy and security policies** that are easy-to-find and easy-to-understand.
- **Don't give any personal information** (such as social security number, credit card, or medical or health history), unless you are sure the website will keep your information safe and private.
- **Make sure that the website will not sell your personal information**, unless you agree.

Protect yourself and others

- **Report websites you are not sure of, or if you have complaints about a site.**

Go to www.fda.gov/buyonline and click on "Notify FDA about problem websites."

Buying your medicine online can be easy. Just make sure you do it safely.



2. Title: Driving When You are Taking Medications

Format: Brochure

Author: U.S. Department of Health and Human Services

Source: Food and Drug Administration 2010
www.fda.gov

Summary: This brochure produced by the FDA is an excellent training tool for individual in the transit industry. The brochure explains the driving is a complex skill that can easily be affected by the use of medications. The brochure explains some of the potential reactions to medications that would affect driving skills. It also stresses that a combination of medications can create additional problems for drivers. The brochure explains that it is the responsibility of the user to talk to professionals to find a medication or combination of medications that will allow them to safely operate a vehicle. The brochure also offers suggestions for other means of transportation.

Highlights:

- Easy to read brochure format.
- Brochure can be ordered from the FDA's website and is available to download online.
- Advocates personal responsibility.
- Describes how medications can affect driving skills.
- Describes steps to safely take medications and operate a vehicle.
- Explains the importance of talking to medical professionals about the medication and how it will affect driving skills.
- Describes how to monitor oneself for potential negative effects.

Driving when you are taking medications.

For most people, driving represents freedom, control and independence. Driving enables most people to get to the places they want or need to go. For many people, driving is important economically – some drive as part of their job or to get to and from work.

Driving is a complex skill. Our ability to drive safely can be affected by changes in our physical, emotional and mental condition. The goal of this brochure is to help you and your health care professional talk about how your medicine may affect your ability to drive safely.

How can medications affect my driving?

People use medicines for a variety of reasons, including:

- ◆ allergies
- ◆ anxiety
- ◆ cold
- ◆ depression
- ◆ diabetes
- ◆ heart and cholesterol conditions
- ◆ high blood pressure
- ◆ muscle spasms
- ◆ pain
- ◆ Parkinson's disease
- ◆ schizophrenia

Medicines include medications that your doctor prescribes and over-the-counter medications that you buy without a doctor's prescription. Many individuals also take herbal supplements. Some of these medicines and supplements may cause a variety of reactions that may make it more difficult for you to drive a car safely. These reactions may include:

- ◆ sleepiness
- ◆ blurred vision
- ◆ dizziness
- ◆ slowed movement
- ◆ fainting
- ◆ inability to focus or pay attention
- ◆ nausea

Often people use more than one medicine at a time. The combination of different medicines can cause problems for some people. This is especially true for older adults because they use more medicines than any other age group. Due to changes in the body as people age, older adults are more prone to medicine related problems. The more medicines you use, the greater your risk that your medicines will affect your ability to drive safely. To help avoid problems, it is important that at least once a year you talk to your doctor, nurse, or pharmacist about all the medicines – both prescription and over-the-counter – you are using. Also let your doctor know what herbal supplements, if any, you are using. Do this even if your medicines and supplements are not currently causing you a problem.

Can I still drive safely if I am taking medications?

Yes, most people can drive safely if they are using medications. It depends on the effect those medicines – both prescription and over-the-counter – have on your driving. In some cases you may not be aware of the effects. But, in many instances, your doctor can help to minimize the negative impact of your medicines on your driving in several ways. Your doctor may be able to:

- ◆ Adjust the dose;
- ◆ Adjust the timing of doses or when you use the medicine;
- ◆ Add an exercise or nutrition program to lessen the need for medicine; and
- ◆ Change the medicine to one that causes less drowsiness.

What can I do if I am taking medications?

Talk to your doctor honestly.

When your doctor prescribes a medicine for you, ask about side effects. How should you expect the medicine to affect your ability to drive? Remind your doctor of other medicines – both prescription and over-the-counter – and herbal supplements you are using, especially if you see more than one doctor. Talking honestly with your doctor also means telling the doctor if you are not using all or any of the prescribed medicines. Do not stop using your medicine unless your doctor tells you to.

Ask your doctor if you should drive — especially when you first take a medication.

Using a new medicine can cause you to react in a number of ways. It is recommended that you do not drive when you first start using a new medicine until you know how that drug affects you. You also need to be aware that some over-the-counter medicines and herbal supplements can make it difficult for you to drive safely.

Talk to your pharmacist.

Get to know your pharmacist. Ask the pharmacist to go over your medicines with you and to remind you of effects they may have on your ability to drive safely. Be sure to request printed information about the side effects of any new medicine. Remind your pharmacist of other medicines and herbal supplements you are using. Pharmacists are available to answer questions wherever you get your medicine. Many people buy medicines by mail. Mail-order pharmacies have a toll-free number you can call and a pharmacist available to answer your questions.

Monitor yourself.

Learn to know how your body reacts to the medicine and supplements. Keep track of how you feel after you use the medicine. For example, do you feel sleepy? Is your vision blurry? Do you feel weak and slow? When do these things happen?

Let your doctor and pharmacist know what is happening.

No matter what your reaction is to using a medicine – good or bad – tell your doctor and pharmacist. Both prescription and over-the-counter medicines are powerful—that’s why they work. Each person is unique. Two people may respond differently to the same medicine. If you are experiencing side effects, the doctor needs to know that in order to adjust your medicine. Your doctor can help you find a medicine that works best for you.

What if I have to cut back or give up driving?

You can keep your independence even if you have to cut back or give up on your driving due to your need to use a medicine. It may take planning ahead on your part, but it will get you to the places you want to go and the people you want to see. Consider:

- ◆ rides with family and friends;
- ◆ taxi cabs;
- ◆ shuttle buses or vans;
- ◆ public buses, trains and subways; and
- ◆ walking.

Also, senior centers, religious, and other local service groups often offer transportation services for older adults in the community.

Who can I call for help with transportation?

Call the ElderCare Locator at **1-800-677-1116** and ask for the phone number of your local Office on Aging, or go to their website at www.eldercare.gov.

Contact your regional transit authority to find out which bus or train to take.

Easter Seals Project ACTION (Accessible Community Transportation In Our Nation) can direct you to transportation resources near you. Call **1-800-659-6428** or visit online at www.projectaction.org.

Where do I find out more about medications?

Your first step is to talk with your health care professional. You also can contact the:

- ◆ U.S. Food and Drug Administration at **1-888-INFO-FDA** (1-888-463-6332) or visit online at www.fda.gov/cder

You also can get a copy of the “Age Page On Older Drivers” from the National Institute on Aging by calling **1-800-222-2225**, or by going to their website at www.niapublications.org/

Wear your safety belt

Always wear your safety belt when you are driving or riding in a car. Make sure that every person who is riding with you also is buckled up. Wear your safety belt even if your car has air bags.

Driving When You Are Taking Medications



U.S. Department of Health and Human Services



Food and Drug Administration



U.S. Department of Transportation National Highway Traffic Safety Administration



www.nhtsa.dot.gov
nhtsa
people saving people

3. Title: FTA Drug and Alcohol Regulation Updates

Format: Newsletter

Author: Federal Transit Administration
www.fta.dot.gov
RLS & Associates, Inc.
(937) 299-5007
rls@rlsandassoc.com

Source: FTA Drug and Alcohol Regulation Updates
<http://transit-safety.fta.dot.gov/DrugAndAlcohol/default.aspx>

Summary: The quarterly FTA Drug and Alcohol Regulation Updates are an excellent source for information on prescription and over-the-counter drugs in the transportation industry. The information is up-to-date and accurate. All the information found in the updates is relevant to the transit industry. All issues contain useful information on the drug and alcohol regulations. Since the summer 2002 issue, there has been a section of the updates dedicated to prescription and over-the-counter medications. Following are the issues with information on Rx/OTC medication and the topic area.

- Issue 22: Safety-Sensitive Employee Guidelines for Use of Rx and OTC's
- Issue 23: Over-the-Counter Medications- Are They Safe?
- Issue 24: Employer Rx/OTC Policy Guidance
- Issue 25: Documenting Rx/OTC Involvement in Accidents
- Issue 26: Rx/OTC Training Encouraged
- Issue 27: Prescription Drugs: Benefits and Risks
- Issue 28: Model Transit Rx/OTC Approach
- Issue 29: Antihistamines Impair Driving
- Issue 30: Dietary Supplements- Are they Safe?
- Issue 31: Cold Season Has Safety Consequences
- Issue 32: Rx/OTC in Top Ten List of Associated Factors in Truck Accidents
- Issue 33: Misuse and Abuse of Prescription Medications
- Issue 34: Physicians Need Additional Training to Assess Driver Impairment, Guide to Assessing Driver Ability
- Issue 35: Abuse or Cough and Cold Medicine Increasing, Kibbles & Bits?
- Issue 36: Rx/OTC Use and the Older Transit Driver
- Issue 37: Prescription Sedatives and Tranquilizers, Prescription Pain Relievers
- Issue 38: Caffeine is Safe- Right?
- Issue 39: The Season for Sneezing
- Issue 40: Adderall Use Increasing Among Safety-Sensitive Employees
- Issue 41: Muscle Relaxants: Use With Caution

- Issue 42: Diabetes and Driving
- Issue 43: Drug Interactions: Take Multiple Rx/OTC Medications with Caution
- Issue 44: Synthetic Marijuana: Incense or Drug

Highlights:

- Information is specific to the transportation industry.
- Information is up-to-date and provided by transportation professionals.
- Copies of all the updates can be found on the FTA's website.
- FTA website contains a search capability that allows viewers to download all previous editions of the FTA Drug and Alcohol Regulation Updates and to browse the newsletter by topic. In addition, there is the capability to search all previous newsletters for specific topics or key words, making the Rx/OTC articles easy to find.

- 4. Title:** **Drug Interactions: What You Should Know**
- Format:** Guide
- Author:** Council on Family Health, National Consumers League, U.S. Food and Drug Administration
- Source:** Council on Family Health
www.cfhinfo.org
- Summary:** This 10 page booklet is a useful tool to learn more about possible drug interactions. The booklet provides information on the three different categories of drug interactions; drug-drug, drug-food/beverage interactions, and drug-condition interactions. The booklet explains that it is very important to read the Drug Facts Label each time a new over-the-counter medication is used. The guide advocates asking questions of the doctor or the pharmacist and provides some questions to ask of the healthcare professional. The booklet explains that it is the user's responsibility to know what OTC active ingredients are and what possible interactions could occur. There are some examples of drug interactions that should be used in conjunction with the warning labels. The booklet lists common category's of over-the-counter medications and potential drug interaction information. The booklet was created in conjunction with three reputable sources.
- Highlights:**
- Easy to read brochure format
 - Comes from three highly regarded sources.
 - Brochure can be ordered from the FDA's website and is available to download online.
 - Gives useful example questions that should be asked of the pharmacist.
 - Provides some common categories of drugs and possible interaction information.
 - Advocates for personal responsibility.

DRUG

INTERACTIONS:

WHAT YOU

SHOULD KNOW



Council on Family Health

Drug Interactions

There are more opportunities today than ever before to learn about your health and to take better care of yourself. It is also more important than ever to know about the medicines you take. If you take several different medicines, see more than one doctor or have certain health conditions, you and your doctors need to be aware of all the medicines you take to avoid potential problems, such as drug interactions.

Drug interactions may make your drug less effective, cause unexpected side effects or increase the action of a particular drug. Some drug interactions can even be harmful to you. Reading the label every time you use a nonprescription or prescription drug and taking the time to learn about drug interactions may be critical to your health. You can reduce the risk of potentially harmful drug interactions and side effects with a little bit of knowledge and common sense.

Drug interactions fall into three broad categories:

- **Drug-drug interactions** occur when two or more drugs react with each other. This drug-drug interaction may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.
- **Drug-food/beverage interactions** result from drugs reacting with foods or beverages. For example, mixing alcohol with some drugs may cause you to feel tired or slow your reactions.
- **Drug-condition interactions** may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure you could experience an unwanted reaction if you take a nasal decongestant.

Drug Interactions and Over-the-Counter Medicines

Over-the-counter (OTC) drug labels contain information about ingredients, uses, warnings and directions that is important to read and understand. The label also includes important information about possible

drug interactions. Further, drug labels may change as new information becomes known. That's why it's especially important to read the label every time you use a drug.

The "Active Ingredients" and "Purpose" sections list:

- the name and amount of each active ingredient
- the purpose of each active ingredient

The "Uses" section of the label:

- tells you what the drug is used for
- helps you find the best drug for your specific symptoms

The "Warnings" section of the label provides important drug interaction and precaution information such as:

- when to talk to a doctor or pharmacist before use
- the medical conditions that may make the drug less effective or not safe
- under what circumstances the drug should not be used
- when to stop taking the drug

The "Directions" section of the label tells you:

- the length of time and the amount of the product that you may safely use
- any special instructions on how to use the product

The "Other Information" section of the label tells you:

- required information about certain ingredients, such as sodium content, for people with dietary restrictions or allergies

The "Inactive Ingredients" section of the label tells you:

- the name of each inactive ingredient (such as colorings, binders, etc.)

The "Questions?" or "Questions or Comments?" section of the label (if included):

- provides telephone numbers of a source to answer questions about the product

Learning More About Drug Interactions

Talk to your doctor or pharmacist about the drugs you take. When your doctor prescribes a new drug, discuss all OTC and prescription drugs, dietary supplements, vitamins, botanicals, minerals and herbals you take, as well as the foods you eat. Ask your pharmacist for the

package insert for each prescription drug you take. The package insert provides more information about potential drug interactions.

Before taking a drug, ask your doctor or pharmacist the following questions:

- Can I take it with other drugs?
- Should I avoid certain foods, beverages or other products?
- What are possible drug interaction signs I should know about?
- How will the drug work in my body?
- Is there more information available about the drug or my condition (on the Internet or in health and medical literature)?

Know how to take drugs safely and responsibly. Remember, the drug label will tell you:

- what the drug is used for
- how to take the drug
- how to reduce the risk of drug interactions and unwanted side effects

If you still have questions after reading the drug product label, ask your doctor or pharmacist for more information.

Remember that different OTC drugs may contain the same active ingredient. If you are taking more than one OTC drug, pay attention to the active ingredients used in the products to avoid taking too much of a particular ingredient. Under certain circumstances — such as if you are pregnant or breast-feeding — you should talk to your doctor before you take any medicine. Also, make sure to know what ingredients are contained in the medicines you take to avoid possible allergic reactions.

The following are examples of drug interaction warnings that you may see on certain OTC drug products. These examples do not include all of the warnings for the listed types of products and should not take the place of reading the actual product label.

Category	Drug Interaction Information
Acid Reducers H2 Receptor Antagonists <i>(drugs that prevent or relieve heartburn associated with acid indigestion and sour stomach)</i>	For products containing cimetidine, ask a doctor or pharmacist before use if you are: <ul style="list-style-type: none">■ taking theophylline (oral asthma drug), warfarin (blood thinning drug) or phenytoin (seizure drug)
Antacids <i>(drugs for relief of acid indigestion, heartburn and/or sour stomach)</i>	Ask a doctor or pharmacist before use if you are: <ul style="list-style-type: none">■ allergic to milk or milk products if the product contains more than 5 grams lactose in a maximum daily dose■ taking a prescription drug Ask a doctor before use if you have: <ul style="list-style-type: none">■ kidney disease

Category

Drug Interaction Information

Antiemetics

(drugs for prevention or treatment of nausea, vomiting or dizziness associated with motion sickness)

Ask a doctor or pharmacist before use if you are:

- taking sedatives or tranquilizers

Ask a doctor before use if you have:

- a breathing problem, such as emphysema or chronic bronchitis
- glaucoma
- difficulty in urination due to an enlarged prostate gland

When using this product:

- avoid alcoholic beverages
-

Antihistamines

(drugs that temporarily relieve runny nose or reduce sneezing, itching of the nose or throat, and itchy watery eyes due to hay fever or other upper respiratory problems)

Ask a doctor or pharmacist before use if you are taking:

- sedatives or tranquilizers
- a prescription drug for high blood pressure or depression

Ask a doctor before use if you have:

- glaucoma or difficulty in urination due to an enlarged prostate gland
- breathing problems, such as emphysema, chronic bronchitis or asthma

When using this product:

- alcohol, sedatives and tranquilizers may increase drowsiness
- avoid alcoholic beverages

Category

Drug Interaction Information

Antitussives

Cough Medicine
(drugs that temporarily reduce cough due to minor throat and bronchial irritation as may occur with a cold)

Ask a doctor or pharmacist before use if you are:

- taking sedatives or tranquilizers

Ask a doctor before use if you have:

- glaucoma or difficulty in urination due to an enlarged prostate gland
-

Bronchodilators

(drugs for the temporary relief of shortness of breath, tightness of chest and wheezing due to bronchial asthma)

Ask a doctor before use if you:

- have heart disease, high blood pressure, thyroid disease, diabetes or difficulty in urination due to an enlarged prostate gland
 - have ever been hospitalized for asthma or are taking a prescription drug for asthma
-

Laxatives

(drugs for the temporary relief of constipation)

Ask a doctor before use if you have:

- kidney disease and the laxative contains phosphates, potassium or magnesium
 - stomach pain, nausea or vomiting
-

Nasal Decongestants

(drugs for the temporary relief of nasal congestion due to a cold, hay fever or other upper respiratory allergies)

Ask a doctor before use if you:

- have heart disease, high blood pressure, thyroid disease, diabetes or difficulty in urination due to an enlarged prostate gland

Category

Drug Interaction Information

Nicotine Replacement Products

(drugs that reduce withdrawal symptoms associated with quitting smoking, including nicotine craving)

Ask a doctor before use if you:

- have high blood pressure not controlled by medication
- have heart disease or have had a recent heart attack or irregular heartbeat since nicotine can increase your heart rate

Ask a doctor or pharmacist before use if you are:

- taking a prescription drug for depression or asthma (your dose may need to be adjusted)
- using a prescription non-nicotine stop-smoking drug

Do not use:

- if you continue to smoke, chew tobacco, use snuff or use other nicotine-containing products
-

Nighttime Sleep Aids

(drugs for relief of occasional sleeplessness)

Ask a doctor or pharmacist before use if you are:

- taking sedatives or tranquilizers

Ask a doctor before use if you have:

- a breathing problem such as emphysema or chronic bronchitis
- glaucoma
- difficulty in urination due to an enlarged prostate gland

When using this product:

- avoid alcoholic beverages

Category

Drug Interaction Information

Pain Relievers

(drugs for the temporary relief of minor body aches, pains and headaches)

Ask a doctor before taking if you:

- consume three or more alcohol-containing drinks per day

(The following ingredients are found in different OTC pain relievers: acetaminophen, aspirin, ibuprofen, ketoprofen, magnesium salicylate and naproxen. It is important to read the label of pain reliever products to learn about different drug interaction warnings for each ingredient.)

