



U.S. Department
of Transportation

Federal Transit
Administration

Prescription and Over-the-Counter Medications Tool Kit

March 2003



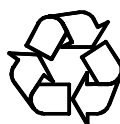
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13. ABSTRACT (Maximum 200 words) In May 2000, in response to the NTSB directive, the Acting FTA Administrator Nuria Fernandez issued a "Dear Colleague" letter to all recipients of FTA funding requesting that they review current policies on employees' use of OTC and Rx medications that could compromise public safety and establish a program to educate safety-sensitive employees about the potential dangers associated with the use of Rx and OTC medications. To assist the transit agencies in responding to the Administrator's challenge, FTA has assembled this tool kit of example practices for ensuring the safe use of medications by safety-sensitive employees. The examples include six current transit agency policies; forms, lists, and other procedures used by five transit agencies to implement their policies; and various training aids ranging from several short awareness pamphlets to comprehensive training programs and presentations. Each of these many examples includes an information sheet containing a summary of the contents and an analysis of the example's advantages and disadvantages. The kit also contains two forms recommended by FTA for use by transit agencies to ensure that use of Rx and OTC medications are identified in FTA drug and alcohol post-accident investigations.				
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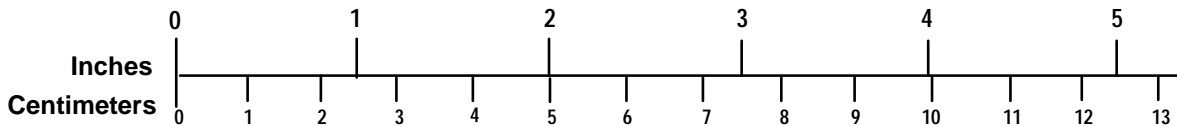
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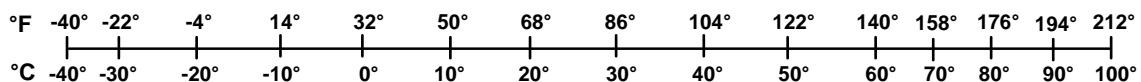
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<p>TEMPERATURE (EXACT)</p> <p>$[(x-32)(5/9)]\text{ }^{\circ}\text{F} = y\text{ }^{\circ}\text{C}$</p>	<p>TEMPERATURE (EXACT)</p> <p>$[(9/5)y + 32]\text{ }^{\circ}\text{C} = x\text{ }^{\circ}\text{F}$</p>

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Updated 6/17/98

Introduction

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. NTSB recommended that all transit rail agencies require employees in safety-sensitive positions to inform their agency about their use of Rx and OTC medications. This will enable the agency 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 policy.

In May 2000, in response to the NTSB directive, the Acting FTA Administrator Nuria Fernandez issued a "Dear Colleague" letter to all recipients of FTA funding requesting that they review current policies on employees' use of OTC and Rx medications that could compromise public safety and establish a program to educate safety-sensitive employees about the potential dangers associated with the use of Rx and OTC medications.

To assist the transit agencies in responding to the Administrator's challenge, FTA has assembled this tool kit of example practices for ensuring the safe use of medications by safety-sensitive employees. The examples include six current transit agency policies; forms, lists, and other procedures used by five transit agencies to implement their policies; and various training aids ranging from several short awareness pamphlets to comprehensive training programs and presentations. Each of these many examples includes an information sheet containing a summary of the contents and an analysis of the example's advantages and disadvantages. The kit also contains two forms recommended by FTA for use by transit agencies to ensure that use of Rx and OTC medications are identified in FTA drug and alcohol post-accident investigations.

The tool kit contains four sections:

- Policies
- Procedures
- Training Aid
- Post-Accident Procedures

It also contains two appendices:

- Several lists of Rx and OTC medications used by various federal and private agencies
- References and Resources

POLICIES



Policy

The “Dear Colleague” letter issued by FTA Acting Administrator Nuria Fernandez in May 2000 requested that all recipients of FTA funding establish programs to review current policies on employees’ use of OTC and Rx medications that could compromise public safety.

This section contains six current transit agency policies to serve as 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) responsibility is 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 physicians; and (3) use of a list of medications to guide employees and medical practitioners on which medication may or may not be used, and those medications that must be approved for use.

An information sheet precedes each example. It includes a summary of the policy, and an analysis of its advantages and disadvantages. The example policies are:

- (1) Utah Transit Authority, Salt Lake City
- (2) Maryland Transit Administration, Baltimore
- (3) Orange County Transportation Authority, California
- (4) Municipality of Anchorage Public Transportation Department
- (5) Bi-State Development Agency, St. Louis
- (6) ATC/Vancom of Nevada, Las Vegas

As implied by the “disadvantages” category on the information sheets, none of these examples contain all the provisions of an “ideal” policy. In fact, those policies that are based solely on the employee’s perception of impairment are not recommended, as employees are commonly unaware or unable to ascertain their degree of impairment. Thus, programs that rely solely on employee self-assessment may not be as effective as those that require medical input, and are therefore discouraged.

Based on a review of these policies, FTA has developed a list of recommended provisions for Rx/OTC policies:

- 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 sick leave

- Employees' responsibilities:
 - Be aware of medical condition and implications for job
 - Be aware of possible Rx/OTC side effects that may compromise safety
 - Discuss Rx or OTC side effects and dosages with prescribing medical practitioner
 - Read warning labels
 - Report use of Rx and OTC medications to designated authorities
- Roles and responsibilities of management and supervisors
- Roles and responsibilities of pharmacists and medical practitioners (physicians, psychiatrists, dentists, and physician assistants) who prescribe or recommend medications
- Roles and responsibilities of the employer's physician
- A formal procedure for reporting, authorizing, and monitoring use of medications
- Consequences for each type of policy violation:
 - Use of Rx/OTC that contributes to 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. Limitations on use of any Rx or OTC medication, if any.
- Caution about the potential consequences of combining Rx and/or OTC medications.

Most transit systems include their Rx/OTC policy as a section of their drug and alcohol testing policy as evidenced by the examples provided herein. FTA suggests, however, that a stand-alone policy may be less confusing, and more effective as the Rx/OTC policy's primary focus is on "fitness for duty," not testing (see the Maryland MTA policy example).

Policy

- System Name: Utah Transit Authority, Salt Lake City
- Contact: Ruth Hendricks
(801) 262-5626
rhendricks@uta.cog.ut.us
- Summary: The Rx/OTC medication policy is included in the drug and alcohol testing policy as part of the provisions set forth under the agency's own authority. The policy emphasizes safety and explains the responsibility of the employee and prescribing physician. It requires the use of a Medication Approval Form and includes a list of drugs that must be reported and a list of drugs that need not be reported*. The notification process is defined and confidentiality of records is addressed. The policy also defines the consequences for endangering the public or contributing to an accident. The employee is ultimately responsible for safety. For the purpose of this document, the applicable sections are in bold text.
- Advantages: The policy is easy to understand and is presented in one section of the drug and alcohol testing policy. The list of drugs that must be reported and the list of drugs that need not be reported serve as useful guides for employees and physicians. The policy addresses confidentiality and emphasizes safety of the public, employees, and coworkers.
- Disadvantages: The policy does not address medical practitioners other than physicians who may prescribe medication or be a source of information. The policy does not address procedures for assessing the effects of OTC medications, and does not address the use of leave or benefits. Does not address consequences for failure to follow procedure.

*The UTA Medication Approval Form and list of drugs is provided in the Procedures section of this manual.

4) **Second Positive Test**

An employee who has a second positive alcohol or drug test, after a previous positive drug or alcohol test, is subject to immediate termination.

5) **Refusal to Test**

Any kind of refusal to take a required drug or alcohol test will result in termination under UTA policy. See section 1.04 regarding compliance with testing.

Article III. ADDITIONAL REQUIREMENTS FOR SAFETY-SENSITIVE EMPLOYEES

The following policies apply to safety-sensitive employees and are in addition to the FTA requirements as explained in the Board approved Drug and Alcohol Policy. [See EXHIBIT 1 for a list of UTA safety-sensitive jobs, and EXHIBIT 2 for a comparison on the FTA requirements vs. the UTA requirements.]

Section 3.01 Reporting of Prescribed Drugs

In the interest of protecting employees and others, safety-sensitive employees must make sure that any prescribed drug or any combination of drugs being taken will not adversely impact their job performance. The prescribing physician must approve the medications to ensure that the employee's job duties can be performed safely. This approval must be reported in writing to UTA. Employees can obtain a **Medication Approval Form** from the Human Resources department, supervisors, or from Office Coordinators to make this report.

(A) Prescribed Drugs That Need Not Be Reported

Drugs on the **Medication Approval Form** listed under the section titled "DRUGS WHICH NEED NOT 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. (See Exhibit 4 for a list of these drugs.)

(B) Prescribed Drugs that Must be Reported

Safety-sensitive employees must report prescribed drugs listed under the section of the **Medication Approval Form** titled "MANDATORY REPORTABLE DRUGS, WITH RESTRICTIONS," or any other drug that is not listed on the form. When reporting prescribed drugs, all other prescribed drugs being taken at the same time must also be approved and reported. (See Exhibit 4 for a list of these drugs.)

1) How to Report a Medication

To report a medication, the employee's physician (a licensed doctor familiar with the employee's medical history and job duties) 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 Human Resources within 7 days from the date of return to work, or from the start of taking the medication(s), whichever is earlier. Forms may be hand – delivered, mailed or faxed (287-4555) to HR.

Employees have the responsibility to explain their job duties to their doctor and ensure that use of prescribed medications will not pose a safety risk to themselves, other employees, or the general public.

If the employee's use of a prescription or over-the-counter drug has endangered the employee, other employees or the public, or has contributed to an accident, the employee will be subject to discipline, including termination, under UTA policy.

2) Confidentiality of Records and Verification

Medication Approval Forms will be kept in a confidential medical file in Human Resources and may be verified by UTA's medical advisors. If an employee's personal physician and UTA's medical advisor differ regarding use of a medication, the Human Resources Department will work with the employee's personal physician and the Authority's medical advisor to resolve the disagreement.

3) Side Effects

Employees who experience 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 driving and working with machinery.

Section 3.02 Collective Bargaining Agreement

To the extent permitted by law, drug testing of bargaining unit employees is also governed by the Letters of Agreement dated April 22, 1985 and December 19, 1994.

Article IV. SYSTEM CONTACT

Any questions regarding this policy or any other aspect of UTA's drug-free and alcohol-free workplace programs should be directed to the following UTA representative:

Name:	Ruth Hendricks, Human Resource Generalist
Location:	UTA, Human Resources Department
Telephone Number:	262-5626, ext. 2319

Policy

System Name: Maryland Transit Administration - Baltimore

Contact: Rick Morse
(410) 767-3850
pmorse@mdot.state.md.us

Summary: This policy is not part of a drug and alcohol testing policy, but is instead a stand-alone policy. The policy lists prohibited behaviors and describes the procedure for obtaining a medical assessment and authorization, and defines the process for notifying one's superior. The policy explains the use of sick leave and correlation to the agency's absenteeism policy. The policy also 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. The policy also defines discipline for policy violations. The policy emphasizes that the employees have the personal responsibility to assess their fitness for duty while using an Rx or OTC medication.

Advantages: The stand-alone policy emphasizes the importance of the issue of medication use to the transit agency and avoids any perceived association with the agency's drug and alcohol testing program. The policy defines employee's responsibility clearly for both Rx and OTC medications, lists prohibited 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 employer physician and pharmacist in OTC evaluation, and provides documentation of assessment and authorization.

Disadvantages: The policy addresses only physicians and pharmacists and does not address other medical practitioners who are allowed to prescribe medication (i.e., psychiatrists, dentists, physician assistants). Medical authorizations are not tracked or evaluated by management. They are solely the responsibility of the employee. Medical disqualifications are the only records that are maintained. No paper trail is maintained at the agency.



**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:	<i>(Signature)</i>	<i>(Date)</i>
<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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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
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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
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Maryland Transit Administration
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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:

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- Human Resources Department Management** _____
- Bus Operations Management** _____
- Light Rail Operations Management** _____
- Metro Rail Operations Management** _____
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OVER-THE-COUNTER AND PRESCRIPTION
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Rev No. _____

Issue Date: 2/2002

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:	<i>(Signature)</i>	<i>(Date)</i>
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<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	_____	_____
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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, 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.

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 _____.

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

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)

Policy

System Name:	Orange County Transportation Authority
Contact:	Debbie Christensen (714) 560-5811 dchristensen@octa.net
Summary:	The Rx/OTC policy is part of the overall drug and alcohol testing policy. The policy places the responsibility for receiving authorization to use a prescription medication on the employee. The policy describes the procedure for obtaining authorization from the prescribing medical professional and for notifying his/her supervisor of the authorization. The transit agency retains the right to overrule authorization if its MRO disagrees with the prescribing physician's assessment. The policy clearly states that the MRO's determination is binding on the employee. The policy explains that the employee may need to take a leave of absence if authorization cannot be obtained. The policy also defines the consequences for policy violation.
Advantages:	Clearly defines roles and responsibilities of employer, supervisor, prescribing physician, and company physician. Provides clearly-defined procedures and consequences for policy violation. In addition to Rx/OTCs, addresses use of vitamins, herbs, and supplements. The listing of all medications allows medical professionals to assess the possible effects of drug combinations.
Disadvantages:	Does not charge the employees with the ultimate responsibility for removing themselves from safety-sensitive duty if they are impaired by the use of an Rx or OTC medication. The policy puts the initial responsibility for authorizing use of Rx medications on OCTA supervisors based on the information provided on the medical authorization form. The level and extent of training provided to the supervisors to make the required assessment is unknown. Does not acknowledge the range of medical practitioners who can prescribe medications (i.e., dentist, psychiatrist, physician's assistant). Is not clear on the authorization requirements, if any, for OTC medications. Uses an MRO in a non-MRO role. The term MRO is to be used for the role the physician plays when performing services in addition to the drug and alcohol testing program. The physician should be referred to as the "company physician" when performing responsibilities associated with Rx/OTC review. The same physician can perform both functions, but under a separate title.



ALCOHOL AND DRUG POLICY

**2001
Revision**

The use or being under the influence of a legal drug by any employee, while performing Authority business or while on Authority property, is prohibited to the extent that such use or influence may have a material, adverse effect on the safety of the employee, co-workers, riders, or members of the public, the employee's job performance, the safe and efficient operation of the Authority's facilities, or the Authority's image.

Attachment B Form Requirement. An employee in a Safety Sensitive Position must receive authorization from his/her supervisor *prior to* taking any legal drug which may cause drowsiness or which may otherwise impair, to any extent, the employee's ability to safely and efficiently perform his/her job. To obtain such authorization, an employee in a Safety Sensitive Position is required to (1) have his/her doctor complete and sign a "Medical Authorization Regarding Prescription Drugs and Over-the-Counter Medications" form (Attachment B) and attach a copy of the prescription or bottle label with the employee's name on it, and (2) submit the form to his/her supervisor.

After approval of the medication/drug(s) listed on an employee's Attachment B form, the supervisor may authorize the employee to work while under the influence of a legal drug. However, the Authority retains the right to not authorize an employee to take a legal drug while on duty or to revoke any previous authorization, despite the submission of a completed authorization form, if the Authority's MRO so advises the Authority. The Authority, in its discretion, may request the MRO to issue an independent decision as to whether an employee in a Safety Sensitive Position may work while under the influence of a legal drug. The Authority may request at any time such an independent decision, which will be binding on the employee, for any employee in a Safety Sensitive Position who is working or intends to work while under the influence of a legal drug. In making such an independent determination, the MRO is not bound in any way by the opinion of the employee's personal doctor and may require the employee to submit to a physical examination by an Authority-selected physician to ensure that the drug does not impair job performance.

If the MRO determines that an employee in a Safety Sensitive Position should not work while under the influence of the legal drug, the employee may be required to take a leave of absence or comply with other appropriate action. If an employee fails to obtain authorization to take such drug from his/her supervisor in accordance with these provisions, the employee may be required to take a leave of absence or comply with other appropriate action determined by management and will be subject to discipline.

C. Illegal Drugs

The consumption, sale, purchase, offer to sell or purchase, transfer, possession, manufacture, distribution or dispensation of an illegal drug by any employee whil

ALCOHOL AND DRUG POLICY

Alcohol Positive Test

Any employee in a Safety Sensitive Position whose test results are positive for alcohol will be discharged. Positive alcohol test results for any employee not in a Safety Sensitive Position will be reviewed on a case-by-case basis to determine the appropriate level of discipline, which may include discharge.

Illegal Drug Positive Test

Any employee whose test results are positive for illegal drugs will be terminated.

Legal Drug Positive Test

It is mandatory for an employee in a Safety Sensitive Position to obtain approval of a legal drug(s) by submitting a completed medical authorization form (Attachment B) *prior to* use of the drug(s) on the job. Any employee in a Safety

Sensitive Position whose test results are positive for a legal drug(s) which has not been approved (or such authorization has been revoked) by the Authority for use by an employee at work will be suspended without pay pending the employee obtaining such approval. Upon receiving the Authority's approval, the employee may return to work. Additionally, the Safety Sensitive employee who has failed to submit the Attachment B form and obtain approval for on-the-job use of a legal drug(s) will receive a disciplinary Final Warning. In instances when the employee fails to timely submit the Attachment B form to obtain such approval, the employee's employment will be terminated.

Employees in non-Safety Sensitive Positions whose test results are positive for a legal drug are likewise subject to discipline if use of the legal drug violated this Policy.

C. Failure to Pass Alcohol or Drug Test at Time of DMV Re-certification or Annual or Biannual Physical Examination

If an employee's test results at the time of DMV re-certification or an annual or biannual physical examination are positive for alcohol or any illegal drug, the employee will be suspended without pay for a minimum of thirty (30) days. The employee must enter an Authority approved substance abuse treatment program and provide verification of such to the Authority. If the employee refuses to comply with the Authority's requirement to enter an Authority approved Substance Abuse Program his/her employment will be terminated.

If an employee is participating in an Authority approved treatment program, and that treatment requires hospitalization, the employee may use available sick leave and/or vacation time to the extent sick leave and/or vacation time is available. All such treatment must be documented by the hospital.

The employee must take a second drug and alcohol test when, and as designated by the Authority, not sooner than thirty (30) days nor longer than thirty-five **(35) days from**



ATTACHMENT B

Disclosure of Prescription and Over-the-Counter Drugs

INSTRUCTIONS FOR EMPLOYEES IN SAFETY SENSITIVE POSITIONS

Attachment B forms are required by Orange County Transportation Authority (OCTA) for employees in Safety Sensitive Positions.

1. If you are disclosing the use of a new prescription drug, complete "Employee" section of this form on Page 1, have your doctor complete "Physician" section, and forward to your supervisor.
2. If you are disclosing a prescription drug renewal, complete "Employee" section of this form on Page 1, attach a copy of your prescription renewal label, and forward to your supervisor.
3. If you are disclosing the use of over-the-counter medications, complete all of Page 2.

PRESCRIPTION DRUGS To Be Completed by Physician

I, _____ am aware of the job duties of _____ ,
Physician's Name Employee's Name
 who is a _____ at Orange County Transportation Authority. I have
Employee's Position/Job Title
 prescribed for such employee the medication described below on _____ .
Date

Please print legibly.

Name of Medication: _____

Dosage: _____

Duration to be Taken: _____

Condition Medication is Being Used to Treat: _____

It is my opinion that, if taken in accordance with the above directions, the medication should not materially impair the employee's ability to perform his/her job competently and safely.

Physician's Signature

Physician's Telephone Number

Physician's Printed Name

Date

TO BE COMPLETED BY EMPLOYEE

I hereby authorize Orange County Transportation Authority to obtain information from my physician about this medical authorization. I understand that it is my obligation to inform Orange County Transportation Authority of any medication I intend to take for review and determination of my eligibility for work.

Additionally, I understand that on-going or periodic use of prescription drugs and over-the counter medications, vitamins, and herbs require an Attachment B form, which must be re-submitted annually each January.

Employee's Signature

Employee's Work Location and Supervisor

Employee's Printed Name

Date

FOR OCTA USE ONLY

Date Supv. Received: _____ **Received by:** _____

Date HR Received: _____ **Received by:** _____

HR: Approved Not Approved Supervisor Notified: _____

Date: _____ **Time:** _____



ATTACHMENT B

Disclosure of Prescription and Over-the-Counter Drugs

OVER-THE-COUNTER MEDICATION

To be Completed by Employee

I, _____, am a Safety Sensitive employee. My job title is _____

Print/Type Name Legibly

_____, and my work location is _____.

Print/Type Job Title

Print/Type Work Location

I take the following over-the-counter medications as directed* on the package as needed.

PLEASE ATTACH A COPY OF EACH LABEL FOR MEDICATIONS LISTED.

* If the medication is not taken as directed, please explain: _____

GENERAL PAIN RELIEF	COLD/FLU MEDICATION

SINUS RELIEF	VITAMINS/MINERALS/HERBS

OTHER	OTHER

I understand that it is my obligation to inform Orange County Transportation Authority of any medication I intend to take for review and determination of my eligibility to work. Additionally, I understand that on-going or periodic use the prescription drugs and over-the-counter medications, vitamins/herbs require an Attachment B form, which must be resubmitted annually each January.

Employee's Signature

Date

FOR OCTA USE ONLY

Date Supv. Received: _____ Received by: _____
Date HR Received: _____ Received by: _____
HR: Approved Not Approved Supervisor Notified: _____
Date: _____ Time: _____

Policy

- System Name: Municipality of Anchorage Public Transportation Department
- Contact: Gary Taylor
(907) 343-8228
taylorga@ci.anchorage.ak.us
- Summary: The Rx/OTC medication policy is part of Anchorage's drug and alcohol testing policy. The policy covers all safety-sensitive and non-safety-sensitive employees. The policy describes the employee responsibility for obtaining authorization from a physician to perform safety-sensitive duties while taking medications, and describes the reporting procedures. The policy addresses confidentiality of records. The policy stipulates that the agency reserves the right to require proof that prescribed medications are dispensed by a licensed health care provider.
- Advantages: The policy is brief and describes a process that is low cost and requires little administrative time. The process does not require any medical expertise or judgment by transit agency staff and is easy to implement. The policy places responsibility for evaluating the employee's ability to safely perform job duties on a medical practitioner.
- Disadvantages: The policy incorrectly cites 49 CFR Part 40 as requiring a physician's statement prior to performing safety-sensitive functions. The policy does not define procedures for reporting medications nor does it define consequences for policy violations. The policy does not reference medical professionals other than physicians who may prescribe medications. The policy also does not define the employee's responsibility in relation to use of OTC medications. The procedure relies on an evaluation made by the employee's medical practitioner who is not obligated to comply.

Subject:	No.	Page:
Substance Abuse- Drug Free Workplace	40-22	4 of 7

(7) Discipline employees who violate this policy, including discharge for cause, after conferring with Employee Relations.

(8) Notify the Employee Relations Department of any employee receiving a criminal drug conviction for a violation occurring in a Municipal workplace as soon as he/she becomes aware of the information.

(9) Determine if an employee's job should be modified during periods when:
 (a) treatment for a medical problem includes prescription or over-the-counter medication which adversely effects safety and/or performance or,
 (b) when appropriate for a substance abuse rehabilitation program.

(10) Keep information obtained from an employee regarding prescription or over-the-counter medication confidential as outlined in 6.C.4.

c. Each Municipal Employee shall:

(1) Report to work unimpaired.

(2) Not possess, nor use drugs or alcohol during working hours, on breaks, during meal periods, while on Municipal property, conducting Municipal business or while operating any Municipal vehicle or equipment.

(3) Not provide nor sell, nor purchase drugs or drug paraphernalia, either directly or through a third party, to or from any other employee, or to any person while either the employee or both employees are on duty or "on-call."

(4) Notify his/her supervisor before beginning work, when taking any medication, or drugs, prescription or nonprescription which may interfere with performance and/or cause a safety hazard in operating Municipal vehicles and equipment. Provide a statement from a physician stating that the employee's ability to safely perform job duties is not adversely affected by the medication prior to performing those duties. The supervisor will keep such information confidential. Safety sensitive employees (CDL holders) are required by DOT CFR part 40 to report prescription medications and provide such a physician's statement prior to performing safety sensitive functions. (Attachment A)

(5) If needed, provide proof that all prescribed medicine is dispensed by a licensed health-care provider.

(6) Comply with a supervisor's referral to the Municipal Employee Assistance Program or seeking treatment through a health care provider recognized by the Municipality.

(7) Follow prescribed treatment if diagnosed as having a substance addiction by a medical provider.

Policy

System Name; Bi-State Development Agency, St. Louis

Contact: Diane Sitner
(316) 923-3006
dsitner@bsda-transit.org

Summary: The Rx/OTC policy is included as a separate section of the agency's drug and alcohol testing policy. The policy clearly states the employee's responsibilities and subsequent consequences for policy violations. The policy states that employees are ultimately responsible for taking the necessary precautions to ensure that any medication they take does not affect their ability to safely perform their job duties. Employees are instructed to consult with their physician, dentist, pharmacist, or other appropriate medical practitioners regarding the probable affect of the medication on their ability to safely perform their job duties. They are instructed to read warning labels, consult with their pharmacist, and learn about alternative medications. Most importantly, employees are instructed to be sensitive to their own reactions to medications. The policy also addresses use of sick leave, benefits, and reporting requirements.

Advantages: The policy informs employees of their responsibilities in easy-to-understand language. Agency management and supervisory personnel have no official role in the process. There are minimal administrative costs to the transit agency. The policy addresses consequences for rule violations, sick leave, and benefits.

Disadvantages: The policy does not require documentation of the medical practitioner's determination, and therefore creates no paper trail. The employee is solely responsible for implementation of the policy. The employee must effectively communicate with the appropriate medical practitioners, and subsequently notify the employer and take the appropriate action regarding the performance of his/her safety-sensitive job duties. The agency does not have any oversight or review responsibility. The agency has limited ability to determine if employees are complying with the policy.

SECTION XXX MEDICATION

Applicants - The Agency's Medical Review Officer (MRO) will interpret and evaluate drug test results and will be responsible for determining if a confirmed positive was a result of a prohibitive substance or a prescribed medication. If it is determined by the Medical Review Officer that the medication prescribed caused the positive result, the MRO will declare the test as negative and report the negative result to the Agency's Program Director/Designated Employer Representative.

It is **Bi-State's policy** that covered employees will be responsible for discussing medications with their physicians to determine whether or not they can safely perform their job duties while taking one or a combination of medications. Employees who fail to comply with these provisions regarding medication will be subject to discipline up to and including employment termination.

Medications, whether prescription or over-the-counter, can cause drowsiness or have other effects that may affect the employee's ability to operate a vehicle or other equipment safely. Safety-sensitive employees taking a prescription or over-the-counter medication are responsible for taking the precautions and actions necessary to ensure that the medication does not affect their ability to operate the vehicle safely. The precautions that employee's must take are:

Information about prescription medications: Safety-sensitive employees must consult with the physician or dentist who has prescribed the medication, with the pharmacist who dispenses the medication, or with another qualified medical professional, regarding the probable affect of the medication on their ability to safely operate a vehicle. In discussing this with the physician, dentist, pharmacist or other medical professional, the employee should inform him or her of their job duties. In addition, most prescription medications come with information regarding possible side effects. The employee must read this information carefully in order to be aware of these potential side effects.

Information about over-the-counter medications: The employee must read the information on the label or literature that is included with the medication to be aware of potential side effects. Many stores in which over-the-counter medications are sold also operate a pharmacy. The pharmacist can provide additional information.

Find out about alternative medications: When the employee's physician, dentist or pharmacist understands the requirements of the job, he or she can suggest medications that will not affect the employee's ability to safely operate a vehicle.

The employee must be sensitive to their own reactions to medication(s): The information the employee obtains from their physician, dentist, pharmacist or other medical professional will assist them in evaluating their own reaction to the medication(s). If, based on their reactions, the employee is concerned about their own ability to safely operate a vehicle while taking a medication, they should return to the prescribing physician to discuss the reaction they are having to the medication.

If employees have exhausted their sick leave and A&S benefits, documentation from their medical practitioners regarding their continued absence due to the professionally recommended use of medication(s) which could impair their ability to perform their job

duties safely must be presented to their supervisor at least every two (2) weeks.
Employees who fail to comply with these instructions will be subject to disciplinary action.

A. In the event employees covered by a collective bargaining agreement are unable to return to duty within six (6) months, applicable sections of the applicable collective bargaining agreement will apply.

B. In the event employees not covered by a collective bargaining agreement are unable to return to duty within six (6) months:

- Employees covered by the Agency-sponsored Long Term Disability (LTD) Plan will be eligible to apply for benefits under that plan;
- Employees not covered by the Agency-sponsored LTD Plan will be placed on leave of absence for a period not to exceed six (6) months or will be subject to employment termination pursuant to Agency policy regarding their employment classification.

Policy

System Name: ATC/Vancom of Nevada

Contact: Trudi Hrisoulas
(702) 636-0623 ext. 2143
trhrisoulas@atclv.com

Summary: The Rx/OTC medication policy is included as a section of the larger drug and alcohol testing policy. The policy requires all safety-sensitive employees to notify the agency of all Rx and OTC medications. The policy describes the required notification procedure including the use of the prescription/non-prescription notification form. The employer makes the determination regarding the employee's ability to work based on the physician's statement. If a determination cannot be made, the opinion of the agency's MRO is sought and his/her determination is considered final. Employees are not allowed to come on duty while taking the medication until they have been authorized to do so. The policy also defines the absenteeism policy and alludes to no-show/miss-out unauthorized absence, implying that excessive absence due to Rx/OTC medication use would be treated accordingly.

Advantages: The policy is concise and clearly worded. The employee's responsibility and employer authority are clearly defined. Procedures are well defined. The notification reporting process is defined and includes a timeline, contact persons, and alternates. A signed notification form is required for both Rx and OTC medications.

Disadvantages: The policy does not address confidentiality. It does not provide consequences for failure to report use, only the consequences for falsification of records. Uses an MRO in a non-MRO role. Rx/OTC reviews should be made by the company physician who might also serve in the role of the MRO for drug and alcohol test reviews (see OCTA policy discussion).

III. SCOPE, CONTINUED

C. PRESCRIPTION MEDICATION

As recommended by the national Transportation Safety Board (NTSB) and Federal Transportation Administration (FTA), all safety sensitive employees must notify ATC/Vancom in the following situations:

1. Use of Prescription medication.
2. Use of Non-Prescription medication.

There is only one approved method of notification. Employees must use the Prescription / Non-prescription notification form to inform the company of all medications 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 into 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 a determination has been made by the Substance Abuse Program Administrator or the MRO. All normal rules and regulations applying to Miss Out's, No Call No Show's, and Unauthorized Absence's 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.

D. FAILING A SUBSTANCE ABUSE TEST OR TEST POSITIVE

DRUGS & ALCOHOL

If the confirmation test result shows positive evidence of the presence, under DOT/FTA procedures, of a prohibited drug and/or alcohol in the employee's or applicant's system, it will be classified as failing a substance abuse test.

E. PASSING A SUBSTANCE ABUSE TEST OR TEST NEGATIVE

DRUGS & ALCOHOL

If the initial testing or confirmation testing, under DOT/FTA procedures, does not show evidence of the presence of a prohibited drug and/or alcohol in the employee's or applicant's system, it will be classified as passing a substance abuse test or having tests rated as negative.

PROCEDURES



Procedures

The employer must develop procedures for implementing the policy requirements and communicating them to all safety-sensitive employees and other persons included in the policy. This can be done through use of standard forms that contain the procedures or separately documented procedures.

This section contains forms and a summary of procedures currently used by five transit agencies:

- (1) Utah Transit Authority, Salt Lake City
- (2) Maryland Transit Administration, Baltimore
- (3) Orange County Transportation Authority, California
- (4) Municipality of Anchorage Public Transportation Department
- (5) Los Angeles County Metropolitan Transportation Authority

The forms and summaries are intended to serve as examples for employers in developing procedures for implementing their policy on Rx and OTC medications. As with the policies, none of these examples is ideal or necessarily transferable to other situations. Each procedure was developed for the unique environment of the transit system. Each procedural summary includes the advantages and disadvantages of the agency's procedures. Based on the industry review, three different approaches, as well as combinations of those three approaches are currently in use in the transit industry.

The first procedural approach (where the employees must determine their ability to safely perform their duties) does not entail use of a form or creation of a paper trail. In some cases, the employees receive training, handouts, or bulletin board postings that direct them to discuss their condition, job duties, other medication use, and medical history with the treating medical practitioner and/or pharmacist. The transit agency is unaware that the employee is taking the medication. Thus, the employees have sole responsibility for determining whether they are fit for duty. Even though this is the most common approach used in the transit industry, this method is not recommended as it assumes the employee is aware of and able to ascertain his/her level of impairment. Consequently, no example of this approach is provided herein.

The second approach involves using a medical authorization form that the employee obtains from and submits to the employer. The form is signed by the treating medical practitioner 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 performing safety-sensitive duties, the form must include a specified length of time for the abstention. The employer may choose to have the medical authorization form reviewed by a company physician, who may decide to overturn the treating practitioner's determination. The Orange County Transportation Authority and the Municipality of Anchorage Public Transportation Department procedures are examples of this approach.