Stimulants

(drugs that help restore mental alertness or wakefulness during fatigue or drowsiness)

When using this product:

- limit the use of foods, beverages and other drugs that have caffeine – too much caffeine can cause nervousness, irritability, sleeplessness and occasional rapid heartbeat
 - be aware that the recommended dose of this product contains about as much caffeine as a cup of coffee
-

Topical Acne Products

(drugs for the treatment of acne)

When using this product:

- increased dryness or irritation of the skin may occur immediately following use of this product or if you are using other topical acne drugs at the same time. If this occurs, only one drug should be used unless directed by your doctor

This information is brought to you by the
Council on Family Health in cooperation with
the National Consumers League and
the U.S. Food and Drug Administration.



Council on Family Health
www.cfhinfo.org



National Consumers League
www.nclnet.org



Food and Drug Administration
www.fda.gov

To order one copy of this booklet, write:

Federal Citizen Information Center
Drug Interactions: What You Should Know
Pueblo, CO 81009
www.pueblo.gsa.gov

5. Title: The New Drug Facts Label

Format: Brochure

Author: National Council on Patient Information and Education

Source: Be MedWise ®
www.bemedwise.org

Summary: This one page brochure is in a very easy to read and understand format. It uses large print and text boxes to point out useful information that must be incorporated onto all Drug Facts Labels. The information on this brochure is in a user friendly interactive format on website.

Highlights:

- Offers useful information on what all Drug Facts labels must contain.
- Easy to understand, concise.
- Highlights major points of a Drug Facts label.
- This document is good as a piece of a larger training guide.
- Easy to read because it is printed in a large font.
- Describes in detail each section of a standard Drug Facts Label.
- Website has an interactive tool describing each section of the label.

The New Drug Facts Label

Drug Facts

Active ingredient (in each tablet)	Purpose
Chlorpheniramine maleate 2 mg	Antihistamine

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
 ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings
Ask a doctor before use if you have
 ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
 ■ trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
 ■ you may get drowsy ■ avoid alcoholic drinks
 ■ alcohol, sedatives, and tranquilizers may increase drowsiness
 ■ be careful when driving a motor vehicle or operating machinery
 ■ excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

Active Ingredient

An active ingredient is the chemical compound in the medicine that works with your body to bring relief to your symptoms. It can always be found as the first item on the label.

Uses

Sometimes also referred to as indications, this section tells you the ONLY symptoms the medicine is approved treat.

Warnings

This section will tell you what other medications, foods or situations to avoid (such as driving) when taking this medicine.

Inactive Ingredients

An inactive ingredient is a chemical compound in the medicine that has no effect on your body. Preservatives, items that bind the pill together and food colors are listed here.

Other Information

Any other important information about the product, such as how to store the medicine, will be listed in this section.

Directions

The only recommended daily dosage and frequency of dosage will be listed here. You should follow this strictly. Its' not just how much you take, but also how often.

6. Title: NIDA Info Facts: Prescription and Over-the-Counter Medications

Format: Info Fact Pamphlet

Author: National Institute on Drug Abuse/National Institutes of Health/U.S. Department of Health & Human Services

Source: NIDA
www.drugabuse.gov
www.drugabuse.gov/drugpages/prescription.html

Summary: This informational pamphlet presents an easy to read and understand overview of Prescription and Over-the-Counter Medications (Rx/OTC), including commonly abused medications. Each medication is described in detail as to its classification, potential for abuse, affect on the brain, adverse effects, addiction treatments, etc. Several statistics from a national survey provide insight into the trends and widespread use of Rx/OTC medications.

Highlights:

- Provides not only insight into the potential affects and risks associated with some Rx/OTC medications, but also what can happen when an individual stops taking the medication.
- Lists some of the more commonly abused medications, their potential for abuse, affect on the brain and other organs, and the risks for abrupt cessation of the medication as well as the treatments used for addiction.
- Supports its information with facts from recent national surveys and studies.
- Can be used as part of a larger training program or for staff and or safety meetings.

7. Title: **Over-the-Counter Medicine: What's Right for You?**

Format: Brochure

Author: U.S. Department of Health and Human Services

Source: Food and Drug Administration
www.fda.gov

Summary: This 12 page, multicolor pamphlet provides an easy to understand summary of over-the counter medications, describing how to read the labels and cautions about drug interactions, side effects, and other hazards associated with the use of over-the-counter medications. It provides a good introduction to medicines and could be used to initiate classroom discussion. The pamphlet also works well as a stand-alone that could be handed out, displayed on a bulletin board, or distributed as a payroll stuffer.

Highlights:

- Easy to read brochure format.
- Highlights major points of OTC medication use.
- Published from a very reputable source.
- The FTA will provide free bulk quantities of the brochure.

• OTC REMEDIES •
• COUGH & COLD • STOMACH
• ALLERGY • HEADACHE



Over-the-Counter Medicines

What's Right
for You?

Distributed as a public service by the
U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Food and Drug Administration
and the
Consumer Healthcare Products Association

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CONSUMER HEALTHCARE PRODUCTS ASSOCIATION®

*Advancing Quality Healthcare Through
Over-the-Counter Medicines and Nutritional Supplements*

ADVICE FOR AMERICANS ABOUT SELF-CARE

Access + Knowledge = Power

American medicine cabinets contain a growing choice of nonprescription, over-the-counter (OTC) medicines to treat an expanding range of ailments. OTC medicines often do more than relieve aches, pains and itches. Some can prevent diseases like tooth decay, cure diseases like athlete's foot and, with a doctor's guidance, help manage recurring conditions like vaginal yeast infections, migraines and minor pain in arthritis.



The U.S. Food and Drug Administration (FDA) determines whether medicines are prescription or nonprescription. The term prescription (Rx) refers to medicines that are safe and

effective when used under a doctor's care. Nonprescription or OTC drugs are medicines FDA decides are safe and effective for use without a doctor's prescription.

FDA also has the authority to decide when a prescription drug is safe enough to be sold directly to consumers over the counter. This regulatory process allowing Americans to take a more active role in their health care is known as Rx-to-OTC switch. As a result of this process, more than 700 products sold over the counter today use ingredients or dosage strengths available only by prescription 30 years ago.



Increased access to OTC medicines is especially important for our maturing population. Two out of three older Americans rate their health as excellent to good, but four out of five report at least one chronic condition.

Fact is, today's OTC medicines offer greater opportunity to treat more of the aches and illnesses most likely to appear in



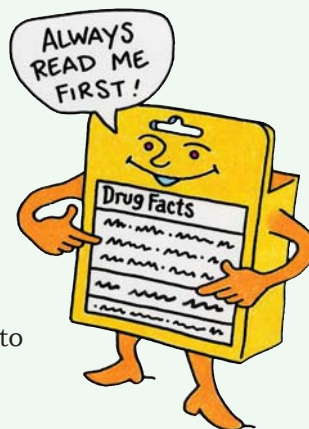
our later years. As we live longer, work longer and take a more active role in our own health care, the need grows to become better informed about self-care.

The best way to become better informed—for young and old alike—is to read and understand the information on OTC labels. Next to the medicine itself, label comprehension is the most important part of self-care with OTC medicines.

With new opportunities in self-medication come new responsibilities and an increased need for knowledge. FDA and the Consumer Healthcare Products Association (CHPA) have prepared the following information to help Americans take advantage of self-care options.

OTC KNOW-HOW: IT'S ON THE LABEL

You wouldn't ignore your doctor's instructions for using a prescription drug, so don't ignore the label when taking an OTC medicine. Here's what to look for:



- **PRODUCT NAME**
- **“ACTIVE INGREDIENTS”**—therapeutic substances in medicine
- **“PURPOSE”**—product category (such as antihistamine, antacid or cough suppressant)
- **“USES”**—symptoms or diseases the product will treat or prevent
- **“WARNINGS”**—when not to use the product, when to stop taking it, when to see a doctor and possible side effects
- **“DIRECTIONS”**—how much to take, how to take it, and how long to take it
- **“OTHER INFORMATION”**—such as storage information
- **“INACTIVE INGREDIENTS”**—substances such as binders, colors or flavorings

You can help yourself read the label too. Always use enough light. It usually takes three times more light to read the same line at age 60 than at age 30. If necessary, use your glasses or contact lenses when reading labels.

Always remember to look for the statement describing the tamper-evident feature(s) before you buy the product and when you use it.

When it comes to medicines, more does not necessarily mean better. You should never misuse OTC medicines by taking them longer or in higher doses than the label recommends. Symptoms that persist are a clear signal it's time to see a doctor.

Be sure to read the label each time you purchase a product. Just because two or more products are from the same brand family doesn't mean they are meant to treat the same conditions or contain the same ingredients.

Remember, if you read the label and still have questions, talk to a doctor, nurse or pharmacist.

DRUG INTERACTIONS: A WORD TO THE WISE

Although mild and relatively uncommon, interactions involving OTC drugs can produce unwanted results or make medicines less effective. It's especially important to know about drug interactions if you're taking Rx and OTC drugs at the same time.

Some drugs can also interact with foods and beverages, as well as with health conditions such as diabetes, kidney disease and high blood pressure.

Here are few drug interaction cautions for some common OTC ingredients:

- Avoid alcohol if you are taking antihistamines, cough-cold products with the ingredient dextromethorphan or drugs that treat sleeplessness.
- Do not use drugs that treat sleeplessness if you are taking prescription sedatives or tranquilizers.

-
- Check with your doctor before taking products containing aspirin if you're taking a prescription blood thinner or if you have diabetes or gout.
 - Do not use laxatives when you have stomach pain, nausea or vomiting.
 - Unless directed by a doctor, do not use a nasal decongestant if you are taking a prescription drug for high blood pressure or depression, or if you have heart or thyroid disease, diabetes or prostate problems.

This is not a complete list. Read the label! Drug labels change as new information becomes available. That's why it's important to read the label each time you take medicine.



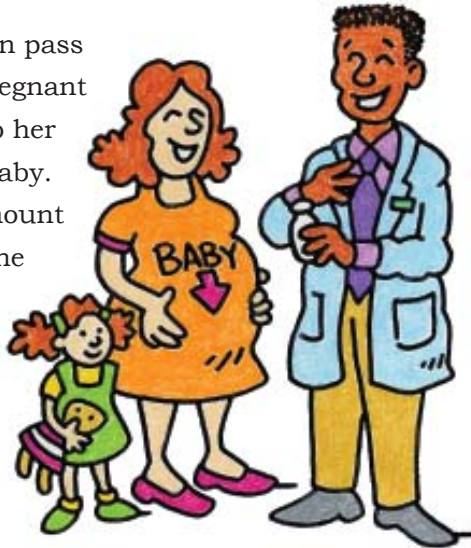


TIME FOR A MEDICINE CABINET CHECKUP

- Be sure to look through your medicine supply at least once a year.
- Always store medicines in a cool, dry place or as stated on the label.
- Throw away any medicines that are past the expiration date.
- To make sure no one takes the wrong medicine, keep all medicines in their original containers.

PREGNANCY AND BREAST-FEEDING

Drugs can pass from a pregnant woman to her unborn baby. A safe amount of medicine for the mother may be too much for the unborn baby. If



you're pregnant, always talk with your doctor before taking any drugs, Rx or OTC.

Although most drugs pass into breast milk in concentrations too low to have any unwanted effects on the baby, breast-feeding mothers still need to be careful. Always ask your doctor or pharmacist before taking any medicine while breast-feeding. A doctor or pharmacist can tell you how to adjust the timing and dosing of most medicines so the baby is exposed to the lowest amount possible, or whether the drugs should be avoided altogether.

KIDS AREN'T JUST SMALL ADULTS

OTC drugs rarely come in one-size-fits-all. Here are some tips about giving OTC medicines to children:

- Children aren't just small adults, so don't estimate the dose.
- Read the label. Follow all directions.
- Follow any age limits on the label.
- Some OTC products come in different strengths. Be aware!
- Know the difference between TBSP. (tablespoon) and TSP. (teaspoon). They are very different doses.
- Be careful about converting dose instructions. If the label says two teaspoons, it's best to use a measuring spoon or a dosing cup marked in teaspoons, not a common kitchen spoon.
- Don't play doctor. Do not double the dose just because your child seems sicker than last time.
- Before you give your child two medicines at the same time, talk to your doctor or pharmacist.
- Never let children take medicine by themselves.

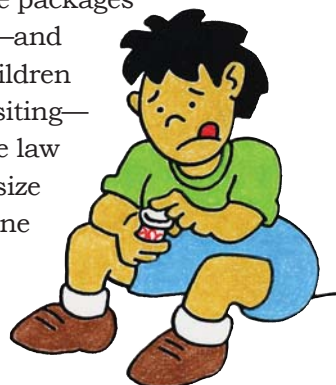
- Never call medicine candy to get your kids to take it. If they come across the medicine on their own, they're likely to remember that you called it candy.

CHILD-RESISTANT PACKAGING

Child-resistant closures are designed for repeated use to make it difficult for children to open. Remember, if you don't re-lock the closure after each use, the child-resistant device can't do its job—keeping children out!

It's best to store all medicines and dietary supplements where children can neither see nor reach them. Containers of pills should not be left on the kitchen counter as a reminder. Purses and briefcases are among the worst places to hide medicines from curious kids. And since children are natural mimics, it's a good idea not to take medicine in front of them. They may be tempted to “play house” with your medicine later on.

If you find some packages too difficult to open—and don't have young children living with you or visiting—you should know the law allows one package size for each OTC medicine to be sold without child-resistant features. If you don't see it on the store shelf, ask.



PROTECT YOURSELF AGAINST TAMPERING



Makers of OTC medicines seal most products in tamper-evident packaging (TEP) to help protect against criminal tampering. TEP works by providing visible evidence if the package has been disturbed. But OTC packaging cannot be 100 percent tamper-proof. Here's how to help protect yourself:

- Be alert to the tamper-evident features on the package before you open it. These features are described on the label.
- Inspect the outer packaging before you buy it. When you get home, inspect the medicine inside.
- Don't buy an OTC product if the packaging is damaged.
- Don't use any medicine that looks discolored or different in any way.
- If anything looks suspicious, be suspicious. Contact the store where you bought the product. Take it back!
- Never take medicines in the dark.

For free bulk quantities,
visit
www.chpa-info.org



**U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
Food and Drug Administration



CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

The Consumer Healthcare Products Association (CHPA) is a national organization representing companies dedicated to providing consumers with safe and effective over-the-counter (OTC) medicines and nutritional supplements and the information to use them properly.

8. Title: **Partnership for a Drug Free America – Fact Sheets and Newsletter**

Format: Newsletter and Drug Guide

Author: Partnership for a Drug Free America

Source: Partnership for a Drug Free America
www.drugfree.org

Summary: The Partnership for a Drug Free America is a private nonprofit organization dedicated to the intervention and prevention of teen drug abuse through research and education. Although the site and the information is directed at parents of teens, it is an excellent source of information on commonly abused drugs, illegal and prescription.

Highlights:

- Addresses the more commonly abused medications, their long and short-term effects
- Supports its information with facts from current research.
- Can be used as part of a larger training program or for staff and or safety meetings.

9. Title: **Think it Through- A Guide to Managing the Benefits and Risks of Medicines**

Format: Guide

Author: U.S. Department of Health and Human Services

Source: Food and Drug Administration
www.fda.gov

Summary: This guide to managing medicines is in an easy to read format. The guide describes in detail the risks and benefits of using both prescription and over-the-counter medications. The guide makes some interesting comparisons and raises some good topics. The guide advocates talking with a doctor, pharmacists, or other health care professional about the medication. It also discusses the importance of knowing the medications, reading labels, avoiding interactions, and monitoring the effects of the medication. The use of medications should be a carefully weighed decision.

Highlights:

- Easy to read brochure format
- Comes from a very respectable informative source.
- Brochure can be ordered from the FDA's website and is available to download online.
- Describes specific ways to lower the risks and obtain full benefits of medicines.
- Advocates talking to a doctor, pharmacists, or other health care professional.
- Provides other resources and advocacy groups.

**A Public Service Message
from the Partnership for
Safe Medication Use—
Educating and Empowering
the Health Consumer**

- American Medical Association
- American Pharmaceutical Association
- American Society of Health-System Pharmacists
- National Association of Chain Drug Stores
- National Council on Patient Information and Education
- National Patient Safety Foundation
- Pharmaceutical Research and Manufacturers of America
- United States Pharmacopeia
- U.S. Department of Health and Human Services - Food and Drug Administration
- For more information, visit our web site at www.fda.gov/cder or call 1-888-INFO-FDA.