In the third approach, the employer provides the employee or medical practitioner with a list of medications that are approved or 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 they will not be allowed to perform such duties while using the medication. The Los Angeles County Metropolitan Transportation Authority procedure is an example of this approach.

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 medications to employees, but leave the decision on ability to perform safety-sensitive duties to the MRO or employee physician. The Utah Transit Authority and Maryland Transit Administration procedures are examples of hybrid approaches.

Procedures

System Name:	Utah Transit Authority, Salt Lake City
Contact:	Ruth Hendricks (801) 262-5626 rhendricks@uta.cog.ut.us
Summary:	<p>Safety-sensitive employees are required to discuss their safety-sensitive job duties with their prescribing physician and ask if the new medication will impair their ability to safely perform their job duties. Physicians must complete a Medical Approval Form indicating approval with any restrictions or instructions so noted.</p> <p>The UTA MRO classified prescribed medications into two categories: those that <u>need not</u> be reported and those that <u>must</u> be reported. Medications that do not need to be reported include antibiotics, birth control pills, vitamins, local dental injections, creams, ointments, and lotions. All other prescribed medications must be reported.</p> <p>To report a medication, the employee must take a Medical Approval Form to the physician. The physician must be aware of the employee's job requirements, medical history, and other medications being taken by the employee. Once the form is complete, the employee returns it to the Human Resources Department. The ultimate responsibility for ensuring that use of the medication does not pose a safety risk lies with the employee. If an employee's use of an Rx or OTC medication creates a safety hazard, the employee is subject to discipline including termination.</p>
Advantages:	<p>The employees are responsible for the safe performance of their job duties. To relieve the reporting burden, the medical approval form provides employees with a list of drugs that the MRO has determined are not a safety risk, and those that could be a safety risk. It also provides clear direction to physicians regarding the information they must consider during the approval process. The information includes job duties, medical history, and other medications. The process emphasizes safety.</p>
Disadvantages:	<p>There is no review or authorization procedure for use of OTC medications. Employees have up to 7 days to return the Medical Approval Form. Employees are required to possess the form prior to visiting a doctor.</p>

MEDICATION APPROVAL FORM

(For Safety-Sensitive Employees)

I. EMPLOYEE COMPLETES THIS SECTION

Employee Name _____ Date _____

Social Security No. _____ - _____ - _____ Job Title _____

Division (check one): Meadowbrook Central Mt. Ogden Timpanogos Riverside Rail Service

Dept. (check one): Maintenance Operations Admin.

Medications I am Currently Taking:

<u>Name Of Drug</u>	<u>Approximate Date Prescribed</u>	<u>Prescribing Physician</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information is true and correct to the best of my knowledge. I understand and will comply with the prescribed use of these medications and their restrictions while working.

Signed _____ Date _____

II. PHYSICIAN COMPLETES THIS SECTION

Please complete this form so that your patient can work in his/her Utah Transit Authority safety-sensitive job. 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, UTA customers, or the public. Please indicate below what, if any, restrictions should be placed upon the time between when a medication is taken and the time that individual can safely and effectively perform his/her job duties. UTA's Prescription Drug Class list is on the back of this form.

New Medications Being Prescribed:

<u>Name Of Drug</u>	<u>Dosage</u>	<u># of Pills/Refills</u>	<u>Date Approval Expires</u>	<u>Restrictions/ Instructions</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. I have reviewed the above named UTA employee's medical records and am familiar with the employee's job duties. In my opinion, this patient's condition and the medication(s) listed above will not interfere with his/her ability to safely perform those job duties.
Comments: _____

2. This individual is currently under my medical supervision and was last seen on _____ and will be reevaluated on _____.

Signed _____ Dated _____

Please Print Name, Address and Phone Number. _____

*Please return the ORIGINAL form to the Human Resources Department

UTAH TRANSIT AUTHORITY
3600 South 700 West
Salt Lake City, UT 84130-0810



Telephone (801) 262-5626
FAX (801) 287-4555

Revised 9/00

MEDICATION LIST

DRUGS WHICH NEED NOT BE REPORTED:

The following drugs do not need to be reported unless known by UTA or employee to cause problems, or if directed by physician.

Antibiotics

All

Birth Control Pills

All

Dental

Lidocaine
Xylocaine

Immunizations

All

Topical Agents

(Lotions, Creams,

etc.)

(Drugs dispensed via patches are not included.)

All

Vitamins

All

Allergy, Asthma &

Decongestants

Alph-pned
Brethaire
Entex
Guaifensin
Hismanal
Ipratropium Inhaler
Kenalog
Nasalide
Phenylypropanolamine
PPA-GG-LA
Pseudoephedrine
Seldane
Sine-Aid
Sudafed
Terbutaline Inhaler
Terbutaline
Terienadine
Theo-Dur
Theopnilline
Zephrex

Analgesics

Acetaminophen
Advil
Anacin-3
Anaprox
Asprin
Datril

Fenoprofen
Ibuprofen
Indocin
Medipren
Motrin
Nalfon
Naprosyn
Nuprin
Panadol
Rufin
Trendar
Tylenol

Antihypertensives

Applies only if used for hypertension specifically.

Aldactide
Aldactone
Aldomet
Calan
Capoten
Captopril
Catapres TTS
Catapres
Chlorothiazide
Diuril
Enalapril
HCTZ
Hydrodiuril
Hydrochlorothiazide

Lasix
Lisinopril
Lopressor
Methyldopa
Moduretic
Prinivil
Procardia
Vasoretic
Vasotec

Miscellaneous

Ablalon A Opth. Drops
Acyclovir
Aristocort
Beconase
Carafate
Cimetidine
Colbenemid
Cortosone
Digoxin
Donnagel
Ergotec
Lanoxin
Meclomen
Prednisone
Prilosec
Synthroid
Tagamet
Vancenase
Viagra
Zantac

MANDATORY REPORTABLE DRUGS WITH RESTRICTIONS: All drugs not listed above must be reported, whether taken alone or in combination with other drugs. Drugs which may require restrictions, with typical constraints, include but are not limited to the following. Listed below are the DRUG, the CONSTRAINT (the time between when you can take the medication and perform your safety-sensitive job), and the RENEWAL TIME (how long the prescription would typically last). Effects of other medications or alcohol may alter stated constraints. Your doctor's recommendations may differ based on your circumstances.

Antivert - 24 hrs. - 1 mo.	Levsin - 12 hrs. - 1 year	Percogesic - 6 hrs. - 1 mo.	Tigan - 8 hrs. - 1 mo
Atarax - 8 hrs. - 1 mo.	Lioresal - 8 hrs. - 1 mo.	Phenergan/Phen w/codine - 8 hrs. - 1 mo.	Torecan - 8 hrs. 1 mo.
Benedryl - 6 hrs. - 6 mos.	Lomotil - 6 hrs. 1 mo.	Probamate - 8 hrs. - 1 mo.	Tylenol w codiene #2, #4 - 8 hrs. - 1 mo.
Codiene - 6 hrs. 1 mo.	Lortab - 8 hrs. - 1 mo.	Promethazine - 8 hrs. - 1 mo.	Tylox - 8 hrs. - 1 mo.
Compazine - 8 hrs. - 1 mo.	Meperdine - 8 hrs. - 1 mo.	Pyridium - 6 hrs. - 1 mo.	Valium - 48 hrs - 1 mo.
Darvocet - 6 hrs. - 1 mo	Mepergan - 8 hrs. - 1 mo.	Reglan - 12 hrs. - 1 yr.	Vicodin - 8 hrs. - 1 mo.
Darvon - 6 hrs. - 1 mo.	Meprobamate - 8 hrs. - 1 mo.	Robaxin/Robaxisol - 8 hrs. - 1 mo.	Vistaril - 8 hrs - 1 mo.
Demerol - 8 hrs. - 1 mo	Morphine - 8 hrs. - 1 mo.	Rutuss/Rutuss w/codine - 8 hrs. - 1 mo.	Wygesic - 8 hrs. - 1 mo
Dimetane - 8 hrs. - 1 mo.	Naldecon - 6 hrs. 1 mo.	Skelaxin - 6 hrs. - 3 mos.	
Empirin w/ codiene - 6 hrs. - 1 mo.	Norgesic/Norgesic Forte - 8 hrs. - 3 mo.	Soma w/codiene - 8 hrs - 3mo.	
Equagesic/Meprobamate - 8 hrs. - 1 mo.	Parafles - 8 hrs. - 3 mo.	Stadol - 8 hrs. - 1 mo.	
Flexeril - 8 hrs. - 1 mo.	Parafon/Parafon Forte - 8 hrs. - 3 mos.	Talwin - 8 hrs. - 1 mo	
Hydrocodone - 8 hrs. - 1 mo.	Percocet/Percodan - 8 hrs. - 1 mo.		
Hyphen - 8 hrs. 1 mo.			

Procedures

System Name: Maryland Transit Administration – Baltimore

Contact: Rick Morse
(410) 767-3850
pmorse@mdot.state.md.us

Summary: All safety-sensitive employees are required to provide the prescribing physician with a “Release to Work Form for Prescription Medicines” that indicates the employee’s name, safety-sensitive job functions, and medications currently being taken. The employee is responsible for discussing his/her safety-sensitive job duties with the physician. The employer is also responsible for discussing the potential effect of any medication prescribed including its potential to adversely affect the safe performance of job duties. The employee is to request alternative treatment that does not have performance-altering side effects. The physician decides if the employee should be medically disqualified from performing safety-sensitive duties based on the employee’s medical history, current condition, side effects of medication, and any other indications that may pose a potential threat. The employee is required to obtain authorization from their physician to perform their job duties while taking the prescribed medication. Employees who are medically disqualified from performing safety-sensitive duties are required to immediately notify their employer, and will be placed on sick leave. Employees who receive authorization to return to work while taking an Rx medication must keep the authorization form on their person. For the benefit of employees and prescribing physicians, the Release to Work Form also lists medications that are of concern to safety-sensitive employees. The prescribing physician’s determination is subject to review and subsequent overturn by MTA’s physician. MTA’s physician is the final authority.

Employees are required to read all warning labels prior to using an OTC medication, and are instructed to seek alternatives to OTC medications with labels that indicate the medication may affect mental functioning, motor skills, or judgment. Employees are encouraged to seek assistance from their physician or pharmacist in identifying alternative medications or treatments.

Advantages: Employee procedures for both Rx and OTC medications are clearly defined. The form provides documentation of the employee’s safety-sensitive duties and other medications currently taken for consideration by the prescribing physician when making his/her assessment. The form also provides the physician with a list of medications identified to be of concern for safety-sensitive employees. The employees are ultimately responsible for determining how a medication affects them.

Disadvantages:

The form only mentions “attending physicians,” not other medical practitioners who can also prescribe medication. Employees are not required to turn in their forms if they are not medically disqualified from performing safety-sensitive duties. Thus, there is no paper trail at the agency for safety-sensitive employees who are permitted to work while taking Rx medications, thereby preventing review of prescribing physicians’ determinations. The requirement that employees keep authorizations on their person may be a disincentive.



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.

Maryland Transit Administration

SAFETY-SENSITIVE EMPLOYEE
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

Procedures

System Name: Orange County Transportation Authority (OCTA)

Contact: Debbie Christensen
(714) 560-5811
dchristensen@octa.net

Summary: Safety-sensitive employees must receive authorization from their supervisors prior to taking any prescription which may cause drowsiness or impair their ability to safely and efficiently perform their job. The employee is required to have his/her physician complete a “Medical Authorization Regarding Rx and OTC Medications” form and attach a copy of the prescription or bottle label with the employee’s name on it. The form must be submitted to his/her supervisor. If authorization is received, the employee is allowed to perform job duties. However, OCTA reserves the right to overrule the authorization based on an independent assessment by the agency’s MRO.

In addition, all safety-sensitive employees are required to complete a disclosure form each year that lists all Rx and OTC medications, vitamins, and herbs taken.

Advantages: The Medical Authorization Form allows for the reporting of all Rx and OTC medications. Employees are required to discuss their safety-sensitive job duties with their physician. Authorization of use is made by a medical practitioner. OCTA and its MRO remain the ultimate authority. Employees are required to annually report all medications, vitamins, and herbs taken in the past year.

Disadvantages: Employees must obtain a form before seeing a physician. There is no provision for medical review and authorization of OTC medications. There is no guidance on what medications are of concern to safety-sensitive employees.



ATTACHMENT B

Disclosure of Prescription and Over-the-Counter Drugs

INSTRUCTIONS FOR EMPLOYEES IN SAFETY SENSITIVE POSITIONS

Attachment B forms are required by Orange County Transportation Authority (OCTA) for employees in Safety Sensitive Positions.

1. If you are disclosing the use of a new prescription drug, complete "Employee" section of this form on Page 1, have your doctor complete "Physician" section, and forward to your supervisor.
2. If you are disclosing a prescription drug renewal, complete "Employee" section of this form on Page 1, attach a copy of your prescription renewal label, and forward to your supervisor.
3. If you are disclosing the use of over-the-counter medications, complete all of Page 2.

PRESCRIPTION DRUGS To Be Completed by Physician

I, _____ am aware of the job duties of _____ ,
Physician's Name Employee's Name
 who is a _____ at Orange County Transportation Authority. I have
Employee's Position/Job Title
 prescribed for such employee the medication described below on _____ .
Date

Please print legibly.

Name of Medication: _____

Dosage: _____

Duration to be Taken: _____

Condition Medication is Being Used to Treat: _____

It is my opinion that, if taken in accordance with the above directions, the medication should not materially impair the employee's ability to perform his/her job competently and safely.

Physician's Signature

Physician's Telephone Number

Physician's Printed Name

Date

TO BE COMPLETED BY EMPLOYEE

I hereby authorize Orange County Transportation Authority to obtain information from my physician about this medical authorization. I understand that it is my obligation to inform Orange County Transportation Authority of any medication I intend to take for review and determination of my eligibility for work.

Additionally, I understand that on-going or periodic use of prescription drugs and over-the counter medications, vitamins, and herbs require an Attachment B form, which must be re-submitted annually each January.

Employee's Signature

Employee's Work Location and Supervisor

Employee's Printed Name

Date

FOR OCTA USE ONLY

Date Supv. Received: _____ **Received by:** _____

Date HR Received: _____ **Received by:** _____

HR: Approved Not Approved Supervisor Notified: _____

Date: _____ **Time:** _____



ATTACHMENT B

Disclosure of Prescription and Over-the-Counter Drugs

OVER-THE-COUNTER MEDICATION

To be Completed by Employee

I, _____, am a Safety Sensitive employee. My job title is _____

Print/Type Name Legibly

_____, and my work location is _____.

Print/Type Job Title

Print/Type Work Location

I take the following over-the-counter medications as directed* on the package as needed.

PLEASE ATTACH A COPY OF EACH LABEL FOR MEDICATIONS LISTED.

* If the medication is not taken as directed, please explain: _____

GENERAL PAIN RELIEF	COLD/FLU MEDICATION

SINUS RELIEF	VITAMINS/MINERALS/HERBS

OTHER	OTHER

I understand that it is my obligation to inform Orange County Transportation Authority of any medication I intend to take for review and determination of my eligibility to work. Additionally, I understand that on-going or periodic use the prescription drugs and over-the-counter medications, vitamins/herbs require an Attachment B form, which must be resubmitted annually each January.

Employee's Signature

Date

FOR OCTA USE ONLY

Date Supv. Received: _____ Received by: _____
Date HR Received: _____ Received by: _____
HR: Approved Not Approved Supervisor Notified: _____
Date: _____ Time: _____

Procedures

- System Name: Municipality of Anchorage Public Transportation Department
- Contact: Gary Taylor
(907) 343-8228
taylorga@ci.anchorage.ak.us
- Summary: All employees are required to notify their supervisors when taking any prescription or non-prescription medication, which may interfere with the safe performance of job duties. The employee must provide a statement from a physician that the employee's ability to perform safety-sensitive duties is not adversely affected by the medication. A sample physician statement form is provided. The supervisor keeps the form, and ensures confidentiality of the information.
- Advantages: A medical practitioner is responsible for evaluating employees' abilities to safely perform their job duties. Documentation of the physician's assessment is produced. There is no cost to the transit agency. Confidentiality of information is addressed.
- Disadvantages: The physician may not be knowledgeable about or appreciate the employee's job duties. There is no procedure for having the transit agency's medical personnel provide input when an employee is taking OTC medications. There is no provision for agency review or overruling of a physician's assessment. The employee must possess a form prior to seeing a physician.

Subject:

Substance Abuse- Drug Free Workplace

No.

40-22

Page:

7 of 7



MUNICIPALITY OF ANCHORAGE

Physician's Statement

Employee's Name: _____

Date(s) of Treatment: _____

Will any medication(s) prescribed impair the employee's job performance, including the ability to drive and operate equipment? _____

Employee is released to return to work with no restrictions on: _____
(date)

Or, with the following restrictions (include driving restriction if appropriate):

Physician's Signature

Date

Procedures

- System Name:** Los Angeles County Metropolitan Transportation Authority (LACMTA)
- Contact:** Mary Nugent
(213) 922-7169
nugentm@mta.net
- Summary:** All employees must notify their manager, supervisor, or MTA medical personnel when they take a Rx or OTC medication that may interfere with the safe and effective performance of their job duties. Safety-sensitive employees are not allowed to perform their duties if their medication carries a warning label that their mental functioning, motor skills, or judgment may be affected unless a physician provides a written statement that the substance will not affect the employee's ability to perform safety-sensitive duties. The Los Angeles County Metropolitan Transportation Authority (LACMTA) provides a Medical Evaluation Form for the employee to provide information about each medication they are taking. The department head or division manager checks the Medication Evaluation List to assess the appropriate action and will make one of three determinations: (1) the medication is approved to take; (2) the employee must wait at least 8 hours after taking the medication before reporting for duty; and (3) the employee is prohibited from performing safety-sensitive duties while taking this medication. If the supervisor is in doubt or has a question, he/she is to contact the MTS medical staff for guidance.
- LACMTA has allowed the use of a portion of its Medication Evaluation List as an example only. The draft list is currently under internal review and is not available for distribution or use. This draft list is for the exclusive use of LACMTA. The Medication Evaluation List was compiled from a list of the most common medications taken by MTA employees. Restrictions were based on information obtained from the Physician's Desk Reference (PDR). Medications with warning sections that indicate the medication "may cause drowsiness, do not operate heavy machinery" were put on the restricted list. This model is an example of the third approach described in the introduction to this section.
- Advantages:** The employee is responsible for reporting medication use. Managers and supervisors have a defined list of medications that are approved and those that have restrictions. The list is based on the PDR with MRO concurrence. The form does not require supervisors to make medical judgments. It allows for quick determination by the supervisor, and minimizes loss of productivity while the employee awaits a determination. Employees are not required to have forms in their possession prior to a physician or pharmacy visit. The process provides for cost-effective use of medical personnel.

Disadvantages: Neither employees nor prescribing physicians are required to be proactive in determining the effects of medications on performance of safety-sensitive job duties. The list does not consider other medications the employee may be taking or his/her medical history.

Los Angeles County Metropolitan Transportation Authority

Medication Evaluation Form

Reference: Alcohol and Drug Abuse policy section 4.6.1 - An employee must notify his/her department head or division manager when taking any medication (whether prescription or over-the-counter) which may interfere with the safe and effective performance of duties or operation of MTA equipment, or which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected.

Employee completes this section - all information is confidential.

Employee Name _____ Badge/Employee No. _____

Job Title _____ Division/Department _____

1. Name of medication. _____
2. How often and when is the medication taken? _____
3. When did you start taking this medication? _____
4. Describe any side effects. _____

Department head or division manager completes this section. Give a copy of this form to the employee **after** discussion and agreement of the following medication restriction(s), if any. Call the Medical Desk at 2-7169, if you have any questions regarding a medication restriction.

- This medication is approved to take.
- This medication has been determined to potentially impair an employee's performance. If the employee is in a safety-sensitive position and/or drives MTA vehicles, then this medication should not be taken within eight (8) hours of the employee reporting for duty, during the hours that the employee is subject to duty, or while the employee is on duty. If the medication contains alcohol, the pre-duty abstinence is within four (4) hours of the employee reporting for duty, during the hours that the employee is subject to duty, or while the employee is on duty.
- The employee should contact his/her physician to discuss an alternate schedule to take this medication or obtain another medication which will not impair his/her job performance or interfere with his/her work schedule.

We have discussed the above medication(s). The employee agrees to follow the above medical restriction(s), if any.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Original-Division/Department Medical File

Copy-Employee

Los Angeles County Metropolitan Transportation Authority

Medication Evaluation List

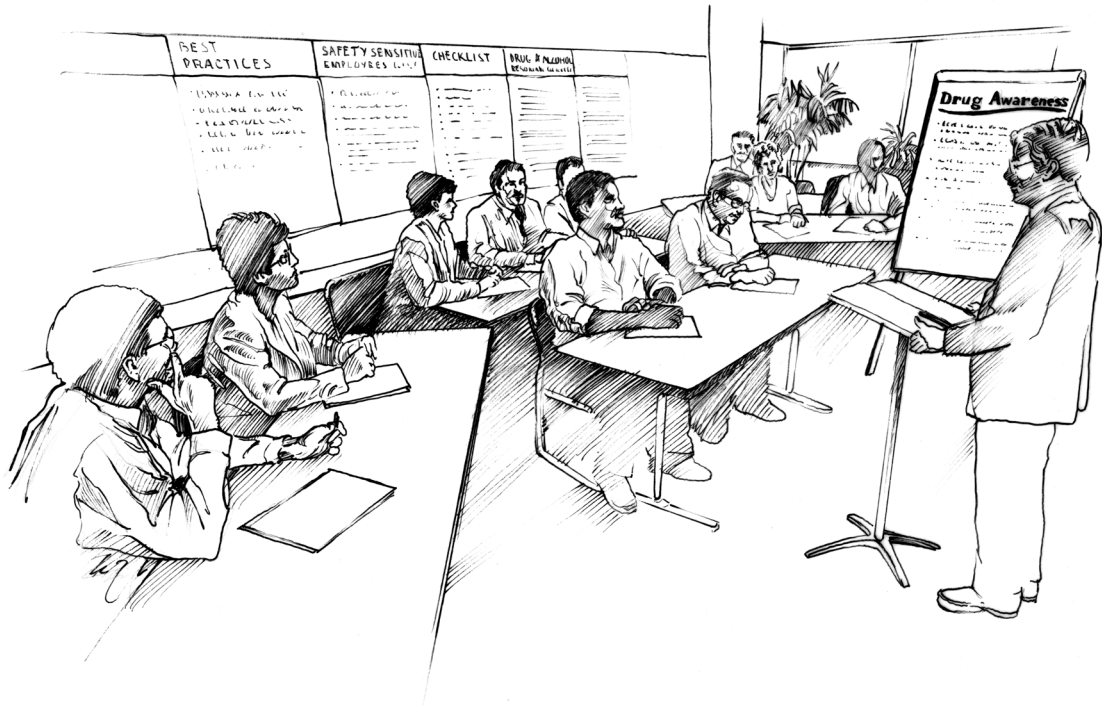


NAME OF MEDICATION (includes prescriptions & over-the-counter medications)	FOR USE WITH NO RESTRICTIONS	8 HOUR RESTRICTION
A		
Accolate Tablets	X	
Accupril Tablets		X
Acetaminophen	X	
Acetaminophen and Codeine Tablets		X
Acetanol	X	
Aciphex Tablets	X	
Actifed Allergy Daytime/Nighttime Caplets		X
Actifed Cold and Allergy Tablets		X
Actifed Cold and Sinus Caplets		X
Actifed Cold and Sinus Tablets		X
Actifed Sinus Daytime/Nighttime Caplets		X
Actifed Sinus Daytime/Nighttime Tablets		X
Activase I.V.	X	
Actos Tablets	X	
Acyclovir Capsules	X	
Acyclovir Tablets	X	
Adalat Tablets	X	
Adipex-P Capsules		X
Adipex-P Tablets		X
Albuterol Inhalation Aerosol	X	
Albuterol Sulfate	X	
Albuterol Tablets	X	
Aldactazide Tablets	X	
Aldactone Tablets	X	
Aldomet Tablets	X	

Aldoril Tablets	X	
Aleve		X
Allegra Capsules	X	
Allopurinol Tablets		X
Alprazolam Tablets		X
Altace Capsules		X
Alupent Tablets	X	
Amantadine Capsules		X
Ambien Tablets		X
Amen Tablets	X	
Amiloride Hydrochloride and Hydrochlorothiazide (HCTZ) Tablets	X	
Amitex LA Tablets	X	
Amitriptyline HCl Tablets		X
Amoxicilin Capsules/Tablets	X	
Amoxil Capsules and Chewable Tablets	X	
Ampicillin Capsules	X	
Ana-Kit Anaphylaxis Emergency Treatment Kit		X
Anaprox Tablets		X
Anastrozole	X	
Anatuss DM Syrup		X
Anatuss DM Tablets		X
Ancobon Capsules		X
Android Capsules	X	
Anistreplase	X	
Ansaid	X	
Antabuse Tablets	X	
Antivert Tablets		X
Arco-Lase Plus Tablets		X
Aricept Tablets	X	
Armidex Tablets	X	
Artane Elixir		X
Artane Tablets		X
Arthrotec Tablets		X
Asacol Delayed-Release Tablets		X

Asendin Tablets	X	
Aspirin	X	
Astemizol	X	
Atacand Tablets	X	
Atamet Tablets		X
Atapryl Tablets	X	
Atarax Syrup		X
Atarax Tablets		X
Atenolol Tablets		X
Ativan Injections		X
Ativan Tablets		X
Atorvastin Calcium Tablets		X
Atrohlist Capsules	X	
Atrohlist Plus Tablets		X
Atromid-S Capsules		X
Atropine Sulfate	X	
Atrovent Inhalation Aerosol	X	
Atrovent Nasal Spray	X	
Augmentin Tablets	X	
Auranofin	X	
Avandia Tablets	X	
Avelox Tablets	X	
Aventyl Pulvules	X	
Axid Pulvules		X
Axocet Capsules		X
Aygestin Tablets		X
Azatadine Maleate		X
Azathioprine Tablets		X
Azithromycin Dihydrate	X	
Azmacort Inhalation Aerosol	X	
Azulfidine En-Tabs and Tablets	X	
B		
Bactrim DS Tablets	X	
Baycol Tablets	X	

TRAINING AID



Training

The “Dear Colleague” letter issued by FTA Acting Administrator Nuria Fernandez in May 2000 requested that all recipients of FTA funding establish programs to educate safety-sensitive employees about the potential dangers associated with the use of prescription (Rx) and over-the-counter (OTC) medications.

This section contains numerous examples of various types of training aids designed to assist employers in creating a training program on Rx and OTC medications. An information sheet precedes each example. It includes the author and source of the training aid, a summary of its contents, and an analysis of its advantages and disadvantages. The examples can be separated into six categories:

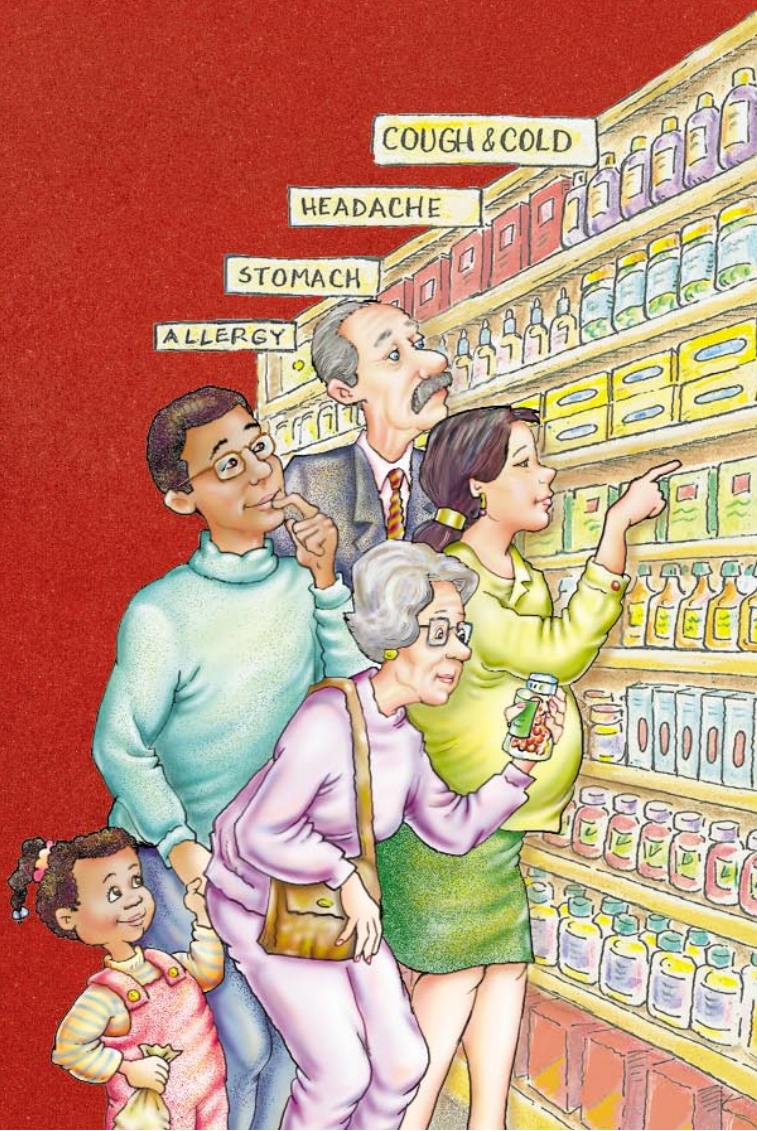
- (1) Generic awareness pamphlets prepared by government agencies and non-profit organizations. Six of these are included here:
 - Over-the-Counter Medicines: What’s Right For You?
 - How to Read a Drug Label
 - Prescription Medicines and You
 - Quick Tips – When Getting a Prescription
 - The New Over-the-Counter Medicine Label...Take a Look!
 - A Guide to Managing the Benefits and Risks of Medicines
- (2) Overviews and announcements prepared for or by transit agencies. Five of these are included here. They demonstrate different methods of communicating awareness:
 - A list of guidelines for safety-sensitive employees prepared by FTA
 - A brief list of the types of problematic drugs and employee responsibilities prepared by the WHATCOM Transportation Authority, Bellingham, WA
 - Three slides listing employee responsibilities added to a substance abuse training presentation prepared by the Indiana Rural Transit Assistance Program
 - A flyer on dangers of medications that is inserted in paycheck envelopes by the Miami-Dade Transit Authority
 - A synopsis of agency policy prepared by the Maryland Transit Administration, Baltimore
- (3) Training modules from a generic substance abuse training program prepared for transit agencies. The example included here is a program prepared by the Florida Department of Transportation. It contains three modules pertaining to medications, and consists of lecture materials, graphics, and exercises.
- (4) A classroom handout prepared by a transit authority. The example included here is used by Winston–Salem Transit Authority.
- (5) A comprehensive PowerPoint presentation prepared by the Maryland Transit Administration that addresses policy, procedures, and employee responsibilities.
- (6) A comprehensive PowerPoint presentation used by FTA in its training seminars on Part 655 and distributed by FTA to grantees to assist them in preparing policies, procedures, and training on medications.

Training Aid

Name:	Over-the-Counter Medicines: What's Right For You?
Format:	Pamphlet
Author:	Food and Drug Administration Consumer Healthcare Products Association
Source:	Center for Drug Evaluation & Research www.chpa-info.org
Summary:	A 12-page pamphlet that provides an easy-to-understand summary of OTC medications. The multicolor pamphlet describes how to read the labels and cautions about drug interactions, side effects, and other hazards associated with the use of OTC medicines. Provides a good introduction to OTC medicines and could be used to initiate discussion in a classroom setting. 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.
Advantages:	Easy to understand, concise. Highlights major points.
Disadvantages:	Written for the general population – not specific to transportation. Limited scope – only useful as an introductory piece.

OVER-THE-COUNTER MEDICINES

What's Right for You?



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THE CONSUMER HEALTHCARE PRODUCTS ASSOCIATION



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 infection, migraine and minor pain in arthritis.

The U.S. Food and Drug Administration (FDA) determines whether medi-



cines 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 opportunities.

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 flavoring

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 a few drug interaction cautions for some common OTC ingredients:

- Avoid alcohol if you are taking anti-histamines, 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.



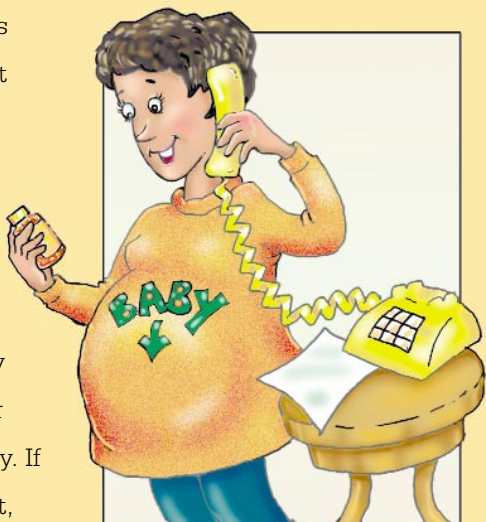


TIME FOR A MEDICINE CABINET CHECKUP?

- 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 based on their size.
- 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. Don't 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 brief-cases 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, write:

**CONSUMER HEALTHCARE PRODUCTS ASSOCIATION
PUBLICATIONS DEPARTMENT
1150 CONNECTICUT AVE., N.W.
WASHINGTON, D.C. 20036**

Or visit us at www.chpa-info.org



U.S. FOOD AND DRUG ADMINISTRATION

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 dietary
supplements and the information to use them properly.



CONSUMER HEALTHCARE
PRODUCTS ASSOCIATION

Training Aid

Name:	How to Read a Drug Label
Format:	Pamphlet
Author:	National Council on Patient Information and Education
Source:	Reprinted with permission © 2002 National Council on Patient Information and Education www.bemedwise.org
Summary:	A one-page pamphlet that describes each section of an OTC medication label. Using a label as an example, the pamphlet shows where a list of active ingredients, uses, warnings, directions for use, and other information is found.
Advantages:	Uses an actual label to show label components with brief explanations.
Disadvantages:	Written for the general population – not specific to transportation. Limited scope – only useful as an introductory piece.



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How To Read A Drug Label

All over-the-counter medicines must list the active ingredients and provide their basic information. This information is found in key spots on the box or bottle label.



Learn what doctors are saying about SOY & weight loss.

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 to treat.

Warnings
This section will tell you what other medications, foods or situations to avoid (such as driving) when taking this medicine.

▶ If you're taking more than one OTC medicine, compare the active ingredients. Do not take two medicines with the same active ingredient unless instructed by your doctor, pharmacist or other healthcare professional.

Drug Facts

Active ingredient (in each caplet)	Purposes
Acetaminophen 500 mg... Pain reliever/fever reducer	
Uses temporarily relieves minor aches and pains due to:	
<ul style="list-style-type: none"> ■ headache ■ backache ■ the common cold ■ menstrual cramps ■ reduces fever 	<ul style="list-style-type: none"> ■ muscular aches ■ arthritis ■ toothache
Warnings	
Alcohol warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take acetaminophen or other pain relievers/fever reducers. Acetaminophen may cause liver damage.	
Do not use ■ with any other product containing acetaminophen	
Stop use and ask a doctor if	
<ul style="list-style-type: none"> ■ new symptoms occur ■ redness or swelling is present ■ pain gets worse or lasts for more than 10 days ■ fever gets worse or lasts for more than 3 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. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.	

Did You Know...
The pain relievers found in over-the-counter (OTC) medicines are also added to many prescription pain relievers. And many multi-symptom cold products contain pain relievers found in other medicines.

Directions
The only recommended daily dosage and frequency of dosage will be listed here. You should follow this strictly. It's not just how much you take, but also how often.

Other Information
Any other important information about the product, such as how to store the medicine, will be listed in this section.

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.

Questions or Comments
If you have any questions, comments or problems with the medicine, a toll-free number is printed here.

Drug Facts (continued)

Directions	
■ do not take more than directed	
adults and children 12 years and over	<ul style="list-style-type: none"> ■ take 2 caplets every 4 to 6 hours as needed ■ do not take more than 8 caplets in 24 hours
children under 12 years	do not use this product in children under 12 years of age; this will provide more than the recommended dose (overdose) and could cause serious health problems
Other information	
■ do not use if carton is opened or red neck wrap or foil inner seal is broken	
■ store at room temperature	
■ see end panel for lot number and expiration date	
Inactive ingredients	
cellulose, cornstarch, FD&C Red #40, hydroxypropyl methylcellulose, magnesium stearate, polyethylene glycol, sodium starch glycolate	
Questions or comments?	
call toll-free 1-XXX-XXX-XXX	

Last updated January 30, 2002

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Training Aid

Name:	Prescription Medicines and You
Format:	Guideline
Source:	National Council on Patient Information and Education Agency for Health Care Policy and Research
Contact:	AHCPR Publication Clearinghouse (800) 358-9295 www.ahrq.gov
Summary:	A seven-page guide which urges patients to get involved in their medical treatment by asking questions of the health care provider. The guide lists the questions that patients should ask and includes various tips for patients to follow to ensure they follow their treatment.
Advantages:	Gives examples of how patients can get involved in their medical treatment. Gives a nice example of a patient discussing concerns with a health care provider regarding drug side effects that may impair their ability to perform their job. Lists questions patients should ask and includes information that patients should relay to the healthcare provider.
Disadvantages:	Provides no specific information about individual drugs or classes of medications. Does not provide sufficient detail on agency policy and procedures for notification of Rx/OTC drug use.

Prescription Medicines and You

Taking Medicines? This Guide Can Help

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Overview

Taking medicines is not always as simple as swallowing a pill. It can involve many steps and decisions each day. Whether you are using a medicine yourself or helping a child or an adult, it is easy to get off track. Perhaps you:

- Did not take all of your medicine because you started feeling better.
- Did not have a prescription filled or refilled (and did not tell your doctor).
- Forgot to take one or more doses a day.
- Took more or less medicine than your doctor told you to take.

This guide can help you avoid errors like these and get the most from your medicines. It explains:

- How to get and follow a treatment plan that is right for you.
- What you need to do to take your medicines safely.
- How to get help when you need it.

This guide also has tips to make it easier to talk with your health care professionals (doctor, pharmacist, nurse, and others) about your medicines.

Stay in touch with your health care professionals while taking your medicines.

Doctor _____
Phone _____

Doctor _____
Phone _____

Pharmacist _____
Phone _____

Pharmacist _____
Phone _____

Nurse _____
Phone _____

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Get Involved

Work with your health care professionals before, during, and after taking medicines—to give and get information, and to get help if you need it.

Why should you take this active role?

1. Because using medicines in the right way is very important to your health. With proper use of medicines, you can:
 - Get the medicine's full benefits. For example, if you take too little of a medicine to lower your cholesterol level, you will not reduce your cholesterol as much as you could.
 - Avoid dangerous problems. Some people end up at a hospital emergency room because they took too much or too little of a medicine, took it the wrong way, or mixed the wrong medicines, foods, and drinks. Improper medicine use can make you worse instead of better.
 - Reduce your chances of having side effects.
2. Because decisions you make about your medicines can affect your schedule, your diet, your finances, and other parts of your daily life.
3. Because most medicine problems can be avoided or solved—if you talk with your health care professional about what is happening.

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How to Get Involved

Taking an active role in medicine use is a three-step process:

1. Take part in decisions about your treatment.
2. Follow your treatment plan.
3. Watch for problems and get help in solving them.

This booklet has ideas to make each step easier.

1. Take Part in Decisions About Your Treatment

When Donna's doctor told her she had high blood pressure, Donna asked what she could do to lower it. While blood pressure control was important to her, so were other things—like not being bothered by medicine side effects when at work. Donna talked about her concerns, and she also told her doctor about

the medicines she takes for her arthritis. Together, they came up with a plan Donna felt she could follow, which included a new medicine and some changes in her diet.

Talk to Your Health Professionals

Take part in your treatment decisions. Do not be afraid to ask questions and talk about your concerns. You may want to write down questions to ask at your next visit. By taking a moment to ask questions now, you may avoid problems later.

Here are some points to cover each time a new medicine is prescribed.

Ask:

- About all parts of your treatment, including diet changes, exercise, and medicines.
- About the risks and benefits of each medicine or other treatment you might get.
- How often you or your doctor will have to check your medicine's effects. For example, this means checking your cholesterol level if you are taking a medicine to lower it.

Tell:

- All the medicines you are already taking. This includes prescription medicines and the medicines you buy over the counter, like aspirin or laxatives. Then your doctor can avoid giving you a new medicine that may not work well with one you take now.
- What is important to you about your medicines. You may want a medicine with the fewest side effects, or the fewest doses to take each day. You may care most about cost, or how the medicine might affect how you live or work. Or, you may want the medicine your doctor believes will work the best. Telling your doctor will help him or her select the best treatment for you.
- If cost is a concern. There may be a generic drug or another lower cost medicine you can take.
- If you have any medicine allergies, or if you have had troubling side effects from a medicine.
- If you are or might become pregnant, or if you are nursing a baby.
- Any illnesses or problems for which another doctor or health professional is treating you.

Tips: Getting Help

Do not be afraid to "bother" your doctor with your concerns and questions. You need to understand and feel comfortable with your treatment plan.

Talk to a nurse or a pharmacist. They also can help you get a treatment plan that is right for you.

Bring a friend or family member with you when you visit your doctor. Talking over your options with someone you trust can help you make better choices, especially if you are not feeling well.

2. Follow Your Treatment Plan

To be sure he understood how to take his new prescription medicine, Steve asked the doctor to explain the medical terms she used. When Steve picked up his medicine, he asked the pharmacist a question he had not thought of at the doctor's. The pharmacist answered his question and gave Steve written information about the medicine. From home, Steve called the nurse to ask about his low-fat diet, which was part of his treatment plan. Following the plan wasn't always easy, but getting help when he needed it kept Steve on track.

Talk to Your Health Professionals

To follow the treatment plan you and your doctor agree on, ask questions and tell your health professionals your needs and concerns. The doctor may start by giving you some directions for taking the medicine.

Use the list located in this document under "Questions to Ask About Your Medicine" to write down answers you receive about the medicine.

If you need more information, you can ask your doctor, pharmacist, or nurse.

Here are some points to cover.

Ask:

- The name of the medicine and what it is supposed to do.
- How and when to take the medicine, how much to take, and for how long.
- What food, drinks, other medicines, or activities you should avoid while taking the medicine.
- What side effects the medicine may have, and what to do if they occur.
- If you can get a refill, and how often.
- About any terms or directions you do not understand.
- What to do if you miss a dose.
- If there is written information you can take home. Most pharmacies have information sheets on your prescription medicines. Some even offer large-print or Spanish versions.

Tell:

- Any concerns you have about using the medicine.
- Any concerns you have about staying with other parts of your treatment.
- If you are not taking your medicine as directed. For example, some people stop taking their medicine as soon as they feel better. Your doctor needs to know about any changes in your treatment plan. Do not let guilty feelings or embarrassment keep you from telling your doctor this important information.

Tips: Getting Help

When you pick up your medicine, ask your pharmacist any questions you might have about it. If you are in a hurry or would feel more comfortable, call the pharmacist later from home.

Try to use one pharmacy for all your medicine needs. The next time you are there, take a few minutes to fill out a "profile" form listing all the medicines you take (bring the list found under "Medicine Record List" in this document to help you). This will help your pharmacist keep track of your medicines.

Some pharmacies are open 24 hours a day. Look for any in your area, and keep their phone numbers handy, along with the number of your regular pharmacy.

Some products (often called compliance aids) can help remind you to take your doses on time and keep track of the doses you take. These aids include check-off calendars, containers with sections for daily doses, and caps that beep when it is time to take a dose. Ask your pharmacist or doctor what is available.

Friends or family members can also help you follow your treatment plan. For example, they could remind you to take a dose or double check that you did take a dose.

But remember: Your medicine was prescribed for *you*. Never share your prescription medicines with anyone.

3. Watch for Problems and Get Help in Solving Them

When Kathy began taking hormones at menopause, she felt bloated and had other annoying side effects. She told the nurse about them at her next clinic visit. The doctor lowered the dose of her medicine. This change helped reduce her side effects.

Talk to Your Health Professionals

Keep working with your health professionals while you are taking your medicine.

Ask:

- About the results of medical tests that show how the medicine is working. For example, if you are taking a drug for high blood pressure, what is your blood pressure reading now?
- If medicine is still needed.

Tell:

- Any problems you are having taking your medicine.
- About side effects or any new problems that may be related to the medicine.
- Any new medicines that another doctor gave you, and any over-the-counter medicines that you started taking since your last doctor's visit. Before you visit your doctor, make a list of all medicines that you take, using the "Medicine Record List" in this document as a guideline, and bring it with you. Try to keep this list up to date. Telling which medicines you take is very important—especially if you have more than one doctor.
- How you are feeling since you started taking the medicine. Do you think it is helping?

Tips: Getting Help

A yearly medicine check-up is a good way to spot hidden problems. Schedule a time with your pharmacist or doctor to look at all the prescription and over-the-counter medicines you take. They can check for duplicate medicines and proper doses. They can also advise you on medicines that are no longer needed, and tell you how to safely get rid of old medicines.

You can get help wherever you take medicines:

At work, there may be a nurse on-site. If not, keep the phone numbers of your health professionals with you.

At school, work with the school nurse to help your child take medicines on time and safely.

At home, a visiting nurse or pharmacist can help you and your family solve medicine problems.

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Stay Involved

Remember, medicines can only help you if you take them the right way. Follow these important steps each

time your doctor prescribes a medicine:

1. Take part in decisions about your treatment.
2. Follow your treatment plan.
3. Watch for problems, and get help in solving them.

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Medicine Record List

Write down each medicine you take, the reason you take it, and how you take it. Be sure to include the following information:

Name of medicine
Reason taken
Dosage
Time(s) of day

Also include any over-the-counter medicines, such as:

Laxatives
Diet pills
Vitamins
Cold medicine
Aspirin or other pain, headache, or fever medicine
Cough medicine
Allergy relief medicine
Antacids
Sleeping pills
Others (include names)

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Questions To Ask About Your Medicine

Take this list of questions with you the next time you go to see your doctor and write down the answers you receive to your questions.

1. What is the name of the medicine? Is this the brand or generic name?
2. What is the medicine supposed to do?
3. How and when do I take it? And for how long?
4. What foods, drinks, other medicines, or activities should I avoid while taking this medicine?
5. What are the possible side effects? What do I do if they occur?
6. Is there any written information available about the medicine?

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For More Information

You can find many helpful books about medicines in bookstores, pharmacies, and libraries. Ask your pharmacist or librarian for suggestions.

The Agency for Health Care Policy and Research (AHCPR) offers single, free brochures about preventing, diagnosing, and treating common health conditions. For a list of topics, including heart failure, acute pain, and smoking cessation, contact:

AHCPR Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907
1-800-358-9295
E-mail: ahrqpubs@ahrq.gov

How To Order Printed Copies of This Guide:

For 10 or fewer free copies, contact the AHCPR Publications Clearinghouse.

For larger orders (bulk discounts may apply), or for information about other publications from the National Council on Patient Information and Education (NCPIE), contact:

NCPIE
4915 St. Elmo Ave., Suite 505
Bethesda, MD 20814-6053
Phone: (301) 656-8565
Fax: (301) 656-4464
Web site: <http://www.talkaboutrx.org>

This guide was developed by the National Council on Patient Information and Education (NCPIE) and the Agency for Health Care Policy and Research (AHCPR). It was funded in part through an educational grant by Novartis Pharmaceuticals Corporation. NCPIE encourages professionals and community groups to foster patient-professional communication about medicines. However, 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.

*AHCPR Publication No. 96-0056
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<http://www.ahrq.gov/consumer/ncpiebro.htm>

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Training Aid

Name:	Quick Tips –When Getting a Prescription
Format:	Guideline
Source:	Agency for Healthcare Research and Quality
Contact:	Agency for Healthcare Research and Quality www.ahrq.gov
Summary:	A brief overview of a patient’s responsibility associated with obtaining prescription medications. It lists items to discuss during treatment and follow-up doctor visits.
Advantages:	Defines employee responsibility associated with starting to use a prescription drug and with monitoring reactions to the drug during continued use.
Disadvantages:	Does not address specific agency policies or procedures. Does not provide any specific information about the medications or possible side effects. Is written for the general public, and is not specific to transportation.

The single most important way you can stay healthy is to be an active member of your own health care team. One way to get high-quality health care is to find and use information and take an active role in all of the decisions made about your care. This card will help you when getting a prescription filled.

Understanding the importance your medication plays in your treatment will help you get the most benefit from your prescription. It is important to take an active role in your health care by working with your doctor, nurse, and pharmacist to learn as much as possible about your prescription.

When you are prescribed a new medication, ask your doctor or pharmacist the following questions:

- What is the name of the medicine? What is it supposed to do?
- Is it okay to substitute a less-expensive generic medicine for the name brand? Will it achieve the same effect?
- What is the dose of the medicine? Are there food, drinks, other medicines, or activities I should avoid while taking this medicine?
- What are the possible side effects of the medicine? What should I do if they occur?
- How many refills of this prescription can I get?
- What should I do if I miss a dose?
- What should I do if I accidentally take more than the recommended dose?
- Is there any written information I can take home with me? (Most pharmacies have information sheets that you can use as an at-home reference.)

When you pick up your medicine at the pharmacy, check to be sure it is the medicine you were prescribed by your doctor.

When your doctor prescribes a medication for you for the first time, make sure to tell him/her the following:

- The names of all medicines you are currently taking, including both over-the-counter and prescription medication. It is important for your doctor to know this information in order to prescribe the medicine that will be the most helpful.
- Any concerns you have about using your medication.
- If you are allergic to any medication or have had troubling side effects from a medication that has been prescribed to you.

During your treatment, you should schedule a follow-up visit to your physician in order to monitor your progress. Make sure to tell him/her:

- About any problems you are having with your prescription.
- About any side effects or problems you have had since starting to take the prescription.
- About any new prescriptions that another doctor may have given you and any over-the-counter medicines that you started taking since your last doctor's visit.
- How you are feeling since starting the medication.

Remember, quality matters, especially when it comes to your health. For more information on health care quality and materials to help you make health care decisions, visit <http://www.ahrq.gov/consumer/pathqpack.htm>



Training Aid

Name:	The New Over-the-Counter Medicine Label...Take a Look!
Format:	Pamphlet
Source:	Food and Drug Administration
Contact:	Food and Drug Administration (888) INFO-FDA www.fda.gov
Summary:	A five-page pamphlet that provides an easy-to-understand summary of OTC medications. The pamphlet describes how to read the labels and cautions regarding drug interactions, side effects, and other hazards associated with use of OTC medications. 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.
Advantages:	The pamphlet is easy to understand, concise, and highlights major points.
Disadvantages:	Written for the general population, and is not specific to transportation. Limited scope; only useful as an introductory piece.

THE **NEW**
OVER-THE-COUNTER
MEDICINE LABEL...



...TAKE A **LOOK!**

ALWAYS READ THE LABEL

Reading the product label is the most important part of taking care of yourself or your family when using over-the-counter (OTC) medicines (available without a prescription).

This is especially true because many OTC medicines are taken without seeing a doctor. The OTC medicine label has always contained important usage and safety information for consumers, but now that information will be more consistent and even easier to read and to understand.

The U.S. Food and Drug Administration (FDA) has issued a regulation to make sure the labels on all OTC medicines (from a tube of fluoride toothpaste to a bottle of cough syrup) have information listed in the same order; are arranged in a simpler eye-catching, consistent style; and may contain easier to understand words.

While the new labels on a majority of OTC drug products will be appearing on store shelves soon, some products and companies have additional time to comply with the new labeling regulations. If you read the OTC medicine label and still have questions about the product, talk to your doctor, pharmacist, or other health care professional.



TAMPER-EVIDENT PACKAGING: AN IMPORTANT SAFETY FEATURE

The makers of OTC medicines widely use tamper-evident packaging for their products. This is to help protect consumers against possible criminal tampering. Drug products with tamper-evident packaging have a statement on the packaging describing this safety feature. It is always important to inspect the outer packaging before you buy an OTC drug product and to look at the product again before you take it.



WHAT'S ON THE NEW LABEL

All nonprescription, over-the-counter (OTC) medicine labels have detailed usage and warning information so consumers can properly choose and use the products.

Below is an example of what the new OTC medicine label looks like.

ACTIVE INGREDIENT

Therapeutic substance in product; amount of active ingredient per unit

USES

Symptoms or diseases the product will treat or prevent

WARNINGS

When not to use the product; conditions that may require advice from a doctor before taking the product; possible interactions or side effects; when to stop taking the product and when to contact a doctor; if you are pregnant or breastfeeding, seek guidance from a health care professional; keep product out of children's reach

INACTIVE INGREDIENTS

Substances such as colors or flavors

PURPOSE

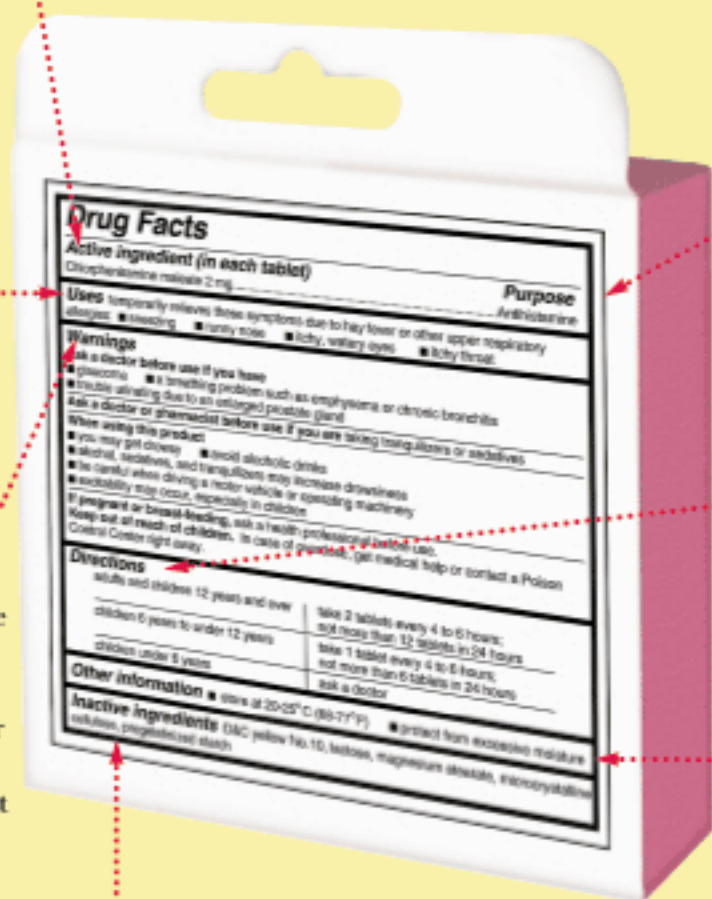
Product action or category (such as an anti-histamine, antacid, or cough suppressant)

DIRECTIONS

Specific age categories, how much to take, how to take, and how often and how long to take

OTHER INFORMATION

How to store the product properly and required information about certain ingredients (such as the amount of calcium, potassium, or sodium the product contains)



The new Drug Facts labeling requirements do not apply to dietary supplements, which are regulated as food products, and are labeled with a Supplement Facts panel.

READING THE LABEL: THE KEY TO PROPER MEDICINE USE



The label tells you what a medicine is supposed to do, who should or should not take it, and how to use it. But efforts to provide good labeling can't help unless you read and use the information. It's up to you to be informed and to use OTC drug products wisely and responsibly.

The manufacturers of OTC medicines sometimes make changes to their products or labeling (new ingredients, dosages, or warnings). Make sure to read the label each time you use the product. Always look for special "flags" or "banners" on the front product label alerting you to such changes. If you read the label and still have questions, ask your doctor, pharmacist, or other health care professional for advice.



THE LABEL ALSO TELLS YOU . . .

- **The expiration date**, when applicable (date after which you should not use the product).
- **Lot or batch code** (manufacturer information to help identify the product).
- **Name and address of manufacturer, packer, or distributor.**
- **Net quantity of contents** (how much of the product is in each package).
- **What to do if an overdose occurs.**

Many OTC medicines are sold in containers with child safety closures. Use them properly. Remember—keep all medicines out of the sight and reach of children.



U.S. FOOD AND DRUG ADMINISTRATION

Phone: 1-888-INFO-FDA (1-888-463-6332)

www.fda.gov



CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

For additional copies of this pamphlet, contact:

Consumer Healthcare Products Association

1150 Connecticut Avenue, NW, Suite 1200

Washington, DC 20036-4193

Phone: (202) 429-3529

www.chpa-info.org

Training Aid

- Name:** A Guide to Managing the Benefits and Risks of Medicines
- Format:** Pamphlet
- Source:** Food and Drug Administration
- Contact:** FDA
(888) INFO-FDA
www.fda.gov
- Summary:** A four-page pamphlet that addresses the benefits and risks associated with the use of prescription and OTC medications. It lists questions to ask about medication use and provides information on how to read a drug label.
- Advantages:** Provides important information in an easy-to-understand format.
- Disadvantages:** Limited coverage of medications and their potential side effects. Is written for the general population, and is not specific to transportation. Does not address responsibilities of safety-sensitive employees.

**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.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES



FOOD AND DRUG
ADMINISTRATION

(FDA) 02-3241

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

When it comes to using medicine, there is no such thing as completely safe. All medicines have risks. The U.S. Food and Drug Administration (FDA) approval of a drug means that the benefits outweigh the known risks that are outlined on the drug's label.

Physicians, physician assistants, nurses, pharmacists and YOU make up your health care team. To reduce the risks related to using medicines and to get the maximum benefit, you need to play an active role on the team.

QUESTION GUIDE

Use this guide to gather the information you need to know from your health care team.

- What are the brand and generic names of the medicine? Can I use a generic form?
- What is the medicine for and what effect should I expect? Does this drug replace any other medicine I have been using?
- How and when will I use it, what amount will I use, and for how long? What do I do if I miss a dose?
- Should I avoid any other medicines, (prescription or over-the-counter), dietary supplements, drinks, foods or activities while using this drug?
- When should I notice a difference or improvement? When should I report back to the team? Will I need to have any testing to monitor this drug's effects?
- Can this medicine be used safely with all my other medications and therapies? Could there be interactions?
- What are the possible side effects? What do I do if a side effect occurs?
- What other medicines or therapies could be used to treat this condition? How do the risks and benefits compare?
- How and where do I store this medicine?
- Where and how can I get written information about this medicine? What other sources of information can I use to make my decision?

For more information, visit our web site at www.fda.gov/cder or call 1-888-INFO-FDA.



**Be An Active Member
of Your Health Care Team**

U.S. Department of Health and Human Services
Food and Drug Administration



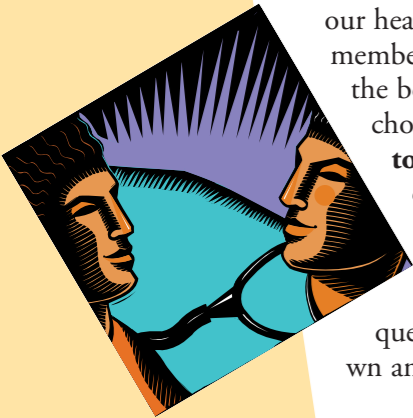
Speak up

The more information your health care team members know about you, the better they can develop a plan of care tailored to you. ALL of the members of your team need to know:

- your medical history
- any allergies and sensitivities you have
- the medications you take routinely and occasionally—prescription and over-the-counter
- any dietary supplements you use, including vitamins and herbals
- other therapies you use
- anything that may affect your ability to use the medication

Ask Questions

our health care team members help you make the best-informed choices, but **you have to ask the right questions.** When you meet with a team member, have your questions written down and take notes.



You may also want to bring along a friend or relative to help you understand and remember the answers.

Use the **Question Guide** on the back of this brochure to help you gather the information you need from your health care team. If you don't understand an answer, ask again.

Learn the Facts

Before you purchase a prescription or over-the-counter medicine, learn and understand as much about it as you can, including:

- generic and brand names
- active ingredients
- proper uses—(indications/contraindications)
- instructions
- warnings and precautions
- interactions—with food, dietary supplements, other medicines
- side effects/adverse reactions
- expiration dates



Drug information designed for the consumer is available from a variety of sources—your pharmacy, the manufacturer, the library, the bookstore and the internet. If there is something you don't understand, ask your health care team.



Balance the Benefits and Risks—Make Your Decision

After you have exchanged all the information, weigh all your options. At this point you must decide if the benefits you hope to achieve from the medicine outweigh its known risks. **The final choice is yours.**

Follow Directions

When you are ready to use the medicine, maximize the benefits and minimize the risks by following the instructions printed on the drug label:

- *Read the label every time you fill your prescription*—before you leave the pharmacy. Be sure you have the right medicine and understand how to use it.
- *Read the label every time you are about to use the medicine*—to be sure it's the right medicine, for the right patient, in the right amount, in the right way, at the right time.
- *Take the recommended dose exactly as prescribed*—no matter how tempted you are to use more to feel better faster.
- *Finish all the medicine as directed*—even if you start to feel better before all your medicine is completed.

Report Back to the Team

Pay attention to how you feel and notify your health care team of any problems.

If you have doubts that the medicine is working effectively, don't stop taking it without checking with the team. Some medications take longer to show a benefit, and some need to be withdrawn gradually to decrease undesirable effects.

If you experience a side effect, let your health care team know immediately. An adjustment in the dosage or a change in medication may be needed.



Go to www.fda.gov/cder or call 1 (888) INFO-FDA for more information about how to be an active member of your health care team and additional drug information.



Training Aid

Name:	Safety-sensitive Employee Guidelines for Use of Rx and OTCs
Format:	Guideline
Author:	RLS and Associates (937) 299-5007 rlsasc@mindspring.com
Source:	FTA Drug and Alcohol Regulation Updates, Issue 22, page 5
Summary:	One page of guidelines for safety-sensitive employees. The guidelines provide safety-sensitive employees with information that should be shared between the employee and health care provider concerning medications and medical conditions. They direct the employee to ask questions and ensure that the correct medication is being used at the correct strength. They also caution employees against using medications prescribed to someone else, and reminds them to be cautious of medications that caused severe side effects in the past.
Advantages:	Is transit-industry specific. Provides detailed guidance for safety-sensitive employees to follow while talking with health care providers concerning medication. Defines employee responsibility associated with Rx/OTC use. Addresses Rx/OTC hazards, employee responsibility, and employee procedures.
Disadvantages:	Provides no specific information about individual or classes of medications. Does not provide sufficient detail on agency policy and procedures for notification of Rx/OTC drug use, potential for MRO review, or consequences of policy violation.

Rx & OTC Medications

Safety-sensitive Employee Guidelines for Use of Rx and OTCs

- 1. Be cautious.** All medications, prescription (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.
- 2. 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.
- 3. 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 provided with Rx and OTCs.
- 4. 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 recommended may not.
- 5. 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.
- 6. Never take someone else's medication.** Even if you have taken this medication or one like it before. This is illegal, dangerous, and it may cause impairment.
- 7. 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 other medications taken.
- 8. 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 avoid 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.
- 9. Ask for alternative treatments or dosage schedule.** If you notice side-effects that could pose a safety risk, consult your prescribing physician (or pharmacist in the case of an OTC) about alternative treatments, medications, dosages, or schedule of use. You may be able to avoid the negative side-effects by simply shifting the dosage schedule to take your medications following your shift rather than before.
- 10. 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.

Where to Find?

Conforming Products List
Evidential Breath Testing (EBT) Devices
July 21, 2000
Federal Register Vol.65
Pages 45419 - 45423
Primary Topic:
Conforming Products List (CPL)
Website location: www.nhtsa.gov/people/injury/alcohol

Note: This list will be updated periodically.

Non-evidential Testing Devices
May 4, 2001
Federal Register Vol.66
Pages 22639 - 22640
Primary Topic: Initial Alcohol Screening Devices

Note: This list will be updated periodically.

The information presented on this page should be used to update Chapter 5 of the revised **Implementation Guidelines.**

Training Aid

Name: Employee Substance Abuse Awareness Training – Legal Drugs Can be a Problem

Format: Classroom – PowerPoint Presentation

Transit System: WHATCOM Transportation Authority
Bellingham, WA

Contact: Kimberly Somers, Human Resources Department
(360) 738-4588
kimberlys@ridewta.com

Summary: A very brief overview of the hazards of legal medications incorporated into the employee substance abuse awareness training. It is supplemented by a video titled “How to Talk to Your Pharmacist.”

Advantages: It is incorporated into existing training. Provides highlights and raises awareness. Defines employee responsibility.

Disadvantages: Provides no specific information about individual or classes of medications. Does not provide sufficient detail on agency policy and procedures for notification of Rx/OTC drug use, potential for MRO review, or consequences for policy violation.

Legal drugs can be a problem



Legal drugs may impair your ability to drive:

- ⌚ allergies
- ⌚ depression
- ⌚ insomnia or anxiety
- ⌚ high cholesterol
- ⌚ pain or inflammation

1

If you are taking medications:

- ⌚ Tell you physician you have a safety-sensitive job;
- ⌚ Ask your physician about side effects;
- ⌚ Ask about non-sedating alternatives;
- ⌚ Bring a note from your physician to work;
- ⌚ Read the label for warnings;
- ⌚ Consult the pharmacist about interactions;
- ⌚ Don't combine medications with alcohol.

2

How to Talk to Your Pharmacist

Video
5 minutes

Training Aid

Name: IN-RTAP Substance Abuse Awareness Training

Format: PowerPoint Presentation

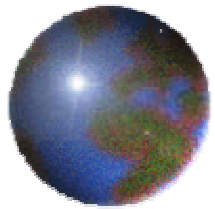
Transit System: Indiana Rural Transit Assistance Program (IN-RTAP)

Contact: Vicki Warner
(800) 334-3554

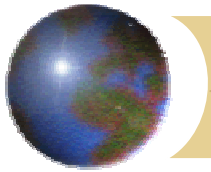
Summary: A very brief overview of employee responsibility associated with use of Rx and OTC medications. It is part of the substance abuse awareness training.

Advantages: Defines employee responsibility associated with Rx/OTC use. It is incorporated in existing training.