Think It Through



A Guide to Managing the Benefits and Risks of Medicines

Although medicines can make you feel better and help you get well, it's important to know that **ALL medicines, both prescription and over-the-counter, have risks as well as benefits.**

The **benefits** of medicines are the helpful effects you get when you use them, such as lowering blood pressure, curing infection or relieving pain. The **risks** of medicines are the chances that something unwanted or unexpected could happen to you when you use them. Risks could be less serious things, such as an upset stomach, or more serious things, such as liver damage.

When a medicine's benefits outweigh its known risks, the U.S. Food and Drug Administration (FDA) considers it safe enough to approve. But before using any medicine—as with many things that you do every day—you should **think through** the benefits and the risks in order to make the best choice for you.

There are several types of risks from medicine use:

- The possibility of a harmful interaction between the medicine and a food, beverage, dietary supplement (including vitamins and herbals), or another medicine. Combinations of any of these products could increase the chance that there may be interactions.
- The chance that the medicine may not work as expected.
- The possibility that the medicine may cause additional problems.

For example, every time you get into a car, there are risks—the possibility that unwanted or unexpected things could happen. You could have an accident, causing costly damage to your car, or injury to yourself or a loved one. But there are also benefits to riding in a car: you can travel farther and faster than walking, bring home more groceries from the store, and travel in cold or wet weather in greater comfort.

To obtain the benefits of riding in a car, you **think through** the risks. You consider the condition of your car and the road, for instance, before deciding to make that trip to the store.

The same is true before using any medicine. **Every** choice to take a medicine involves **thinking through** the helpful effects as well as the possible unwanted effects.

How Do You Lower the Risks and Obtain the Full Benefits?

Car

- Wear a seatbelt.
- Drive defensively.
- Obey the speed limit and traffic laws.
- Avoid alcohol or medicines that could affect your driving ability.
- Keep your car in good repair.

Medicine

- Talk to your doctor, pharmacist, or other health care professionals.
- Know your medicines.
- Read the label and follow directions.
- Avoid interactions.
- Monitor the medicine's effects.

Here are Some Specific Ways to Lower the Risks and Obtain the Full Benefits of Medicines



Weighing the Risks, Making the Choice

The benefit/risk decision is sometimes difficult to make. The best choice depends on your particular situation.

You must decide what risks you can and will accept in order to get the benefits you want. For example, if facing a life-threatening illness, you might choose to accept more risk in the hope of getting the benefits of a cure or living a longer life. On the other hand, if you are facing a minor illness, you might decide that you want to take very little risk. In many situations, the expert advice of your doctor, pharmacist, or other health care professionals can help you make the decision.



Talk with Your Doctor, Pharmacist, or Other Health Care Professionals

- Keep an up-to-date, written list of ALL of the medicines (prescription and over-the-counter) and dietary supplements, including vitamins and herbals, that you use—even those you only use occasionally.
- Share this list with ALL of your health care professionals.
- Tell about any allergies or sensitivities that you may have.
- Tell about anything that could affect your ability to take medicines, such as difficulty swallowing or remembering to take them.
- Tell if you are or might become pregnant, or if you are nursing a baby.
- Always ask questions about any concerns or thoughts that you may have.

Know Your Medicines—Prescription and Over-the-Counter

- The brand and generic names.
- What they look like.
- How to store them properly.

- When, how, and how long to use them.
- How and under what conditions you should stop using them.
- What to do if you miss a dose.
- What they are supposed to do and when to expect results.
- Side effects and interactions.
- Whether you need any tests or monitoring.
- Always ask for written information to take with you.

Read the Label and Follow Directions

- Make sure you understand the directions; ask if you have questions or concerns.
- Always double check that you have the right medicine.
- Keep medicines in their original labeled containers, whenever possible.
- Never combine different medicines in the same bottle.
- Read and follow the directions on the label and the directions from your doctor, pharmacist, or other health care professional. If you stop the medicine or want to use the medicine differently than directed, consult with your health care professional.

Avoid Interactions

- Ask if there are interactions with any other medicines or dietary supplements (including vitamins or herbal supplements), beverages, or foods.
- Use the same pharmacy for all of your medicine needs, whenever possible.
- Before starting any new medicine or dietary supplement (including vitamins or herbal supplements), ask again if there are possible interactions with what you are currently using.



Monitor Your Medicines' Effects—and the Effects of Other Products that You Use

- Ask if there is anything you can do to minimize side effects, such as eating before you take a medicine to reduce stomach upset.
- Pay attention to how you are feeling; note any changes. Write down the changes so that you can remember to tell your doctor, pharmacist, or other health care professional.
- Know what to do if you experience side effects and when to notify your doctor.
- Know when you should notice an improvement and when to report back.

Remember: Think it Through and Work Together with Your Doctor, Pharmacist, or Other Health Care Professional to Better Manage the Benefits and Risks of Your Medicines

10. Title: Tips for Talking with Your Pharmacist

Format: Guide

Author: U.S. Department of Health and Human Services

Source: Food and Drug Administration
www.fda.gov

Summary: This four page guide is an excellent training tool to learn how to use medicines safely. Written by the FDA it comes from a very reputable source. The guide gives specific information on what to tell your pharmacists about medications you are currently taking and specific health conditions. The guide also provides some sample questions that should be asked of the pharmacist before taking a new medication. This guide can be downloaded from the FDA's website or purchased in a brochure format.

Highlights:

- Easy to read brochure format.
- Comes from a reputable source.
- Brochure can be ordered from the FDA's website and is available to download online.
- Gives useful example questions that should be asked of the pharmacist.
- Explains what the pharmacist should know about the patient.
- Advocates for personal responsibility.



After you have the medicine, and before you leave the pharmacy

- **Look to be sure you have the right medicine.** If you've bought the medicine before, make sure this medicine has the same shape, color, size, markings, and packaging. Anything different? Ask your pharmacist. If it seems different when you use it, tell your pharmacist, doctor, or other healthcare professional.
- **Be sure you know the right dose for the medicine and you know how to use it.** Any questions? Ask your pharmacist.
- **Make sure there is a measuring spoon, cup, or syringe for liquid medicine.** If the medicine doesn't come with a special measuring tool, ask your pharmacist about one. (Spoons used for eating and cooking may give the wrong dose. **Don't use them.**)
- **Be sure you have any information the pharmacist can give you about the medicine.** Read it and save it.
- **Get the pharmacy phone number, so you can call back.**

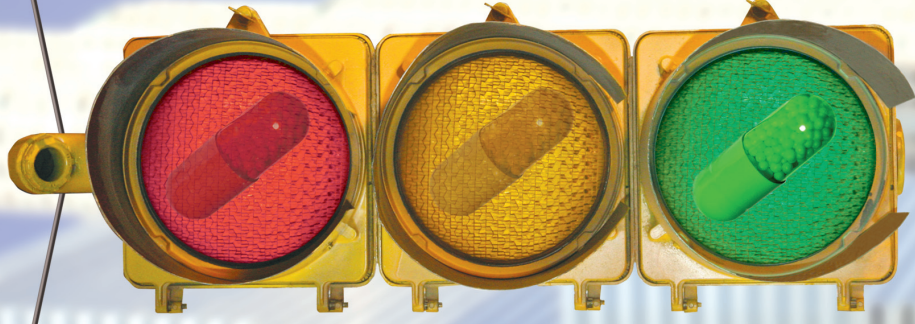
GO to www.fda.gov/usemedicinesafely to learn about

- choosing the medicine that's best for you
- buying medicine from sources you can trust
- using medicine to increase its safety and effectiveness



U.S. Department of Health and Human Services
Food and Drug Administration
www.fda.gov • 1-888-INFO-FDA

Publication No. (FDA) CDER 08-1930



STOP

Stop and remember that all medicines have risks

LEARN

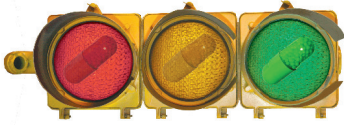
Learn how to use your medicine to increase the benefits

GO

Go inside this brochure for the U.S. Food & Drug Administration's

Tips for Talking with Your Pharmacist

to learn how to use medicines safely



Use these tips for talking with your pharmacist.

Your pharmacist can help you learn how to use your prescription and nonprescription (over-the-counter) medicines safely and to increase the benefits and decrease the risks. You can also use these tips when talking with your other healthcare professionals.

Tell your pharmacist

Tell your pharmacist...

- everything you use. Keep a record and give it to your pharmacist. Make sure you put all the prescription and nonprescription medicines, vitamins, herbals, and other supplements you use. Your pharmacist will use this to keep his/her records up-to-date and help you use medicine safely.
- if you've had any allergic reactions or problems with medicines, medicines with dietary supplements, medicines with food, or medicines with other treatments.
- anything that could affect your use of medicine, such as, if you have trouble swallowing, reading labels, remembering to use medicine, or paying for medicine.
- before you start using something new. Your pharmacist can help you avoid medicines, supplements, foods, and other things that don't mix well with your medicines.
- if you are pregnant, might become pregnant, or if you are breast feeding.

Ask your pharmacist

- What are the brand and generic (non-brand) names?
- What is the active ingredient? Can I use a generic?
- What is this for, and how is it going to help me?
- How and when should I use it? How much do I use?
- How long should I use it? Can I stop using the medicine or use less if I feel better?
- What should I do if I ...miss a dose?use too much?
- Will this take the place of anything else I am using?
- When will the medicine start working? How should I expect to feel?
- Are there any special directions for using this?
- Should I avoid any other medicines, dietary supplements, drinks, foods, activities, or other things?
- Is there anything I should watch for, like allergic reactions or side effects? What do I do if I get any?
- Will I need any tests to check the medicine's effects (blood tests, x-rays, other)? When will I need those?
- How and where should I keep this medicine?
- Is there a medication guide or other patient information for this medicine?
- Where and how can I get more written information?

More important tips on the back

11. Title: Use Over-The-Counter Medicines Wisely

Format: Brochure

Author: National Council on Patient Information and Education

Source: Be MedWise ®
www.bemedwise.org



Summary: When taken as directed, OTC medicines are safe and effective, but like prescription drugs, they must be taken with care. To put this important advice into practice, the National Council on Patient Information and Education has developed this simple-to-use brochure. It offers advice for reviewing OTC labels, comparing different products, and talking to your pharmacist, doctor, or other healthcare professional. This brochure stresses that it is each individual's responsibility to understand the possible risks and side effects of OTC medicines. The brochure describes in detail how to read the Drug Facts Label and provides samples of medicines that contain acetaminophen. MedWise ® provides some example questions that should be asked of a pharmacy or appropriate health care provider prior to using a medication.

Highlights:

- Easy to read brochure format.
- Provides advice on reviewing OTC labels.
- Stresses personal responsibility when using medications.
- Concise and to the point.
- Provides sample questions to be asked of the pharmacist or health care provider.
- Comes from a legitimate source.
- Can be downloaded or purchased off the website.



Be MedWise®

**Use
Over-the-
Counter
Medicines
Wisely**



From coughs and colds to fever, aches and pain, heartburn and other common ailments, we often use nonprescription or “over-the-counter” (OTC) medicines to treat our symptoms. But even though OTCs are safe when taken as directed, they are also serious medicines. That is why it is so important to **Be MedWise®** when buying and taking OTC medicines. Just as you would follow your doctor’s advice when taking a prescription medicine, you need to know the facts about how to take OTC medicines with care.

The 3 Rs to Be MedWise

Taking over-the-counter medicines safely is too important for guesswork, so pharmacists, doctors, nurses and other health experts all have the same advice: follow the “3 Rs” of using medicines correctly. Simply put, this means that when you buy or use an OTC medicine, remember to:

- **Respect** that OTCs are serious medicines that must be taken with care;
- Recognize that all medicines (OTC and prescription) have **Risks** as well as benefits; and
- Take **Responsibility** for learning about how to take each OTC medicine safely. Being responsible also means following this important rule: *when in doubt, ask first*. Your pharmacist, doctor or nurse can help you get the facts you need to select and use OTCs correctly.



Be MedWise®

*Promoting Wise Use of
Over-the-Counter Medicines*

How You Can Be MedWise

When taken as directed, OTCs are safe and effective, but like prescription medicines, they must be taken with care. In fact, many of the OTC medicines sold today were once available only by prescription. Having these medicines available without needing to see a doctor for a prescription is a plus for everyone. However, taking advantage of the many OTCs now available also means learning how to **Be MedWise** by following these simple steps:



- Read the label—every time you buy or use a nonprescription medicine pay special attention to the ingredients, and directions for use and warnings.
- Take only the recommended dose as stated on the label.
- Talk to your pharmacist or doctor before combining an OTC medicine with a prescription medicine or before taking more than one OTC remedy at the same time.
- Keep a record of all the OTC medicines, prescription medicines, dietary supplements and herbal remedies you take. Share this record with your health care providers at each visit.



Know What You're Taking

When selecting an OTC medicine, start by asking this simple question: what is in the product?

Just as you check food labels to find out about the ingredients inside, the way to **Be MedWise** is to read and understand the information on the Drug Facts label.

Developed by the U.S. Food and Drug Administration (FDA), the Drug Facts label clearly spells out what is in each OTC medicine, its purpose, uses, specific warnings, and how to take the product. This is all in large type, and uses plain, easy-to-understand terms.

In most cases, the OTC medicines now on store shelves contain this standardized label, which will make it easier for you to select the most appropriate product and to understand each medicine's risks and benefits. By 2005, virtually all OTC medicines must carry the Drug Facts label.

When using the Drug Facts label, the way to find out what is in the OTC product you are thinking about taking is to

look for the **active ingredient or ingredients**. This is the actual medicine in the product. However, many OTC products contain the same active ingredient. Therefore, if you were to take two OTC medicines at the same time with the same active ingredient, you would be taking twice the recommended amount and that could lead to health problems. Prescription medicines can also contain the same active ingredient as OTC medicines, so **Be MedWise** and always tell your pharmacist or doctor about the prescription medicines you are taking before combining them with an OTC medicine.

Did You Know That:

The active ingredient acetaminophen is used in hundreds of prescription and OTC medicines. Some common products include:

- Tylenol®
- Excedrin®
- Bromo Seltzer®
- TheraFlu®
- Dayquil® and Nyquil®
- Midol®
- Darvocet®
- Percocet®
- Zebutal®

Follow Directions

The Drug Facts label makes it easier than ever to follow directions for taking OTC medicines. FDA requires each manufacturer to state how much of the medicine to take at a time (the dose), how many times during the day to take the medicine, and how many days in a row that you can use the medicine safely.

Even if you have used the OTC medicine before, take the time to read the Drug Facts label and follow the directions every time. Don't take more than the recommended amount of any medicine unless directed by a doctor.

Let the Drug Facts Label Help You to Be MedWise

Besides learning what is in the OTC medicine and how to take it correctly, the Drug Facts label contains other important information you need to know, such as:

- *The category or type of medicine.* This information is listed under the section called **purpose**.

- *The symptoms or conditions the products will treat or prevent.* You can find this information in the section called **uses**.

- *When not to use the product, when to stop taking it and when to see a doctor.* These

facts are listed in the section called **warnings**.

- *What else is in the product.* This information is included in the section called **inactive ingredients**.
- *How to store the product.* Look for this information in the section called **other information**.

All this information is listed in the same place and the same way on all OTC medicines that contain the Drug Facts label. This makes it easy to find the information you need and to compare products before you buy them.

The Drug Facts Label

Drug Facts	
Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat	
Warnings Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives	
When using this product ■ you may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ be careful when driving a motor vehicle or operating machinery ■ excitability may occur, especially in children	
If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Center right away.	
Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor
Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

Taking OTC Medication Safely Is Too Important for Guesswork

Before taking any OTC medicine, always read the instructions and warnings on the Drug Facts label. And if you are not sure about how to select or use an OTC medicine, talk to your pharmacist, doctor or other health care professional.

Questions to ask:

- Is this medication safe for me?
- How much should I take and how often?
- How soon should I expect results?
- Can this product interact with other medicines (prescription and OTC), vitamins or herbal products that I am taking?
- What are the possible side effects I should look out for?
- What other OTCs should I avoid while taking this medicine?
- How long can I safely use this medicine?
- Will this medicine affect my other medical conditions? (For example, pregnancy, glaucoma, emphysema)
- Can I continue my normal activities while taking this medicine?

To prevent drug interactions, talk to your pharmacist or doctor about:

- The use of alcoholic beverages before taking nonprescription sleep aids, cough-cold products or OTC allergy medicines. If these OTC medicines contain the ingredient dextromethorphan or an antihistamine, combining them with alcohol could increase drowsiness.
- Whether you should take an OTC sleep aid if you are also taking prescription sedatives or tranquilizers.
- Taking OTC medicines that contain aspirin if you are also taking a prescription blood thinner, or if you have diabetes or gout.

Besides asking questions, the way to **Be MedWise** is always to tell your pharmacist or doctor about all the medicines that you are taking, including prescription medicines, other OTC medicines and even vitamins and herbal products. Taking this step is the best way to prevent a problem, such as a drug interaction that can produce unwanted results or make medicines less effective.

In Short...

OTC medicines can play a helpful role in treating a variety of symptoms, from headaches and arthritis pain to heartburn, allergies and the common cold. They are safe and effective when used as directed, but that means taking these steps to **Be MedWise**:

- Read the Drug Facts label every time.
- Follow the label directions carefully.
- If you have questions, seek advice from your pharmacist or other health care professional.

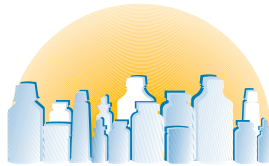
In short, take the time to be careful when buying and using OTC medicines. Just remember to **Be MedWise**.

The National Council on Patient Information and Education (NCPIE) does not supervise or endorse the activities of any group or professional. Discussion and action concerning medicines are solely the responsibility of patients and their health care professionals, and not NCPIE.



Be MedWise[®]

*Promoting Wise Use of
Over-the-Counter Medicines*



Be MedWise[®]

*Promoting Wise Use of
Over-the-Counter Medicines*

**National Council on Patient
Information and Education**

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12. Title: **Massachusetts Bay Transportation Authority (MBTA) Reasonable Suspicion Training**

Format: PowerPoint Presentation

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Source: Massachusetts Bay Transportation Authority (MBTA)
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Summary: This PowerPoint presentation incorporates Rx/OTC Medication use into FTA Reasonable Suspicion Training for supervisors.

Highlights:

- A good example of how a transit system has incorporated Rx/OTC medication use and supervisor requirements into FTA Reasonable Suspicion training.
- Can incorporate these slides into an existing presentation, or use as a stand alone presentation.
- Emphasizes the impact Rx/OTC medication use can have on safety and the need for a medical professional to make a determination of whether or not an employee's performance of safety-sensitive job functions is adversely impacted by the use of Rx/OTC medications.

**MBTA
DRUG AND ALCOHOL
POLICY AND
PROCEDURES**



PROGRAM OBJECTIVES
Drug and Alcohol Testing Program

**Provide a review
of the MBTA
Drug and Alcohol
Testing Policy and
Procedures**

PROGRAM OBJECTIVES
Drug and Alcohol Testing Program

**Understand your role
in maintaining
a Drug-Free
Workplace Policy**

PROGRAM OBJECTIVES

Drug and Alcohol Testing Program

Recognizing workplace problems that may be related to alcohol and other drugs.

Knowing when to intervene in problem situations.

PROGRAM OBJECTIVES

Understand how to refer an employee who may have problems with alcohol and other drugs

Understand how to protect employee confidentiality

PROGRAM OBJECTIVES

Understand how to continue to supervise employees who have been referred to assistance

Avoid enabling and common supervisor traps

Overview Continued

- **Applicability:** The MBTA drug and alcohol policy applies to all MBTA employees and applicants.
- All employees are responsible for being “fit for duty,” i.e. free from drugs or alcohol.

Overview Continued

The Drug-Free Workplace Policy accomplishes two major goals:

- Sends a clear message that use of alcohol and drugs in the workplace is prohibited
- Encourages employees who have problems with alcohol and other drugs to voluntarily seek help

Massachusetts Bay Transportation Authority Drug and Alcohol Policy and Testing Program

EFFECTIVE DATE: August 1, 2001

FTA - REQUIRED TESTED SUBSTANCES

FTA REQUIREMENT
Five (5) Panel

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP)

MBTA REQUIRED TESTED SUBSTANCES

MBTA
Ten (10) Panel

Marijuana	Methaqualone
Cocaine	Propoxyphene
Opiates	Methadone
Amphetamines	Benzodiazepines
Barbiturates	Phencyclidine (PCP)

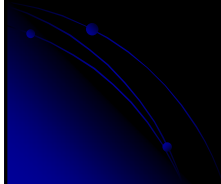
TYPES OF DRUG TESTING

- Pre-Employment
- Random Testing
- Return to Work/Duty
- Periodic/Follow-up Testing

TYPES OF DRUG TESTING

Post Accident Testing

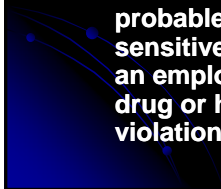
Required after accident meeting the FTA/MBTA criteria.



TYPES OF DRUG TESTING

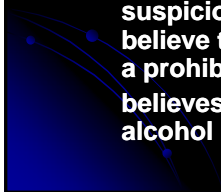
Reasonable Suspicion/Probable Cause:

Required whenever an employer has reasonable suspicion (or probable cause for non-safety-sensitive employees) to believe that an employee has used a prohibited drug or has used alcohol in violation of the Policy.



REASONABLE SUSPICION
PROBABLE CAUSE
TESTING

An employer shall conduct a drug/alcohol test when an employer has reasonable suspicion/probable cause to believe that the employee has used a prohibited drug or believes the employee has used alcohol in violation of the policy.



REASONABLE SUSPICION
PROBABLE CAUSE TESTING

When To Test:

(a) An employer shall conduct a drug and/or alcohol test when the employer has reasonable suspicion (or probable cause) to believe that the covered (or non-safety- sensitive employee, under the MBTA policy) employee has used a prohibited drug and/or engaged in alcohol misuse.

REASONABLE SUSPICION
PROBABLE CAUSE TESTING

What action must take place?

(b) An employer's determination that reasonable suspicion/probable cause exists shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the covered employee. A supervisor who is trained in detecting the signs and symptoms of drug use and alcohol misuse must make the required observations.

REASONABLE SUSPICION/PROBABLE CAUSE
CRITERIA FTA/MBTA

OBSERVATIONS MUST BE

Specific
regarding appearance;
behavior; speech and/or
body odors.

REASONABLE SUSPICION
PROBABLE CAUSE TESTING

OBSERVATIONS MUST BE

Contemporaneous -

1. Made during a scheduled work period; or
2. Made just preceding a period of work; or
3. Made just after a period of work.

REASONABLE SUSPICION
PROBABLE CAUSE TESTING

OBSERVATIONS MUST BE:

Articulate -

1. Names of all parties involved.
2. Circumstances surrounding the request for Reasonable Suspicion/Probable Cause testing.
3. Specific observations of employee's physical condition.
4. Specific observations of employee's behavior.
5. Signed determination of reasonable suspicion/probable cause.

WHO DETERMINES
REASONABLE SUSPICION/PROBABLE CAUSE?


The required specific observations

MUST

be made by a supervisor who is trained in detecting the signs and symptoms of drug use or the symptoms of alcohol misuse.

Reasonable Suspicion Testing

- Phone tip?



FTA Drug and Alcohol Training
Session

41

- Telephone tips
- Customer complaints
- Fellow employees who might be unfit for duty
- What action needs to be taken?

Protocol on how to “call” a RS

- **1 Any allegations regarding Reasonable Suspicion that are either anonymous in nature and/or unfounded in fact must be promptly and thoroughly investigated.**
- **2 In person. Face to Face**
- **3 Tell the employee you are questioning his/her fitness for duty.**
- **4. If no Reasonable Suspicion exist, proceed to assess to Fitness for Duty examination**

How to request a Fitness for duty Examination

- Call the clinic
- Explain why you are requesting the test
- Fitness for duty can be physical or emotional
- You must put your request in writing
- No drug and alcohol test with fitness for duty examination
- In some cases the clinic MD will refer to EAP and any drug/alcohol issues may be addressed there.
- Disqualified pending evaluation by EAP or an outside medical provider.
- Does not have to be drug or alcohol related
- Emotional disturbance.

Supervisors' Responsibilities

Supervisors' Responsibilities

Maintain a safe, secure and productive environment for employees

Supervisors' Responsibilities

**Evaluate and discuss
performance with
employees**

Supervisors' Responsibilities

Treat all employees fairly

Supervisors' Responsibilities

**Act in a manner
that does not
demean or label
people**

Supervisors' Responsibilities

- Maintain a safe, secure and productive environment for employees
- Evaluate and discuss performance with employees
- Treat all employees fairly
- Act in a manner that does not demean or label people

It is NOT your responsibility,
as a supervisor

To diagnose
drug and alcohol problems

It is NOT your responsibility,
as a supervisor

To have all
the answers

**It is NOT your responsibility,
as a supervisor**

**To provide
counseling or therapy**

**This is different than
mentoring or coaching**

**It is NOT your responsibility,
as a supervisor**

To be a police officer

**It is NOT your responsibility,
as a supervisor to**

- **Diagnose drug and alcohol problems**
- **Have all the answers**
- **Provide counseling or therapy**
- **Be a police officer**

Recognizing Problems

Addiction:

The irresistible compulsion to use alcohol and other drugs despite adverse consequences.

It is characterized by repeated failures to control use, increased tolerance and increased disruption in the family.

Enabling

Action that you take that protects the employee from the consequences of his/her actions and actually helps the employee to NOT deal with the problem.

Enabling

Examples of enabling:

- Covering Up
- Rationalizing
- Withdrawing/Avoiding
- Blaming
- Controlling
- Threatening

Supervisor Traps

- Sympathy
- Excuses
- Apology
- Diversions
- Innocence
- Anger
- Pity
- Tears

Dos and Don'ts for Supervisors

- **DO** emphasize that conversations with the EAP, if applicable, are confidential
- **DO** explain that the EAP, if applicable, is voluntary and exists to help the employee
- **DO** call the EAP, if applicable, to discuss how to make a referral

Dos and Don'ts for Supervisors

- **DON'T** try to diagnose the problem
- **DON'T** moralize. Limit comments to job performance and conduct issues only

Dos and Don'ts for Supervisors

- **DON'T** be misled by sympathy-evoking tactics
- **DON'T** cover up. If you protect people, it enables them to stay the same
- **DON'T** make threats that you do not intend to carry out. If you threaten disciplinary action, you must follow through

EMPLOYEE ASSISTANCE PROGRAM

EMPLOYEE ASSISTANCE PROGRAM (EAP)

1. Professionally trained staff, committed to promoting employee wellness.
2. Customized/specialized self-help and self-improvement seminars and workshops.
3. Brief intervention services.
4. Network of statewide referral services.
5. Crisis Intervention.
6. Education and Prevention Services.

**EMPLOYEE ASSISTANCE PROGRAM
(EAP)**

**EAP provide services
to a variety of
"customers"
within the MBTA organization**

Why have an EAP program?

Who Can Benefit From EAP Programs?

- **All current MBTA employees and members of their families.**
- **All retired MBTA employees.**

For information call ext. 5381

EAP Targets

1. **Employees whose performance shows a pattern of decline which is not readily explained by job circumstances, and**
2. **Employees who are aware of personal problems that may or may not be affecting their performance.**

Voluntary VS Mandatory

- ## Voluntary
- Walk-Ins
 - Recognizes a problem
 - Crisis
 - Just before discipline

- ## MANDATORY
- Drug and Alcohol Involvement
 - At a Fifth and Final Stage of Discipline
 - Referred as part of a Return to Work Agreement or a Compromised Settlement

Mandatory EAP Participation

EAP Involvement Positive Result - First Random

- Medical Review Officer (MRO) declares the employee's drug test positive
- A positive confirmation test confirms that the employee's alcohol test is positive
- Employee may request a drug retest within 72 hours

Mandatory EAP Participation

EAP Involvement Positive Result - First Random (Cont)

- Employee must report to EAP for a Substance Abuse Professional (S.A.P.) evaluation within 72 hours of his/her suspension
- The Employee and the S.A.P. design a Service Plan to ensure the employee is in compliance with the Drug & Alcohol Policy and fitness for duty

RETURN TO WORK EAP Compliance Positive Result - First Random

1. Minimum of three (3) negative monitors from clinic.
2. Employee compliance with Service Plan.
3. Employee executes return to work agreement with Labor Relations.
4. Employee passes return to work physical at clinic (including drug & alcohol screen).

RETURN TO WORK
EAP Compliance
Positive Test

5. Negative drug/alcohol screen - clinic informs EAP, and Labor Relations that the employee has been cleared to return to work.
6. S.A.P. prepares the return to work evaluation, including determining the number of periodic follow up drug tests.
7. Employee and S.A.P. execute revised Service Plan, transitioning employee back to work.
8. Employee informed that minimum of six (6) drug/alcohol tests are required during the first 12 months of employee's return to work.

PRESCRIPTION AND OVER-THE -
COUNTER MEDICATIONS
Over-the Counter Medications

- Legal, non-prescription substances taken for the relief of discomforting symptoms.

PRESCRIPTION AND OVER-THE -
COUNTER MEDICATIONS

A nurse or a doctor will make the determination as to whether the employee's use of the medication could:

- impair his or her performance or
- jeopardizes the safety of the employee, co-workers or the public.

The nurse or doctor will advise the employee of any job related restrictions while taking the medication.

PRESCRIPTION AND OVER-THE - COUNTER MEDICATIONS

Whether a prescription or an over-the-counter medication an employee must consider the effect it will have on their performance.

- What are the side-effects?
- What are the possible adverse effects?
- Is there a potential for an allergic reaction?

PRESCRIPTION AND OVER-THE - COUNTER MEDICATIONS

Side-effects and adverse reactions
How do you find out about them?

- From your Doctor
- From your Pharmacist
- Carefully reading the list of ingredients
- Understanding any potential physical reactions and restrictions (driving, operating machinery)

Substances and the Effects They Have on People



Opiates

- Narcotics-heroin, morphine, codeine.
- Alleviate pain, depress body functions/reactions.
- Signs and symptoms: apathy, constricted pupils, nausea, depression, physical fatigue, drowsiness, dizziness, mental crowding, coordination impairment.

Heroin






Heroin

- Off-white color.
- Usually packaged in white bags.
- Paraphernalia - syringes.
- Signs and symptoms: nodding off, scratches, tracks in arms.

Heroin



Heroin



Opium and Poppy



OxyContin



Cocaine



Cocaine



Cocaine

- White/creamy granular/lumpy powder.
- Snorted into nose, rubbed into gums, injected into veins.
- Paraphernalia-mirror, piece of smooth metal, half-straw, razor blade.
- Crack-derivative of cocaine-looks like rocks, smoked in glass pipe.

Cocaine

- Signs and symptoms: anxiety, defensiveness, agitation, tardiness, forgetfulness, absenteeism, difficulty concentrating, runny/irritated nose, sniffles, dilated pupils.
- Initial feeling of euphoria, relaxation, care freeness.
- 5-20 minute high.
- Tolerance level immediately increased.

Crack



Cocaine



Paraphernalia



Marijuana

- Leafy material rolled like cigarettes into joints.
- Smells like combination of sweet alfalfa and incense.
- Signs and symptoms: slowed speech, reddened eyes, distinct odor on clothing, lackadaisical attitude, lack of motivation, bloodshot eyes, sudden hunger, dry mouth or throat, loss of coordination.

Cannabis



Cannabis



Cannabis



Hash Blocks

Hash Oil



Amphetamines

- Usually sold as capsule or pill.
- Stimulant - speeds up mind and body.
- Signs and symptoms: runny nose, hyper excitability, dilated pupils, talkativeness, inability to concentrate, rapid respiration, violent and impulsive behavior.

Amphetamines



Amphetamines





Bags of seized methamphetamine



Methamphetamine laboratory explosion site in California



PCP (Phencyclidine)

- Tranquilizer
- Creamy granular powder often sold in one-inch square aluminum foil or folded paper package.
- Signs and symptoms: dilated pupils, impaired coordination, severe confusion, agitation, extreme mood swing, dizziness, rapid heart rate.

PCP (Phencyclidine)



PCP in both crystalline form and a vial of PCP dissolved in water

Mehtaqualone

- Mehtaqualone ("Sopors," "ludes") was originally prescribed to reduce anxiety during the day and as a sleeping aid.
- It is one of the most commonly abused drugs and can cause both physical and psychological dependence.
- The dangers from abusing mehtaqualone include injury or death from car accidents caused by faulty judgment and drowsiness, convulsions ,coma and death from overdose.

Propoxyphene

- Propoxyphene is a narcotic analgesic or a narcotic pain killer.
- Propoxyphene is a synthetic narcotic related to methadone. Being similar to methadone it can be addictive.

Propoxyphene

- Common prescription names for propoxyphene: Darvon
- Propoxyphene is commonly given for pain relief to people who have undergone surgery or who have serious injuries. Propoxyphene acts in the brain to decrease the feeling of pain and to reduce emotional response to pain.

Methadone

- Methadone is commonly given for pain relief to people who have undergone surgery or who have serious injuries.
- It also is given for the management of opium dependence (drug addiction).
- Methadone acts in the brain to decrease the feeling of pain and to reduce emotional response to pain.

Methadone

- Methadone is a narcotic analgesic or a narcotic pain killer. Methadone is a synthetic narcotic unrelated to morphine, but similar in effect. Even though it is not in the opium family it can be very addictive.

Benzodiazepines

- Tranquilizer/Sedative Hypnotic
- The following is a partial list of the most commonly used Benzos. Klonopin, librium, valium, paxipam, centrax, tranxene, ativan, amixanax, halcion, serax, and restoril.
- **Duration of Action:** Short acting 2-4 hrs
Long acting 6-8 hrs.

Benzodiazepines



Benzodiazepines

- **Detection in Urine Screening:** 1 wk up to 1 month, depending on duration of action and if used chronically.
- **Psychological Effects:** Sedation, drowsiness, hostility, depression, prolonged physical and psychomotor times, incoordination, memory loss (1) acute amnesia for a brief period following a high dose I/V, (2) impairment of recall with chronic use

Benzodiazepines

- **Physical Effects:**
Vertigo (light headed), dizziness, double vision, ataxia (staggering), lethargy.
- **Withdrawal Symptoms:**
Insomnia, anxiety and restlessness are the most common. May have seizures and psychosis in some individuals. Other symptoms include irritability, agitation, lethargy, depression, nightmares, confusion, paranoid delusions, hallucinations.
Withdrawal symptoms last 2-4 wks with short acting benzos but 4 to 8 wks or longer with others.