Disadvantages: Does not address specific agency policies or procedures. Does not provide any specific information about the medications or possible side effects.



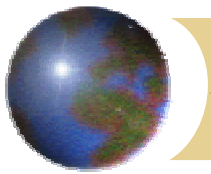
Employee Substance Abuse Training



Over-The-Counter Drugs

Responsible use of over-the-counter drugs:

- ✦ Read Label
- ✦ Check for Warnings
- ✦ Consult with Physician or Pharmacist
- ✦ Make Informed Decisions Regarding Fitness for Work
- ✦ Take as Directed
- ✦ Check Alcohol Content



Transit Employees Responsibility

Prescription Drugs

- ✦ Check Warning Labels
- ✦ Inform your supervisor of any medications you are taking
- ✦ Determine whether or not you should report to work
- ✦ Take the medication exactly as prescribed

Training Aid

Name:	Prescription and Over-the-Counter Drugs
Format:	Payroll Stuffer/Flyer
Author:	Miami-Dade Transit Authority
Source:	Michael Vrera (305) 637-3786 mvi@miami-dade.gov
Summary:	A one-sheet flyer that was distributed to all safety-sensitive employees with paychecks. The flyer notifies employees of the potential risks associated with the use of Rx and OTC medications by safety-sensitive employees, and informs them of their responsibilities under the agency's policy. The flyer also lists examples of Rx and OTC medications.
Advantages:	Is very brief and to the point. Raises awareness of the potential risks and informs employees of their responsibilities.
Disadvantages:	Does not provide adequate explanation of the medications listed, why they are listed, or what the employee is supposed to do with the information. Does not advise employees about how to be proactive and avoid problems and side effects associated with Rx/OTC use.

PRESCRIPTION AND OVER-THE-COUNTER DRUGS

Some prescription and over the counter drugs may adversely affect a safety-sensitive employee's ability to perform their job safely. Taking prescribed medication or non-prescription drugs is not illegal, but it is important to understand the potential side effects. All MDTA safety-sensitive employees should consult with their physician or pharmacist regarding the side effects of medications. In addition, MDTA **requires** safety-sensitive employees to report to their supervisor before performing work-related duties any medication they are taking that carries a warning label indicating that mental functions, motor skills, or judgment may be adversely affected. Failure to comply may result in disciplinary action up to and including dismissal.

Some examples of prescription and over-the-counter drugs:

Analgesics

Aspirin w/codeine, Codeine, Darvocet, Darvon, Demerol, Dilaudid, Empirim Compound w/codeine, Levo-Dromoran, Methadone, Percocer, Percodan, Soma Compound s/codeine, Talacet, Talwin, Tylenol w/codeine, and Vicodin.

Anti-Motion Sickness

Antivert, Dramamine, Marezine, Phenergan, Transdram-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, Amltriptyline, 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, Pentobarital, Phenobarbital, 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.

Distributed by MDTA Human Resources
with paychecks 09/22/00

Training Aid

Name: Over-the-Counter and Prescription Drug Policy Summary

Format: Brochure

Transit System: Maryland Transit Administration, Baltimore

Contact: Rick Morse
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Summary: A six-panel brochure that summarizes the agency's OTC and Rx policy. The brochure states the purpose of the policy, the employee responsibilities, and the medical assessment/authorization and supervisor notification procedures for Rx and OTC medications. It also lists employee DOs and DON'Ts, and lists medications that are of concern when used by safety-sensitive employees.

Advantages: Clearly explains the policy in a concise, easy-to-understand manner. Provides information that employees need to know and addresses the most common questions and concerns of employees.

Disadvantages: None

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 medication 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 for 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 (form 1C1) in your possession.
6. Use an over-the-counter medication whose label warns it could affect mental functioning, motor skills or judgment.

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, Externdryl, Fedahist, Ibuprofen, Krnonfed, Naldecon, Nolamin, Novafed, Ornade, Phenergan, Rondec, Rynatan, Sinubid, Sinulin, 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, 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.

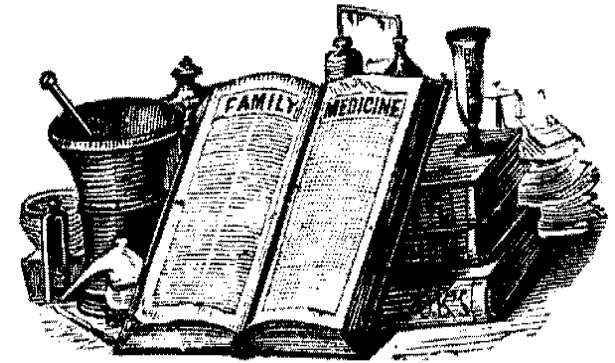
Barbiturates

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

Skeletal Muscle Relaxants

Flexeril, Parafon, Soma.

OVER-THE-COUNTER & PRESCRIPTION DRUG POLICY SUMMARY



Contact the MTA's Benefits Department at 410-767-3850 if you have any questions or need additional information

This brochure is a product of the Maryland Transit Administration's Office of Administrative Services

February 2002



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.

The policy provides a form (1C1) for use as a communication document between the MTA, the employee and the treating physician, concerning the employee's eligibility to work while being medicated.

MTA's physicians are available to consult with the employee or his or her physician if desired. MTA's physicians will also monitor the medical administration of this policy.

For a complete copy of the Over-the-Counter and Prescription Drug Policy contact the MTA *Benefits Department* at 410-767-3850.

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 1C1 form, which can be obtained from your supervisor or the MTA's Medical Services Section of the Human Resources Division (HRD) at St. Paul St. If you forget to take this form with you, your physician can request that one be faxed by contacting MTA HRD at 767-3850.

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 form 1C1. 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. You report to work and keep form 1C1 on your person at all times while performing your duty.

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 your supervisor, who will place you on the sick list. If you apply for sick pay, form 1C1 will serve as the physician's section of your application.

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 for using form 1C1.
- ✓ 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.

Training Aid

Name:	Public Transportation Substance Abuse Awareness Program
Format:	Employee Manual, Instructor Manual, Vu-graphs
Author:	Florida Department of Transportation
Source:	Mike Johnson (850) 414-4500 jamesmike.johnson@dot.state.fl.us
Summary:	A comprehensive substance abuse awareness program that includes modules on prescription medications, over-the-counter medications, and combining drugs. The program includes an employee manual and an instructor's manual complete with explanatory text, discussion points, exercises, and vu-graphs. The employee manual can be used as a stand-alone, a self-instructed tool, an employee reference, or a supplement to classroom training.
Advantages:	Is very comprehensive and easy to understand. Contains exercises that emphasize major points. Is sufficiently flexible to allow transit systems to use the materials to suit their specific needs.
Disadvantages:	Is generic, and thus does not address specific employer policies or procedures. Contains an outdated list of medications, and does not address the potential for adding new or other medications.

PUBLIC TRANSPORTATION SUBSTANCE ABUSE AWARENESS PROGRAM



You are the
DESIGNATED
DRIVER.

Instructor's Manual

Florida Department of Transportation
Transit Office
Office of Public Transportation

Lawton Chiles
Governor



Nick A. Serianni
Administrator,
Public Transportation

MODULE 8: PRESCRIPTION DRUGS

Notes to the Instructor

- Emphasize the point that all medications affect different people differently. Caution your employees not to take anyone else's medication (family members, friends or co-workers) as the drug may effect them differently. Physicians prescribe dosages of drugs based on physical condition, body weight, and other medications used. What may be safe for one person may not be safe for another.
- Also make sure your employees understand that one person's skill level may not be affected at all by use of a prescription medication, while another may be significantly impaired when using the same drug.
- Your employees also need to understand that the effect of a medication may change over time. Each time a medication is taken, a responsible transit professional should closely monitor their own reaction and report any unusual effects to their physician.
- Remind your employees that it is their responsibility to know what they are taking and how it will affect their ability to do their jobs.
- Part 2 of the **RTAP—Substance Abuse in Rural Transit** program addresses prescription drugs. If you wish to supplement this module, show part 2 of the videotape before addressing the discussion points.

Presentation

View Graph 8-1

Objectives: To inform public transit professionals of their responsibilities associated with taking prescription drugs.

To describe the dangers to public and personal safety associated with use or misuse of prescription drugs.

Prescription Drug Use

Prescription drugs are medications that are prescribed by a physician for a specific medical purpose. These medications are controlled due to their potential for abuse or harm. They are meant to be taken under the supervision of a physician who can monitor the effect and modify the dosage or discontinue its use as a person's condition warrants.

The prescription defines how much of the drug to take, how often, and for how long. A prescription drug that is not taken according to the directions may be addictive, harmful, or deadly.

View Graph 8-2

Tranquilizers, barbiturates, narcotics, hypnotics, and antihistamines are the most widely prescribed drugs. Tranquilizers such as Valium, Librium and Xanax all have the effect of depressing the body's functions. They are often called downers. Tranquilizers have the potential to impair concentration, perception, judgment, vision, and reflexes. Physical coordination may be diminished, and the person may be disoriented.

Barbiturates such as Nembutal, Seconal and Mebaral are prescribed primarily as sleeping pills. They affect reaction time, muscle control, coordination and the thinking process.

Narcotics such as Codeine, Darvon, Percodan and Demoral are opiate based pain killers and cough suppressants. Hypnotics such as Quaalude are sleep-inducing agents. Antihistamines such as Periactin and Pelamine are used for treating cold symptoms and allergic reactions.

View Graph 8-3

Since each of these drugs and many others that are not listed can affect skill levels, public transit professionals must make an informed and responsible decision regarding their use. Any time a transit system employee is given a prescription by a licensed physician, it is their responsibility to ask the doctor the content of the drug and whether or not it will affect the safe performance of your job duties.

If there is a risk, the transit employee should discuss other treatment options or should not report to work until the effects of the medication are eliminated. Use of a prescription medicine that impairs ability can compromise public safety just as easily as an illegally obtained substance.

Similarly, any time a transit employee gets a prescription with a warning label indicating that the patient should not operate heavy machinery or drive a vehicle, the pharmacist or physician should be questioned about the drug's effects. Given the information, the employee should report the medication to his/her supervisor and refrain from working until the effects of the medication have worn off.

Discussion

View Graph 8-4

What driving skills are commonly affected by prescription medications?

View Graph 8-5

- *concentration*
- *alertness*
- *judgment*
- *coordination*

How are prescription drugs abused?

Using other people's prescriptions, out-dated prescriptions, taking a larger dose than prescribed, taking the drug for too long, or taking the drugs along with others. The misuse or abuse of prescription medications can be dangerous.

Why are prescription drugs so commonly abused?

Many people misuse prescription drugs because they are not aware of the risks involved. Other people become confused, misunderstand, or forget the physician's instructions.

Yet, others misuse prescription drugs because they like the "high" or are physically or psychologically addicted to the drug.

MODULE 9: OVER-THE-COUNTER DRUGS

Notes to the Instructor

- Be sure that your employees know that it is their responsibility to read the warning labels on any over-the-counter (OTC) drugs, even ones that they have taken for years.
- Point out to your employees that the effects of drugs can change over time. Just because a drug has been used in the past without any difficulty does not mean that there may not be problems in the future.
- Many people think that OTC drugs are harmless. You should make it perfectly clear that the misuse or abuse of any drug, no matter how seemingly harmless, may result in dangerous consequences.
- OTCs should not be taken in combination with any other drug unless a physician or pharmacist indicates that the combination is acceptable. Point out to your employees that this includes alcohol, OTCs, prescription drugs, and illegal drugs.
- Make sure your employees, particularly those that must handle volatile substances, understand their danger. Point out that they should be using standard company safety practices around these products to avoid inadvertent inhalation and subsequent physical reactions.
- Part 3 of the videotape from the **RTAP—Substance Abuse in Rural Transit Program** provides an extensive discussion of over-the-counter drugs. If you wish to supplement this training program, show part 3 of this video before addressing the discussion points.

Presentation

View Graph 9-1

Objectives: To identify substances that can be purchased legally without a prescription that can affect job performance.

To describe the dangers to public and personal safety caused by their use.

Over-the-Counter (OTC) Drugs

Many drugs can be legally purchased without a prescription at pharmacies, grocery stores, discount stores, and anywhere else they are sold. Even though they are safer than prescription drugs, they still may have dangerous side effects that should be understood before their use. There are many different types of OTCs, most of which will not affect your ability to perform your job. However, there are two categories of OTCs whose use may compromise job performance and pose a risk to the public safety.

View Graph 9-2

The two types of OTCs that have the potential to affect skill levels include antihistamines and stimulants. Antihistamines are used to relieve symptoms of colds, cough, sinus, and hay fever. Many are former prescription medicines that have been approved for general sale.

Antihistamines cause drowsiness, slow down reflexes, and impair vision. They tend to effect different people in different ways. The labels on these drugs warn against the operation of a car or heavy machinery after their use.

Stimulants are used as decongestants and in diet pills. Use of these drugs can often result in jitteriness, an inability to concentrate, a false sense of alertness and irritability. Similar to their illegal relatives, use of OTC stimulants is often followed by a period of sudden, extreme tiredness.

View Graph 9-3

Before any drug is taken, a responsible user should read the label carefully to find out its ingredients, likely side effects, and use warnings. A pharmacist can also provide information on a particular drug's effects. Over-the-counter drugs should be taken according to the directions. Taking too much of even an OTC can be fatal. Caution should also be given to taking more than one drug at a time.

Other Substances

View Graph 9-4

Besides over-the-counter drugs, there are a number of other commodities that can affect a person's skill level and performance. These commodities, many of which are volatile substances, are not drugs per se, but are abused. Most commonly referred to as inhalants, these commodities can be easily found around the house or place of work since they are common household products such as glue, gasoline, paint thinner, and cleaners, to name a few.

View Graph 9-5

The fumes from these commodities are inhaled causing drowsiness, lightheadedness, numbness, and a "rush" or "high." The use of inhalants can sometimes lead to irritability, violence, and unpredictable behavior. The high lasts for a few minutes before it dissipates.

Inhalants are very dangerous because they attack every vital organ including the brain, lungs, liver, and kidneys. Oxygen to the brain can be cut off resulting in death, severe brain damage, or heart failure.

Discussion

View Graph 9-6

What ingredients are commonly used in over-the-counter drugs?

Alcohol is commonly used in nighttime cold formulas and other cold remedies. Caffeine is frequently used as the main active ingredient in stimulants that promise to help keep you awake. Transit employees should be careful to read all labels to find out the content of the drugs they are taking, and the possible effects of safe job performance.

How are the over-the-counter drugs misused or abused?

OTCs are abused when the directions are not followed, taking the drug when it is not necessary, taking too much of the drug, or taking it for too long. Other forms of abuse are ignoring warning labels and combining the use of drugs. Many people misuse OTCs because they are ignorant of the drugs purpose, ingredients, and side effects.

How can a responsible transit professional avoid inadvertently misusing an OTC?

Read the label carefully, and ask a physician or pharmacist of the effects of the drug. Let them know of your job duties and ask them specifically how your performance might be affected. Don't be fooled by thinking over-the-counter drugs are harmless.

Why do people use inhalants?

Inhalants are readily available and are inexpensive, therefore, making them very attractive to those with little money or limited access to other drugs. Also, many people are not aware of the risks involved.

MODULE 10: COMBINING DRUGS

Notes to the Instructor

- The combination of any drugs can be dangerous. Many are life threatening combinations while others greatly impair judgment, alertness, concentration, coordination, perception, and other skills essential to a public transit employee. A person who conscientiously evaluates the impairing potential of drugs may still make an unwise decision unless the same scrutiny is given the combination of drugs.
- Many people think that overdoses are caused by individuals taking large quantities of drugs. This however, is not true when drugs are combined. Even the smallest of dosages can be lethal.
- Because alcohol and marijuana are so widely used and accepted, many people don't think of them as deadly. Even when combined with other drugs, the risks involved in their use are not taken seriously. Most people think that drug or alcohol use is only a problem for alcoholics or junkies.

Send a clear message to your transit employees that this is not true. Drug usage of any type is dangerous because of the personal health risks, but also because of the effects on skill levels and performance that result from their use. Public transit professionals must not jeopardize the safety of their passengers, fellow employees, or others on the road.

- Even though it sounds like you are asking your employees to become experts in pharmacology, this is not true. Employees need only ask a physician or pharmacist of the effects of the drugs, and read warning labels to make informed decisions. The only other requirement is common sense.

Presentation

View Graph 10-1

Objectives: To inform transit system employees of the dangers of combining drugs.

To describe the effects of combining drugs on job performance and the corresponding risk to public safety.

Effects of Combining Drugs

View Graph 10-2

Each of the drugs described in this training program can seriously affect skills that are essential to performing your job duties safely. When combined, the effects of each drug are intensified and may generate an effect greater than the sum of the two drugs when taken individually. The amount of interaction between the drugs and their combined effects may be unpredictable and can be deadly. Even combining two seemingly harmless drugs can have disastrous effects.

View Graph 10-3

The dangers are not only associated with illegal drugs, but also with prescription drugs, over-the-counter drugs, and alcohol. Before accepting a prescription from a physician, make sure the doctor is aware of any other medications (prescription or otherwise) that you are taking. Be sure to take the medications as prescribed and read the warning labels for prohibitions regarding use of alcohol or other drugs. If you are directed to take more than one prescription at the same time or if you are simultaneously taking an OTC, ask about the way the drugs will interact, the anticipated effects, and impact on skill levels.

Because alcohol is a depressant, when it is combined with other depressants (tranquilizers and barbiturates), the effects can be deadly. Since most people do not think of alcohol as a drug, but rather as a beverage, many people are not aware of the dangers. Alcohol should not be consumed while taking any other medications.

Many times a marijuana joint is used as the means of taking other illegal drugs. Marijuana is also commonly used in combination with alcohol. These combinations magnify the effects of each other and result in unpredictable behavior, impaired skill levels, and unnecessary risks to health and safety. The risks become even greater when the user is not aware of the presence of the other drugs and is caught by surprise with more than he/she bargained for.

Combining cocaine with alcohol or other depressants results in significant physical trauma as the two drugs are giving the body two opposite messages (i.e., speed up and slow down). Cocaine mixed with other stimulants greatly intensifies the effects of both drugs. The result is increased blood pressure and heart rate often resulting in heart attack, stroke, brain seizure and/or death. The human body can only take so much abuse.

The resulting effects on job performance and skill levels will be more dramatic and longer lasting with the use of a combination of drugs. Attempting to perform basic skills may become very difficult and dangerous, compromising public and personal safety.

Discussion

View Graph 10-4

How can a responsible person avoid the risks associated with combining drugs?

Do not combine any drugs or alcohol unless specifically directed to do so by a physician or pharmacist. Be particularly cautious with the use of alcohol, tranquilizers, barbiturates, or stimulants. Be careful to read warning labels and ask your physician how the drugs may interact and how that will affect your skill level and job performance.

Which drug combinations are the most dangerous?

The combination of alcohol with tranquilizers is often cited as a deadly combination, as is the combination of cocaine and other stimulants. However, any combination of drugs can be dangerous and should be avoided unless a physician or pharmacist directs their use. Because the effects of the drugs are intensified and unpredictable, a public transit professional may not know what the effects of taking the drugs may be or how their job skills will be impacted. Unnecessary risk to the individual, co-workers, passengers, and others on the road, results.

How much of the drugs or alcohol must be taken before the dangerous consequences are experienced?

Any amount is too much. Accidental deaths have occurred when as few as one or two drinks have been combined with one or two Valium.

**Module 8: Prescription Drugs
Exercise**

Indicate whether the individuals in each of the scenarios described below properly used the prescription drug in a responsible manner.

1. Jean was given a prescription for a recurring ailment. When she got the prescription filled she realized that the dosage (1 tablet every six hours) was less than the dosage (2 tablets every six hours) that she had taken in the past. She decides an error must have been made at the pharmacy and takes two tablets.

Was this a responsible use of the prescription?

_____ Yes _____ No

2. Larry received a prescription for a cough medicine. On the bottle were taped warning labels. One said the drug could cause drowsiness and a second said the drug should be taken on a full stomach. Larry did not have time to eat lunch since he spent his whole break in the pharmacy. He took the correct dosage and got on his vehicle to make the next trip.

Was this a responsible use of the prescription?

_____ Yes _____ No

3. Teresa was given a prescription for pain killers after she injured her ankle. Her physician indicated that she could return to work. Several weeks later, Teresa's boyfriend, Bill, had a similar injury. Instead of spending the money to see a doctor, Bill took some of Teresa's medication that was left over.

Was this a responsible use of the prescription?

_____ Yes _____ No

Module 9: Over-the-Counter Drugs Exercise

The labels from several over-the-counter medications are provided below. Read each label and underline the statements that a responsible public transit professional should be concerned about.

Indications: For the temporary relief of occasional minor irritation, pain, sore mouth, and sore throat.

Directions: Adults and children 2 years of age and older: Allow one lozenge to dissolve slowly in the mouth. May be repeated every 2 hours as needed or as directed by a dentist or doctor. Children under 2 years of age: Consult a dentist or doctor.

Warnings: If sore throat is severe, or is accompanied by difficulty in breathing, or persists for more than 2 days, do not use and consult a doctor promptly. If sore throat is accompanied by or followed by fever, headache, rash, swelling, nausea, or vomiting, consult a doctor promptly. If sore mouth symptoms do not improve in 7 days, or if irritation, pain, or redness persists or worsens, see your doctor or dentist promptly. Do not exceed recommended dosage. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. **Keep this and all drugs out of the reach of children.** In case of accidental overdose, seek professional assistance or contact a poison control center immediately.

Active Ingredient: Each lozenge contains: Dyclonine Hydrochloride 3.0 mg.

Inactive Ingredients: Blue 1, Corn Syrup, Flavor, Menthol, Methylparaben, Propylparaben, Red 40, Silicon Dioxide, Sodium Benzoate, Sucrose.

Store at room temperature between 15° and 30°C (59° and 86°F). Protect from moisture. Use by expiration date printed on package. Keep lozenges in carton for better identification until used.

List No. CV94518

All Brand products are satisfaction guaranteed or your money back.

Distributed by:
Woonsocket, RI 02895



Allergy-D 12
Hour

ANTIHISTAMINE

Chlorpheniramine Maleate 8 mg

NASAL DECONGESTANT

Pseudoephedrine Sulfate 120 mg

INDICATIONS: CHLOR-TRIMETON Allergy-D tablets temporarily relieve sneezing, itchy, watery eyes, itching of the nose or throat, and runny nose due to hay fever or other upper respiratory allergies. Helps decongest sinus openings and sinus passages. Reduces swelling of nasal passages, shrinks swollen membranes, and temporarily restores freer breathing through the nose.

DIRECTIONS: ADULTS AND CHILDREN 12 YEARS AND OVER – One tablet every 12 hours. Do not exceed 2 tablets in 24 hours. **CHILDREN UNDER 12 YEARS OF AGE:** Consult a doctor.

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WARNINGS: Do not exceed recommended dosage. If nervousness, dizziness, or sleeplessness occur, discontinue use and consult a doctor. If symptoms do not improve within 7 days or are accompanied by fever, consult a doctor. May cause excitability especially in children. Do not take this product unless directed by a doctor if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma, heart disease, high blood pressure, thyroid disease, diabetes, or difficulty in urination due to enlargement of the prostate gland, or give this product to children under 12 years of age. May cause drowsiness; alcohol, sedatives, and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages while taking this product. Do not take this product if you are taking sedatives or tranquilizers, without first consulting your doctor. Use caution when driving a motor vehicle or operating machinery. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

DRUG INTERACTION PRECAUTION: Do not use this product if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you are uncertain whether your prescription drug contains an MAOI, consult a health professional before taking this product.

Store between 2° and 30°C (36° and 86°F).
Protect from excessive moisture.

*Helps prevent nausea
and dizziness due to
motion sickness.*

SAVE BOX FOR COMPLETE PRODUCT INFORMATION

Drug Facts

Active ingredient (in each tablet)

Dimenhydrinate 50 mg

Purpose
Antiemetic

Uses for the prevention and treatment of nausea, vomiting, or dizziness associated with motion sickness

Warnings

Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ difficulty in urination due to an enlargement of the prostate gland

Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers

When using this product ■ you may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ use caution when driving a motor vehicle or operating machinery

If pregnant or breast-feeding, ask a health professional before use.

Keep out of the reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

To prevent motion sickness, the first dose should be taken one half to one hour before starting activity.

Directions

Adults and children 12 years of age and over	1 to 2 tablets every 4 - 6 hours; not to exceed 8 tablets in 24 hours
Children 6 to under 12 years of age	1/2 to 1 tablet every 6 - 8 hours; not to exceed 3 tablets in 24 hours
Children 2 to under 6 years of age	1/4 to 1/2 tablet every 6-8 hours; not to exceed 1 1/2 tablets in 24 hours
Children under 2 years of age	Ask a doctor

Other information ■ TAMPER EVIDENT: DO NOT USE IF CARTON IS OPENED OR IF BLISTER UNIT IS TORN, BROKEN OR SHOWS ANY SIGNS OF TAMPERING ■ store at controlled room temperature 15°-30°C (59°-86°F) ■ protect from moisture ■ use by expiration date on package ■ see end flap for expiration date and lot no. ■ for better identification keep tablets in carton until used

Inactive ingredients croscarmellose sodium, dicalcium phosphate, magnesium stearate, microcrystalline cellulose, silica gel, stearic acid

Module 9: Over-the-Counter Drugs Exercise

The labels from several over-the-counter medications are provided below. Read each label and underline the statements that a responsible public transit professional should be concerned about.

Indications: For the temporary relief of occasional minor irritation, pain, sore mouth, and sore throat.

Directions: Adults and children 2 years of age and older: Allow one lozenge to dissolve slowly in the mouth. May be repeated every 2 hours as needed or as directed by a dentist or doctor. **Children under 2 years of age:** Consult a dentist or doctor.

Warnings: If sore throat is severe, or is accompanied by difficulty in breathing, or persists for more than 2 days, do not use and consult a doctor promptly. If sore throat is accompanied by or followed by fever, headache, rash, swelling, nausea, or vomiting, consult a doctor promptly. If sore mouth symptoms do not improve in 7 days, or if irritation, pain, or redness persists or worsens, see your doctor or dentist promptly. Do not exceed recommended dosage. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. **Keep this and all drugs out of the reach of children.** In case of accidental overdose, seek professional assistance or contact a poison control center immediately.

Active Ingredient: Each lozenge contains: Dyclonine Hydrochloride 3.0 mg.

Inactive Ingredients: Blue 1, Corn Syrup, Flavor, Menthol, Methylparaben, Propylparaben, Red 40, Silicon Dioxide, Sodium Benzoate, Sucrose.

Store at room temperature between 15° and 30°C (59° and 86°F). Protect from moisture. Use by expiration date printed on package. Keep lozenges in carton for better identification until used.

List No. CV94518

All Brand products are satisfaction guaranteed or your money back.

Distributed by:
Woonsocket, RI 02895



Allergy-D **12 Hour**
ANTIHISTAMINE
Chlorpheniramine Maleate 8 mg
NASAL DECONGESTANT
Pseudoephedrine Sulfate 120 mg

INDICATIONS: CHLOR-TRIMETON Allergy-D tablets temporarily relieve sneezing, itchy, watery eyes, itching of the nose or throat, and runny nose due to hay fever or other upper respiratory allergies. Helps decongest sinus openings and sinus passages. Reduces swelling of nasal passages, shrinks swollen membranes, and temporarily restores freer breathing through the nose.

DIRECTIONS: ADULTS AND CHILDREN 12 YEARS AND OVER – One tablet every 12 hours. Do not exceed 2 tablets in 24 hours. **CHILDREN UNDER 12 YEARS OF AGE:** Consult a doctor.

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WARNINGS: Do not exceed recommended dosage. If nervousness, dizziness, or sleeplessness occur, discontinue use and consult a doctor. If symptoms do not improve within 7 days or are accompanied by fever, consult a doctor. May cause excitability especially in children. Do not take this product unless directed by a doctor if you have a breathing problem such as emphysema or chronic bronchitis, or if you have glaucoma, heart disease, high blood pressure, thyroid disease, diabetes, or difficulty in urination due to enlargement of the prostate gland, or give this product to children under 12 years of age. May cause drowsiness; alcohol, sedatives, and tranquilizers may increase the drowsiness effect. Avoid alcoholic beverages while taking this product. Do not take this product if you are taking sedatives or tranquilizers, without first consulting your doctor. Use caution when driving a motor vehicle or operating machinery. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

DRUG INTERACTION PRECAUTION: Do not use this product if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you are uncertain whether your prescription drug contains an MAOI, consult a health professional before taking this product.

Store between 2° and 30°C (36° and 86°F).
Protect from excessive moisture.

*Helps prevent nausea
and dizziness due to
motion sickness.*

SAVE BOX FOR COMPLETE PRODUCT INFORMATION

Drug Facts

Active ingredient (in each tablet)

Dimenhydrinate 50 mg

Purpose
Antiemetic

Uses for the prevention and treatment of nausea, vomiting, or dizziness associated with motion sickness

Warnings

Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ difficulty in urination due to an enlargement of the prostate gland

Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers

When using this product ■ you may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ use caution when driving a motor vehicle or operating machinery

If pregnant or breast-feeding, ask a health professional before use.

Keep out of the reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

To prevent motion sickness, the first dose should be taken one half to one hour before starting activity.

Directions

Adults and children 12 years of age and over	1 to 2 tablets every 4 - 6 hours; not to exceed 8 tablets in 24 hours
Children 6 to under 12 years of age	1/2 to 1 tablet every 6 - 8 hours; not to exceed 3 tablets in 24 hours
Children 2 to under 6 years of age	1/4 to 1/2 tablet every 6-8 hours; not to exceed 1 1/2 tablets in 24 hours
Children under 2 years of age	Ask a doctor

Other information ■ TAMPER EVIDENT: DO NOT USE IF CARTON IS OPENED OR IF BLISTER UNIT IS TORN, BROKEN OR SHOWS ANY SIGNS OF TAMPERING ■ store at controlled room temperature 15°-30°C (59°-86°F) ■ protect from moisture ■ use by expiration date on package ■ see end flap for expiration date and lot no. ■ for better identification keep tablets in carton until used

Inactive ingredients croscarmellose sodium, dicalcium phosphate, magnesium stearate, microcrystalline cellulose, silica gel, stearic acid

Module 10: Combining Drugs
Exercise

Complete the following questions.

1. Which of the following substances can be safely mixed with others?

 a. alcohol
 b. illegal drugs
 c. prescription drugs
 d. over-the-counter drugs
 e. none of the above

2. Do not combine any drugs or alcohol unless specifically directed by a _____.

 a. policeman
 b. physician
 c. friend
 d. drug store clerk
 e. none of the above

3. Be particularly careful with the use of _____.

 a. alcohol
 b. tranquilizers
 c. barbiturates
 d. stimulants
 e. all of the above

4. Carefully read the _____ on any over-the-counter and prescription drug.

 a. warning label
 b. list of ingredients
 c. directions
 d. purpose
 e. all of the above

5. When drugs are combined with one another or alcohol, how do their effects change?

 a. more intensified
 b. more unpredictable
 c. more dangerous
 d. reduce skill level further
 e. all of the above

MODULE 8: PRESCRIPTION DRUGS

Objectives: To inform public transit professionals of their responsibilities associated with taking prescription drugs.

To describe the dangers to public and personal safety associated with the use or misuse of prescription drugs.

COMMONLY PRESCRIBED DRUGS

- **Tranquilizers**
- **Barbiturates**
- **Narcotics**
- **Hypnotics**
- **Antihistamines**

TRANSIT EMPLOYEE RESPONSIBILITY: PRESCRIPTION DRUGS

- **Make sure your physician is fully aware of your medication history and any other drugs you are currently taking.**
- **Inform your physician of your job duties and ask if the prescribed drug will affect your ability to carry out these functions.**
- **Discuss other treatment options with your physician, if appropriate.**
- **Check warning labels.**
- **Inform your supervisor of any medications you are taking.**
- **Determine whether or not you should report to work.**
- **Take the medication exactly as prescribed.**

MODULE 8: DISCUSSION POINTS

- 1. What driving skills are commonly affected by prescription medications?**
- 2. How are prescription medications abused?**
- 3. Why are prescription medications abused?**

DRIVING SKILLS THAT ARE COMMONLY AFFECTED BY PRESCRIBED DRUGS

- **Concentrations**
- **Coordination**
- **Alertness**
- **Judgment**

MODULE 9: OVER-THE-COUNTER DRUGS

Objectives: To identify substances that can be purchased legally without a prescription that can affect job performance.

To describe the dangers to public and personal safety caused by their use.

OVER-THE-COUNTER DRUGS THAT MAY IMPAIR PERFORMANCE

- **Antihistamines**
 - **Drowsiness**
 - **Slowed Reactions**
 - **Impaired Vision**

- **Stimulants**
 - **Jitteriness**
 - **Diminished Concentration**
 - **False Sense of Alertness**
 - **Irritability**
 - **Post-High Fatigue**

RESPONSIBLE USE OF OVER-THE-COUNTER DRUGS

- **Read Label**
- **Check For Warnings**
- **Consult With Physician or Pharmacist**
- **Make Informed Decisions Regarding Fitness for Work**
- **Take As Directed**

COMMONLY USED INHALANTS

- **Glue**
- **Gasoline**
- **Paint Thinner**
- **Cleaners**

EFFECTS OF INHALANT USE

- **Drowsiness**
- **Lightheadedness**
- **Numbness**
- **Irritability**
- **Unpredictable Behavior**

MODULE 9 DISCUSSION POINTS

- 1. What ingredients are commonly used in over-the-counter drugs?**
- 2. How are over-the-counter drugs misused or abused?**
- 3. How can a responsible transit professional avoid inadvertently misusing an over-the-counter drug?**
- 4. Why do people use inhalants?**

MODULE 10: COMBINING DRUGS

Objectives: To inform transit system employees of the dangers of combining drugs.