Barbiturates

Common Barbiturates:

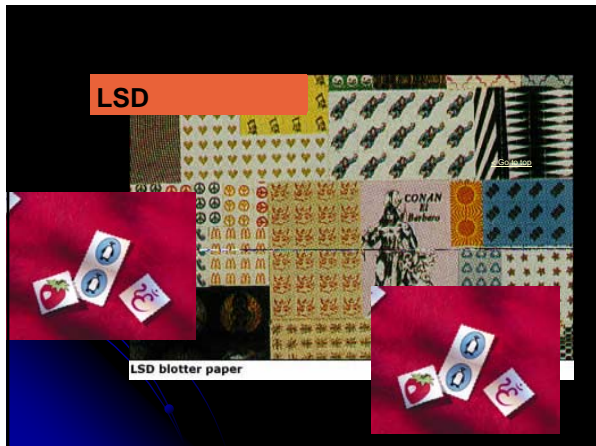
- Amytal
- Nembutal
- Seconal
- Phenobarbital

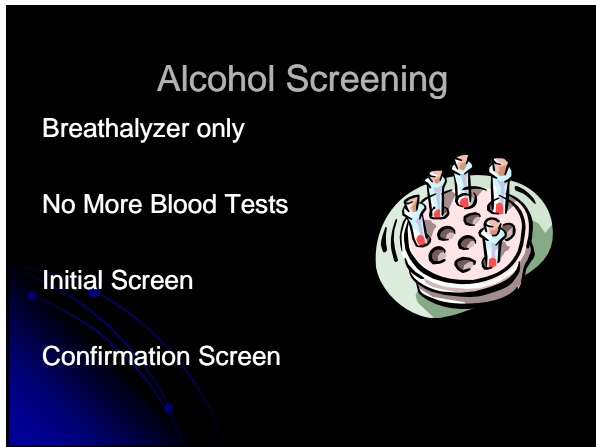
Barbiturates

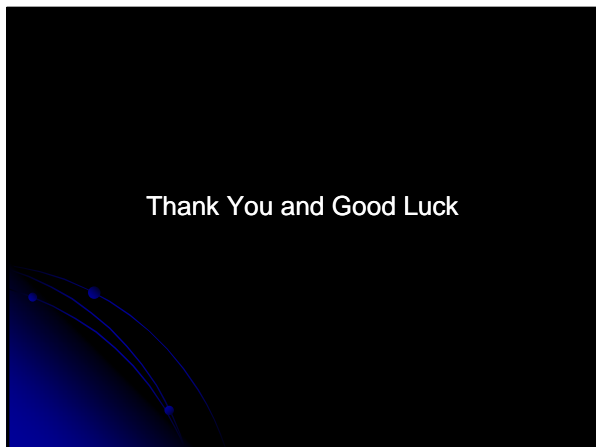
- How Taken: Swallowed or Injected
- Effects:
Sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgement, slurred speech.

Barbiturates









13. Title: Prescription and Over-the-Counter (Rx/OTC) Use in the Transit Industry

Format: PowerPoint Presentation

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Source: RLS & Associates, Inc.

Summary: This PowerPoint presentation is based on information from the Food and Drug Administration, Federal Railroad Administration, and Federal Aviation Administration. While it does not constitute Federal Transit Administration (FTA) regulations, it does reflect FTA's philosophy toward Rx/OTC medications and their potential adverse impact on transit system. It further reflects FTA's encouragement of all FTA-funded transit systems to educate their employees about the potential risks of Rx/OTC medications on transit system safety and to take appropriate steps for addressing this issue in their drug and alcohol training programs, policies, accident procedures, and follow-up.

Highlights:

- Contains an overview of the Federal Transit Administration's position on Rx/OTC medications and **what is and what is not** required of FTA-funded entities as it relates to Rx/OTC medication use by safety-sensitive employees.
- Can be used as part of a transit system's overall drug and alcohol training program for supervisors and safety-sensitive employees.
- Contains an overview and emphasizes the different associated risks of the most commonly prescribed and used Rx/OTC medications.
- Contains the suggested elements of an Rx/OTC policy.
- Discusses the role of a physician or other health provider in determining fitness for duty.
- Suggests the elements for employee Rx/OTC awareness training.
- Emphasizes the need to balance the concern for the potential adverse effects from an employee taking a Rx/OTC medication with any potential adverse effects which could arise from an employee not receiving appropriate treatment for a condition.

- Discusses actual transit accidents where Rx/OTC medications were at least considered as causal or contributing factors.
- Contains an overview of herbal remedies, dietary supplements, and other “natural” items that are on the market today and being used to treat a variety of conditions and ailments and their impact on transit safety.

February 2010

Prescription and Over-The-Counter (Rx/OTC) Drug Use In The Transit Industry

FTA Disclaimer

The information contained in this presentation is based on information provided by the Food and Drug Administration, the Federal Aviation Administration, and the Federal Railroad Administration. The information provided should be used only as guidelines and **does not** constitute Federal Regulations. Sound medical knowledge and understanding of the pharmacological properties of the Prescription and Over-the-Counter (Rx/OTC) medications, and detailed knowledge of an employee's medical history, and safety-sensitive job duties must guide the final assessment of potential risks to the public.

NTSB Directive

The National Transportation Safety Board issued a directive to the FTA to educate transit systems on the potential safety risks associated with the use of Prescription and Over-The-Counter medications by employees who perform safety-sensitive duties.

NTSB Directive (Cont'd)

The NTSB recommended that all transit systems inform employees in safety-sensitive positions to inform the system about the employee's use of Prescription and Over-the-Counter medications so that the system can have qualified medical personnel determine the medicines potential effects or employee performance, and train employees about their responsibility under policy.

FTA Challenge

The Federal Transit Administration issued a Dear Colleague letter (5/00) to all grant recipients encouraging them to educate transit operators about the risks associated with the use of Prescription and Over-the-Counter medications.

FTA Challenge (Cont'd)

Grantees were encouraged to:

- 1) Review current policies with regard to safety-sensitive employees' use of Prescription and Over-the-Counter medications which could result in public safety being jeopardized
- 2) Immediately institute educational programs that address the potential dangers of taking certain types of medications

Definitions

- Prescription drugs (Rx) are medications which require written authorization for use by a healthcare professional whose license permits them to prescribe medication
 - The prescription must include the patient's name, the name of the substance, quantity/amount to be dispensed, instructions on frequency and method of administration, refills, and date

Common Types of Rx Medications

- Anti-inflammatory/Pain Medication

Relieves pain

- Antidepressants and Psychoactive Medication

Relieves depression and other psychological conditions

- Antihistamines

Reduces allergy & cold symptoms – also used to treat insomnia

Common Types of Rx Medications (Cont'd)

- Motion Sickness Medication
Relieves motion sickness
- Muscle Relaxants
Relieves sore tight muscles
- Steroids
Used to treat inflammation/Controls bodily functions (not to be confused with Anabolic Steroids used to build muscle)

Common Types of Rx Medications (Cont'd)

- Stimulants
 - Cause user to be more alert
- Tranquilizers & Sedatives
 - Relieve anxiety, stress & insomnia

Definitions

- Over-The-Counter (OTC) medications are any legal, non-prescription substance taken for relief of discomforting symptoms
 - May include capsules, powders, tablets, or liquids

Common Types of OTC

Rx/OTC

- ❑ Pain Relief/Fever Reducer
- ❑ Colds/Flu Medication
- ❑ Appetite Suppressants
- ❑ Bowel Preparations
- ❑ Sleeping Aids
- ❑ Stimulants

Drug Facts	
Active ingredient (in each tablet) Famotidine 10 mg.....	PurposeAcid reducer
Uses	
<ul style="list-style-type: none"> ■ relieves heartburn associated with acid indigestion and sour stomach ■ prevents heartburn associated with acid indigestion and sour stomach brought on by eating or drinking certain food and beverages 	
Warnings	
Allergy Alert: Do not use if you are allergic to famotidine or other acid reducers	
Do not use ■ if you have trouble or pain swallowing food, vomiting with blood, or bloody or black stools. These may be signs of a serious condition. See your doctor. ■ with other acid reducers	
Ask a doctor before use if you have	
<ul style="list-style-type: none"> ■ had heartburn over 3 months. This may be a sign of a more serious condition. ■ heartburn with lightheadedness, sweating, or dizziness ■ chest pain or shoulder pain with shortness of breath; sweating; pain spreading to arms, neck or shoulders; or lightheadedness ■ frequent chest pain ■ frequent wheezing, particularly with heartburn ■ unexplained weight loss ■ nausea or vomiting ■ stomach pain 	
Stop use and ask a doctor if	
<ul style="list-style-type: none"> ■ your heartburn continues or worsens ■ you need to take this product for more than 14 days 	
If pregnant or breast-feeding, ask a health professional before use.	
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
<ul style="list-style-type: none"> ■ adults and children 12 years and over: <ul style="list-style-type: none"> ■ to relieve symptoms, swallow 1 tablet with a glass of water. Do not chew. ■ to prevent symptoms, swallow 1 tablet with a glass of water 60 minutes before eating food or drinking beverages that cause heartburn ■ do not use more than 2 tablets in 24 hours ■ children under 12 years: ask a doctor 	
Other information	
<ul style="list-style-type: none"> ■ read the directions and warnings before use ■ keep the carton and package insert. They contain important information. ■ store at 20°-25°C (68°-77°F) ■ protect from moisture and light. 	
Inactive ingredients colloidal silicon dioxide, corn starch, hydroxypropyl cellulose, hypromellose, indigo carmine aluminum lake FD&C blue no. 2, iron oxide red, iron oxide yellow, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol 4000, pregelatinized corn starch, titanium dioxide	
Questions? If you have questions of a medical nature, please contact your pharmacist, doctor, or health care professional.	

Cause for Concern

- Some side effects of Rx/OTC medications can be a safety issue when taken by safety-sensitive employees
- Can include:
 - Agitation
 - Anxiety
 - Blurred vision
 - Breathing difficulty
 - Chest pain
 - Chest tightness
 - Confusion
 - Dizziness
 - Disorientation
 - Double vision
 - Drowsiness
 - Emotional instability
 - False sense of well being
 - Fatigue

Cause for Concern (Cont'd)

- Fever
- Hallucinations
- Severe Headache
- Hyperventilation
- Insomnia
- Light headedness
- Muscle cramps/spasms
- Nausea/vomiting
- Nervousness
- Palpitations
- Poor coordination
- Rapid or irregular heart beat
- Restlessness
- Ringing in the ears
- Sedation
- Seizures
- Severe diarrhea
- Tremors
- Weakness

FTA Recommended Policy Elements

- Purpose of Policy
 - Acknowledges risks associated with Rx/OTC use
 - Emphasizes safety
 - Balances the treatment of medical conditions and the requirements of performing safety-sensitive job duties
 - Not intended to force employees in need of medical attention to work or keep employees who are eligible to work off duty for receiving treatment of a medical condition

Suggested Elements of an Rx/OTC Policy

- Define processes and procedures that implement the policy, such as:
 - Medical review/authorization
 - Reporting
 - Use of leave benefits; limitations

Suggested Elements of an Rx/OTC Policy

- Define Consequences of Violating Specific Policy Provisions
 - Use of Rx/OTC that contribute to cause or increase the severity of an accident
 - Failure to report use
 - Failure to obtain medical authorization
 - Other policy provision violations

Suggested Elements of an Rx/OTC Policy

- Ensure that the policy emphasizes and maintains confidentiality
 - Records
 - Interaction with medical practitioner

Suggested Elements of an Rx/OTC Policy

- Defined Roles and Responsibilities
 - Employees
 - Management/Supervisors
 - Medical Practitioner (Physician, Dentist, Physician's Assistant, Optometrist, Chiropractor, Other)
 - Pharmacist
 - Employer MRO/Physician

Medical Review Procedure

- Medical Authorization
 - Employee obtains medical authorization form from employer
 - Employee asks about side effects and potential impact on ability to perform duties
 - If no adverse impacts – Medical practitioner signs release indicating employee may perform duty
 - If adverse impacts – Medical practitioner signs indicating employee must be off of duty for a specified amount of time
 - Employer may or may not keep form for documentation

Medical Review Procedure

- Medical Authorization (cont'd)
 - Form may be reviewed by the employer's Physician/MRO
 - After discussing with prescribing physician, may overturn authorization

Suggested Employee Awareness Training

- Introduction
 - Purpose of Rx/OTC policy
 - Balance treatment of medical condition with safe performance of job duties
 - Applicability – Safety-sensitive employees or all employees
 - Employee responsibility for treatment and safe performance of duties

Suggested Employee Awareness Training

- Training Elements
 - An overview of your system's Rx/OTC policy
 - An overview of your system's procedures
 - Medical authorization
 - Notification/reporting
 - Forms if applicable
 - Consequences of policy violations
 - Leave policy
 - Sick leave/paid time off
 - Limitations on use

Suggested Employee Awareness Training

- Training Elements
 - Risks associated with Rx/OTC use
 - Definition of Rx and OTC
 - How to read a label
 - How to read Rx information sheets
 - Side effects of concern
 - Common sense rules for taking medication

Suggested Employee Awareness Training

- Training Elements
 - Medication list if applicable
 - Approved medications
 - Medications which require authorization
 - Medications not approved for use
- Conclude training
 - Questions and answers
 - Re-emphasize safety

Suggested Employee Awareness Training

- May conduct Rx/OTC training as a stand-alone training course or as one element of the regular drug and alcohol awareness training
- Always have resource material available
 - If possible have medical practitioner involved in training and/or available for questions
 - Posts on bulletin boards
 - Hotlines/Nurse help-lines
 - Determine who employees may call for questions
 - MRO
 - Other medical practitioner

Summary

- ▶ The primary objective of developing and implementing a Rx/OTC policy and training employees, is to enhance the safety of employees, customers, and the public
- ▶ Employees must accept responsibility for their own medical treatment
- ▶ Employees must also accept responsibility for protecting the public's safety

NYC Ferry Boat Accident

- ▶ About 3:20 on October 15, 2003, the Staten Island Ferry Andrew J. Barberi, owned and operated by the New York City Department of Transportation, was at the end of a regularly scheduled trip from Manhattan to Staten Island when it collided with a maintenance pier at the Staten Island Ferry terminal. Fifteen crewmembers and an estimated 1,500 passengers were on board. Ten passengers died in the accident and 70 were injured. An eleventh passenger died two months later as a result of injuries sustained in the accident.

NYC Ferry Boat Accident

- United States Attorney's Office report.
8/4/2004
- “Smith was the only pilot in the pilothouse and was under the influence of the prescription pain killer Tramadol and the non-prescription substance diphenhydramine found in over-the-counter allergy remedies. Known side effects of these drugs include drowsiness, dizziness and confusion.”

NYC Ferry Boat Accident

- NTSB Report 3/8/2005

“ The National Transportation Safety Board determines that the probable cause of this accident was the assistant captain's *unexplained* incapacitation and the failure of the New York City Department of Transportation to implement and oversee safe, effective operating procedures for its ferries.”

Florida Transit System Accident

- September 2007 Accident
 - Employee had been involved in two accidents within one month
 - Employee passed all DOT-regulated tests that were conducted after the accidents

14. Title: **Drugs & Driving: A Deadly Combination,**

Format: Video

Author: Films Media Group/Films for Humanities & Sciences

Source: Films Media Group/Films for Humanities & Sciences
www.films.com
[http://ffh.films.com/id/10329/Drugs and Driving A Deadly
Combination.htm](http://ffh.films.com/id/10329/Drugs_and_Driving_A_Deadly_Combination.htm).

Summary: This 12-minute video examines the largely unreported impact of taking over-the-counter drugs while driving, a practice listed as a primary cause of traffic accidents. Medications including antihistamines, tranquilizers, and sleeping pills—blamed for over 10 percent of all traffic fatalities—are studied for their ability to lower concentration and reduce motor control. The medical profession's responsibility for warning patients of the dangers of taking drugs while driving is discussed. The program suggests that while every accident has many causes, the label caution, "Warning: Medication may cause drowsiness," should be taken more seriously by American consumers. There is a charge for the video.

Highlights:

- Addresses the issue of driving while taking over-the-counter medications and the impact on driver safety.
- Can very easily be incorporated into an existing training program or used stand alone for safety meetings, in-services, etc.

15. Title: A Prescription for Safety- Rx and OTC Medication Awareness

Format: Video and Power Point Presentation

Author: USF Center for Urban Transportation Research (CUTR)

Source: CUTR
4202 E. Fowler Ave.
Tampa, FL 33620-5375
(813) 974-3120

Summary: This short, five minute video is directed at safety-sensitive employees and emphasizes transit system safety, and employee responsibility in determining fitness for duty. It also reviews what constitutes prescription drug abuse.

The PowerPoint presentation contains similar information but provides a greater level of detail in some areas, such as definitions of key terms and drug information. The presentation also describes the preferred method for employees to notify their supervisor when using medications.

Highlights:

- Both the video and the PowerPoint are short contains the basic information for understanding the importance of careful use of Rx/OTC medications by safety-sensitive employees.
- Concise, easy to read and understand tips and reminders for employees.
- Emphasizes employee responsibility in all Rx/OTC use, including communicating with the employee's prescribing physician, and reporting medications to transit system management.
- Provides resources for additional assistance and addiction counseling.

A Prescription for Safety

Rx and OTC Medication Awareness



Presented by Diana Byrnes, CUTR

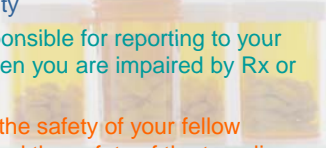
Prescription Medication (Rx)

- Physician prescribed medication helps to alleviate pain, discomfort, anxiety, depression and many other life disrupting ailments
- When taken properly, under the advisement of physicians and pharmacists, Rx meds are generally safe and effective



Safety Sensitive Employee Use

- As a safety sensitive employee:
 - You are responsible for ensuring your own fitness for duty
 - You are responsible for reporting to your employer when you are impaired by Rx or OTC meds
 - Your safety; the safety of your fellow employees and the safety of the traveling public is dependent on you being responsible



Guidelines for Safe Use

- **Inform your physician** of your safety-sensitive position and explain your job duties.
 - Do not assume he/she will remember your explanation from one visit to the next.
 - Remind him/her of any other medications you might be taking; make sure to include those medications prescribed by other physicians

Guidelines for Safe Use Cont.

- **Be cautious; use medications cautiously and always in accordance with your physician's directions**
- **Do not perform any safety-sensitive function if you are impaired by any medication**
- **Do not assume that OTC meds are "harmless" – consider them just as you would Rx meds**

Guidelines for Safe Use Cont.

- **Solicit information from your pharmacist.** Anytime you need additional information about an Rx or OTC, ask your pharmacist.
 - side effects, precautions, drug interactions, and effects when combined with other drugs
- **Read warning labels and side effects provided on information summaries provide with Rx and OTCs**

Guidelines for Safe Use, Cont.

- **Do not over-medicate.**
 - Always follow the prescription directly as written
 - Never increase the dosage or frequency of use without explicit directions from your doctor.
 - Do not take a pill without first checking the dosage and comparing it to the prescription, even if you have taken this medication before or this is a refill

Guidelines for Safe Use, Cont.

- **Never take someone else's medication.**
This is illegal and extremely dangerous
 - Never “give out” your Rx meds to a co-worker
 - Don't reveal your medication use to anyone other than your employer's designated representative (if applicable)
 - Should you be called for a DOT drug test; the result will not be verified as negative if the prescription medication was not prescribed to you

Guidelines for Safe Use, Cont.

- **Always monitor your reaction.**
 - watch for any side effects which could impact your ability to perform your job safely including drowsiness, dizziness, confusion, etc.
 - try to get used to the medication first before reporting for work. The same applies even if you have taken this medication in the past with no previous side effects.
 - An individual's reaction to a medication may vary with each treatment, the nature of the illness and medications taken

Guidelines for Safe Use, Cont.

- **Avoid Rx/OTCs that have been problems in the past.** Inform your prescribing physician of your problem with the previous medication and ask for alternative medications. For OTCs, ask the pharmacist for assistance.
- **Ask for alternative treatments of dosage schedule.** If you notice side effects that could post a safety risk, consult your prescribing physician (or pharmacist in the case of an OTC) about alternative treatments, medications, dosages or schedule of use.

Guidelines for Safe Use, Conclusion

- **Do not perform safety-sensitive duties while impaired.** In instances where no alternative is available, you must inform your supervisor and follow your employers Rx/OTC procedures for removal from safety-sensitive duty.
- Do not perform any safety-sensitive duty while you are impaired by any medication

Misuse and Abuse

- Misuse: not following prescribed dosage levels, frequency of use, or use for a purpose other than for which it was prescribed- (non-medical use also)
- Abuse: when the pattern of use leads to clinically significant impairment or distress that manifests itself in the individual's behavior

Dependency and Addiction

- **Physiological dependence:** when the individual experiences increasing tolerance for a drug and experiences withdrawal when the medication is discontinued
- **Psychological dependence or addiction:** when the individual experiences an overall loss of control, seeks medication compulsively, and continues use of the medication in spite of negative consequences

Resources for Assistance

- **Drug Abuse Hotline:** 877-377-7741
- **SAMHSA:**
<http://findtreatment.samhsa.gov/>
- **CARE in Palm Beach:** 1-866-494-0866
specializes in Opiate Addiction

16. Title: Oregon Department of Transportation (ODOT) Safety-Sensitive Employee Drug and Alcohol On-Line Training

Format: On-Line Training

Author: Oregon Department of Transportation
Public Transit Division
555 13th St. NE, Ste. 3
Salem, OR 97301-4179
(503)986-4414
www.oregon.gov/ODOT/PT
RLS & Associates, Inc.
3131 South Dixie Highway, Suite 545
Dayton, OH 45439
(937)299-5007
www.rlsandassoc.com

Source: Oregon Department of Transportation
Sharon Peerenboom
555 13th St. NE, Ste. 3
Salem, OR 97301-4179
(503)986-3300
www.oregon.gov/ODOT/PT

Summary: This training, the first of its kind, meets the FTA requirement for a minimum of 60 minutes of training for safety-sensitive transit employees on the effects and consequences of prohibited drug use on personal health, safety, and the work environment.

The overall purpose of the training is to familiarize transit employees with the FTA substance abuse program and provide general awareness education about the dangers of alcohol misuse and drug abuse. However, it also includes a unit on Prescription and Over-the-Counter Medications (Rx/OTC).

The training is divided into three main sections. The first section is an overview of the drug and alcohol testing regulations, definition of a safety-sensitive employee, a description of the 6 testing categories, and requirements of the drug and alcohol policy, actions that constitute a drug and alcohol policy violation, and information on seeking substance abuse assistance.

The second section is divided into seven modules. Each of the modules discusses a different substance. Participants are asked to read a brief description of each of the substances and then answer questions based on the reading. The descriptions also include pictures, graphics, and videos that depict the substance. All questions must be answered correctly before moving on to the next module. Modules include

Marijuana, Cocaine , Amphetamines (including methamphetamine and ecstasy), Opiates, Phencyclidine , Prescription and Over-the Counter-Medications, and Alcohol.

To ensure that the minimum requirement is met, each participant's time is recorded, beginning at Section II, Drugs in the Work Place. The training must take a minimum of one hour to receive credit for the course. Knowledge is tested after each of the prohibited drug discussions with a series of questions. Participants are reminded not to rush and to take their time to ensure understanding. The average time taken to complete the program is 90 minutes. If participants need to stop the training session for any reason, they can press the "Take a Break" button in the upper right hand corner of the screen. Pressing this button stops the timer. Upon returning to the training session, participants must log back in to restart the timer. Their progress is saved at the beginning of the module they were working on. They are permitted to stop and restart the training session two times. If they stop more than twice, they must restart from the beginning, and their progress will not be saved.

Participants receive a certificate after the successful completion of this training. Although the 60 minutes of awareness training is required only once in an individual's tenure with a transit system, periodic refresher training benefits both the transit system and the transit employee. In addition, the regulations are updated frequently, and the information in this training will be updated periodically. Consequently, transit systems may use this training again as a refresher training.

Highlights:

- Meets the FTA 60-minute training requirement.
- Is a comprehensive training that includes Rx/OTC medication.
- Participants can take the training at their own speed, starting and stopping up to two times before having to re-start the timer.
- All that is needed for the training is an Internet connection, so the training may be accessed at work or at home.
- Participants receive a certificate after successful completion of the training.
- The training can be used as the initial FTA training or as a refresher.

17. Title: **Streetdrugs University**

Format: On-Line Training

Author: Streetdrugs.org

Source: Streetdrugs.org

Summary: This distance-based learning site is a division of Streetdrugs.org, a nationally recognized and reputable source of drug and alcohol educational and training information and materials. Streetdrugs University provides high quality photos and video of prescription and illegal drugs, as well as tobacco and alcohol products. With E-training, the Streetdrugs University has taken technology a step further to make drug and alcohol education easy and convenient because the training can be completed from your desk at work, the comfort of your home or while on travel status or vacation. All that is needed is a connection to the Internet. High-definition video and high-resolution photos of illegal drugs provide the best training possible. Training is available for a fee.

Highlights:

- Training can be accomplished at work or at home and at a participant's own pace.
- Materials are high quality and nationally known and reputable.
- Illegal drugs, alcohol, and prescription medications are addressed.

- 17. Title:** **AMA Physician’s Guide to Assessing Older Drivers**
- Format:** Training Module
- Author:** American Medical Association (AMA) and the National Highway and Traffic Safety Administration (NHTSA)
- Source:** National Highway and Traffic Safety Administration (NHTSA)
1200 New Jersey Avenue, SE
West Building
Washington, DC 20590
888-327-4236
800-424-9153 – TTY
www.nhtsa.gov
- Summary:** This NHTSA training module developed jointly with the American Medical Association, provides in chapter 9 of the module an excellent overview of the medical conditions commonly afflicting older drivers and the medications most commonly prescribed and/or used to treat these conditions.
- Highlights:**
- Addresses both the common medical conditions and the medications to treat those conditions afflicting older drivers today.
 - Provides detailed discussions of each condition, the impacts on driving, etc.

19. Title: Are You Fit For Duty?

Format: Poster

Author: USF Center for Urban Transportation Research (CUTR)

Source: CUTR
4202 E. Fowler Ave.
Tampa, FL 33620-5375
(813) 974-3120

Summary: This poster, posted in employee common spaces, can be used as a visual reminder of the transit system's Prescription and Over-the-Counter (Rx/OTC) policy and the employee's responsibility as part of this policy.

Highlights:

- Concise, easy to read and understand reminder of the transit system's Rx/OTC policy for employees.
- Can be posted in all employee common areas.
- Emphasizes employee responsibility in considering the impact of Rx/OTC medication use on transit system safety.

Are you fit for duty?

Some Rx and OTC Meds can cause side effects that could impair your ability to perform your job safely.



Your employer requires that you report medications that you are taking while performing safety sensitive duties.

**For further information about your employer's
Rx and OTC Medications Policy
please contact:**

20. Title: Employee Guidelines for Use of Rx and OTCs

Format: Handout

Author: USF Center for Urban Transportation Research (CUTR)

Source: CUTR
4202 E. Fowler Ave.
Tampa, FL 33620-5375
(813) 974-3120

Summary: This handout can be used as part of a larger drug and alcohol training or as a standalone piece for safety meetings, payroll stuffers. It contains ten concise tips or reminders to employees for Rx/OTC medication use.

Highlights:

- Concise, easy to read and understand tips and reminders for employees.
- Can be used as part of a larger training program, as a handout, payroll stuffer, etc.
- Emphasizes employee responsibility in all Rx/OTC use, including communicating with the employee's prescribing physician, reporting medications to transit system management, and considering alternative treatment if the prescribed medication has the potential to adversely impact the performance of safety-sensitive job duties.

Employee Guidelines for Use of Rx and OTC Medications

Be cautious. All medications, prescriptions (Rx) and over-the-counter (OTC) medications have the potential to be dangerous. Use medications cautiously and always in accordance with your physician's directions. Do not perform any safety-sensitive function if you are impaired by any medication. However, this caution should not be construed to require any FTA covered employee to delay or deny any necessary medical treatment.

Inform your prescribing physician, dentist or other medical professional. Before accepting a prescription, inform your physician of your safety-sensitive position and explain your job duties. Do not assume he/she will remember your explanation from one visit to the next. Remind him/her of any other medications you might be taking; make sure to include those medications prescribed by other physicians. Make sure the physician has your complete medical history. Ask if you will be able to perform your duties safely on these medications. If not, ask if there is an alternative. Follow your employer's policy and procedures for documenting the physician's assessment and release to work statement, if applicable.

Solicit information from your pharmacist. Anytime you need additional information about an Rx or OTC, ask your pharmacist. A pharmacist will be very knowledgeable about the medication ingredients, side effects, precautions, drug interactions, and effects when combined with other drugs. Even if you have already obtained information from your prescribing physician, your pharmacist may be more knowledgeable and be able to provide additional information and insight. Read warning labels and side effects provided on information summaries provide with Rx and OTCs.

Do not over-medicate. Always follow the prescription directly as written. Never increase the dosage or frequency of use without explicit directions from your doctor. Not only is this practice medically risky, but increased doses of a medication may cause impairment when the same medication used as recommend may not.

Check the strength of the prescription. Sometimes medicines are prescribed in different strengths (i.e. 500 vs. 250 MG). Do not take a pill without first checking the dosage and comparing it to the prescription, even if you have taken this medication before or this is a refill.

Never take someone else's medication. This is illegal, dangerous and your employer policy may provide for disciplinary action up to and including termination of employment if it is discovered.

Always monitor your reaction. Anytime you take any medication (Rx or OTC) watch for any side effects which could impact your ability to perform your job safely including drowsiness, dizziness, confusion, etc. Try to get used to the medication first before reporting for work. The same applies even if you have taken this medication in the past with no previous side effects. An individual's reaction to a medication may vary with each treatment, the nature of the illness and medications taken.

Avoid Rx/OTCs that have been problems in the past. If you have taken medications in the past that have caused negative side-effects, make a note of the active ingredients and void these in the future. Inform your prescribing physician of your problem with the previous medication and ask for alternative medications that do not have this ingredient. For OTCs, read the ingredient portion of the label and ask the pharmacist for assistance.

Ask for alternative treatments of dosage schedule. If you notice side effects that could post a safety risk, consult your prescribing physician (or pharmacist in the case of an OTC) about alternative treatments, medications, dosages or schedule of use.

Do not perform safety-sensitive duties while impaired. In instances where no alternative is available, you must inform your supervisor and follow your employers Rx/OTC procedures for removal from safety-sensitive duty. Do not perform any safety-sensitive duty while you are impaired by any medication.

Chapter VI: Resources

CHAPTER VI: RESOURCES
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CHAPTER VI: RESOURCES

In addition to the best practices, samples, forms, and training programs, there are many, many other sources of information today that address Prescription and Over-the-Counter (Rx/OTC) medications, from public sources such as the Food and Drug Administration (FDA), National Highway and Traffic Safety Administration (NHTSA) to hospitals, pharmacies, and other private-for-profit organizations and businesses.

Use appropriate resources to enhance your training program, staff meetings, employee health fairs, etc. on the topic of Rx/OTC medications. There may be additional posters, brochures, pamphlets, and other types of materials that can be used as handouts to “round out” your basic training program and/or used as part of required refresher training. They can also serve as reminders throughout the year. Consider using excerpts of these materials as payroll stuffers, postings in employee common areas, etc. A good training program contains a diverse combination of all of these materials (refer back to Chapter V: Training).

Exercise caution, however, when reviewing available materials. Rely on those sources you know to be trustworthy and which have reputations for research on current topics for industry information, such as the FDA, NHTSA, etc. National pharmacy chains, pharmaceutical companies, as well as hospitals and other medical facilities, especially those with national reputations are also valid sources.

The Internet alone contains thousands of sites that may, on the surface, appear to be reputable, but contain information that is not statistically valid or has not been researched thoroughly. To assist you with evaluating these sites, the National Institutes of Health (NIH) has developed the "Guide to Healthy Web Surfing: MedLine Plus," a website that provides a complete checklist for ensuring

that Internet resources are reputable. Visit this site at <http://www.nlm.nih.gov/medlineplus/healthysurfing.html>.

If you are still in doubt about any information you read or receive, contact your local health provider to validate the claim or information.

The list of resources and websites on the following pages is not exhaustive or all inclusive. Rather, it is provided as a sampling of sources that you can reference for information on Rx/OTC medication use and/or related topics. Sources that are governmental or public or private nonprofit may provide their information free of charge or for a nominal fee. However, some organizations may charge for their materials, but should still be considered as a valid source of Rx/OTC information assuming that the charges are reasonable for the information provided.

No information provided in this Chapter should be construed as an endorsement for any private company, organization, or website listed. It is provided as a starting point for your research for resources to build and/or supplement your Rx/OTC Medication training program. Questions or requests for information should be directed to the company or organization listed.

For general questions about this the Rx/OTC Medication Toolkit or to obtain additional copies, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail at fta.damis@dot.gov.

CHAPTER VI: RESOURCES

Summary

No.	Resource	Website	Description
1	Abovethainfluence	www.abovethainfluence.com/facts	This site covers illegal and prescription and over-the-counter drugs and addiction. While largely oriented to teens and families, the information is applicable to all ages.
2	Cleveland Clinic	www.clevelandclinic.org	The Cleveland Clinic is a non-profit academic medical center that integrates clinical and hospital care with research and education.
3	Consumer Healthcare Products Association (CHPA)	www.chpa-info.org	CHPA is the not-for-profit association representing the makers of over-the-counter medicines and nutritional supplements, and the consumers who rely on these healthcare products.
4	Consumer Healthcare Products Association (CHPA) Educational Foundation	www.otcsafety.org	This website is home to the CHPA Educational Foundation, the over-the-counter medicine industry's consumer-focused nonprofit foundation. The mission of the foundation is to help families safely and effectively use OTC medicines.
5	Drug Information Online	www.drugs.com	This on-line resource provides a number of tools for assessing medications, symptoms, and conditions, and allows for a search of medications by name, condition, drug class, and side effects.
6	FamilyDoctor.org	www.familydoctor.org	This website contains information on men's, women's seniors', and families' health and offers a section specifically for over-the-counter medications.
7	Federal Transit Administration (FTA)/Volpe National Transportation Center	http://transit-safety.volpe.dot.gov	FTA's safety and security website through the Volpe National Transportation Center offers the most up-to-date information available regarding FTA's safety and security programs. Through this website you can access the FTA's Drug and Alcohol Updates, its quarterly newsletter, this Rx/OTC Medication Toolkit, current training, and other resources to support the transit industry in the development, implementation, and maintenance of its Drug and Alcohol Testing Programs.
8	Food and Drug Administration (FDA)	www.fda.gov	The FDA is an agency within the U.S. Department of Health and Human Services. The FDA is responsible for protecting the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines, and other biological products, medical devices, our nation's food supply, cosmetics, dietary supplements, and products that give off radiation.
9	Healthline	www.healthline.com	This easy to navigate website offers a variety of information on health conditions and treatment, risk assessments, and wellness. Among other tools available on the site, the 'drug and treatment' section offers a drug interaction checker to provide information on the interactions of a particular drug with food, the body, and other medications.
10	Mayo Clinic	www.mayoclinic.com	The Mayo Clinic is the first and largest integrated, not-for-profit group practice in the world. Doctors from every medical specialty work together to care for patients, joined by common systems and a philosophy of "the needs of the patient come first." More than 3,300 physicians, scientists, and researchers and 46,000 allied health staff work at Mayo clinic.
11	MedicineNet	www.medicinenet.com	Similar to other websites on this list, one section is dedicated to medications that can be easily searched through by the medication name. It also contains health and wellness information.
12	National Clearinghouse for Alcohol and Drug Information (NCADI)	http://ncadi.samhsa.gov	This is the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Clearinghouse for Alcohol and Drug Information (NCADI) and is the nation's one-stop resource for information about substance abuse prevention and addiction treatment.
13	National Council on Patient Information and Education (NCPIE)/Medication Use Safety Training for for Seniors™ (MUST for Seniors™)	www.talkaboutrx.com	Founded in 1982, the National Council on Patient Information and Education (NCPIE) is a non-profit coalition of over 100 diverse organizations. NCPIE's mission is to stimulate and improve communication of information on the appropriate use of medicines to consumers and healthcare professionals. NCPIE develops programs, provides educational resources, and offers services to advance the common mission of its members.
		www.mustforseniors.com	The Medication Use Safety Training (MUST) for Seniors™ Program is designed as an interactive, national initiative to promote safe and appropriate medicine use by enabling older adults to avoid medication misuse, recognize, and manage common side effects, and improve medicine use knowledge, attitudes, and skills to avoid medication errors. Must for Seniors™ can be offered to community-based, ambulatory older adults. Older individuals and family caregivers are also encouraged to visit www.mustforseniors.org and to participate in the program by viewing the on-line PowerPoint presentation, video clips, and other program messages and materials.
		www.bemedwise.org	Through BeMedWise®, NCPIE encourages health professionals and community groups to foster patient-professional communication about medicines. The BeMedWise® website offers useful information and tools dedicated to the safe use of medications.