To describe the effects of combining drugs on job performance and the corresponding risk to public safety.

EFFECTS OF COMBINING DRUGS

- **Unpredictable Reactions**
- **Magnified Reactions**
- **Physical Trauma (Brain Damage, Stroke, Heart Attack)**
- **Death**

DRUGS THAT HAVE DANGEROUS CONSEQUENCES WHEN COMBINED

- **Alcohol**
- **Prescription Drugs**
- **PCP and Other Hallucinogens**
- **Over-the-Counter Drugs**
- **Marijuana**
- **Amphetamines**
- **Opiates**
- **Cocaine**

MODULE 10 DISCUSSION POINTS

- 1. How can a responsible person avoid the risks associated with combining drugs?**
- 2. Which drug combinations are the most dangerous?**
- 3. How much alcohol or what dosage of the drugs must be taken before the dangerous consequences are experienced?**

**Public Transportation
Substance Abuse Awareness Program**

Employee's Manual

**Sponsored By:
Florida Department of Transportation
Office of Public Transportation**

**Prepared By:
RLS & Associates, Inc.
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**In Association With:
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Revised August 1995

MODULE 8: PRESCRIPTION DRUGS

Prescription drugs are medications that are prescribed by a physician for a specific medical purpose. These medications are controlled due to their potential for abuse or harm. They are meant to be taken under the supervision of a physician who can monitor the effect and modify the dosage or discontinue its use as a person's condition warrants.

The prescription defines how much of the drug to take, how often, and for how long. A prescription drug that is not taken according to the directions may be addictive, harmful, or deadly.

Tranquilizers, barbiturates, narcotics, hypnotics, and antihistamines are the most widely prescribed drugs. Tranquilizers such as Valium, Librium and Xanax all have the effect of depressing the body's functions. They are often called downers. Tranquilizers have the potential to impair concentration, perception, judgment, vision, and reflexes. Physical coordination may be diminished, and the person may be disoriented.

Barbiturates such as Nembutal, Seconal, and Mebaral are prescribed primarily as sleeping pills. They affect reaction time, muscle control, coordination, and the thinking process.

Narcotics such as Codeine, Darvon, Percodan and Demoral are opiate based pain killers and cough suppressants. Hypnotics such as Quaalude are sleep-inducing agents. Antihistamines such Periactin and Pelamine are used for treating cold symptoms and allergic reactions.

Since each of these drugs and many others that are not listed can affect skill levels, public transit professionals must make an informed and responsible decision regarding their use. Any time a transit system employee is given a prescription by a licensed physician, it is their responsibility to ask the doctor the content of the drug and whether or not it will affect the safe performance of your job duties.

If there is a risk, the transit employee should discuss other treatment options or should not report to work until the effects of the medication are eliminated. Use of a prescription medicine that impairs ability can compromise public safety just as easily as an illegally obtained substance.

Similarly, any time a transit employee gets a prescription with a warning label indicating that the patient should not operate heavy machinery or drive a vehicle, the pharmacist or physician should be questioned about the drug's effects. Given the information, the employee should report the medication to his/her supervisor and refrain from working until the effects of the medication have worn off.

Discussion

What driving skills are commonly affected by prescription medications?

How are prescription drugs abused?

Why are prescription drugs so commonly abused?

Notes

Discussion Answers

What driving skills are commonly affected by prescription medications?

- *concentration*
- *alertness*
- *judgment*
- *coordination*

How are prescription drugs abused?

Using other people's prescriptions, out-dated prescriptions, taking a larger dose than prescribed, taking the drug for too long, or taking the drugs along with others. The misuse or abuse of prescription medications can be dangerous.

Why are prescription drugs so commonly abused?

Many people misuse prescription drugs because they are not aware of the risks involved. Other people become confused, misunderstand, or forget the physician's instructions.

Yet, others misuse prescription drugs because they like the "high" or are physically or psychologically addicted to the drug.

MODULE 9: OVER-THE-COUNTER DRUGS

Many drugs can be legally purchased without a prescription at pharmacies, grocery stores, discount stores, and anywhere else they are sold. Even though they are safer than prescription drugs, they still may have dangerous side effects that should be understood before their use. There are many different types of OTCs, most of which will not affect your ability to perform your job. However, there are two categories of OTCs whose use may compromise job performance and pose a risk to the public safety.

The two types of OTCs that have the potential to affect skill levels include antihistamines and stimulants. Antihistamines are used to relieve symptoms of colds, cough, sinus, and hay fever. Many are former prescription medicines that have been approved for general sale.

Antihistamines cause drowsiness, slow down reflexes, and impair vision. They tend to effect different people in different ways. The labels on these drugs warn against the operation of a car or heavy machinery after their use.

Stimulants are used as decongestants and in diet pills. Use of these drugs can often result in jitteriness, an inability to concentrate, a false sense of alertness and irritability. Similar to their illegal relatives, use of OTC stimulants is often followed by a period of sudden, extreme tiredness.

Before any drug is taken, a responsible user should read the label carefully to find out its ingredients, likely side effects, and use warnings. A pharmacist can also provide information on a particular drug's effects. Over-the-counter drugs should be taken according to the directions. Taking too much of even an OTC can be fatal. Caution should also be given to taking more than one drug at a time.

Besides over-the-counter drugs, there are a number of other commodities that can affect a person's skill level and performance. These commodities, many of which are volatile substances, are not drugs per se, but are abused. Most commonly referred to as inhalants, these commodities can be easily found around the house or place of work since they are common household products such as glue, gasoline, paint thinner, and cleaners, to name a few.

The fumes from these commodities are inhaled causing drowsiness, lightheadedness, numbness, and a "rush" or "high." The use of inhalants can sometimes lead to irritability, violence, and unpredictable behavior. The high lasts for a few minutes before it dissipates.

Inhalants are very dangerous because they attack every vital organ including the brain, lungs, liver, and kidneys. Oxygen to the brain can be cut off resulting in death, severe brain damage, or heart failure.

Discussion

What ingredients are commonly used in over-the-counter drugs?

How are over-the-counter drugs misused or abused?

How can a responsible transit professional avoid inadvertently misusing an OTC?

Why do people use inhalants?

Notes

Discussion Answers

What ingredients are commonly used in over-the-counter drugs?

Alcohol is commonly used in nighttime cold formulas and other cold remedies. Caffeine is frequently used as the main active ingredient in stimulants that promise to help keep you awake. Transit employees should be careful to read all labels to find out the content of the drugs they are taking, and the possible effects of safe job performance.

How are over-the-counter drugs misused or abused?

OTCs are abused when the directions are not followed, taking the drug when it is not necessary, taking too much of the drug, or taking it for too long. Other forms of abuse are ignoring warning labels and combining the use of drugs. Many people misuse OTCs because they are ignorant of the drugs purpose, ingredients, and side effects.

How can a responsible transit professional avoid inadvertently misusing an OTC?

Read the label carefully, and ask a physician or pharmacist of the effects of the drug. Let them know of your job duties and ask them specifically how your performance might be affected. Don't be fooled by thinking over-the-counter drugs are harmless.

Why do people use inhalants?

Inhalants are readily available and are inexpensive, therefore, making them very attractive to those with little money or limited access to other drugs. Also, many people are not aware of the risks involved.

MODULE 10: COMBINING DRUGS

Each of the drugs described in this training program can seriously affect skills that are essential to performing your job duties safely. When combined, the effects of each drug are intensified and may generate an effect greater than the sum of the two drugs when taken individually. The amount of interaction between the drugs and their combined effects may be unpredictable and can be deadly. Even combining two seemingly harmless drugs can have disastrous effects.

The dangers are not only associated with illegal drugs, but also with prescription drugs, over-the-counter drugs, and alcohol. Before accepting a prescription from a physician, make sure the doctor is aware of any other medications (prescription or otherwise) that you are taking. Be sure to take the medications as prescribed and read the warning labels for prohibitions regarding use of alcohol or other drugs. If you are directed to make more than one prescription at the same time or if you are simultaneously taking an OTC, ask about the way the drugs will interact, the anticipated effects, and impact on skill levels.

Because alcohol is a depressant, when it is combined with other depressants (tranquilizers and barbiturates), the effects can be deadly. Since most people do not think of alcohol as a drug, but rather as a beverage, many people are not aware of the dangers. Alcohol should not be consumed while taking any other medication.

Many times a marijuana joint is used as the means of taking other illegal drugs. Marijuana is also commonly used in combination with alcohol. These combinations

magnify the effects of each other and result in unpredictable behavior, impaired skill levels, and unnecessary risks to health and safety. The risks become even greater when the user is not aware of the presence of the other drugs and is caught by surprise with more than he/she bargained for.

Combining cocaine with alcohol or other depressants results in significant physical trauma as the two drugs are giving the body two opposite messages (i.e., speed up and slow down). Cocaine mixed with other stimulants greatly intensifies the effects of both drugs. The results are increased blood pressure and heart rate often resulting in heart attack, stroke, brain seizure and/or death. The human body can only take so much abuse.

The resulting effects on job performance and skill levels will be more dramatic and longer lasting with the use of a combination of drugs. Attempting to perform basic skills may become very difficult and dangerous, compromising public and personal safety.

Discussion

How can a responsible person avoid the risks associated with combining drugs?

Which drug combinations are the most dangerous?

How much of the drugs or alcohol must be taken before the dangerous consequences are experienced?

Notes

Discussion Answers

How can a responsible person avoid the risks associated with combining drugs?

Do not combine any drugs or alcohol unless specifically directed to do so by a physician or pharmacist. Be particularly cautious with the use of alcohol, tranquilizers, barbiturates, or stimulants. Be careful to read warning labels and ask your physician how the drugs may interact and how that will affect your skill level and job performance.

Which drug combinations are the most dangerous?

The combination of alcohol with tranquilizers is often cited as a deadly combination, as is the combination of cocaine and other stimulants. However, any combination of drugs can be dangerous and should be avoided unless a physician or pharmacist directs their use. Because the effects of the drugs are intensified and unpredictable, a public transit professional may not know what the effects of taking the drugs may be or how their job skills will be impacted. Unnecessary risk to the individual, co-workers, passengers, and others on the road, results.

How much of the drugs or alcohol must be taken before the dangerous consequences are experienced?

Any amount is too much. Accidental deaths have occurred when as few as one or two drinks have been combined with one or two Valium.

Module 8: Prescription Drugs
Exercise

Indicate whether the individuals in each of the scenarios described below properly used the prescription drug in a responsible manner.

1. *Jean was given a prescription for a recurring ailment. When she got the prescription filled she realized that the dosage (1 tablet every six hours) was less than the dosage (2 tablets every six hours) that she had taken in the past. She decides an error must have been made and takes two tablets.*

Was this a responsible use of the prescription?

_____ Yes _____ No

2. *Larry received a prescription for a cough medicine. On the bottle were taped warning labels. One said the drug could cause drowsiness and a second said the drug should be taken on a full stomach. Larry did not have time to eat lunch since he spent his whole break in the pharmacy. He took the correct dosage and got on his vehicle to make the next trip.*

Was this a responsible use of the prescription?

_____ Yes _____ No

3. *Teresa was given a prescription for pain killers after she injured her ankle. Her physician indicated that she could return to work. Several weeks later, Teresa's boyfriend, Bill, had a similar injury. Instead of spending the money to see a doctor, Bill took some of Teresa's medication that was left over.*

Was this a responsible use of the prescription?

_____ Yes _____ No

Training Aid

Name: Prescription and Over-the-Counter (OTC) Drugs

Format: Classroom Handout

Transit System: Winston–Salem Transit Authority

Contact: Phyllis Nichols
(336) 727-2648
pwitherspoon-nichols@wstransit.com

Summary: A comprehensive training program that provides information in a concise manner. It describes major categories of Rx and OTC medications, lists common medications within each category, and identifies potential side effects and problems associated with their use. The presentation concludes with “Points to Remember” for safety-sensitive employees and emphasizes that employees must accept responsibility for their own medical treatment.

The training also introduces safety-sensitive employees to Rx/OTC medication notification procedures and forms.

Advantages: Can be used as a stand-alone packet that can be provided to employees for their own review, or can be provided as part of classroom training, new employee orientation, or discussion points at a safety meeting. Separates substances into easy-to-understand and recognizable categories. Provides information that only a safety-sensitive employee needs to know. Addresses Rx/OTC hazards, employee responsibility, and employee procedures.

Disadvantages: Contains no explanation of what the employee is to do with the list of medications provided, and does not mention whether the medications are prohibited. Implies that the lists are all-inclusive. Does not address the potential for new or other medications to be added to the list. Requires ongoing effort to remain up-to-date.

Prescription & Over-the-Counter (OTC) Drugs

Purpose:

To educate transit vehicle operators about the potential dangers from the effects or side effects of certain medications (either prescription or over-the-counter) that can hinder their ability to safely operate vehicles.

People:

Safety-Sensitive employees; those who perform jobs could affect public safety.

Governing Agencies:

Federal Transit Administration (FTA)
National Transportation Safety Board (NTSB)

Problem:

Transit operators taking medications (prescription or over-the-counter) that impair their judgement, cause drowsiness, slow down their reaction time or impair their mental abilities.

Categories:

Prescription; Medicines that require a Doctor (or other authorized healthcare provider) to write a prescription and are filled by a pharmacist.

Over-the-Counter (Non-prescription); Medicines that are out on the shelf that you can choose for yourself and are bought without a prescription.

Prescription Medicines

Pain medicines (Analgesics):

Can cause these as well as other side effects/problems; drowsiness, slower reaction time, mental confusion, anxiety, agitation, dizziness, sleepiness, blurred vision, etc.

Aspirin w/codeine

Codeine

Darvocet

Darvon

Demerol

Dilaudid

Empirim Compound w/codeine

Levo-Dromoran

Methadone

Morphine

Percocet

Percodan

Soma w/codeine

Talacet

Talwin

Tylenol w/codeine

Vicodin

Anti-Motion Sickness:

Can cause; drowsiness, restlessness, over excitement, nervousness, hallucinations, blurred vision, etc.

**Antivert
Draminmine
Marezine**

**Phenergan
Transderm-Scop**

TRANQUILIZERS & SEDATIVES:

Can cause; drowsiness, amnesia, agitation, sedation, dizziness, weakness, unsteadiness, disorientation, visual disturbances, etc.

Ativan

Benadryl

Centrax

Compazine

Dalmane

Diazepam

Equani

Halcion

Haldol

Libritabs

Libruim

Limbitrol

Paxipam

Phenergan

Prolixin

Serax

Stelazine

Thorazine

Tranxene

Valium

Viarelease

Xanax

Antidepressants:

Can cause; seizures, hallucinations, delusions, disorientation, tremors, anxiety, restlessness, drowsiness, dizziness, weakness, fatigue, heart block, arrhythmias, blurred vision, agitation, muscle spasm, etc.

Adapin

Amitriptyline

Asendin

Deprol

Desyrel

Elavil

Endep

Etrafon

Limbitrol

Lithium

Ludiomil

Marplan

Nardil

Norpramin

Pamelor

Parnate

Petrofrane

Sinequan

Surmontil

Tofranil

Triavil

Vivactil

Barbiturates:

Can cause; drowsiness, lethargy, hang over, excitement, dizziness, twitching, mental confusion, decreased coordination, blurred vision, shallow & slow breathing, etc.

Alurate

Butisol

Dilantin

Mebaral

Nembutal

Pentobarbital

Phenobarbital

Secobarbital

Seconal

Sedapap

Tuinal

Muscle Relaxers:

Can cause; drowsiness, fatigue, nervousness, confusion, dizziness, visual disturbances, seizures, tachycardia, fainting, blurred vision, tremors, agitation, irritability, fast drop in blood pressure, etc.

Flexeril

Parafon Forte

Soma

Lioresal

Robaxin

Norflex

Over-the-Counter (Non-Prescription)

Cough & Cold (Antihistamines):

Can cause; drowsiness, confusion, dizziness, sedation, sleepiness, loss of coordination, fatigue, restlessness, tremors, nervousness, seizures, heart arrhythmias, blurred vision, anaphylactic shock, disorientation, irritability, anxiety, stimulation, etc.

Benadryl	Kronofed	Zyrtec
Bromfed	Naldecon	
Chlortrimeton	Nasahist-B	
Claritin-D	Nolamin	
Comtrex	Novafed	
Contac	Ornade	
Deconamine	Phenergan	
Dimetapp	Rondee	
Dristan	Rynatan	
Drixoral	Sinubid	
Externryl	Sinulin	
Fedahst	Tavist-D	

Points to Remember

- **Every one is an individual and medicines react differently with each person.**
- **Talk to your Doctor about the effects (desired) and side effects (undesired of your medicines.**
- **Tell him what other medicines you are already taking.**
- **Tell him what your job responsibilities are and ask if it is safe for you to drive while taking this medicine?**
- **Ask questions; your Doctor or Pharmacist is available to help you.**
- **Read labels and insert sheets that come with most medicines.**

- **Don't ever take medicines without knowing exactly what it is treating.**
- **Look for interactions that can occur when you are taking more than one medication.**
- **Take the right dose at the right time by the right route of administration.**
- **Never take someone else's medicine.**
- **Don't save your medicines to be used again without your doctor knowing.**
- **Tell your doctor if you have any allergic reactions to medicines.**
- **Some medicines can increase your blood pressure & blood sugar, cause your blood to become very thin, cause severe withdrawal effects.**

Accept responsibility for your own medical treatment!

RETENTION TIMES OF DRUGS IN URINE

General Guidelines Only

<u>Drug</u>	<u>Approximate Retention Time</u>
1. Amphetamines	48 hours
2. Barbiturates	Short acting (secobarbital) 24 Hours Long acting (Phenobarbital) 2-3 Weeks
3. Benzodiazepines	3 days if therapeutic dose ingested
4. Cocaine	6-8 Hours post ingestion
5. Cocaine Metabolite	2-4 Days
6. Codeine	2 Days (Up to 3 days as Morphine metabolite)
7. Hydrocodone	24 Hours
8. Heroin (as Morphine)	26-72 Hours
9. Hydromorphone	48 Hours
10. Morphine	48-72 Hours
11. Oxycodone	24 Hours
12. Propoxyphene	6-48 Hours
13. Phencyclidine	8 Days
14. Cannabinoids	Moderate smoker (4 times/week) 3 Days; Heavy smoker (daily smoker) 10 Days; Chronic smoker (3-4 times/day) may Exceed 11 days.
15. Ethyl Alcohol	7-12 Hours

***The length of time after ingestion during which a drug can be detected must take into account variability of urine specimens; drug metabolism and half life; person's physical condition; fluid intake; method and frequency of ingestion; quality and quantity of drug consumed.**

Training Aid

Name:	FTA Prescription and Over-the Counter Medication Use in the Transit Industry
Format:	PowerPoint Presentation
Author:	Maryland Transit Administration, Baltimore
Source:	Maryland Transit Administration Rick Morse (410) 767-3850 pmorse@mdot.state.md.us
Summary:	A training program designed to increase awareness of the potential hazards of Rx and OTC medications of MTA employees and to summarize the MTA Rx/ OTC policy and procedures. The training program uses graphic pictures from a real accident to show the safety implications of improper use of Rx and OTC medications. The presentation summarizes the MTA policy on Rx and OTC use and provides examples of the forms employees must use when given a prescription. The training also addresses the prohibited behaviors and the employee's responsibility covered in the policy.
Advantages:	Lists the employee's responsibilities. Shows a real-life example of how Rx/OTC medication use contributed to an accident. Provides an overview of the policy. Guides the employees step-by-step through the procedural process, including an example of the form that must be used. Emphasizes that the policy is not intended to force ill employees to work or to prohibit employees who are eligible to work from working while being treated for an illness.
Disadvantages:	Wrongfully states that an Rx/OTC policy is required by FTA. Only mentions taking medications for illness; does not include all medical conditions for which medications are taken. Does not explain how to read medication labels or how to use and/or interpret the "medications of concern" list that is provided.



MARYLAND TRANSIT ADMINISTRATION

**OVER-THE-COUNTER &
PRESCRIPTION DRUG
POLICY**



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

This policy applies to all FTASafety Sensitive employees.

A Safety Sensitive Employee is one who:

- ✓ operates a transit bus or train
- ✓ operates a non-revenue service vehicle requiring a Commercial Driver’s License
- ✓ controls the dispatch or movement of transit buses or trains →



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

A Safety Sensitive Employee is one who:

- ✓ maintains/repairs transit buses or trains or the electro-mechanical systems controlling train movement.
- ✓ carries a firearm for security purposes
- ✓ is a supervisor whose duties require the performance of any of the previously discussed functions.

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

The purpose of this policy is to provide guidelines to help you and your physician

balance the treatment of illnesses

and

the requirements of performing your safety

sensitive job.

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

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.**

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

This policy does not address illegal drugs.
It addresses a much more common
concern:

Prescription Drugs

Over-the-Counter Drugs

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

Prescription Drugs are defined as:

- ✓ medication **prescribed by a licensed physician** for the treatment of a specific illness
- ✓ the prescription must be **written for you** to treat a current illness

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

Over-the-Counter Drugs are defined as:

- ✓ medication you can purchase off the shelf from any pharmacy,
- ✓ medication you can purchase without a prescription

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

Some of the common Over-the-Counter medication you may recognize includes:

- ✓ Nyquil ✓ Comtrex
- ✓ Sudafed ✓ Dristan
- ✓ Contac ✓ Alka-Seltzer Plus
- ✓ Benadryl ✓ Sinutab
- ✓ Dimetapp ✓ Drixoral



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

So now you may be thinking:

These drugs are not illegal!

I take them whenever I have a cold!

My Doctor prescribed this medication!

*I give this stuff to my kids when they
are sick!*



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So why do I need to worry
about taking medication
when I am sick?



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Now you know that the previous photographs were from a very serious bus crash.

How serious?

The impact was so forceful that the tractor-trailer struck by the coach was pushed forward into another tractor-trailer.

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How Serious?

23 passengers were on board the bus

- the driver and 6 passengers were killed
- 16 other passengers plus the 2 occupants of the struck tractor-trailer were injured

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Prescription & Over-the-Counter Drug Policy*

What caused this accident?

Who thinks the cause was alcohol?

Who thinks the cause was illegal drugs?

Neither alcohol nor illegal drugs
caused this accident.

Toxicology testing on the
deceased bus driver's blood
showed the presence of:

Benadryl
Sudafed
Tylenol

This bus driver's decision to:

- ✓ ignore the potential side affects of the drugs
he chose,
- ✓ not notify his supervisor that he was ill,
- ✓ take these over-the-counter medications, and
- ✓ operate a vehicle,
- ✓ cost him his life and the lives of 6 passengers.



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Prescription & Over-the-Counter Drug Policy*

This policy,
although required by the FTA,
has been created to
enhance your safety
and the safety of your
passengers.



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How is a policy going
to keep me or my
passengers safe?



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The following slides will
provide some
POLICY BASICS
that if followed will help
keep you and your
passengers safe.



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Prescription & Over-the-Counter Drug Policy*

The following behaviors are prohibited:

- ✓ Using a Prescription medication that is not legally prescribed for you.

- ✓ Using a Prescription or Over-the-Counter medication in excess of the prescribed dosage. →



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Prescription & Over-the-Counter Drug Policy*

The following behaviors are prohibited:

- ✓ Using any medication that contains alcohol within four hours of reporting for work.

- ✓ Using any medication that adversely impacts your ability to safely perform your safety sensitive job functions.



Maryland Transit Administration

Prescription Medication

MTA
Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy

Safety Sensitive Employee's responsibility before taking a PRESCRIPTION medication

- ✓ obtain form 1C1 from
 - your Supervisor
 - the MTA's Benefits Department

at 410-767-3850

(if you forget once you have reached your Doctor's office you can request one be faxed by calling the MTA's Benefits Department)

MTA
Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy

FORM 1C1

MTA
Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy

You complete this section of form 1C1 prior to giving it to your Doctor.
RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS

Employees Section:

Name: _____ SS#: _____

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

- Operate a transit bus or train
- Operate a non-revenue service vehicle requiring a CDL (eg. truck over 25,000 lbs.)
- 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.

(Check which applies)

Medications currently being taken _____

I attest that the foregoing information is complete and correct.

Employee Signature _____ Date _____

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Prescription & Over-the-Counter Drug Policy*



Have your Doctor complete this portion of form 1C1.

RELEASE TO WORK FORM FOR PRESCRIPTION MEDICATIONS

Physician's Section:

As the attending physician, I have prescribed the following medications to be taken from ____ to ____.

Name of Medication _____ Dosage _____

Name of Medication _____ Dosage _____

A. Employee may not perform safety sensitive duties while taking this medication. (Employee-turn in form to your supervisor)

B. Employee released to perform safety sensitive duties while taking this medication. (Employee-keep for me on your person while at work)

Physician's Printed Name _____ Telephone No. _____

Physician's Signature _____ Date _____

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*



Safety Sensitive Employee's responsibility before taking a **PRESCRIPTION** medication.

✓ Be sure your Doctor understands the safety sensitive nature of your job.

✓ Be sure to tell your Doctor of any side effects you may have experienced when using medication in the past.

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Safety Sensitive Employee's responsibility before taking a **PRESCRIPTION** medication.

If your Doctor **approves you to continue working** while taking the prescription medication simply keep form 1C1 on your person while at work.



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

Safety Sensitive Employee's responsibility before taking a **PRESCRIPTION** medication.

If your Doctor **prohibits you from working** while on Prescription medication

- ✓ Complete your standard sick leave application.
- ✓ Attach form 1C1 to the application, indicating that your Doctor **does not** permit you to work while taking the Prescription medication. →



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

Safety Sensitive Employee's responsibility before taking a **PRESCRIPTION** medication.

If your Doctor **prohibits you from working** while on Prescription medication.

- ✓ Follow standard sick leave policy
- ✓ Meet all standard requirements for returning to work after an extended illness.



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Over-The-Counter Medication



*Maryland Transit Administration
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Safety Sensitive Employee's responsibility before taking a **OVER-THE-COUNTER** medication.

- ✓ read all warning labels before selecting a medication for use while in a working status. →



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Prescription & Over-the-Counter Drug Policy*

Safety Sensitive Employee's responsibility before taking a **OVER-THE-COUNTER** medication.

Do not take medication which may:

- ✓ cause drowsiness,
- ✓ affect mental functioning,
- ✓ affect motor skills or judgment,
- ✓ produce any other side-affect that would prohibit you from performing your job safely,



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Safety Sensitive Employee's responsibility before taking a **OVER-THE-COUNTER** medication.

- ✓ If unsure which medication is safe to take, ask your pharmacist.
- ✓ If your pharmacist cannot help contact your physician.



Maryland Transit Administration

Discipline

*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*



DISCIPLINE:

- ✓ A safety sensitive employee who violates this policy will be removed from service immediately
- ✓ Violation of this policy will subject an employee to disciplinary action up to and including termination of employment →

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Prescription & Over-the-Counter Drug Policy*



DISCIPLINE:

- ✓ Once removed from service for policy violation, you 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 →



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

DISCIPLINE: *NOTE*

An employee who **self reports** abuse of Prescription or Over-the-Counter medications or other substances that have performance altering effects in violation of this policy, **prior to reporting to work.**





*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

DISCIPLINE: *NOTE*

will be referred to the MTA Substance Abuse Professional for rehabilitation assistance **without incurring disciplinary action.**



Maryland Transit Administration

You are in Control



*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

YOU are in Control

YOU are the best judge of how any medication may affect you.

YOU inform your supervisor if any medication you have taken is affecting your ability to perform your job safely.





*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

YOU are in Control

YOU tell your Doctor that you perform safety sensitive work when you are seeking medical treatment.

YOU tell your Doctor of any previous side affects you may have experienced with the recommended medication.





*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

YOU are in Control

YOU decide which Over-the-Counter medication to take when you are not feeling well.

YOU determine if you can perform your job safely.





*Maryland Transit Administration
Prescription & Over-the-Counter Drug Policy*

YOU are in Control

And with the MTA's Prescription &
Over-the-Counter Drug Policy

YOU

have many options available for
balancing treating an illness and
performing your job safely.



MARYLAND TRANSIT ADMINISTRATION

**OVER-THE-COUNTER &
PRESCRIPTION DRUG
POLICY**

Training Aid

Name: Prescription and Over-the-Counter Medication Use in the Transit Industry

Format: PowerPoint Presentation

Author: RLS and Associates
(937) 299-5007
rlsasc@mindspring.com

Source: Federal Transit Administration
(202) 366-2896

Summary: A training program designed to increase awareness of the potential hazards of prescription and OTC medications in the transit industry. The presentation summarizes the FTA challenge to the transit industry, employer responsibilities, employee responsibilities, policy recommendations, procedures model for implementing the policy, and training efforts within the transit industry. An appendix to the presentation summarizes major classifications of Rx and OTC medications and possible side effects that could adversely affect an employee's ability to safely perform safety-sensitive job duties.

Advantages: Represents a compilation of information from many sources and presents the current state-of-the-art Rx and OTC policies within the transit industry. Relates information directly to transit and provides guidance to managers on program elements.

Disadvantages: Information on medication and possible side effects is not all-inclusive or definitive. The information is provided to increase awareness of potential risks, but may generate more questions than answers.

PRESCRIPTION AND OVER-THE-COUNTER DRUG USE IN THE TRANSIT INDUSTRY



1

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 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.

2

Purpose of the RX/OTC Presentation

<ul style="list-style-type: none">• PURPOSE IS<ul style="list-style-type: none">– Safety– Guidelines– Technical Assistance	<ul style="list-style-type: none">• PURPOSE IS <u>NOT</u><ul style="list-style-type: none">– Drug and Alcohol Testing– Regulation– A List of Approved/Not Approved Medications
--	--

3

Overview

- NTSB Directive and FTA Challenge
- Overview of the Issue
- Developing an Rx/OTC Policy
 - Elements
 - Roles and Responsibilities
- Establishing Medical Review Procedures
- Employee Rx/OTC training

4

NTSB Directive

The National Transportation Safety Board has 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 medication by employees who perform safety-sensitive duties.

5

NTSB Directive (Cont.)

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 OTC medications so that the system can have qualified medical personnel determine the medicine's potential effects on employee performance, and train employees about their responsibility under policy.

6

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.

7

FTA Challenge (Cont.)

Grantees were encouraged to:

- 1) Review current policies with regard to operators' use of Over-the-Counter and Prescription 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.

8

Definitions (Rx)

- Prescription drugs (Rx) are medications which require written authorization for use by a healthcare professional whose license permits them to prescribe medication such as advanced practice nurses, physician assistants, and in some states, chiropractors, and optometrists.
 - 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.

9

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

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Common Types of Rx Medications (Cont.)

- **Motion Sickness Medication**
Relieves motion sickness
- **Muscle Relaxants**
Relieves sore tight muscles
- **Steroids**
Controls bodily functions

11

Common Types of Rx Medications (Cont.)

- **Stimulants**
Causes user to be more alert
- **Tranquilizers & Sedatives**
Relieves anxiety, stress & insomnia

12

Definitions (OTC)

- Over-The-Counter (OTC) medications are any legal, non-prescription substance taken for relief of discomforting symptoms.
 - May include capsules, powders, tablets, or liquids.

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Common Types of OTC

- Pain relief/fever reducer
- Colds/Flu medication
- Appetite Suppressants
- Bowel Preparations
- Sleeping Aids
- Stimulants

14

Cause for Concern

- Some side effects of Rx and 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

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Cause for Concern (Cont.)

- 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

16

FTA Recommended Policy Elements



17

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.

18

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

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Suggested Elements of an Rx/OTC Policy (Cont.)

- 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

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Suggested Elements of an Rx/OTC Policy (Cont.)

- Ensure that the policy emphasizes and maintains confidentiality
 - Records
 - Interaction with medical practitioner

21

Suggested Elements of an Rx/OTC Policy (Cont.)

- Defined Roles and Responsibilities
 - Employees
 - Management/Supervisors
 - Medical Practitioner (Physician, Dentist, Physician's Assistant, Optometrist, Other)
 - Pharmacist
 - Employer MRO/Physician

22

Suggested Management/ Supervisor Responsibilities

- Establish policy and procedures
 - Determine content/process for medical review.
 - Define employer notification process.
 - Determine process for employer physician/MRO review.
- Institute employee Rx/OTC awareness and training program
- Establish consequences for policy violation

23

Suggested Management/Supervisor Responsibilities (Cont.)

- Establish record keeping, information disclosure, and confidentiality protection procedures.
- Based on medical review, determine if employee is authorized to perform safety-sensitive duties.
- Establish procedures for removing employees from duty.

24

Suggested Management/ Supervisor Responsibilities (Cont.)

- Incorporate into absenteeism policy.
 - Type of leave
 - Limitations on leave
- Use Rx/OTC program as a method for improving employee and public safety.