CHAPTER VI: RESOURCES
Summary

No.	Resource	Website	Description
14	National Highway Safety Bureau	www.nhtsa.gov	NHTSA was established by the Highway Safety Act of 1970 to carry out safety programs previously administered by the National Highway Safety Bureau. Specifically, the agency directs the highway safety and consumer programs established by the National Traffic and Motor Vehicle Safety Act of 1966, the Highway Safety Act of 1966, the 1972 Motor Vehicle Information and Cost Savings Act, and succeeding amendments to these laws. NHSTA works daily to help prevent crashes and their attendant costs, both human and financial. When visiting the NHSTA website, click on the Traffic Safety Material Catalog, then search on "impaired driving" for a directory of resources most closely related to Rx/OTC medication use. The training course, AMA Physician's Guide to Assessing and Counseling Older Drivers, was developed cooperatively with NHTSA and is available at the NHTSA site, searching on "older drivers." In this guide, refer to Chapter 9 for an excellent discussion of medical conditions which impair driving.
15	National Institute on Drug Abuse (NIDA)	http://drugabuse.gov/NIDAHome.html	NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components. The first is the strategic support and conduct of research across a broad range of disciplines. The second is ensuring the rapid and effective dissemination and use of the results of that research to significantly improve prevention, treatment, and policy as it relates to drug abuse and addiction. NIDA produces a variety of publications on various related topics; there is typically no charge for the publications.
16	National Institutes of Health	www.nih.gov	The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency. The most up-to-date information on health, and research, is made available on this website. In addition a number of excellent web links are available as well as numerous newsletters on pertinent topics.
17	Pharmacies	See Examples Below www.walgreenshealth.com www.cvs.com/CVSAApp/health/health_information.jsp www.medcohealth.com www.riteaid.com	Don't overlook your local pharmacy as a source of information and training for prescription and over-the-counter medications. Pharmacists have the knowledge and expertise to advise you on any issues that may arise. Further, many of the larger retail pharmacy chains, and even some smaller pharmacies, have established training programs to assist their patients and caregivers with managing their medications. Ranging from booklets to workshops and training sessions, pharmacies can provide the most up to date information on Rx/OTC medications as well as the conditions they treat.
18	Pharmaceutical Companies	See Examples Below www.lilly.com www.pfizer.com www.gsk.com www.bms.com www.pharma.us.novartis.com	Pharmaceutical companies typically have a host of materials and resources available. Because the Food and Drug Administration (FDA) regulates the type of information that pharmaceutical companies can release about their products, the resources found through these sites, particularly in regard to specific medications, may be more reliable than those found through other sources. Searching on "pharmaceutical companies" in general or by state can provide a starting point. Examples of these companies and their websites are provided here.
19	Physicians' Desk Reference	www.pdrhealth.com/drugs	From the publishers of Physicians' Desk Reference, a reliable source of drug information for over sixty years, you will find easy-to-read information on hundreds of prescription drugs on this website.
20	The RxList ©	www.rxlist.com	The purpose of this website is to provide the public with a list of prescription medications and a detailed description of their uses and side effects. This website also contains information on medical conditions and possible treatments.
21	StreetDrugs.org	www.streetdrugs.org www.streetdrugs-university.org	Streetdrugs.org provides a host of resources (brochures, pamphlets, books, CDs, etc.) available for purchase on street drugs, prescription medications, alcohol, and tobacco products. In addition, Street Drug University is a distance based learning site which provides training via an interactive site, supported by photos and video of Prescription and illegal drugs, as well as tobacco and alcohol products. Prices and other information is available at the website shown.

CHAPTER VI: RESOURCES

Summary

No.	Resource	Website	Description
22	Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samhsa.gov	The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. SAMHSA's vision was consistent with the President's New Freedom Initiative that promotes a life in the community for everyone. Moreover, SAMHSA is achieving that vision through a mission that is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. In collaboration with the States, national and local community-based and faith-based organizations, and public and private sector providers, SAMHSA is working to ensure that people with or at risk for a mental or addictive disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends. The site contains a variety of information on prevention and treatment of drug addiction.
23	U.S. Department of Health and Human Services (DHHS)	www.hhs.gov	The DHHS is the U.S. Government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The DHHS performs a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others. Its agencies include: Administration for Children & Families (ACF); Administration on Aging (AoA); Agency for Healthcare Research & Quality (AHRQ); Agency for Toxic Substances & Disease (ATSDR); Centers for Disease Control & Prevention (CDC); Centers for Medicare & Medicaid Services (CMS); Food & Drug Administration (FDA); Health Resources & Services Administration (HRSA); Indian Health Service (IHS); National Institutes of Health (NIH); Office of Inspector General (OIG); and Substance Abuse & Mental Health Services Administration (SAMHSA).
24	Web MD	www.webmd.com	This website is similar to other medical websites but offers a specific section for drugs and supplements in addition to health and wellness, medical conditions, symptoms, etc.
25	Web Surfing: Medline Plus Guide	http://www.nlm.nih.gov/medlineplus/healthysurfing.html	NIH also provides the "Guide to Healthy Web Surfing: MedLine Plus," a website that provides a complete checklist for ensuring that Internet resources are reputable.

List of Websites for Prescription and Over-the-Counter (Rx/OTC) Medication Information

(in alphabetical order)

The following list is provided as a sampling of websites and resources that may be sources of information on Rx/OTC Medications. Transit systems are encouraged to use this list as a starting point for their search for relevant information on the topic that can be used to develop and/or supplement their Rx/OTC Medication training program.

1. abovetheinfluence

www.abovetheinfluence.com/facts

This site targets both illegal and prescription and over-the-counter drugs and addiction. While largely oriented to teens and families, the information is applicable to all ages.

2. Cleveland Clinic

www.clevelandclinic.org

Cleveland Clinic is a non-profit academic medical center that integrates clinical and hospital care with research and education.

3. Consumer Healthcare Products Association (CHPA)

www.chpa-info.org

CHPA is the not-for-profit association representing the makers of over-the-counter medicines and nutritional supplements, and the consumers who rely on these healthcare products.

4. Consumer Healthcare Products Association (CHPA) Educational Foundation

www.otcsafety.org

This website is home of the CHPA Educational Foundation, the over-the-counter medicine industry's consumer-focused nonprofit foundation. The mission of the foundation is to help families safely and effectively use OTC medicines.

5. Drug Information Online

www.drugs.com

This online resource provides a number of tools for assessing medications, symptoms, and conditions, and allows a search for medications by name, condition, drug class, and side effects.

6. FamilyDoctor.org

www.familydoctor.org

This website contains information on men's, women's, seniors', and families' health and offers a section specifically for over-the-counter medications.

7. Federal Transit Administration/(FTA)/Volpe National Transportation Center

<http://transit-safety.volpe.dot.gov/>

FTA's safety and security website through Volpe National Transportation Center offers the most up-to-date information available regarding FTA's safety and security programs. Through this website, you can access the FTA's Drug and Alcohol Updates, its quarterly newsletter, this Rx/OTC Medication Toolkit, current training, and other resources to support the transit industry in the development, implementation, and maintenance of its Drug and Alcohol Testing Programs.

8. Food and Drug Administration

www.fda.gov/drug.htm

The Food and Drug Administration (FDA) is an agency within the U.S. Department of Health and Human Services. FDA is responsible for protecting the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products, medical devices, our nation's food supply, cosmetics, dietary supplements, and products that give off radiation.

9. Healthline

www.healthline.com

This easy to navigate website offers a variety of information on health conditions and treatment, risk assessments, and wellness. Among other tools available on the website, the 'drug and treatment' section offers a drug interaction checker to provide information on the interactions of a particular drug with food, the body, and other medications.

10. Mayo Clinic

www.mayoclinic.com

Mayo Clinic is the first and largest integrated, not-for-profit group practice in the world. Doctors from every medical specialty work together to care for patients, joined by common systems and a philosophy of "the needs of the patient come first." More than 3,300 physicians, scientists and researchers and 46,000 allied health staff work at Mayo Clinic.

11. MedicineNet.com

www.medicinenet.com

This website indicates that it provides physicians' information for the general public. Similar to other websites, one section is dedicated to medications that can be easily searched through by the medication name. It also contains health and wellness information.

12. National Clearinghouse for Alcohol and Drug Information (NCADI)

<http://ncadi.samhsa.gov/>

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) is the Nation's one-stop resource for information about substance abuse prevention and addiction treatment.

13. National Council on Patient Information and Education (NCPIE)/Medication Use Safety Training for Seniors (MUST for Seniors)

www.mustforseniors.com

http://www.talkaboutrx.org/documents/must_booklet.pdf

www.bemedwise.org

Founded in 1982, the National Council on Patient Information and Education (NCPIE) is a non-profit coalition of over 100 diverse organizations. NCPIE's mission is to stimulate and improve communication of information on the appropriate use of medicines to consumers and healthcare professionals. NCPIE develops programs, provides educational resources, and offers services to advance the common mission of its members.

The Medication Use Safety Training (MUST) for *Seniors*[™] program is designed as an interactive, national initiative to promote safe and appropriate medicine use by enabling older adults to avoid medication misuse, recognize and manage common side effects, and improve medicine use knowledge, attitudes, and skills to avoid medication errors.

MUST for *Seniors*[™] can be offered to community-based, ambulatory older adults. Older individuals and family caregivers are also encouraged to visit www.mustforseniors.org and to participate in the program by viewing the online PowerPoint presentation, video clips and other program messages and materials.

Through BeMedWise ® NCPIE encourages health professionals and community groups to foster patient-professional communication about medicines. The BeMedWise ® website offers useful information and tools dedicated to the safe use of medications.

14. National Highway Safety Transit Administration (NHTSA)

<http://www.nhtsa.gov/>

NHTSA was established by the Highway Safety Act of 1970 to carry out safety programs previously administered by the National Highway Safety Bureau. Specifically, the agency directs the highway safety and consumer programs established by the National Traffic and Motor Vehicle Safety Act of 1966, the Highway Safety Act of 1966, the 1972 Motor Vehicle Information and Cost Savings Act, and succeeding amendments to these laws. NHTSA works daily to help prevent crashes and their attendant costs, both human and financial. When visiting the NHTSA website, click on the Traffic Safety Material Catalog, then search on "impaired driving" for a directory of resources most closely related to Rx/OTC medication use. The training course, *AMA Physician's Guide to Assessing and Counseling Older Drivers*, was developed cooperatively with NHTSA and is available at the NHTSA site. Search on "older drivers" and then refer to Chapter 9 for an excellent discussion of medical conditions which impair driving.

15. National Institute on Drug Abuse (NIDA)

<http://drugabuse.gov/NIDAHome.html>

NIDA's mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components. The first is the strategic support and conduct of research across a broad range of disciplines. The second is ensuring the rapid and effective dissemination and use of the results of that research to significantly improve prevention, treatment and policy as it relates to drug abuse and addiction. NIDA produces a variety of publications on various related topics. There is typically no charge for the publications.

16. National Institutes of Health

www.nih.com

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency. The most up-to-date information on health, and research, is made available on this website. In addition a number of excellent web links are available as well as numerous newsletters on pertinent topics.

17. Pharmacies

Don't overlook your local pharmacy as a source of information and training for prescription and over-the-counter drugs. Pharmacists have the knowledge and expertise to advise you on any issues that may arise. Further, many of the large retail pharmacy chains, and even some smaller pharmacies, have established training programs to assist their patients and caregivers with managing their medications. Ranging from booklets to workshops and training sessions, pharmacies can provide the most up to date information on prescription and over-the-counter drugs as well as the conditions they treat. One example of this type of training and information is Walgreens Health Services (www.walgreenshealth.com). Other examples include CVS' Health Information Center (http://www.cvs.com/CVSApp/health/health_information.jsp) and Medco www.medcohealth.com. Other pharmacy chains will also offer various drug, health, and wellness information on their websites, for example, Rite Aid Pharmacies, www.riteaid.com.

18. Pharmaceutical Companies

Pharmaceutical companies typically have a host of materials and resources available. Because the Food and Drug Administration regulates the type of information that pharmaceutical companies can release about their products, the resources found through these sites particularly in regard to specific medications, may be more reliable than those found through other sources. Searching on "pharmaceutical companies" in general or by state can provide a starting point. Examples of these companies and their websites include:

Eli Lilly, www.lilly.com

Pfizer, www.pfizer.com

Glaxo Smith Kline, www.GSK.com

Bristol-Myers Squibb, www.bms.com

Novartis, www.pharma.us.novartis.com

19. Physicians' Desk Reference

www.pdrhealth.com/drugs

From the publishers of Physicians' Desk Reference, a reliable source of drug information for over sixty years, you can find easy-to-read information on hundreds of prescription drugs.

20. The RxList ©

www.rxlist.com

The purpose of this website is to provide the public with a list of prescription medications and a detailed description of their uses and side effects. This website also contains information on medical conditions and possible treatments.

21. Street Drugs.org

www.streetdrugs.org

Street drugs.org provides a host of resources (brochures, pamphlets, books, CDs, etc.) available for purchase on street drugs, prescription medications, alcohol, and tobacco products. In addition, Street Drug University is a distant learning site which provides training via an interactive site, supported by photos and video of Prescription and illegal drugs, as well as tobacco and alcohol products. Prices and other information is available at <http://www.streetdrugs-university.org/>.

22. Substance Abuse and Mental Health Services Administration

www.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. SAMHSA's vision was consistent with the President's New Freedom Initiative that promotes a life in the community for everyone. Moreover, SAMHSA is achieving that vision through a mission that is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. In collaboration with the States, national and local community-based and faith-based organizations, and public and private sector providers, SAMHSA is working to ensure that people with or at risk for a mental or addictive disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends. The site contains a variety of information on prevention and treatment of drug addiction.

23. U.S. Department of Health and Human Services

www.hhs.gov/

The Department of Health and Human Services (DHHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The DHHS performs a wide variety of tasks and services, including research, public health, food and drug safety, grants and other funding, health insurance, and many others several of its agencies:

ACF - Administration for Children & Families

AoA - Administration on Aging

AHRQ - Agency for Healthcare Research & Quality
ATSDR - Agency for Toxic Substances & Disease
CDC - Centers for Disease Control & Prevention
CMS - Centers for Medicare & Medicaid Services
FDA - Food & Drug Administration
HRSA - Health Resources & Services Administration
IHS - Indian Health Service
NIH - National Institutes of Health
OIG - Office of Inspector General
SAMHSA - Substance Abuse & Mental Health Services Administration

A variety of helpful information and resources are available through the DHHS site or through any of the above agencies.

24. Web MD

www.webmd.com

This website is similar to other medical websites but offers a specific section for drugs and supplements in addition to health and wellness, medical conditions, symptoms, etc.

25. Web Surfing: Medline Plus Guide/NIH

<http://www.nlm.nih.gov/medlineplus/healthywebsurfing.html>

NIH also provides the "Guide to Healthy Web Surfing: MedLine Plus," a website that provides a complete checklist for ensuring that Internet resources are reputable.