25



26

Suggested Employee Roles and Responsibilities

- Be aware of medical condition and implications for job
- Be aware of possible Rx/OTC side effects which may compromise safety
- Read warning labels/side effects
 - Rx labels and warnings
 - Pharmacy information summaries
 - OTC Labels
 - OTC Package inserts

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Suggested Employee Roles and Responsibilities (Cont.)

How to Read a Label

- Generic or Brand name
- Purpose
- Proper use (indications/contraindications)
- Instructions
- Warnings/Precautions
- Side effects/adverse reactions
- Expiration date
- Other information/storage

28

Suggested Employee Roles and Responsibilities (Cont.)

- Discuss Rx or OTC with prescribing/ medical practitioner or pharmacist.
 - Dosage
 - Frequency
 - Method of use (capsule, liquid, suppository)
 - Possible side effects
 - Interaction with other medications
 - Impact on other medical condition

29

Suggested Employee Roles and Responsibilities (Cont.)

- Inform medical practitioner of:
 - Safety-sensitive job duties
 - Other Rx, OTC, vitamins, herbal remedies, dietary supplements
 - Medical history
 - Previous experience with Rx/OTCs
 - Medical treatment and prescriptions given by other medical practitioners

30

Suggested Employee Roles and Responsibilities (Cont.)

- Questions for medical practitioner:
 - Inquire into alternative dosage schedules that minimize impact on work performance (i.e., dose at end of shift rather than before)
 - Inquire into alternative treatment options that do not jeopardize safety

31

Suggested Employee Roles and Responsibilities (Cont.)

- When ill or injured, obtain appropriate medical treatment
- Only use medications for their intended purpose
- Check the strength of the medication
- Keep your medical practitioner informed of your reaction to Rx/OTC
- Always take medication as directed

32

Employee Warnings

- Do not take larger doses than prescribed
- Do not take longer than prescribed
- Do not double dosage after missing a dose
- Do not self-medicate with OTC or someone else's Rx in lieu of obtaining medical treatment

33

Employee Warnings (Cont.)

- Do not use an expired prescription
- Do not stop taking medication because you begin to feel better – take for length prescribed
- Do not take for granted that a prescription is correct. Always read the label every time you get it filled. Make sure you have the right medication at the proper dosage

34

Employee Warnings (Cont.)

- Never combine medications in the same bottle
- Never store in humid locations (bathroom)
- Make sure you understand the directions
- Ask questions if you don't understand or the prescription doesn't seem right
- Use the same pharmacy
- Always ask about interactions
- Keep medication in original labeled bottle

35

Employee Warnings (Cont.)

- Individual often can not judge level of own impairment
- Side effects may change/intensify/lessen with prolonged use
- Some medications should be taken with food to minimize adverse reaction, while some medications should be taken on an empty stomach

36

Employee Warnings (Cont.)

- Changing dosage schedule (without medical practitioner approval) can alter effect
- Monitor your reaction to the Rx/OTC
- Do not perform safety sensitive duty if impaired

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Prescribing Physician/Medical Practitioner Responsibility

- Understand responsibility to protect public safety
- Be aware of nature of safety-sensitive job duties
- Consider medical history
- Consider other Rx, OTC, vitamins, herbal supplements

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Prescribing Physician/Medical Practitioner Responsibility (Cont.)

- Consider current illness/injury in concert with Rx when assessing employee's ability to safely perform job duties
- Discuss medical condition, Rx dosage, frequency, side effects, and possible interactions with patients
- Consider alternative treatment options that will not jeopardize public safety
- Consider alternative dosing schedule

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Prescribing Physician/Medical Practitioner Responsibility (Cont.)

- Do not authorize return to safety-sensitive duties if medication use poses safety risk
- Discuss assessment with employee – if employee provides consent- discuss determination with employer
- Cooperate with employer physician/MRO evaluation process

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Suggested Employer Physician/MRO Responsibilities

- Provide information on Rx/OTC hazards
- Serve as resource by responding to questions
- Review prescribing medical practitioner authorization and make final determination as appropriate
- Consult with prescribing medical practitioners as needed

41

Three Medical Review Procedural Models



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Medical Review Procedural Model 1

- Employee Responsibility
 - Employee asks about side effects and potential impact on ability to perform duties
 - Employee monitors reaction to Rx/OTC
 - Assumes employee can judge own level of impairment
 - may not be true
 - Employee requests leave if impaired
 - May or may not get statement from doctor
 - This model is not recommended as it incorrectly assumes employees are aware of and able to ascertain their level of impairment

43

Medical Review Procedural Model 2

- 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 effects – Medical practitioner signs release indicating employee may perform duty
 - If adverse effects – Medical practitioner signs indicating employee must be off of duty for a specified amount of time

44

Medical Review Procedural Model 2 (Cont.)

- Medical Authorization (cont.)
 - Employer may or may not keep form for documentation
 - Form may be reviewed by the employer's Physician/MRO
 - After discussing with prescribing physician, may overturn authorization

45

Medical Review Procedural Model 3

- List of medications
 - Employer provides list of medications to employee or medical practitioner
 - Approved for use, no authorization required
 - Required medical authorization
 - Not approved for use
 - Employee compares Rx to list. Attempts to find alternates if Rx not approved or requiring medical authorization.
 - No alternate available – requests authorization from medical practitioner

46

Suggested Employee Awareness Training



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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

48

Suggested Employee Awareness Training (Cont.)

- 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

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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

50

Suggested Employee Awareness Training (Cont.)

- Training Elements (cont.)
 - Medication list if applicable
 - Approved medications
 - Medications which require authorization
 - Medications not approved for use
- Conclude Training
 - Questions and answers
 - Re-emphasize safety

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Suggested Employee Awareness Training (Cont.)

- 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

52

Summary

- The primary objective of developing and implementing an 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. They must also accept responsibility for protecting the public safety.

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Relevant Web Sites

- Aviation Medicine – www.aviationmedicine.com/meds.htm
- Food & Drug Administration – www.fda.gov
- FDA Center for Drug Evaluation and Research – www.fda.gov/cder/
- Agency for Healthcare Research and Quality – www.ahrq.gov
- U.S. Dept. of Health and Human Services – www.hhs.gov
- National Health Info Center – www.health.gov/nhic
- The Internet Drug List – www.rxlist.com

54

Common Rx and Potential Side Effects



55

Common Rx and Potential Side Effects

- Lists of medications and potential side effects are not all-inclusive. In all cases, competent medical opinions must be sought in order to accurately determine which medication is right for the condition being treated. Always consult a medical practitioner for potential risks and side effects based on your own medical history.

56

Common Anti-inflammatory and Pain Medications*

(List not all-inclusive)

Aspirin	Talwin
Celebrex	Talacet
Darvon/Darvocet**	Tylenol with Codeine**
Demerol**	Naprosyn**
Indocin**	Ultram**
Methadone**	Vioxx
Morphine**	Vicodin**
Motrin	Voltaren
Percodan/Percocet**	

**These medications have warnings concerning driving while using.

57

Possible Side Effects of Anti-inflammatory and Pain Medication

- Dizziness
- Drowsiness
- False sense of well being
- Nausea/vomiting
- Restlessness
- Weakness

58

Common Antidepressants and Psychoactive Medications*

(List not all-inclusive)

Buspar**	Nardil
Celexa**	Pamelor**
Desryel**	Paxil**
Elavil**	Prozac**
Effexor**	Tofranil**
Zoloft	Lithium

**These medications have warnings concerning driving while using.

59

Possible Side Effects of Antidepressant and Psychoactive Medication

(List not all-inclusive)

Anxiety	Drowsiness
Blurred Vision	Nausea/vomiting
Confusion	Seizures
Dizziness	Weakness

60

Common Antihistamines*

(List not all-inclusive)

Allegra

Astelin**

Benadryl**

Claritin

**These medications have warnings concerning driving while using.

61

Possible Side Effects of Antihistamines

Dizziness

Drowsiness

Dry mouth

Irregular heartbeat

Nausea

62

Common Medications to Treat Motion Sickness*

(List not all-inclusive)

Antivert**

Dramamine**

Marezine

Phenergan**

Transderm-Scop

**These medications have warnings concerning driving while using.

63

Possible Side Effects of Motion Sickness Medication

Drowsiness

Nervousness

Dry mouth

Rapid or Irregular

Restlessness

Ringing in the ears

64

Common Muscle Relaxants*

(List not all-inclusive)

Flexeril
Parafon
Robaxin
Soma

65

Possible Side Effects of Muscle Relaxants

Abdominal pain	Fatigue
Blurred vision	Hallucinations
Chest pain	Rash
Confusion	Sweating
Disorientation	Swelling
Dizziness	Tremors
Dry mouth	Weakness

66

Common Steroids*

(List not all-inclusive)

Kabolin
Decadron**
Medrol

**These medications have warnings concerning driving while using.

67

Possible Side Effects of Steroids

Confusion
Diarrhea
Emotional instability
Muscle spasms

68

Common Stimulants*

(List not all-inclusive)

Adderall**
Concerta
Dexedrine**
Ritalin
Zylert

**These medications have warnings concerning driving while using.

69

Possible Side Effects of Stimulants

Difficulty sleeping
Nausea
Nervousness
Irregular heartbeat
Vomiting

70

Common Sedatives*

(List not all-inclusive)

Ambien**

Librium**

Dalmane**

Halcion**

Restoril**

Valium**

Xanax**

**These medications have warnings concerning driving while using.

71

Possible Side Effects of Sedatives

Blurred Vision

Confusion

Dizziness

Drowsiness

Nausea

Poor coordination

Weakness

72

Possible Side Effects of Common OTCs

- Lists of medications and potential side effects are not all-inclusive. In all cases competent medical opinions must be sought in order to accurately determine which medication is right for the condition being treated. Always consult a medical practitioner for potential risks and side effects based on your own medical history.

73

Common Pain Relief and Fever Reducers

(List not all-inclusive)

Aspirin (Alka-seltzer, Bayer)

Acetaminophen (Tylenol)

Ibuprofen (Advil, Motrin, Nuprin)

74

Possible Side Effects of Pain Relievers and Fever Reducers

Dizziness
Liver Toxicity
Nausea
Ringing in the ears
Stomach ulceration
Upset stomach

75

Common Cold and Flu OTC

(List not all-inclusive)

Antihistamines

Actifed	Dristan
Benedryl	Drixoral
Chlor-Trimeton	Nyquil
Contac	Sinarest
Dimetapp	Sinutab

Cough Suppressants

Benlyn	Vicks 44
--------	----------

Decongestants

Afrin	Sine-Aid
Sudafed	

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Possible Side Effects of OTC Cold and Flu Medications

Blurred Vision
Dizziness
Drowsiness
Impairment of Coordination
Increased congestion
Nervousness
Palpitations
Upset Stomach

77

Common Appetite Suppressants

(List not all-inclusive)

Acutrim
Dexatrim

Possible Side Effects

Dizziness
Excess stimulation
Headache
Palpitations

78

Common OTC Bowel Preparations

(List not all-inclusive)

Correctol

Ex-Lax

Possible Side Effects

Abdominal discomfort

Diarrhea

Gas

Unexpected bowel activity

79

Common OTC Sleeping Aids

(List not all-inclusive)

Nytol

Sleep-eze

Sominex

Possible Side Effects

Blurred vision

Drowsiness

Headache

Insomnia

Restlessness

80

Common OTC Stimulants

(List not all-inclusive)

Caffeine

Chocolate	NoDoz
Coffee	Stay Awake
Cola drinks	Vivarin
Tea	

Pseudoephedrine

Combination Cold; Allergy Preparations

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Possible Side Effects of OTC Stimulants

- Headache
- Insomnia
- Nausea/vomiting
- Nervousness
- Palpitations
- Tremors

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POST-ACCIDENT PROCEDURES



Post-Accident Documentation for Determining Rx/OTC Involvement

In addition to developing a policy on use of OTC and Rx medications and developing procedures and a training program for implementing the policy, transit agencies should identify use of medications in their drug and alcohol post-accident investigations. This section contains two forms recommended by FTA for use by transit agencies when they conduct post-accident investigations.

The first form is the Post-Accident Drug and Alcohol Test Form that FTA recommends for use by transit agencies in determining whether an FTA post-accident drug and alcohol test must be performed. This form includes an item (# 20) on use of medications by the employee. This item is included to remind supervisors to consider the use of medications in the accident investigation.

The second form, Prescription and Over-the-Counter Medication Post-Accident Investigation Form, should be completed if the employee indicated use of a medication before the accident. The information recorded on this form should be kept confidential and 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 past 7 days. 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.

Example
Post-Accident Drug and Alcohol Test
Decision Documentation Form

- 1) **Accident Report Number:** _____
- 2) **Location of Accident:** _____

- 3) **Accident Date:** _____ **Time:** _____
- 4) **Report Date:** _____ **Time:** _____
- 5) **Name of Employee:** _____
- 6) **Identification Number:** _____
- 7) **Position:** _____
- 8) **Result of Accident:** _____ **Fatality**
(Check all that apply) _____ **Disabling Damage* to One or More Vehicles (Bus, Van, Paratransit)**
_____ **Remove from revenue service (Fixed guideway vehicles only)**
_____ **Injury Requiring Immediate Transport to Medical Facility**
_____ **Employee** _____ **Other Vehicle**
_____ **Passenger** _____ **Other,**
_____ **Specify:** _____

- 9) **Was the employee sent for a post-accident test?** _____ **Yes** _____ **No**
- 10) **If No, Explain:** _____

- 11) **Decision to Test:** _____ **FTA Authority** _____ **Yes** _____ **No**
_____ **Company Authority** _____ **Yes** _____ **No**
- 12) **Type of Test:** _____ **Drug** _____ **Alcohol**
- 13) **Supervisor Making Determination:** _____
- 14) **Notification of Test:** _____ **Date:** _____ **Time:** _____
- 15) **Test Conducted:** _____ **Drug:** _____ **Date:** _____ **Time:** _____
_____ **Alcohol:** _____ **Date:** _____ **Time:** _____
- 16) **Did the alcohol test occur more than 2 hours from the time of the accident?** _____ **Yes** _____ **No**
Explain: _____

17) **If no alcohol test occurred because of more than 8 hours elapsed from the time of the accident, please explain:** _____

18) **Did the employee leave the scene of the accident without just cause?** _____ **Yes** _____ **No**
If yes, explain: _____

19) **If no drug test was performed because more than 32 hours had passed since the time of the accident, explain why:** _____

20) **Did the employee indicate recent use of prescription or over-the-counter medication? If yes, please identify the substance and usage.**

21) **Supervisor Signature:** _____ **Date:** _____

- Attachment:**
Order to Test
Chain of Custody
Test Result Summary
Alcohol Testing Form

* *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.

Prescription and Over-the-Counter Medication Post-Accident Investigation

This Rx/OTC form should be completed anytime the initial accident investigation indicates that prescription or OTC drugs could be a contributing factor to the accident. The information obtained should be kept confidential and is considered a medical report and afforded the same protections.

Do not ask the employee the “reason” they were/are taking a specific drug. However, if the employee volunteers information, this information should be noted.

Date: _____ Time: _____

Accident Location: _____

Accident Identification: _____

Safety-Sensitive Employee: _____

Please list all prescription and OTC drugs that you are currently taking or have taken within the past 7 days. Fill out a copy of the Medication Information Form for each of the listed medications.

Prescription Medication

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Over-the Counter Medication

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Medication Information Form

- 1a) Name of medication: _____
- 1b) How much do you take (dosage)? _____
- 1c) How often do you take it (frequency)? _____
- 1d) How long have you been taking this medication? _____
- 1e) For prescription medications, is the prescription in your name? _____
- 1f) When was the last time you took a dose? _____
How much did you take? _____
- 1g) Did you take a dose prior to the last one? _____
How much did you take? _____
- 1h) How many times have you taken it in the last 7 days? _____
- 1i) Did you experience any side effects? If so, describe: _____

When did the side effects first appear? _____
When did the side effects disappear? _____
- 1j) Have you discussed the use and potential side effects of this prescription/OTC medications with your physician? _____
If yes, when? _____
Is the doctor aware of your safety-sensitive job duties? _____
Describe: _____

- 1k) Have you discussed the use of this prescription/OTC medication with your pharmacist? _____ If yes, who? _____
When? _____
Is the physician/pharmacist aware of your safety-sensitive job duties? _____
Describe: _____

CONFIDENTIAL

Do you have the medication with you? If yes, write down the information from the label.
If not, ask for the following information:

Name of medication (exactly): _____

Expiration date: _____

Dosage information (exactly): _____

Note any warning labels: _____

Form: _____ Pill _____ Capsule _____ Gelcap _____ Liquid _____ Other

Place of purchase: _____

Pharmacist name (if applicable): _____ Phone #: _____

APPENDICES



Rx and OTC Medication Lists

Name: Air Force Instruction 48-123, Medical Examinations and Standards.

Format: List

Source Secretary of the United States Air Force
<http://afpubs.hq.af.mil>

The United States air Force developed this list with intense medical practitioner review and consideration for use in the Air Force's overall medical standards. The FTA and the authors in no way endorse this list for use by a transit system without the system consulting reputable medical advice from a medical practitioner knowledgeable with the medications, the employees using the medication, the transit system characteristics, employee medical history, and the duties performed by system employees.

22 MAY 2001



Aerospace Medicine

MEDICAL EXAMINATIONS AND STANDARDS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at:
<http://afpubs.hq.af.mil>.

OPR: AFMOA/SGOA (Col Arleen M. Saenger)

Certified by: AFMOA/SGO
(Col Paul B. Christianson)

Supersedes AFI 48-123, 14 Nov 2000.

Pages: 353
Distribution: F

This instruction implements AFD 48-1, *Aerospace Medical Program* and Department of Defense Directive (DoDD) 1332.18, *Separation or Retirement for Physical Disability*, and DoDD 6130.3, *Physical Standards for Appointment, Enlistment and Induction*, May 1994, DoDD 5154.24, *Armed Forces Institute of Pathology (AFIP)*, regarding mandatory requirements for all military personnel to provide a deoxyribonucleic acid (DNA) specimen sample for the repository, and implements the DoD Form 2697, *Report of Medical Assessment*, for separating and retiring members. It establishes procedures, requirements, recording, and medical standards for medical examinations given by the Air Force. It prescribes procedures and references the authority for retiring, discharging, or retaining members who, because of physical disability, are unfit to perform their duties. This instruction applies to all applicants for military service, scholarship programs, and the Air Force Reserve. It also applies to the Air National Guard (ANG) when published in the NGR (AF) 0-2. Active duty flight medicine offices will use the AFRC supplement to this instruction when managing unit assigned Reserve Members and will maintain a copy of the AFRC Supplement when Reserve units are located on the same base. This instruction is affected by the Privacy Act of 1974. Authority to collect and maintain records is outlined in Section 8013, Title 10, United States Code, and Executive Order, 9397. Privacy Act System Notice F044 AFSG G, Aircrew Standards Case File, applies. Each form affected by the Privacy Act which is required by this instruction either contains a Privacy Act Statement incorporated in the body of the document or is covered by DD Form 2005, *Privacy Act Statement-Health Care Records*. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050. **Attachment 1** is a list of references and supporting information. Maintain and dispose of all records created as a result of processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule*.

SUMMARY OF REVISIONS

This revision incorporates Interim Change IC 2001-3. This change incorporates new weight for ejection system standards. A bar (|) indicates revision from the previous edition.

A7.31.1.19. History of food-induced anaphylaxis.

A7.31.1.20. Other congenital or acquired abnormalities, defects or diseases which preclude satisfactory performance of flying duty.

A7.31.1.21. Miscellaneous conditions such as porphyria, hemochromatosis, amyloidosis.

A7.31.1.22. Inflammatory idiopathic diseases of connective tissue.

A7.31.1.23. Lupus erythematosus (acute, subacute, or chronic).

A7.31.1.24. Active tuberculosis in any form or location, or substantiated history of active tuberculosis within the previous 2 years.

A7.31.1.25. Sarcoidosis.

A7.31.1.26. History of malignancy.

A7.31.2. Flying Classes I and IA. In addition to the above:

A7.31.2.1. Motion sickness experienced in aircraft, automobiles, or water craft after the age of 12 with any significant frequency. Any history of motion sickness is completely explored.

A7.32. Medication. Use of any medication, except as described below is cause for medical disqualification for flying duty until the grounding condition has been resolved, the medication is no longer required and the effects of the drugs have dissipated.

A7.32.1. Aircrew members cannot fly for at least 8 hours after receiving a local or regional anesthetic agent.

A7.32.2. Aircrew and individuals on the sensitive duty program are not cleared for a minimum of 3 weeks following the use of Ketamine.

A7.32.3. Medications which may be used without medical consultation.

A7.32.3.1. Skin antiseptics, topical antifungals, 1 percent Hydrocortisone cream (more potent topical steroids require waivers), or benzoyl peroxide for minor wounds and skin diseases which do not interfere with the performance of flying duties or wear of personal equipment.

A7.32.3.2. Single doses of over-the-counter aspirin, acetaminophen or ibuprofen to provide analgesia for minor self-limiting conditions.

A7.32.3.3. Antacids for mild isolated episodes of epigastric distress.

A7.32.3.4. Hemorrhoidal suppositories.

A7.32.3.5. Bismuth subsalicylate for mild afebrile cases of diarrhea.

A7.32.3.6. Oxymetazoline or phenylephrine nasal sprays may be used by aircrew as "get me downs" should unexpected ear or sinus block occur during flight. These should not be used to treat symptoms of head congestion existing prior to flight.

A7.32.3.7. Multivitamin, no more than one per day.

A7.32.3.8. Dietary, herbal, and nutritional supplements can only be used with the approval of a flight surgeon. The flight surgeon should consider aeromedical implications of the supplement as well as the probability the supplement will actually enhance performance.

A7.32.4. Medication prescribed by a flight surgeon which may be used without removal from flying duty once the potential for idiosyncratic reaction has been excluded.

A7.32.4.1. Isoniazid for prophylactic therapy of tuberculin converters who do not have active tuberculosis. Minimum of 7 days ground trial.

A7.32.4.2. Oral contraceptives, implantable timed release progestin, injectable sustained duration progestin (for contraception only), estrogen alone or with progestin, as replacement therapy. Minimum of 28 days ground trial is required. Changes of dosage or brand requires an additional 28-day observation period.

A7.32.4.3. Chloroquine phosphate, primaquine phosphate, or doxycycline (100 mg daily) for antimalarial prophylaxis. Single dose ground trial is advised.

A7.32.4.4. Pyridostigmine for chemical warfare prophylaxis. Single dose ground trial is advised.

A7.32.4.5. Scopolamine alone or in combination with dextroamphetamine or ephedrine for airsickness in formal flying training programs. Not authorized for solo flight.

A7.32.4.6. Doxycycline (100mg) administered twice a day for 5 days may be used to treat mild diarrhea. Doxycycline may also be used for prophylaxis against diarrhea in deployed personnel. One hundred milligrams should be administered daily during the period of exposure and for at least 2 days following exposure, with the total period of use not to exceed 2 weeks.

A7.32.4.7. Topical antibiotics for control of acne.

A7.32.4.8. Topical tretinoin for control of acne as long as local irritation does not interfere with wear of the life-support equipment.

A7.32.4.9. Topical acyclovir.

A7.32.4.10. Completion of a course of oral penicillin, oxacillin, dicloxacillin, amoxicillin, erythromycin, sulfamethoxazole-trimethoprim, tetracycline, ampicillin, doxycycline, or cephalexin, once the acute infectious process is asymptomatic.

A7.32.4.11. Vaginal creams or suppositories for treatment of vaginitis once asymptomatic.

A7.32.4.12. Temazepam, or zolpidem if such use is essential for the safe performance of mission, and only after MAJCOM/SG coordination and approval. MAJCOM/SG may delegate this approval to wing and detachment level if unit mission so warrants. Single dose ground trial is required for use.

A7.32.4.13. Dextroamphetamine use may be allowed for certain missions. Check with MAJCOM/SG prior to prescribing. Single dose grounding trial is required.

A7.32.4.14. Immunobiologics.

A7.32.4.15. Nicorette or transdermal nicotine. Minimum of 72 hours ground trial.

A7.32.4.16. Resin binding agents such as cholestyramine for control of hyperlipidemia. Note: Niacin is not approved for use by flyers.

A7.32.5. Maintenance medication requiring waiver. Those medications for conditions listed below may be waived by the MAJCOM surgeon. The use of other medications, singly or in combination requires review by AFMOA/SGOA for rated officers and by the MAJCOM surgeon for non-rated flying personnel.

- A7.32.5.1. Chlorothiazide or hydrochlorothiazide for control of hypertension or hypercalciuria.
- A7.32.5.2. Triamterene for control of hypertension.
- A7.32.5.3. Lisinopril for treatment of hypertension (ACS review or evaluation may be required for Flying Class II, refer to current ACS policy). Flying Class II waiver requires a medically monitored centrifuge evaluation. If a medically monitored centrifuge evaluation has not been performed, rated individuals will be considered for a categorical Flying Class IIC waiver (Member must undergo a medically monitored centrifuge evaluation required prior to return to assignment to Fighter, Attack, Reconnaissance (FAR), or trainer aircraft (except T-1).
- A7.32.5.4. Probenecid for treatment of gout or hyperuricemia.
- A7.32.5.5. Allopurinol for treatment of gout or hyperuricemia.
- A7.32.5.6. Combination therapy of thiazide with triamterene, probenecid, allopurinol, or oral potassium supplements.
- A7.32.5.7. Epinephrine derivatives without added action agents, or betablockers (Timolol, Levobunolol, Betaxolol) all for topical use only, to control glaucoma.
- A7.32.5.8. Synthroid for treatment of thyroid hypofunction or for thyroid suppression.
- A7.32.5.9. Tetracycline, erythromycin, doxycycline in standard doses for acne management.
- A7.32.5.10. Sulfamethoxazole-trimethoprim, tetracycline, ampicillin, doxycycline for chronic genitourinary infectious or prostatitis once asymptomatic.
- A7.32.5.11. Folic acid in the treatment of sprue.
- A7.32.5.12. Sucralfate (1 gram once daily) for prevention of recurrent, uncomplicated duodenal ulcers. Minimum 7 days observation required.
- A7.32.5.13. Ranitidine.
- NOTE:** *Prior requirement for a FCIIA waiver is removed.
- A7.32.5.14. Pravachol (Note: May not be delegated locally).
- A7.32.5.15. Omeprazole (Note: Prior requirement for a FCIIA waiver is removed).
- A7.32.5.16. Nasal steroids or cromolyn nasal spray for control of mild to moderate allergic rhinitis, nonallergic rhinitis, or vasomotor rhinitis. Observation for control of the rhinitis (usually 7 to 14 calendar days) is required. Claritin (loratidine) for the control of seasonal allergic rhinitis.
- A7.32.5.17. Griseofulvin for treatment of fungal infections may be granted a one year non-renewable waiver after a 4 week ground trial.
- A7.32.5.18. Clomiphene citrate for treatment of infertility.
- A7.32.5.19. Lovastatin or pravastatin for treatment of hypercholesterolemia.
- A7.32.5.20. Gemfibrozil may be considered for categorical IIA waiver by MAJCOM/SG.
- A7.32.5.21. Acyclovir (oral), for treatment of HSV or suppressive therapy.

Rx and OTC Medication Lists

Name: Aeromedical Policy Letters and Aeromedical Technical Bulletins

Format: List

Source: United States Army, Compiled by: Justin Woodson CPT, MC, FS, DMO
http://usasam.amedd.army.mil/_AAMA/files/ArmyAPLs.pdf

The United States Army developed this list with intense medical practitioner review and consideration for use in the Army's aeromedical standards. The FTA and the authors in no way endorse this list for use by a transit system without the system consulting reputable medical advice from a medical practitioner knowledgeable with the medications, the employees using the medication, the transit system characteristics, employee medical history, and the duties performed by system employees.



- **Aeromedical Policy Letters**

(Purpose, Authority, & Proponency)

- **Aeromedical Technical Bulletins**

Revision Date: 5 Mar 2002

This revision supercedes all previous revisions of the Aeromedical Policy Letters and Technical Bulletins.
([Download Most Recent Revision here](#))

NEW What's New?! NEW

Compiled by* :

Justin Woodson

CPT, MC, FS, DMO

Resident in Aerospace Medicine

(*Please report any content or policy issues to Director, [Aeromedical Activity](#))



MEDICATION WAIVERS

INTRODUCTION

AEROMEDICAL CONCERNS: Aircrew-members should be evaluated for restriction from flying duties when initiating any medication and also be advised of potential side effects. When using a medication, the following should be considered: (1) Medication and/or the underlying medical condition is compatible with aviation duty, (2) Medication is effective and essential to treatment, (3) Aircrew member is free of aeromedically significant side effects after a reasonable observation period.

WAIVERS: The Commander, U.S. Army Aeromedical Center, has reviewed and classified a wide range of medications for use in the aviation environment. Medications are designated Class 1, 2A, 2B, 3 and 4. Medications not on this list are currently incompatible with the aviation environment or little information of its safe use in the aviation environment exists. New medications are reviewed constantly and waiver requests are considered on a case- by-case basis but often take a great deal of time. Flight surgeons are encouraged to use the medications on this list to avoid lengthy delays in the waiver action process.

Class 1: Over-the-counter medications which may be used without a waiver. Occasional and infrequent use of these over-the-counter medications does not pose a risk to aviation safety or violate the intent of [AR 40-8](#), Temporary Flying Restrictions Due to Exogenous Factors, August 1976, when a flight surgeon is not available. These are approved for acute non-disqualifying conditions and do not require a waiver. Use in accordance with standard prescribing practices.

Class 2A: These medications require a prescription and may be used short term under the supervision of a flight surgeon without a waiver. CAUTION: The underlying medical condition may be disqualifying and require a waiver.

Class 2B: These medications require a prescription and may be used for short-term or chronic use under the supervision of a flight surgeon without a waiver. CAUTION: The underlying condition may require a waiver. These medications must be noted annually on the FDME for Information Only and the flight surgeon must comment on usage and dosage. First time use requires an initial 24-hour grounding period to ensure the aircrew member is free of significant side effects. Subsequent use does not require grounding.

Class 3: These medications require a prescription and may receive favorable waiver recommendation only on an individual basis for treatment or control of certain chronic conditions. The underlying disease process may also require a waiver.

Class 4: Use of these medications necessitates grounding the aviator and is not waivable for flying duty. Herbal Preparations/Supplements: The majority are prohibited for aviation duty as many are used in cases of self-diagnosis and self treatment. In many cases, studies do not reveal significant clinical efficacy. Some preparations may be used under the guidance of the flight surgeon. See the Herbals/Dietary Supplements APL (TBP).

INFORMATION REQUIRED:

- AMS listing:
 - Dosage
 - Frequency of use
 - Any side effects
 - Complete summary of the aircrew-members medical condition.
- If a new drug is being recommended, forward a complete justification of the medication, i.e., rationale for use, safety considerations, availability of the drug during mobilization of the unit, and any studies supporting its use in the aviation environment. Bear in mind that all FS/APAs can be contributors to policy change.

FOLLOW-UP: Appropriate follow-up is predicated upon the specific medication and the underlying medical condition. These requirements are given under specific reference to the applicable medication or medical condition.

TREATMENT: N/A

DISCUSSION: Medication side effects are very hard to predict. They occur with irregularity and often differently in any given population group. The side effects relating to central nervous, cardiogenic, ophthalmologic, and labyrinthine systems are understandably the most troubling in the aircrew member. One must also consider the unique environmental considerations present in the aviation environment, i.e., G- forces, hypoxia, pressure changes, noise, heat, cold, acute and chronic fatigue; and how these effect the medication or the underlying medical condition.

REFERENCE:

Physicians Desk Reference, 56th Edition, Medical Economics, Montvale, NJ, 2002.

American Hospital Formulary Service Drug Information 2001, American Society of Health System Pharmacists, Bethesda, MD, 2001.

CLASS 1: OVER-THE-COUNTER MEDICATIONS

AEROMEDICAL CONCERNS: Self-medication in anyone on flight status is prohibited by [AR 40-8](#). Over-the-counter (OTC) medications frequently are combination medications, with one or more components contra- indicated for safety of flight. Many OTC medications do not provide a listing of ingredients on the package and often give only sketchy information on side effects.

WAIVER: The OTC medications listed below are Class 1 medications. If a flight surgeon is not immediately available, the below listed medications can be used on a short term basis until a flight surgeon can be seen for appropriate evaluation and treatment. Combination medications are acceptable only when each component in the combination is separately acceptable. Any prohibited component makes the combination a prohibited medication.

Antacids: (Tums, Rolaids, Mylanta, Maalox, Gaviscon, etc.) When used occasionally or infrequently. Chronic use is Class 3.

Artificial Tears: Saline or other lubricating solution only. Visine or other vasoconstrictor agents are prohibited for aviation duty.

Aspirin/Acetaminophen: When used infrequently or in low dosage.

Cough Syrup Or Cough Lozenges: [Guaifenesin (Robitussin plain)]. Many OTC cough syrups contain sedating antihistamines or Dextromethorphan (DM) and are prohibited for aviation duty.

Decongestant: Pseudoephedrine (Sudafed). When used for mild nasal congestion in the presence of normal ventilation of the sinuses, and middle ears (normal valsalva).

Pepto Bismol: If used for minor diarrhea conditions and free of side effects for 24 hours.

Multiple Vitamins: When used in normal supplemental doses. Mega-dose prescriptions or individual vitamin preparations are prohibited.

Nasal Sprays: Saline nasal sprays are acceptable without restriction. Phenylephrine HCL (Neosynephrine) may be used for a maximum of 3 days. Long-acting nasal sprays [oxymetazoline (Afrin)] are restricted to no more than 3 days. Use of neosynephrine or oxymetazoline for longer than the above time must be validated and approved by a flight surgeon. Recurrent need for nasal sprays must be evaluated by the flight surgeon. Use requires the aircrew member to be free of side effects.

Psyllium Mucilloid: (Metamucil). When used to treat occasional constipation or as a fiber source for dietary reasons. Long term use (over 1 week) must be coordinated with the flight surgeon due to possible side effects such as esophageal/bowel obstructions.

Throat Lozenges: Acceptable provided the lozenge contains no prohibited medication. Benzocaine (or similar analgesic) containing throat spray or lozenge is acceptable. Long term use (more than 3 days) must be approved by the local flight surgeon.

DISCUSSION: The aviator requires constant alertness with full use of all of his senses and reasoning powers. Many OTC medications as well as most prescribed medications cause sedation, blurred vision, disruptions of vestibular function, etc. Often the condition for which the medication is used is mild; however, it can produce very subtle effects which may also be detrimental in the flight environment. Just like the subtle deterioration of cognitive ability that occurs with hypoxia and alcohol intoxication, medication effects may not be appreciated by the individual taking the medicine. These effects may have disastrous results in situations requiring full alertness and rapid reflexes.

CLASS 2A: NO WAIVER ACTION REQUIRED

AEROMEDICAL CONCERNS: Certain medications, available by prescription only, have proven to be quite safe in the aviation environment. These medications, when dispensed and their usage monitored by flight surgeons, have been quite effective in returning aviators more rapidly to their respective flying positions. While generally safe, one still must take into consideration the underlying medical condition and the ever present possibility of side effects.

WAIVERS: No waiver is usually required, especially if the medications are used on a short term basis. Occasionally the underlying health condition requires a waiver; and if the medication is required on a frequent or maintenance basis, a waiver may also be needed.

ANTIHISTAMINES:

FEXOFENADINE (Allegra), LORATADINE (Claritin). If used for chronic or recurrent allergic rhinitis, a waiver is required. (See [Class 3](#)) Short term use is permissible without waiver. All other anti-histamines are grounding (See [Class 4](#)).

ANTIMICROBIALS, ANTIFUNGALS, ANTIVIRALS:

ACYCLOVIR (Zovirax) VALCYCLOVIR (Valtrex), FAMCYCLOVIR (Famvir), AUGMENTIN (Amoxicillin), BACTRIM/SEPTRA, CEPHALOSPORINS, CHLOROQUINE (Aralen) or CHLOROQUINE/PRIMAQUINE, CLINDAMYCIN (remember Pseudomembranous colitis), ERYTHROMYCINS to include Azithromycin and Clarithromycin, ETHAMBUTOL HYDROCHLORIDE (Myambutol) (monitor serum uric acid during treatment), FLUCONAZOLE (Diflucan), METRONIDAZOLE (Flagyl), NITROFURANTOIN (Macrochantin) (watch for pneumonitis or peripheral neuropathy), PENICILLINS, QUINOLONES (many potential drug interactions), RIFAMPIN (Rifadin), TETRACYCLINES, DOXYCYCLINE (Vibramycin) for prophylaxis - includes malaria or leptospirosis [(MINOCYCLINE (Minocin) is Class 4. Many potential drug interactions.)] Short term use does not require a waiver. A minimum of 24 hours of observation to ensure the lack of side effects and the overall general health of the aviator should be considered prior to return to flight status. For long term use refer to [Class 2B](#).

ANTI-MOTION SICKNESS AGENTS:

PROMETHAZINE/EPHEDRINE, or SCOPOLAMINE/DEXTROAMPHETAMINE (alternative, monitor intraocular pressure), or Transderm Scopolamine (alternative, monitor intraocular pressure and wash hands after application). When used in accordance with approved Motion Sickness Protocols (See [Motion Sickness APL](#)). Other use is disqualifying. (See [Class 4](#)).

GI MEDICATIONS:

CALCIUM POLYCARBOPHIL (FiberCon), LOPERAMIDE (Imodium) (when medical condition is not a factor and free of side effects for 24 hours), SUCRALFATE (Carafate) (providing underlying condition does not require waiver.) Other medications are Class 1 or Class 3.

HORMONAL PREPARATIONS:

ESTROGEN/PROGESTERONE preparations when used solely for contraception or replacement following menopause or hysterectomy. (Class 3 for other conditions). No other information required. Other hormonal drugs are Class 3.

PRE-DEPLOYMENT REST OR SUSTAINED OPERATIONS AGENTS:

Safe use is assured only following a negative test dose administration and careful followup to ensure the continued absence of side effects. Anyone with suspicious symptoms should be immediately grounded. Use of these agents should be under the direct supervision of the supporting flight surgeon following pre-established guidelines approved by local commanders.

Rest Agents:

Class 2A when prescribed and closely monitored by the unit flight surgeon. Do not mix with alcohol.

TEMAZEPAM (Restoril) - May perform crew duties 12 hours after use.

TRIAZOLAM (Halcion) - May perform crew duties 9 hours after use. (NOTE: Memory loss with associated alcohol use and night terrors have been reported)

ZOLPIDEM (Ambien) or ZALEPLON (Sonata) - May perform crew duties 8 hours after use.

Stimulants:

Class 2A when used in support of sustained operations.

DEXEDRINE: 5 mg every four hours.

PROPHYLAXIS: Class 2A when used for prophylaxis. Must be prescribed by a flight surgeon or under a protocol reviewed by the flight surgeon.

Abstinence Assistance: Following Track II or III treatment for alcohol abuse/dependence, DISULFIRAM (Antabuse) may be continued for up to 1 year as a Class 2A medication. All other components of an alcohol abuse/dependence waiver must also be completed. Use of DISULFIRAM requires documentation of LFTs, every 6 months while on therapy. Additionally, a baseline LFT must be obtained prior to initiating therapy. VHA/DOD guidelines recommend monitoring monthly for the first three months of therapy and then every 3 months thereafter for the first year. This is left to the discretion of the flight surgeon.

Diarrheal Prophylaxis: In general (especially when periods of risk exceed 3 weeks) early treatment is preferable to prophylaxis. CIPROFLOXACIN (Cipro) 500 mg q.d., or BISMUTH SUBSALICYLATE 2 tablets q.i.d., or TRIMETHOPRIM/SULFAMETHOXAZONE DS (Bactrim DS) 1 tablet q.d. are acceptable forms of prophylaxis. Local resistance specific drug regimens may also limit the effectiveness of antibiotic prophylaxis.

Leptospirosis Prophylaxis: DOXYCYCLINE 200 mg weekly during and one week following exposure.

Malarial Prophylaxis: CHLOROQUINE PHOSPHATE 500 mg weekly or DOXYCYCLINE (Vibramycin) 100 mg daily. PRIMAQUINE PHOSPHATE 26.3 mg daily for 14 days is required for terminal prophylaxis after leaving areas where P.Vivax and/or P.Ovale are present. SULFADOXINE/PYRIMETHAMINE is a treatment medication, not prophylaxis, and cannot be used without temporarily grounding the aviator. MEFLOQUINE 250 mg weekly may be used ONLY when CHLOROQUINE resistance is known and DOXYCYCLINE is contraindicated due to allergy and only when monitored closely by a flight surgeon. (Note: Recommendations for malarial prophylaxis change frequently due to the variability of susceptibility of the organism to treatment. Prior to deployment to an endemic area the latest recommendations should be obtained using such sources as the Armed Forces Medical Intelligence Center (AFMIC), Fort Detrick at 1-301-619-7574 (DSN 343) or <http://mic.afmic.detrick.army.mil> ; or the Center for Disease Control (CDC) at Traveler's Hotline 1-877-394-8747; or at www.cdc.gov or at the US Army Center for Health Promotion and Preventive Medicine at <http://chppm-www.apgea.army.mil> . (See [Malaria policy letter](#))

Subacute Bacterial Endocarditis Prophylaxis: Penicillin, Amoxicillin, Ampicillin, Clindamycin, Azithromycin, Clarithromycin, or Cephalosporins may be used in appropriate doses and when indicated. (See *Prevention of Bacterial Endocarditis. Recommendations by the American Heart Association. JAMA 1997; 277 (22): 1794-801.*)

Tuberculosis Prophylaxis: After documentation of skin test conversion, a course of PYRIDOXINE (Vitamin B6) 50 mg daily with ISONIAZID is an acceptable prophylaxis, unless INH resistance is likely. The treated aviator must also be followed in a Tuberculosis Surveillance Program. See Antimicrobials, Antifungals and Antivirals for documentation of use of ISONIAZID.

SMOKING CESSATION AIDS:

NICOTINE GUM, NICOTINE PATCH, NICOTINE INHALER (Use of any tobacco with initial patch may cause nicotine toxicity). Must be enrolled in a smoking cessation program, under supervision by the program director or designated representative, and remain abstinate from any tobacco use. Requires initial grounding of 72 hours and if tolerating treatment well, may be returned to flying duty. Effectiveness of smoking cessation aids without participation in an ongoing support program is minimal to ineffective. (See [Smoking Cessation APL](#))
ZYBAN: See [Smoking Cessation APL](#).

TOPICAL PREPARATIONS:

Topical preparations are generally Class 2A due to the minimal systemic absorption of most topical treatments. Remember that the underlying condition may require a waiver. Use of any topical preparation does require evaluation for systemic effects.

TOPICAL MINOXIDIL 2% & 5% for use in male pattern hair loss is Class 2A.

CLASS 2B: INFORMATION ONLY , CHRONIC USE

AEROMEDICAL CONCERNS: This classification of drugs still requires a prescription and is used under the supervision of the flight surgeon. Unlike Class 2A, they are often employed for chronic long term use and more likely to be used for underlying medical conditions which require a waiver. They also have greater potential for side effects, so all must have a period of observation of at least 24 hours.

WAIVERS: Use of these drugs requires they be coded for Information Only. No waiver is required unless the underlying medical condition necessitates it.

INFORMATION REQUIRED: All drugs in this Class require comment on dosage and usage. They may also require other periodic follow-up specifically indicated for each drug (see below).

ALLERGIC RHINITIS AGENTS: (See [Allergic/Nonallergic Rhinitis APL](#))

Intranasal Steroids – Dexamethasone (Dexacort), Flunisolide (Nasarel or Nasalide), Beclomethasone (Beconase, Beconase AQ, Vancenase, Vancenase AQ DS), Budesonide (Rhinocort), and Triamcinolone (Nasacort or Nasacort AQ), Fluticasone (Flonase), and Mometasone (Nasonex). This is the recommended first line treatment for moderate disease.

Intranasal Anticholinergics - Ipratropium bromide (Atrovent) 0.03% nasal spray is effective when rhinorrhea is the predominant symptom. It is not very helpful for relieving congestion, itchy watery eyes or sneezing.

Cromolyn sodium (Nasal crom)- This is effective, but requires frequent (qid) dosing.

ANTI-HYPERLIPIDEMICS: (See [Hyperlipidemia/Hypercholesterolemia APL](#))

HMG CoA Reductase Inhibitors (Statins): LOVASTATIN, PRAVASTATIN, SIMVASTATIN, ATROVASTATIN, and FLUVASTATIN. [Liver Function tests (LFTs) 6- 12 weeks after the start of therapy and then every 6 months thereafter, CPK every 6 months and Lipid profile every 6 months].

Ferric Acids : GEMFIBROZIL, FENOFIBRATE. Prior to initiating treatment and at 3, 6, and 9 months, then annually, do LFTs to include bilirubin and LDH, CPK, CBC and complete Lipid Profile. (Hypersensitivity, hepatic dysfunction, dizziness, depression and blurred vision have been reported).

Bile-Acid Binding Resins: CHOLESTYRAMINE, COLESTIPOL. Submit prothrombin time and serum calcium annually. (These drugs cause constipation and interact with such drugs as hydrochlorothiazide, penicillin and tetracycline. Additionally, they may cause Vitamin K deficiency and subsequent hypoprothrombinemia).

Nicotinic Acid: NIACIN, NIASPAN. Serum glucose and uric acid every 6 months. LFTs every 6-12 weeks for the first year and then every 6 months thereafter.

ANTIMICROBIALS, ANTIFUNGALS, AND ANTIVIRALS:

Chronic use of all antibiotics fit within this classification. Use of Antifungals or Antivirals (Amantadine) require annual reporting of AST (SGOT), ALT (SGPT), Alkaline Phosphatase, Total Bilirubin, BUN, Creatine, and CBC on FDME. Abnormal values require flight surgeon comments. Pulse antifungal therapy for onychomycosis requires baseline LFTs and a recheck 6 weeks after start of therapy.

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS:

Chronic use of any NSAID requires a measurement of BUN and Creatinine to be completed every 6 months with a single set completed within the previous 90 days submitted with each annual FDME. Additionally, stool for occult blood must be completed annually and documented on the annual FDME. Persistent upper GI complaints necessitate grounding and upper GI evaluation for possible GI toxicity.

Acetic acids: Diclofenac (Voltaren), Indomethacin (Indocin), Sulindac (Clinoril), Tolmentin (Tolectin)

COX-2s : Celecoxib (Celebrex), Rofecoxib (VIOXX)

Fenamates: Meclofenamate, Mefenamic acid (Ponstel)

Naphthylalkanones: Nambumetone (Relafen)

Oxicams: Piroxicam (Feldene), Meloxicam (Mobic)

Propionic acids: Fenoprofen (Nalfon), Flurbiprofen (Ansaid), Ibuprofen (Motrin), Ketoprofen (Orudis; Oruvail), Naproxen (Naprosyn; Anaprox), Oxaprozin (Daypro)

Pyranocarboxylic acid: Etodolac (Lodine)

Pyrrrolizine carboxylic acid: Ketorolac (Toradol)

OTHER:

Finasteride (Propecia): when used for hair loss; other usage is categorized as Class 3 medication.

CLASS 3: CHRONIC USE REQUIRING WAIVER

AEROMEDICAL CONCERNS: These medications are generally given for treatment of underlying conditions which require a waiver, may have significant side effects, or require significant evaluations as follow-up for safe use.

WAIVERS: May receive favorable waiver recommendation only on an individual basis for treatment or control of certain chronic conditions. The underlying disease process may also require a waiver. Other medications may be waivable upon complete presentation to ACAP but often require extensive evaluation before approval.

INFORMATION REQUIRED: Complete AMS with full details of drug use and underlying condition is required. Specific requirements are given under each drug or drug category listed below. Other requirements as dictated by the underlying medical condition may also be added at the discretion of the Consultant, Aeromedical Activity.

ALLERGIC RHINITIS AGENTS: (See [Allergic/Nonallergic Rhinitis APL](#)) When used chronically and recurrently for allergic rhinitis, they are considered Class 3.

Antihistamines: Fexofenadine (Allegra), and Loratadine (Claritin), (all other antihistamines are Class 4 [non-waivable] this includes Cetirizine (Zyrtec)).

ANTIHYPERTENSIVES: (See [Hypertension APL](#)) Waivers are recommended for medication class, not individual medications. Use of any of these drugs requires a 3 day (6 readings) blood pressure check and laboratory values as indicated for each medication class. A current (within 90 days) set of laboratory results is required on the annual FDME.

Ace Inhibitors : CAPTOPRIL (Capoten), ENALAPRIL (Vasotec), LISINOPRIL (Zestril), BENAZEPRIL (Lotensin), FOSINOPRIL (Monopril), QUINAPRIL (Accupril), RAMIPRIL (Altace), TRANDOLOPRIL (Mavik), MOEXIPRIL (Univasc). Required labs: Chem -7 in first 7 to 10 days of therapy to evaluate effect on BUN, creatinine and Potassium levels and then this will be required every 3 months for the first year of therapy, followed by annual reporting of these levels on FDME.

Angiotensin II Receptor Blockers: LOSARTAN (Cozaar), Valsartan (Diovan), Irbesatan (Avapro), Candarsartan (Atacand). ACE and ARB II in Combination with approved diuretics may be used.

Alpha Blockers: PRAZOSIN (Minipress), DOXAZOSIN (Cardura), TERAZOSIN (Hytrin).

Beta Blockers: ATC PERSONNEL ONLY- ATENOLOL (Tenormin), METOPROLOL (Lopresor), PROPRANOLOL (Inderal). These are considered Class 4 medication for all other aircrew.

Calcium Channel Blockers: AMLODIPINE (Norvasc) can be used with waiver in any aircrew member. ATC PERSONNEL ONLY - VERAPAMIL (Calan), NIFEDIPINE (Procardia), DILTIAZEM (Catapres). These are considered Class 4 medications for all other aircrew.

Clonidine: ATC PERSONNEL ONLY – This is considered Class 4 medication for all other aviation classes.

Diuretics: Thiazide, Potassium-sparing, and combinations. All LOOP DIURETICS are Class 4 medications and will not be waived. Required labs: Thiazide use requires annual serum glucose, BUN, creatinine, and serum uric acid. Thiazides may alter serum cholesterol and triglycerides; therefore, monitor lipid profile after 6 months of therapy and then annually. Use of any potassium sparing diuretic requires serum potassium level every 6 months. TRIAMTERENE (Dyrenium) requires platelet count and CBC with differential every 6 months.

ANTI-INTRAOCULAR HYPERTENSION/GLAUCOMA AGENTS: (See [Glaucoma APL](#))

Acetazolamide (Diamox): Must be free of side effects for 48 hours before resuming flying duties. Check for alterations in potassium and uric acid early in the treatment program. Must submit CBC, platelet count, and serum electrolytes with annual FDME. Betaxolol (Kerlone), Dipiverin (Propine), Levobunolol (Betagan), Timolol Maleate (Timoptic), Dorzolamide (Trusopt), Latanoprost (Xalatan).

GI MEDICATIONS:

All antacids (chronic use) and medications listed below are Class 3 except as noted. No additional requirements for a waiver other than the complete evaluation of the underlying condition and documentation of medication efficacy.

Antacids: Chronic use is Class 3. Occasional or infrequent use is Class 1. Check electrolytes when used chronically.

H2 Blockers: CIMETIDINE (Tagamet), RANITIDINE (Zantac), FAMOTIDINE (Pepcid), NIZATIDINE (Axid).

Occasional drowsiness is associated with these medications. When treatment is first initiated, a 72-hour observation while the aviator is DNIF is required to ensure the absence of any significant side effect.

Proton Pump Inhibitor: Omeprazole (Prilosec), Lansoprazole (Prevacid), Pantoprazole (Protonix), Rabeprazole (Acifex), and Esomeprazole (Nexium). **Pepto Bismol:** Class 2A for diarrheal prophylaxis.

Loperamide (Imodium): Class 2A for treatment of minor diarrhea if medical condition is not a factor and no side effects for 24 hours.

Motility Enhancing Agents: Class 4, not waiverable. METOCLOPRAMIDE (Reglan).

Sucralfate (Carafate): Class 2A provided underlying condition does not require waiver.

HORMONAL PREPARATIONS: Class 3 medications unless specified otherwise below. Chronic use of any systemic steroid requires monitoring of liver functions every 6 months for the first year and annually thereafter. Lipid profile required annually for systemic steroids. Report on annual FDME.

Clomiphene Citrate: (Clomid) Documentation of infertility evaluation required. Must be free of side effects for 24 hours before resuming any aviation duties. See systemic steroid requirement.

Estrogen/Progestin Preparations: Class 2A medication when used solely for contraception or hormonal replacement following menopause or hysterectomy. Class 3 when used for any other condition. See systemic steroid requirements above.

Finasteride (Proscar): See systemic steroid requirements above. Document improvement in both objective and subjective signs for hyperplasia on annual FDME. Document annual digital rectal exam on FDME.

Intranasal Steroid Preparations: (See [Class 2A Agents APL](#))

Orally Inhaled Steroid Preparations: BECLOMETHASONE (Vanceril, QVAR), FLUNISOLIDE (AeroBid, AeroBid-M), FLUTICASONE (Flovent), TRIAMCINOLONE (Azmacort), and Budesonide (Rhinocort) inhalers may be approved. Full aeromedical summary with justification for use required.

Testosterone: DITATE, TESTAVAL have been approved. See systemic steroids for requirements. Full aeromedical summary with justification for use is required.

Thyroid Preparations: LEVOTHYROXINE (Synthroid, Unithyroid, Levoxyl) is an acceptable treatment. Requires annual submission of complete thyroid function and ophthalmology evaluation.

MISCELLANEOUS AGENTS/TREATMENTS: Class 3 medications unless otherwise indicated. Appropriate medical evaluation is required. Waivers have been granted for each of the following agents under the appropriate circumstances and conditions.

Allopurinol: Annual CBC, BUN, creatinine, serum calcium and uric acid required with FDME.

B12 Injections: Annual CBC with indices, serum folic acid, and reticulocyte count required with FDME.

Botulinum Toxin

Desensitization Therapy/Injections: must be grounded for 12 hours (See [AR 40-8](#)).

Folic Acid: Annual CBC with indices.

Hydroxychloroquine sulfate: CBC, complete neuromuscular examination, and complete ophthalmologic exam are required on annual FDME.

Iron Supplements: Monitor and report serum ferritin and serum iron concentrations. Also report reticulocyte count and total iron binding capacity with annual FDME.

KCL Supplements: Annual ECG, serum potassium, BUN, creatinine, and serum magnesium required with FDME.

Metformin (Glucophage): Waiverable for class 2F, 3, and 4. (See [Diabetes APL](#))

Mesalamine (Rowasa, Asacol, Pentasa): BUN, creatinine, and urinalysis required annually with FDME. Proctoscopy and/or sigmoidoscopy as indicated.

Beta 2 Agonists: Metaproterenol (Alupent), Terbutaline (Brethaire), Albuterol (Proventil; Ventolin), Salmeterol (Serevent), Bitolterol (Tornalate), Pibuterol (Maxair), Isoproterenol (Isuprel), and Formoterol (Foradil). Inhaled use only. Waived only on a case-by-case basis. Monitor PFTs.

Olsalazine (Dipentum): CBC required every 6 months. BUN, serum creatinine, and urinalysis required annually with FDME. Proctoscopy and/or sigmoidoscopy as medically indicated.

Pentoxifylline (Trental)

Probenecid (Benemid): Serum uric acid, 24-hour urinary uric acid, BUN, and creatinine clearance are required with annual FDME.

Prophylthiouracil (Propyl-Thyracil): CBC and thyroid function test (TFT) are required annually.

Sulfasalazine (Azulfidine): CBC required every 6 months. Proctoscopy and/or sigmoidoscopy as medically indicated.

CLASS 4: MANDATORY DISQUALIFYING MEDICATIONS

AEROMEDICAL CONCERNS: Use of certain medications is strictly contraindicated in the aviation environment due to significant side effects. The underlying cause or need for use of these medications may result in a permanent disqualification or require a waiver for return to flying duty.

WAIVERS: A period of continuous grounding is mandatory ([AR 40-8](#), Temporary Flying Restrictions Due to Exogenous Factors, paragraph 4a, August 1976) from the initiation of therapy through cessation of these drugs plus a specified time period to rid the drug completely from the body (usually at least three half lives). Continuous use of these medications is incompatible with continuation of aviation status. Waiver is not recommended.

ALCOHOL: Require 12 hours of flight restriction following termination of use with no residual effects.

NON-ALCOHOLIC BEER: Require 12 hours of flight restriction following termination of use with no residual effects.

ANABOLIC STEROIDS: Waiver is not recommended.

ANTI-ARRHYTHMICS: Waiver is not recommended.

ANTI-DEPRESSANTS: Waiver is not recommended.

ANTI-MIGRAINE AGENTS: Waiver is not recommended.

ANTI-MOTION SICKNESS AGENTS: Temporary use is approved when used in accordance with approved Motion Sickness Protocol. Chronic use is not waivable.

ANTI-PSYCHOTICS: Waiver is not recommended.

ANTI-VERTIGO AGENTS: Waiver is not recommended.

ANTI-CONVULSIVES: Waiver is not recommended.

ANTI-HISTAMINES: Cetirizine (Zyrtec). Waiver is not recommended for this medication; see other medication policy letters and Allergic/Nonallergic Rhinitis APL for acceptable medications.

BETA BLOCKERS: Waivable (Class 3) for ATC personnel. Waiver is not recommended for all other classes.

BARBITURATES, MOOD AMELIORATING, TRANQUILIZING, OR

ATARAXIC DRUGS: Requires 72 hour flight restriction following termination of treatment. The half- life of Phenobarbital is 2-5 days. Waiver is not recommended.

CALCIUM CHANNEL BLOCKERS: Waivable (Class 3) for ATC personnel. Waiver is not recommended for all other classes with exception of Norvasc which may be approved for all other classes.

CLONIDINE: Waivable (Class 3) for ATC personnel. Waiver is not recommended for all other classes.

COUGH PREPARATIONS WITH DEXTROMETHORAPHAN, CODEINE, OR OTHER CODEINE-RELATED

ANALOGS: Require 24 hours of flight restriction following termination of treatment.

DEA SCHEDULED MEDICATIONS: Waiver is not recommended.

DIET AIDS: Waiver is not recommended.

HYPOGLYCEMIC AGENTS: Chlorpropamide (Diabinese), Glipizide (Glucotrol, Glucotrol XL), Glyburide (Micronase, Diabeta, Glynase), Tolbutamide (Orinase), Tolazimide (Tolinase), Acetohexamide (Dymelor), Glimerpiride (Amaryl). All of these agents are waivable (Class 3) for Classes 2F, 3, and 4. Waiver is not recommended for all other classes.

HYPNOTICS: Waiver is not recommended. Temazepam (Restoril), Zolpidem (Ambien), Zaleplon (Sonata), and Triazolam (Halcion) may be used for pre-deployment rest only. This is not approved for manipulation of work/rest cycle or as a sleep aide during normal operations.

INSULIN: Waiver is not recommended.

ISOTRETINOIN: (Accutane) Waiver is not recommended.

MINOCYCLINE: (Minocin) Waiver is not recommended.

MOTILITY ENHANCING AGENTS: Metoclopramide (Reglan), Waiver is not recommended.

NARCOTICS: Waiver is not recommended.

QUININE, BITTERS, TONIC WATER: Requires 72 hour flight restriction following termination of treatment when these formulations are used for medical conditions. Ingestion of tonic water or bitters on an infrequent basis does not require flight restriction.

LOOP DIURETICS: Waiver is not recommended.

SLEEPING AIDS: Requires 24 hours of restriction after use. (See Predeployment drugs).

SEROTONIN (5HT) RECEPTOR AGONISTS: SUMATRIPTAN (Imitrex), NARATRIPTAN (Amerge), RIZATRIPTAN (Maxalt; Maxalt-MLT), ZOMITRIPTAN (Zomig; Zomig ZMT), Almotriptan (Axert). Requires 12 hours of flight restriction following termination of treatment.

TRANQUILIZERS: Waiver is not recommended

Rx and OTC Medication Lists

Name: Virtual Flight Surgeons® Inc,

Format: List

Source: www.aviationmedicine.com

The Virtual Flight Surgeon's® developed this list with intense medical practitioner review and consideration for use in flight related activity. The FTA and the authors in no way endorse this list for use by a transit system without the system consulting reputable medical advice from a medical practitioner knowledgeable with the medications, the employees using the medication, the transit system characteristics, employee medical history, and the duties performed by system employees.

MEDICATION INFORMATION: This page was last updated 12/31/2002

The U.S. Federal Aviation Administration does not publish a list of "approved" medications. We have provided an updated list of medications the FAA commonly authorizes for use during flight, plus restrictions on medication use and a list of the medications the FAA does not normally approve airmen to use. For detailed descriptions of each of the categories described below and the associated medical conditions they treat, please see the [VFS Medical Information Center](#). For information from the FDA and other sources on medications, adverse effects, pending approvals and other testing, see the [VFS Medical Links Page](#) under Pharmacology. Also see [BOOKS](#) at the end of this page.

Remember--the primary issue with the FAA is whether the **medical condition** for which you are being treated is compatible with safe flight. The question of treating the condition with medication is of secondary concern. The FAA also will ground pilots who experience side effects from authorized medications. The use of medication is reportable on each FAA medical application in Block #17. Pilots should indicate the reason for use of the medication and the absence of side effects. [Consult a VFS physician](#) if you have a question about a specific medication or need a full explanation of the current FAA policy.

FDA Recalled Medications

- **Chinese Herbals containing Aristocholic Acid** - June 18, 2001 because of association with kidney cancer. See [Federal Air Surgeon's Medical Bulletin](#)
- **Baycol (cerivastatin)** - the FDA announced a recall of this cholesterol lowering medication in the "statin" category on August 8, 2001. Manufacturer Bayer AG announced that 31 deaths have been associated with its' use, primarily in the high dosage form or when combined with another cholesterol medication called gemfibrozil. See the [FDA Baycol Information Page](#).
- **Phenylpropanolamine (PPA)** - The FDA has recently issued a voluntary recall to manufacturer's of PPA and a consumer health advisory for products containing phenylpropanolamine (PPA). A [recent study released by Yale University](#) showed an increased risk of hemorrhagic (bleeding) stroke in women and a theoretic risk in men using PPA. PPA is used in prescription and over-the-counter (OTC) nasal decongestants and OTC weight control products. See the FDA [Phenylpropanolamine \(PPA\) Information Page](#).
- **Lotronex (alosetron)** - Designed to provide relief for irritable bowel syndrome, Lotronex has been associated with severe adverse events related to the bowels. As

a result, Glaxo-Wellcome has voluntarily removed the product from the market and is working with the FDA. The FAA never authorized the use of Lotronex in pilots. See the [FDA Consumer Information Letter](#) and the [FDA Lotronex Information page](#).

- **Propulsid (cisapride)** - Designed to aid in relief of heartburn type symptoms and to speed emptying of the stomach, Janssen recently initiated a voluntary halt in marketing of this medication due to reports of deaths from cardiac arrhythmias. It is still available in limited investigational protocols. See the [FDA MedWatch warning letter](#).

New medications currently NOT Approved by the FAA:

- **Alpha Interferon** - This medication is used for many purposes, but recently has been used for the treatment of hepatitis C. It is given periodically by injection, but can cause flu-like symptoms, fatigue and muscle aches. The FAA briefly approved alpha interferon *only when used to treat hepatitis C*. However, in late September 2001, the FAA reversed its previous approval and specifically excluded all forms of alpha interferon for medical certification. This prohibition is primarily due to concerns about depression associated with alpha interferon use. See the [VFS section on Hepatitis](#) for a detailed discussion. The FAA will not allow the newly approved combination drug [Rebetol](#) capsules combining ribavirin and interferon alpha-2b.
- **Meridia (sibutramine)**: Weight reduction drug works by suppressing appetite. Marketed as a replacement for "Fen-Phen" without the potentially lethal heart and lung side effects. Do not anticipate approval in the future. [See FDA Press Release](#). See this page's section on [weight loss](#) and the VFS article on [Weight Management for Pilots](#) for more complete discussions.
- **Celexa (citalopram)**: A new antidepressant medication with a generally minimal side effect profile, this medication is not approved for use by pilots. The FAA [policy on antidepressant medication](#) currently is a blanket ban. Requests for a change in this policy are pending with the Federal Air Surgeon. See the VFS section on [Anxiety, Depression and Counseling for Pilots](#).
- **Sonata (zaleplon)** - A newly released, short acting sleep medication. It is marketed as not having any persistent drowsiness effects after four hour from use. The FAA does not approve the use of any sleep inducing medications when flying. One FAA Regional Flight Surgeon has stated the policy on flying after use of Sonata requires a minimum of 36 hours from the last dose and at least one normal sleep cycle without medication before returning to flight. [See FDA Sonata Consumer Info](#).
- **Ultram (tramadol)** - Though not a narcotic by chemical make-up, Ultram is a potent pain reliever that has warnings of potentially causing physical and

psychological dependence. Its' side effects include malaise, confusion and a lowered seizure threshold. [See the FDA MedWatch Warning](#) and the [Drug package insert](#).

- **[Ditropan XL \(extended-release oxybutynin\)](#)** and Ditropan (Oxybutynin) Relieves spasm of bladder and controls overactive bladder by reducing urinary incontinence, frequency and urgency. The FAA reversed its previous policy approving Ditropan and [Ditropan XL](#) in April 2002. See the [FDA Ditropan XL information](#) and [package insert](#).