Appendix

Appendix: Best Practice Summary Table

Transit System Name	Geographic Location	Lg. Urban, Urban, or Sm. Rural	# of Safety-Sensitive Employees	# of Vehicles	Union Representation	Special Notes
Greater Cleveland Regional Transit Authority (GCRTA)	Cleveland, OH	Lg. Urban	1,856	780	Yes	GCRTA addresses Rx/OTC Medication Use as part of its overall post accident investigation procedures.
Indiana Department of Transportation	Indianapolis, IN	State DOT	N/A	N/A	N/A	INDOT as a State DOT administers Section 5311 systems and directly employs no safety-sensitive employees. The INDOT Model Medical Qualification Program addresses an Rx/OTC Medication policy as a supplement to its overall Medical Qualification. Procedures for implementing the Rx/OTC policy are incorporated within.
Livingston Essential Transportation Service	Howell, MI	Small Urban	35	24	No	Incorporates Rx/OTC medications as part of their complete safety program.
Los Angeles County Metropolitan Transit Authority	Los Angeles, CA	Lg. Urban	7,147	3589*	Yes	Addresses Rx/OTC as part of overall Fitness For Duty; provides a list of medications that DO NOT need to be reported and a Medication Reporting Form.
Maryland Transit Administration	Baltimore, MD	Lg. Urban	2,752	1535*	Yes	Rx/OTC stand alone policy with comprehensive Rx/OTC Release to Work Form
Massachusetts Bay Transportation Authority (MBTA)	Boston, MA	Lg. Urban	5,108	2777*	Yes	Provides an extensive list of Rx/OTC medications and the conditions under which they may be safely taken while performing safety-sensitive job duties.
Metropolitan Evansville Transit System	Evansville, IN	Small Urban	87	41	Yes	Addresses Rx and OTC drugs separately and details those drugs which MUST be reported and those that do not require reporting.
Prairie Five Rides	Montevideo, MN	Rural	17	10	No	Provides Rx/OTC policy in a brochure format for easy reference by employees; requires prescribing physician's sign-off indicating fitness for duty.
Santa Clara Valley Transportation Authority (VTA)	San Jose, CA	Lg. Urban	1,425	891	Yes	VTA investigators are training to inquire about Rx/OTC medication use as part of their post accident investigation procedures.
TriMet	Portland, OR	Lg. Urban	2,066	1,087	Yes	Stand alone policy written in a question and answer format.
Veolia Transportation	Multiple Locations	Contractor	7,223			All employees and all Rx/OTC medication use requires Substance Abuse Program Manager and/or MRO sign-off.

Sources:
 2010 Public Transportation Fact Book, Appendix B: Transit Agency and Urbanized Area Operating Statistics and Federal Transit Administration

FREQUENTLY ASKED QUESTIONS

The following is just a sampling of questions received from transit system managers regarding Rx/OTC medications. If you have a question that is not addressed here, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

- Q. Do I need a separate policy to address Rx/OTC medication use?
- A. No, a separate policy to address Rx/OTC medication use is not required. Your existing drug and alcohol testing policy can be revised to incorporate a section on Rx/OTC medication use. However, you are encouraged to thoroughly cover Rx/OTC medication use in your policies and requirements concerning use, the reporting of such use, etc. Some transit systems have found that, to adequately address this issue, a separate policy makes it easier to administer and enforce. As a matter of practice, Rx/OTC medication use is commonly addressed as an overall fitness for duty issue. This toolkit contains examples of Rx/OTC medication policies incorporated as part of an overall drug and alcohol testing policy and as a stand alone policy.
- Q. Where should Rx/OTC medication information be filed? How long should it be maintained?
- A. Rx/OTC medication information should be treated like any other medical form or information, and should be filed in a confidential file, for example, as part of the employee's confidential medical information file. Where that file is actually located is not dictated, as long as it is 1) easily accessible to transit management in the event of an accident, and 2) the appropriate management personnel are aware of the location.

This should be indicated in your Rx/OTC medication policy and/or procedures. This information should be maintained for a time period consistent with other retention requirements.

- Q. Will I violate an employee's HIPAA rights if I inquire about their medical condition and medications?
- A. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules provide federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care **and other important purposes**. Without going too in depth, HIPAA does not protect an employee's employment records, even if the information in those records is health-related, but does protect medical records that may be on file with an employer. And, in general, HIPAA does not apply to the actions of an employer, including the actions of a manager in the workplace. The Privacy Rule does not prevent a supervisor, human resources worker or others from asking for a doctor's note or other information about an employee's health if the employer needs the information to administer such things as sick leave, workers' compensation, wellness programs, or health insurance. And, the protections HIPAA does afford do not prevent an individual from disclosing his or her information voluntarily. (Source: U.S. DHHS, <http://www.hhs.gov/ocr/privacy/hip>)

aa/understanding/consumers/employers.html)

With that said, questions regarding Rx/OTC medication use should be specific to the medications, not the condition that is being treated with the medications, but of course both can become an issue of Fitness for Duty. Some conditions if left untreated can be a safety risk, therefore, employees should never be counseled to not take a medication, only to ensure that they are fit for duty while taking a medication. As always, this decision should be between the employee and his or her personal physician.

- Q. In addition to HIPAA, isn't it a violation of a person's ADA rights to require them to disclose their medical condition?
- A. The Americans with Disabilities Act of 1990 (ADA) is wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability, defined as "a physical or mental impairment that substantially limits a major life activity." For purposes of this discussion, we are most concerned with an employee's ability to perform "essential job functions." As indicated under the HIPAA discussion, any questions should be specific to Rx/OTC medication use and its effects, not the effects of a medical condition. An employee has a responsibility to report fit for duty and ADA contains a requirement that employees must be capable of performing their essential job functions. Using a professional medical provider to make these determinations should help separate the transit system from any hint of violation of either ADA, or HIPAA, as discussed earlier.

Note: The actual implications of HIPAA and the ADA regarding Rx/OTC medication information are being researched, and that information will be shared as soon as it is available.

- Q. Must all Rx/OTC medications be reported, or can a list of Rx/OTC medications that can and cannot be used during the performance of safety-sensitive job duties be established?
- A. Some transit systems simply prohibit the use of any medications which carry a warning label against operating machinery or equipment, while others have developed an extensive list of prohibited medications as well as those medications deemed as safe to use while performing safety-sensitive job duties. Examples of both are in this toolkit. If a list is developed, you are encouraged to do so with the input and advice from a medical professional. Remember, medications react differently in different individuals. What may be safe for one person, may not be safe for another. These lists also do not take into consideration combinations of medications.
- Q. Why should I monitor Rx/OTC medication use when FTA only requires testing for illegal drugs and alcohol and my staff is already overworked?
- A. Since this is a safety issue which has the potential to adversely impact transit system safety, transit systems should be proactive in their monitoring of this issue. The Rx/OTC Medication Toolkit was developed to eliminate as much as possible the extra burden of addressing this issue, and provide as many tools and

resources as possible to assist transit systems. What should be considered are the potential issues caused by not addressing Rx/OTC medication use, such as increased health risks and associated costs to the employee and the employer, the increased risk of accidents, etc.

- Q. What if my safety-sensitive employees object to having to provide personal information, such as what medications they are taking and their medical conditions?
- A. Safety-sensitive employees must report “fit for duty.” Monitoring Rx/OTC medication use is a fitness for duty and safety issue and as such should be addressed in a transit system’s policies that govern fitness for duty, either as a stand alone fitness for duty and/or Rx/OTC medication policy or overall Substance Abuse Awareness policy/program. For example, Indiana addressed this issue by developing an overall Medical Qualification (MQ) Program that addresses fitness for duty via a MQ Policy and a Rx/OTC medication policy (see Chapter II, Policies and Procedures, Indiana Department of Transportation). Transit systems that have addressed Rx/OTC medication use have found that, once informed and educated about the possible safety risks of performing safety-sensitive job functions while under the influence of some Rx/OTC medications, employees have little or no objections to providing information regarding their Rx/OTC medication use. One transit system in particular emphasizes the safety issues related to Rx/OTC medication use and provides regular updates and information as part of its overall safety program (see the best practice section of Chapter II, Policies and

Procedures, Livingston Essential Transit Services). Remember, too, the focus is on the medications, and not the conditions for which they are prescribed.

Finally, if providing this information is a condition of employment, refusal to provide the information would have to be addressed under your disciplinary policies.

- Q. How will my managers or I really know if employees are using Rx/OTC medications, but not reporting them?
- A. In some cases, you won’t know until the employee exhibits behavior that warrants a fitness for duty physical or, worse case, is involved in an accident. It is even more important, then, to address Rx/OTC medication use in a separate policy, or as part of your overall Fitness for Duty program/policy. And, it is equally important to stress to transit employees the potential safety risks some Rx/OTC medications have on performing safety-sensitive job duties. Take the opportunity to remind employees about this issue during safety training and meetings, and through the use of periodic informational materials (posters, brochures, payroll stuffers, etc.)
- Q. How do you prevent employees from abusing sick leave and/or using the Rx/OTC policy as an excuse to abuse the use of sick leave?
- A. Abuse of sick leave in this situation should be treated the same as in any time you suspect sick leave abuse. It is, therefore, important for each transit system to carefully review its sick leave policies to ensure that they clearly describe the incidents under which the use of sick leave is allowed. It is also

advisable to address the use of sick leave when an employee is disqualified from performing their safety-sensitive job functions. As in all situations, if sick leave abuse becomes an issue, a system should address this in accordance with its established disciplinary policy.

- Q. Who will pay for the costs involved with implementing an Rx/OTC medication policy, such as doctor's office visits, filling out forms, physicals, etc.?
- A. Routine doctor's office visits where a medication may be prescribed would be borne by the employee, as in any medical visit. Costs incurred, if any, from a physician completing a required form are also typically borne by the employee. Fitness for Duty evaluations and/or physicals are typically paid for by the employer. Costs incurred during the implementation of an Rx/OTC medication policy are eligible costs within a transit system's existing FTA funding. There are no additional Federal funds available. Questions regarding State funding should be directed to your respective DOT representative.
- Q. Will a pharmacist be willing to answer questions, discuss Rx/OTC medications with a transit employee, and/or fill out forms regarding fitness for duty?
- A. A vast majority of states currently require pharmacists to offer counseling and/or answer questions for all patients about their prescription medications. Further, pharmacists are educated and trained to be able to review medications and to offer information and answer questions about individual medications, how they should be

taken, side effects, etc. Many of the larger pharmacy chains now provide extended medical service, such as the CVS "Minute Clinic," and Kroger's "Little Clinic," where they treat minor conditions, dispense influenza and pneumonia vaccinations, etc. In smaller pharmacies, pharmacists typically provide more one-on-one care for their customers and seeking input on Rx/OTC medications should not pose a problem. Regarding completion of forms, pharmacists may be willing to complete a form indicating what typical side effects are associated with different OTC medications, but may not be willing to make a fitness for duty determination. Talk with your local pharmacist(s) concerning the specific needs, concerns, and risks with Rx/OTC medication use and transit system safety to determine what assistance he or she can provide.

Again, if you have a question that is not addressed here, contact the FTA Drug and Alcohol Hotline at (617)494-6336 or via e-mail to fta.damis@dot.gov.

Over-the-Counter Medications Alcohol Content Table

<i>Item</i>	<i>Use</i>	<i>Manufacturer</i>	<i>Alcohol %</i>
Ambenyl	cough suppressant	Forest	5
Ambenyl-D	expectorant, nasal decongestant, cough suppressant	Forest	9.5
Anesol	oral antiseptic, anesthetic	Whitehall	70
AsbronG Elixir	anti-asthmatic	Sandoz	15
Bayer children's Cough Syrup	cough suppressant, nasal decongestant	Glenbrook	5
Benadryl Decongestant Elixir	antihistamine	Parke-Davis	5
Benadryl Elixir	antihistamine	Parke-Davis	14
Benylin Cough Syrup	cough suppressant	Parke-Davis	5
Benylin DM	cough suppressant	Parke-Davis	5
Bronkolixir	bronchodilator, decongestant	Winthrop	19
Cepacol/Cepacol Mint	mouthwash, gargle	Lakeside	14.5
Ce-Vi-Sol	vitamin C drops (infant)	Mead-Johnson	5
Cheracol D	cough suppressant, decongestant	Upjohn	4.75
Cheracol Plus	cough suppressant, decongestant	Upjohn	8
Chlor-Trimeton Allergy Syrup	antihistamine	Schering	7
Choedyl Elixir	bronchodilator	Parke-Davis	20
Colace Syrup	laxative	Mead-Johnson	1
Colgate Mouthwash	mouthwash/gargle	Colgate-Palmolive	15.3
CONTAC Nighttime	antihistamine, analgesic, cough suppressant, decongestant	SmithKline	25
Dilaudid Cough Syrup	cough suppressant, analgesic	Knoll	5
Dimetane Elixir	antihistamine	A. H. Robins	3
Dimetane Decongestant Elixir	antihistamine, decongestant	A. H. Robins	2.3
Dimetapp Elixir	decongestant, antihistamine	A. H. Robins	2.3
Diural Oral Suspension	diuretic, antihypertensive	Merck Sharp & Dohme	0.5
Donnatal Elixir	anti-spasmodic	A. H. Robins	23
Elixophyllin-Kl Elixir	anti-asthmatic	Forest	10

Feosol Elixir	iron supplement	SmithKline	5
Fergon Elixir	iron supplement	Winthrop	7
Geriplex-FS	vitamins (geriatric)	Parke-Davis	18
Geritol Liquid	vitamins	Beecham	12
Geritonic Liquid	vitamins	Geriatric	20
Gevrabon	vitamins	Lederle	18
Hycotuss	expectorant	DuPont	10
I.L.XB12 Elixir	iron supplement	Kenwood	8
Iberet Liquid	vitamins	Abbott	1
Imodium A-D	anti-diarrheal	McNeil	5.25
Incremin	vitamins	Lederle	0.75
Indocin Oral Suspension	analgesic	Merck Sharp & Dohme	1
Kaochlor S-F	potassium supplement	Adria	5
Kaon-CL 20%	potassium/chloride supplement	Adria	5
Kaon Elixir	potassium supplement	Adria	5
Kay Ciel Oral Solution	potassium supplement	Forest	4
Klorvess 10% Liquid	potassium/chloride supplement	Sandoz	0.75
Lanoxin Elixir Pediatric	cardiac medication	Burroughs Wellcome	10
Lasix Oral Solution	diuretic	Hoechst-roussel	11.5
Listerine Antiseptic	mouthwash/gargle	Warner-Lambert	26.9
Lomotil Liquid	anti-diarrheal	G. D. Searle & Co.	15
Lufyllin Elixir	bronchodilator	Wallace	20
Marax-DF Syrup	bronchodilator	Roerig	5
May-Vita Elixir	vitamins	Mayrand, Inc.	13
Mediatric Liquid	estrogen replacement	Wyeth-Ayerst	15
Mellaril Oral Solution	antipsychotic	Sandoz	3-4.2
Mestinon Syrup	treatment of myasthenia ravis	Roche	5
Naldecon DX Pediatric Drops	decongestant	Bristol	0.6
Nicotinex	niacin supplement	Fleming & Co.	14
Niferex Elixir	iron supplement	Center Labs	10
Novahistine Elixir	antihistamine, decongestant	Lakeside	5
Novahistine Expectorant	cough suppressant, decongestant, expectorant	Lakeside	7.5
Nucofed Expectorant	cough suppressant, decongestant, expectorant	Beecham	12.5
Nucofed Pediatric Expectorant	cough suppressant, expectorant, decongestant	Beecham	6

Nu-Iron Elixir	iron supplements	Mayrand, Inc.	10
Nystex Oral Suspension	antifungal antibiotic	Savage	1
Organidin Elixir	expectorant	Wallace	21.75
PBZ Elixir	antihistamine	Geigy	12
Pamelor Oral Solution	anti-depressant	Sandoz	3-5
Peri Colace Syrup	laxative	Mead-Johnson	10
Permitil Oral Concentrate	anti-psychotic	Schering	1
Phenergan Syrup Plain	antihistamine	Wyeth-Ayerst	7
Phenergan Syrup Fortis	antihistamine	Wyeth-Ayerst	1.5
Phenobarbital Elixir	sedative	Rosane	13.5
Polaramine Syrup	antihistamine	Schering	6
Poly-Histine Elixir	cough suppressant	Bock	4
Prolixin Elixir	anti-psychotic	Princeton	14
Quelidrine Syrup	cough suppressant	Abbott	2
Robitussin	expectorant	A. H. Robins	3.5
Robitussin A-C	cough suppressant, expectorant	A. H. Robins	3.5
Robitussin CF	cough suppressant, decongestant, expectorant	A.H. Robins	3.5
Robitussin DAC	expectorant, decongestant, cough suppressant	A. H. Robins	1.9
Robitussin Night Relief	analgesic, cough suppressant, decongestant	A. H. Robbins	25
Robitussin PE	decongestant, expectorant	A. H. Robbins	1.4
Sandimmune	immunosuppressant	Sandoz	12.5
Scot-Tussin Sugar-Free Expectorant	expectorant	Scott-Tussin	3.5
Sominex Liquid	sleep aid	Beecham	10
Sudafed Cough Syrup	decongestant	Burroughs Wellcome	2.4
Tacaryl Syrup	antihistamine	Westwood	7.37
Tagamet Liquid	ulcer medication	Smith Kline & French	2.8
Tavist Syrup	antihistamine	Sandoz	5.5
Theo-Organidin Elixir	bronchodilator, expectorant	Wallace	15
Triaminic Expectorant	expectorant, decongestant	Sandoz	5.5
Tussar-2	cough suppressant	Rorer	5
Tussar SF	cough suppressant	Rorer	12
Tussend	cough suppressant	Lakeside	5
Tussend Expectorant	cough suppressant,	Lakeside	12.5

	decongestant, expectorant		
Tylenol Adult Liquid Pain Reliever	analgesic	McNeil	7
Tylenol Cold Medication Liquid	analgesic, decongestant, cough suppressant, antihistamine	McNeil	7
Tylenol with Codeine Elixir	analgesic	McNeil	7
Vicks Daycare Liquid	decongestant, analgesic, expectorant, cough suppressant	Richardson-Vicks	10
Vicks Formula 44	cough suppressant, antihistamine	Richardson-Vicks	10
Vicks Formula 44D	cough suppressant, decongestant	Richardson-Vicks	10
Vicks Formula 44M	cough suppressant, decongestant, analgesic	Richardson-Vicks	20
Vicks Nyquil	decongestant, cough suppressant, antihistamine, analgesic	Richardson-Vicks	25