New Medications Recently Authorized by the FAA

- **[Synvisc \(hylan G-F 20\)](#)** - Used to inject into the knee joint in cases of severe osteoarthritis to reduce pain and use of oral medication. (See FDA pages on [Synvisc](#) and [osteoarthritis](#))
- **[Starlix \(nateglinide\)](#)** - An oral medication for Type II diabetes that affects the first phase of insulin release to reduce glucose spikes after meals with causing hypoglycemia (low blood sugar). [FDA News Release](#)
- **[Remicade \(infliximab\)](#)** - A monoclonal antibody which binds to human tissue necrosis factor, this medication is available in an injectable form given every 2-4 weeks for rheumatoid arthritis and for Crohn's disease. Two to three doses are required before applying for a waiver for this medication.
- **[Imuran \(azothioprine\)](#)** - An immunosuppressive medication traditionally used with transplants and some cancer chemotherapy, it recently was authorized by the FAA for flying while under treatment for rheumatoid arthritis, Crohn's disease and ulcerative colitis. A 30 day observation period is required before applying for a waiver.
- **[Lovenox \(enoxaprin\)](#)** - A low molecular weight heparin injectable medication used to prevent blood clots in the legs and lungs, it can be administered at home. Individuals with increased risk factors for blood clotting may benefit from use. Approval on individual basis requires observation period and review by FAA,
- **[Relenza \(Zanamir\)](#)**: New category of medication used to reduce the duration and intensity of flu symptoms. Good only for influenza A and B, not for common cold. Must be taken within the first 2 days of symptoms and used for 5 days. Inhaled from of dosing.. [See complete product information](#). See [FDA Consumer Info](#). See [ACIP Influenza Recommendations - AFP](#) and the [FDA Influenza Information page](#).
- **[Tamiflu \(Oseltamivir Phosphate\)](#)**: New category of medication used to reduce the duration and intensity of flu symptoms. Good only for influenza A and B, not for common cold. Must be taken within the first 2 days of symptoms and used for 5 days. . [See complete product information](#). See [FDA Consumer Info](#). See

[ACIP Influenza Recommendations - AFP](#) and the [FDA Influenza Information page](#).

- **[Enbrel \(etanercept\)](#)**: a new category of injectable medication for moderately severe rheumatoid arthritis. The FAA will consider a waiver for pilots using this medication after a 30 day ground test period, if the side effects are minimal and the degree of arthritis does not impair the ability to fly safely. See [FDA product approval](#) information.
- **[Avandia \(rosiglitazone\)](#)**: The newest oral antidiabetic medication and similar to Rezulin (Which has recently been removed from the market), Avandia is now authorized. See [Diabetes medications](#) and the VFS article on [Diabetes in Pilots](#).
- **[Celebrex \(celecoxib\)](#)**: A new category of arthritis medication, COX-2 inhibitors, that have much lower irritating effects on the stomach than other anti-inflammatory medications. Does not affect clotting or bleeding. Authorized November 1999 [View FDA Celebrex Consumer Information page](#).
- **[Vioxx \(rofecoxib\)](#)**: Another COX-2 inhibitor like Celebrex, Vioxx is also authorized after a 48 hour ground test period to assure no adverse side effects. [View FDA Vioxx Consumer Information](#)
- **[Mebic \(meloxicam\)](#)**: A new oxycam derivative non-steroidal anti-inflammatory drug that was approved by the FDA in April 00. Other medications in this class have already been authorized by the FAA.
- **[Detrol \(tolterodine\)](#)**: Bladder anti-spasmodic to control overactive bladders without side effects on vision and light sensitivity. Approved on a case by case basis. Requires one month ground observation period without side effects before FAA review and approval. Anti-cholinergic side effects may alter near vision. [See FDA Detrol Consumer Info](#).
- **[Xenical \(orlistat\)](#)**: "Fat blocking" lipase inhibitor that reduces weight by blocking the absorption of fat from the intestine by 1/3, thus reducing calories absorbed from the intestines. Requires two week observation period without significant side effects before returning to flying. Major side effects include abdominal gas production and greasy, loose stools. These symptoms may be worse at altitude. [View FDA Xenical Consumer Information Page](#) (Adobe Acrobat required - download from FDA page). See this page's section on [diet medications](#) and the VFS article on [Weight Management for Pilots](#) for more complete discussions.
- **[Protonix \(pantoprazole\)](#)**: A new member of the proton pump inhibitor category of medications used to decrease stomach acid to aid in healing ulcers/gastroesophageal reflux. See FDA [Protonix Consumer Information](#).

- **Prandin (repaglinide):** Used to control blood glucose in diabetics not requiring insulin for control. See the VFS [Diabetes Info](#) page for more details.
- **Micardis (telmisartin):** A new Angiotensin-II type medication used to control blood pressure, Micardis is authorized after review by the FAA or your AME of a cardiovascular evaluation. See the VFS section on [Blood Pressure](#) for more details.
- **Botulinum Toxin** - used to control painful muscle spasms, this derivative of the deadly botulism-causing bacteria has been waived for use in pilots after a 21 day observation period free of side effects. If used for diagnostic purposes, a 72 hour wait after injection is required before flying. See [Federal Air Surgeon Medical Bulletin article on Botox](#).

Categories of Medications

Allergy and cold medications: The over-the-counter (OTC) decongestants pseudoephedrine (the active ingredient in plain Sudafed) and phenylpropanolamine, if they do not contain any antihistamines, are authorized. Note that the [FDA has recalled phenylpropanolamine \(PPA\)](#) because of cardiac arrhythmias and deaths associated with its' use. In general, only the "non-drowsy" or "daytime" products should be used. Additionally, the prescription non-sedating antihistamines Claritin and Allegra are authorized for flight deck use following a 48 hour ground test free of side effects. Currently, the FAA does not approve the prescription antihistamines Zyrtec or Astelin for use during flight duty. Use of these medications requires a 24-36 hour grounding period following the last dose. See [Allergies](#) in the [VFS Medical Information Center](#).

Recently, some pilots who have listed Claritin or Allegra as medications they are using to control allergic symptoms have received letters from the FAA indicating the use of these medications are prohibited within 48 hours of flight. These letters were sent because the pilot or AME did not make comments on the FAA Form 8500-8, Airman Medical Application, that the medication was tolerated without side effects. A comment on the application regarding the absence of side effects would not result in a restriction. Discussion with representatives of the FAA confirm that pilots who do not have any side effects from Allegra or Claritin may disregard these letters, but should note the absence of side effects on their next physical.

The FAA approves treatment with desensitization injections (allergy shots). This treatment should be documented and reported to the FAA during your routine FAA airman medical examination.

The FAA also permits airmen to use nasal steroid inhalers such as Beconase, Vancenase, Nasalide and Flonase. Inhalers such as Afrin are not permitted for use prior to flight. It may be reasonable to carry some Afrin in a flight bag for use in emergency situations with ear or sinus blocks on descent. Its' ongoing use for more than 2-3 days is not recommended due to the risk of "rebound" nasal congestion once the nasal spray is

stopped. Note that the nasal spray Astelin is not approved for use within 48 hours of flight duty. Atrovent nasal Spray is authorized for use during flying after a two week ground testing period without side effects.

All other OTC cold and allergy medications require that you wait twice the dosing interval since your last dose of the medication before you fly again. In other words, if the label states, "Take every 6 hours," you must wait at least 12 hours since your last dose before flying again.

A study published in the [Annals of Internal Medicine on 7 March 2000](#) demonstrated that the effect of taking Benadryl, an OTC antihistamine, impaired driving performance significantly more than a blood alcohol concentration of 0.1% (legally intoxicated) or Allegra, a "non-sedating" antihistamine. It also demonstrated that subjective drowsiness was not an accurate measure of driving performance. Two of the study's authors are consultants to the manufacturer of Allegra, which may introduce some bias in the results. Many liquid and inhalant medications contain alcohol, which may produce a positive reading if you take an alcohol breath test. The FARs prohibit airmen from ingesting alcohol in any form within 8 hours of flying. Some prescription cough medications contain codeine, a narcotic which is prohibited for use within 24 hours of flight. VFS physicians recommend a 72 hour waiting period from the last dose of a narcotic before flying if a pilot subject to [DOT drug testing](#) to avoid the possibility of a positive drug test for opiates.

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Antacids/stomach medications: For normal "acid indigestion" or reflux esophagitis, OTC antacids (Tums, Rolaids, Mylanta, etc.) are allowed. The FAA permits airmen who can document that they do not have an ulcer to take prescription medications such as Tagamet, Prilosec, Pepcid, Protonix and Zantac. Several of these medications are now available in OTC strengths, and the FAA approves of airmen using them while on flight duty, if there are no side effects. See [Ulcers](#) in the [VFS Medical Information Center](#) for a more complete discussion on the topic. Please note that the FDA recommended [removing Propulsid from production](#) in April 2000 because of deaths associated with heart irregularities when taking Propulsid.

Antibiotics: The FAA allows airmen to use most of these, as long as they experience no side effects after using them for 48 hours or have used the medication previously without suffering any side effects. The underlying condition must be improved enough so as not to interfere with flying safety.

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Antidepressants and psychoactive medications: The FAA will not approve any of the medications in this category--including serotonin uptake inhibitors (Celexa, Effexor, Prozac, Paxil, and Zoloft) as well as other psychoactive medications (Lithium, Buspar, Elavil, Sinequan, Amitriptyline, etc.). Pilots who undergo treatment with these medications can be cleared to return to flight duty after they have stopped taking the medication and the treatment issues have been resolved. See [Depression](#) in the [VFS](#)

[Medical Information Center](#). These medications are sometimes used for non-psychiatric conditions, but are still not approved for use in flight in this context.

The FAA generally requires the pilot to wait 60-90 days after completing treatment with the medication. You must submit records of your treatment to the FAA for the agency's approval. Formal psychological testing is often required. [VFS can assist](#) with this process.

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Antihypertensive (blood pressure-reducing) medications: These include a wide variety of medications such as diuretics, beta-adrenergic blocking agents, ACE inhibitors, calcium channel blockers, labetalol, prazosin, and minoxidil. The FAA does not automatically authorize use of these medications. See [Blood Pressure](#) in the [VFS Medical Information Center](#) for more specific information on this topic.

The agency requires that you demonstrate normalization of blood pressure and undergo a required evaluation to make sure you have no other disease. Your aviation medical examiner (AME) can grant initial approval for using these medications if you hold a first, second or third class airman medical certificate.

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Anti-inflammatory/arthritis/pain medications: OTC medications such as aspirin, Tylenol, Advil, Aleve, Mediprin, Motrin IB, and so forth are allowed for flight deck use. Prescriptions for similar medications, including Motrin, Naprosyn, Voltaren, Ansaid, and Indocin, are allowed as long as you experience no side effects after 48 hours of use. As noted above, [Vioxx](#) and [Celebrex](#) are also authorized. This assumes that the condition that a pilot is using the medication for will not interfere with the safe performance of flight duties.

See "[New Medications Recently Authorized by the FAA](#)" for information on Remicade and Imuran as powerful anti-inflammatory medications.

The FAA will also approve Methotrexate, a medication used both for cancer and for inflammatory conditions such as rheumatoid arthritis, after a two week observation period without side effects. This approval is not for cancer under treatment. Reporting to the FAA may be done at the airman's next physical exam.

The FAA does not approve for flight duty use any medications containing narcotics or codeine--Tylenol No. 3, Demerol, Darvon, Darvocet, Lortab, Percodan, Ultram, etc. If you use these medications, you must wait a specified amount of time--usually 72 hours--after ceasing to take the medication before returning to the flight deck. Earlier return may result in a positive [DOT random drug test](#) with some of these medications.

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Asthma medications: The FAA approves use of certain medications for treatment of mild asthma. The agency must review and approve the condition and treatment on a case-by-case basis before permitting the airman to return to flight duties. [VFS can assist](#) pilots

in completing the FAA required documentation for a waiver to fly on asthma medications.

Attention deficit disorder medications: Current FAA policy does not allow persons who use any medications for ADHD to hold an airman medical certificates. The FAA now has a protocol for evaluating pilots with Attention Deficit Disorder prior to issuing a waiver. Some individuals using medication have been waived after neurocognitive testing shows adequate performance at least 72 hours off the medication. If the results of this testing is favorable, the pilot may be cleared to fly if no longer taking medications. Individuals with a reliable childhood diagnosis of ADHD may have to wait 90 days after stopping medication to take the required testing. Some of the medications used for ADHD will cause a positive drug test in DOT drug testing programs. [VFS can assist](#) with in coordinating required psychological testing and waiver petitions.

Cancer (chemotherapy) medications: While the patient is undergoing treatment, these medications are not allowed for flight duty. After treatment is completed, the FAA will review the case and consider approving the airman's return to the cockpit. In certain situations--initial hormonal therapy for prostate cancer or immunosuppressive medications for transplants and arthritis, for example--the FAA will allow continued cockpit duty during treatment. A [waiver](#) is required to fly on these medications if there are no side effects and no evidence of residual cancer See [VFS section on Cancer](#).

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Cholesterol-lowering medications: The FAA permits airmen to use medications such as Mevacor, Lopid, niacin, Questran, Pravachol, Lipitor and Zocor without prior approval, provided there are no side effects. See [Cholesterol](#) in the [VFS Health and Nutrition section](#) for a complete discussion and extensive links to sites with additional information. Please note that the [FDA has recalled Baycol](#) (cerivastatin) due to patient deaths associated with its' use.

The FAA has not approved the use of [Zetia](#) for cholesterol lowering, but will consider it in October 2003.

Diabetes/hypoglycemic medications: The FAA will approve the majority of oral hypoglycemic (blood-sugar-lowering) medications after appropriate evaluation and review. A specific protocol is available for those pilots with diabetes requiring waiver. The agency now approves use of some of the newer agents, including [Actos](#), Amaryl, [Avandia](#), metformin (Glucophage), Prandin, [Starlix](#) and Precose. Rezulin was previously allowed, but has lost FDA approval and has been withdrawn from the market by its manufacturer. Insulin is now allowed under special issuance on a case-by-case basis for third-class medical certification. The need to use insulin to control diabetes, however, will still disqualify an applicant for a first- or second-class airman medical certificate. See the VFS [Diabetes](#) article in the [Medical Information](#) section for further information and links or visit the [Private Consultation](#) page for waiver assistance.

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Diet aids/weight reduction/appetite suppressants: Over-the-counter products containing pseudoephedrine and ephedrine (Ma Huang) may be used if there are no side effects. Phenylpropanolamine has been removed from the market by the FDA. Also see the [FDA Consumer Advisory on Ephedra](#). This product may contribute to heart rhythm disturbances that adversely effect medical certification.

Some of OTC medications of this type contain antihistamines. These medications are not allowed for flight deck use and have a waiting period similar to that of the OTC cold medications. Prescription appetite suppressants such as Redux, Phen/Fen, Meridia and Pondimin are not allowed for flight deck use. An extensive article on medical and FAA approved [weight reduction and body shaping techniques](#) is available in the [VFS Health and Nutrition](#) section. Also see [Drug Therapy for Obesity](#), an article in *American Family Physician* (Note: Only medications listed in the article allowed by FAA for pilots are Dexatrim and Xenical.) [Patient Handout](#)

[Xenical \(orlistat\)](#) blocks fat absorption in the intestine and reduces calories from food. Some problems exist in vitamin absorption and loose stools in users of this new weight reduction medication. The FAA will approve pilots using the medication after a two week ground test period without significant side effects.

Diet supplements/herbal preparations/vitamins: General nutrition supplements and herbal preparations that are manufactured and sold within the United States usually are not regulated by the FDA and are not restricted by the FAA for flight duty use. However, pilots should be careful to take these supplements only in recommended doses. Dietary supplements and herbal preparations produced in the United States have not been found to cause positive urine drug test results. See the VFS sections on [Vitamin/Mineral supplements](#) and [Herbals/Accessory nutrients](#) and other food supplements for specific information on potential aviation side effects. Caution is warranted in self-diagnosis and self-treatment of conditions for the purpose of avoiding FAA reporting responsibilities. this practice may unduly jeopardize personal health and safe flight operations.

Fungal medications: The FAA generally allows airmen to use oral medications such as Gris-PEG, Lamisil and Sporanox to treat chronic nail fungal infections if they undergo proper medical monitoring and do not suffer side effects.

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Glaucoma medications: The FAA approves the use of most anti-glaucoma agents. An initial evaluation of the condition must be provided to the agency on FAA Form 8500-14 (Evaluation for Glaucoma) to obtain FAA permission to use the medication. Agents that constrict the pupils, such as pilocarpine, are not approved as they adversely effect night vision. VFS will soon have an article on glaucoma in the [VFS Medical Information Center](#). Contact VFS for [waiver assistance](#) if you have ocular hypertension or glaucoma requiring medication.

Heart/cardiac medications: The FAA has authorized airmen to use a wide variety of these medications in certain conditions, depending on the individual's health, provided the airman's condition is stable and the agency reviews the case. See the VFS sections on [Heart Disease](#) for detailed descriptions of conditions, their treatment, the medications and how to [obtain a waiver](#) from the FAA. The VFS section on [FAA Policy](#) on various heart conditions has concise answers and explanations.

Herpes medications: Herpes infections of all types, oral, genital and skin (Zoster), may be prevented or treated with both oral and topical (skin) medications. Famvir (famciclovir) and Zovirax (acyclovir) are available in oral forms. Pilots using these medications must ground themselves for at least two days once beginning the drug, to determine there are no significant side effects. If none, the FAA will authorize pilots to fly on these medications and report their use on the next medical application. Zovirax also is available in a cream, which pilots may use and not ground themselves if the condition does not interfere with safe operations of an aircraft.

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Intestinal/antidiarrheal/anti-spasmodic medications: OTC preparations such as Kaopectate, Imodium and Pepto-Bismol are allowed if the symptoms are not severe. Prescription medications such as Lomotil, Bentyl, Levsin, Donnatal, and Librax are not authorized if used regularly. Occasional use of Lomotil and Donnatal for self-limited conditions such as a gastroenteritis or traveler's diarrhea require a 48 hour waiting period after the last dose before returning to flight duty. These medications contain anticholinergic compounds that may adversely effect vision. Donnatal contains barbiturates that may cause a positive DOT drug test. Cantil, another, anti-spasmodic for irritable bowel syndrome, is not approved.

Male Impotence medication: FDA recently authorized [Viagra](#) (sildenafil citrate) as the first oral form of treatment (pill) for the treatment of erectile dysfunction. The FAA recommends that the medication be used strictly in the dosages recommended by the manufacturer and all contraindications (reasons not to use the medication) be strictly observed. Pilots should not use Viagra within 6 hours of performing their (aviation) duties. The VFS section on [Viagra](#) contains extensive information from many sources and a link to the Federal Air Surgeon's Bulletin article on Viagra. Uprima has not yet been approved by the FDA.

Migraine headache medication: Individual cases vary greatly. However, after evaluation and FAA review, the agency will permit use of certain prophylactic migraine headache medications. These medications to prevent migraines, beta blockers and calcium channel blockers are primarily used for heart conditions and high blood pressure, but may also be effective in vascular (migraine type) headaches. Cluster headaches prevented with Sansert may also be waived. FAA approval requires documentation that the medication is successful in preventing the occurrence of headaches. See the [VFS article on Headaches](#) for a complete discussion

Injectable medications (Imitrex and Zomig) and oral agents used to abort a migraine headache (Imitrex, Zomig and caffergot) once it has occurred are not generally allowed for flight duty use. Pilots who have success in eliminating a migraine with these medications may be allowed to carry them in flight for emergency use only in flight, but will not be approved for using them as a primary means of controlling the headaches. Use of these medications automatically grounds a pilot for a minimum of 72 hours following the last dose and resolution of the migraine.

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Multiple Sclerosis Beta interferon (Betaseron) is waiverable for pilots whose MS is well controlled without side effects. Copaxone is also waiverable.

Muscle relaxants: Medications in this broad category, such as Robaxin, Flexeril, and Valium, are not allowed. They all have definite sedating and judgement impairing effects.

Oral contraceptives: All birth control pills are allowed.

Parkinson's disease medications: In certain situations, the FAA allows airmen to use certain medications to control Parkinson's disease. The FAA must review and qualify each individual case before the airman can return to flight duty. Mirapex and Requip were new medications that until recently had been authorized for use on a case by case basis. This is no longer true. Sinemet, Eldepryl, and Permax are authorized for use on a case by case basis. [Tasmar](#) is not approved. A new medication, [Comtan](#), is waiverable after a six month observation period without side effects.

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Pain Control: Pain control medications fall into four broad categories. Two are authorized and two are not approved. The authorized types include [non-steroidal anti-inflammatory](#) medications (NSAIDs) and acetaminophen (Tylenol and other 'non-aspirin' pain relievers) and the new class of COX-2 inhibitors (Celebrex and Vioxx). These can be used after a 48 hour ground test period shows no side effects. The prescription medication Ultram is prohibited for use when flying.

The non-approved types include narcotics for short-term relief of severe pain and [antidepressant medications](#) (even in very low doses) for long-term chronic pain relief. Both have the potential to impair alertness and judgement. Narcotic type medications may also give a positive result on [DOT drug testing programs](#).

Local anesthetics, such as Lidocaine and Novacaine, do not have any minimum period of observation after injection before flying in the current FAA policy. Military pilots generally have an 8-12 hour waiting period before flying. Pilots should be able speak clearly before flying after receiving an oral injection. For suturing and other procedures using local anesthetic, the underlying injury should not interfere with pilot duties. Caution: some skin wounds, particularly facial wounds, sometimes receive an anesthetic

containing cocaine ("TAC"). There is a remote possibility that large doses could result in a positive drug test within 24 hours. Although the names are similar to cocaine, Lidocaine and Novacaine are not related and will not cause a positive drug test.

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Prostate medications: In most cases, the FAA approves use of medications such as Cardura, Flomax, Hytrin, and Proscar for treatment of benign prostatic hypertrophy (BPH). Airmen treated with these medications should ground test them for several days to determine there are no side effects. Their use can be reported to the FAA at the airman's next medical examinations. The use of saw palmetto to control BPH symptoms does not need to be reported on your FAA medical application. See [BPH](#) in the [VFS Medical Information Center](#).

Use of Zolofit for treatment of BPH is not approved for flight duty.

Sleep-inducing medications: None of the OTC sleep preparations, including Sominex, Tylenol PM, and Excedrin PM, are allowed for flight deck use and require waiting 12-24 hours from last dose to flight duty. Prescription medications such as Sonata, Halcion and Restoril are not approved for airmen. Those pilots taking Ambien (zolpidem), another prescription medication, must wait 24-48 hours after the last dose before flying. The USAF has waived the use of Ambien in its pilots after ground testing and in very specific controlled situations. [Sonata](#), a newly released sleep product, is not approved by the FAA. Sonata was approved by the USAF for ground use by aircrew in controlled situations.

Dietary supplements, such as melatonin, reportedly help reduce sleep problems. The FAA generally allows airmen to use these supplements if those airmen do not suffer side effects from them. However, claims about these dietary supplements' benefits in treating insomnia and "jet lag" often are overstated. Some individuals have significant side effects from these "natural" supplements. A future VFS article will address sleep disturbances and strategies for effective sleep.

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Smoking cessation medications: The medication Zyban (bupropion) is not approved for use while on flight duty. Zyban is generally recommended for use over a period of 7 to 12 weeks, which is not generally practical for most pilots. If used, it should be discontinued a minimum of five days prior to flying. Nicotine dermal patches or Nicorette gum is allowed for flight use provided the pilot has used the product over a 2-3 day period without significant side effects. For a complete discussion of tobacco cessation strategies and medications, see the VFS section on [smoking cessation](#).

Steroids: On a short-term basis, the FAA allows use of corticosteroids at a total dose of 20 mg or less of prednisone per day provided there are no side effects. Initial treatment with steroid dose packs, at a total daily dose of greater than 20 mg is not allowed for flight duty use. Chronic steroid use is authorized on a case-by-case basis. As mentioned

above, the underlying condition being treated by steroids is the key issue with the FAA. A wide variety of medical problems are treated with steroids. Conditions such as poison ivy are not aeromedically significant, whereas conditions treated with steroids such as multiple sclerosis or asthma would restrict the pilot from flying until waived by the FAA. Anabolic steroids (muscle building compounds) have significant side effects and are only used legally for very specific medical conditions. Use for these conditions may be waived by the FAA after an observation period and reporting to the FAA. Use without a prescription is illegal and will not be approved by the FAA for pilots.

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Thyroid medications: The FAA approves the use of these medications once the treated condition is stable and the airman's physician provides documentation indicating that the airman's thyroid function has returned to normal (euthyroid). Thyroid cancer treated with medication requires FAA waiver before the pilot can return to flight duties. VFS physicians have obtained many [waivers](#) for pilots with a variety of thyroid conditions and medications.

Topical (skin) medications: All generally are allowed. These include antibiotic and steroid creams, psoriasis treatments and sports creams.

Skin / Acne Medications: Acne is treated with both topical (applied to the skin) and oral medications. As above, all topical medications such as benzoyl peroxide, Retin-A and antibiotic creams, are allowed without waiver. Oral antibiotics are also allowed after a two day observation period without side effects.

Accutane is authorized, but because of the potential harmful effect on night vision, any pilot taking Accutane will have a restriction placed on their medical certificate stating **"Not Valid for Night Flying."**

Hair Growth medications: Topical medications that promote hair growth (Rogaine, minoxidil) are authorized for flight duty use. Oral medications such as Propecia (finasteride) and Procaine are allowed if there are no side effects after a ground test period of at least two days.

Vaccinations: Vaccinations (shots, immunizations) are not disqualifying for flying, including the anthrax immunization. Some people experience some side effects following immunizations, particularly from live, attenuated types, that may dictate a pilot remain grounded if feeling poorly. However, there is no minimum grounding period after receiving an immunization. Side effects may be minimized by taking aspirin or acetaminophen after the shot. See the VFS Medical Links section on [vaccination safety](#). Please note that this outline is far from complete. Again, most cases of aeromedical certification must be reviewed and authorized individually and vary greatly. Contact VFS through our [Private Medical Consultation](#) for specific answers to your questions regarding medication use or assistance in obtaining FAA approval for long-term use of certain medications.

Rx and OTC Medication List

Name: Medications Containing Alcohol Commonly Stocked in Most Hospitals and Pharmacies

Format: List

Source: First Lab Report

Publisher: First Lab, a First Hospital Corporation © 1993
(800) 732-3784

The FTA and the authors did not develop the list, which appears on the following page.

Please note that this list only shows medications containing alcohol and should not be used as an authorized/not authorized medication list without the transit system consulting their own knowledgeable medical professional with the medications, the employees using the medication, the transit systems characteristics, employee medical history, and the duties performed by system employees.

**MEDICATIONS CONTAINING ALCOHOL COMMONLY STOCKED
IN MOST HOSPITALS AND PHARMACIES**

Drug	% Alcohol	Drug	% Alcohol	Drug	% Alcohol
Actol Expectorant Syrup	12.5	Feosol Elixir	5.0	Phenergan Expectorant VC Plain	7.0
Alertonic	0.45	Fer-In-Sol Syrup	5.0	Phenergan Expectorant VC w/Codeine	7.0
Alurate Elixir	20.0	Theoelixir (Elixir Theophylline)	20.0	Phenergan Expectorant Pediatric	7.0
Ambenyl Expectorant	5.0	Elixophy	20.0	Phenergan Syrup Fortis (25 mg)	1.5
Anahist	0.5	Elixophylline-KL	10.0	Polaramine Expectorant	7.2
Aromatic Elixir	22.0	Ephedrine Sulfate Syrup USP	3.0	P.B.Z. Expectorant with Ephedrine	6.0
Anaspaz-Pb Liquid	15.0	Ephedrine Sulfate Syrup - Note USP	12.0	Propadrine Elixir HCl	16.0
Asbron Elixir	15.0	Fer-In-Sol Drops	0.2	P.B.Z. Expectorant w/Codeine & Ephedrine	6.0
Atarax Syrup	0.5	Geriplex-FS	18.0	Quibron Elixir	15.0
Bactrim Suspension	0.3	Gevabon Liquid	18.0	Robitussin Syrup	3.5
Tr. Belladonna	67.0	Kaon Elixir	5.0	Robitussin AC Syrup	3.5
Benadryl Elixir	14.0	Kaochlor	3.8	Robitussin PE	1.4
Bentyl-Pb Syrup	19.0	Iberet Liquid	1.0	Robitussin DM and Robitussin CF	1.4
Benylin Expectorant	5.0	Isuprel Comp. Elixir	19.0	Rondec DM Syrup and Drops	0.6
Brondecon Elixir	20.0	Syrup Ipecac	2.0	Roniacol Elixir	8.6
Bronkelixir	19.0	Hydryllin Comp.	5.0	Serpasil Elixir	12.0
Butibel Elixir	7.0	Hycotuss Expectorant & Syrup	10.0	Tedral Elixir	15.0
Calcidrine Syrup	6.0	Kay-Ciel Elixir	4.0	Temaril Syrup	5.7
Cas Evac	18.0	Lanoxin Elixir Pediatric	10.0	Terpin Hydrate Elixir	42.0
Aromatic Cascara Sagrada	18.0	Liquid Lomotil	15.0	Terpin Hydrate Elixir w/Codeine	42.0
Carbrital Elixir	18.0	Luffyllin-GG Elixir	17.0	Theo Organidin Elixir	15.0
Cerose & Cerose DM Expectorant	2.5	Marax Syrup	5.0	Triaminic Expectorant	5.0
Cheracol & Cheracol D	3.0	Mediatric Liquid	15.0	Triaminic Expectorant DH	5.0
Choledyl Elixir	20.0	Modane Liquid	5.0	Tussend Liquid	5.0
Chlor-Trimeton Syrup	7.0	Mellaril Concentrate	3.0	Tussar-2 Syrup	5.0
Cologel Liquid	5.0	Mesopin Elixir	12.5	Tussi-Organidin Expectorant	15.0
Citra Forte Syrup	2.0	Minocin Syrup	5.0	Tussar SF Syrup	12.0
Coldene Cough Syrup	15.0	Nembutal Elixir	18.0	Tuss-Ornade Syrup	7.5
Conar Expectorant	5.0	Novahistine DH	5.0	Tylenol Elixir	7.0
Coryban D	7.5	Nicol Elixir	10.0	Tylenol with Codeine Elixir	7.0
Cosanyl DM & Cosanyl Syrup	6.0	Novahistine Expectorant	5.0	Tylenol Drops	7.0
Copavin Cmpd Elixir	7.0	Novahistine Elixir	5.0	Ulo-Syrup	6.65
Darvon-N Suspension	1.0	Novahistine DMX	10.0	Valadol Liquid	9.0
Decadron Elixir	5.0	Nico-Metrazol Elixir	15.0	Valpin-PB Elixir & Valprin	5.3
Dexedrine Elixir	10.0	Nyquil Cough Syrup	25.0	Vita Metrazol Elixir	15.0
Demazin Syrup	7.5	Mol Iron Liquid	4.75	Vlcks Formula 44	10.0
Dilaudid Cough Syrup	5.0	Organidin Elixir	23.75	Potassium Chloride Sol. (Standard)	10.0
Elixir Dimetane	3.0	Ornacol Liquid	8.0	(a no-alcohol solution can be requested)	
Dimetane Expectorant	3.5	Tincture Paregoric	45.0		
Dimetane Expectorant-DC	3.5	Parapectolin	0.69		
Doxinate Liquid	5.0	Parelixir	18.0		
Dimetapp Elixir	2.3	Periactin Syrup	5.0		
Dimacol Liquid	4.75	Pertussin 8 Hour Syrup	9.5		
Donnatal Elixir	23.0	Phenergan Expectorant Plain	7.0		
Donnagel Suspension	3.8	Phenobarbital Elixir	14.0		
Donnagel PG Suspension	5.0	Phenergan Expect. w/Codeine	7.0		
Dramamine Liquid	5.0				

NOTE:

1. Mouthwashes - Scope, Listerine, Cepacol, Colgate 100, Micrin, all contain approximately 15 - 25% alcohol.
2. All elixirs contain some alcohol.
3. The following anti-tussives do *not* contain alcohol:
 - * Hycodan Syrup
 - * Hycomine Syrup
 - Triaminic Syrup
 - * Tussionex Suspension
 - Orthoxicol Syrup
 - Actifed C Expectorant
 - Omnituss
 - Ipsatol Syrup
4. Other non-alcohol liquids:
 - Chloraseptic mouthwash/gargle
 - Liquiprin (acetaminophen)
 - Dilantin Suspension
 - Alupent Syrup
 - * Noctec Syrup
 - * Vistaril Suspension
 - Antacids
 - Kapoectate and Parget, etc.
 - Sudafed Syrup
 - * Quadrinal Suspension
 - Actifed Syrup
 - Triaminic Syrup
 - Naldecon Syrup
 - Nydrasid Syrup

*Ingestive medications may contain other addictive substances which may be considered.

Courtesy of:

Alcenas Hospital
10322 N.E. 132nd
Kirkland, Washington 98033

Rx and OTC Medication List

Name: Medication List

Format: List

Source: Kaiser Permanente

The Rx, OTC, and herbal medication list provided on the following page was prepared by Kaiser Permanente medical professionals with extensive knowledge. The list only includes medications that can cause dizziness and drowsiness. Please note that this list should not be used as an authorized/not authorized medication list without the transit system consulting their own knowledgeable medical professional. Use of medication should be determined on a case-by-case basis taking into consideration the employee's medical condition, the employee's medical history, and the duties performed by system employees.



HOW DO THESE MEDICATIONS AFFECT YOU?

- Many medications, both over-the-counter and prescription, can cause drowsiness (sleepiness) and/or impaired your ability to drive.
- Medicines affects each person differently.
- Before driving, be sure medicines YOU take do not impair the way you do your job.
- Medications that cause drowsiness or impaired ability to drive are shown below. These medications are just some of the common ones. However, not all medications that make you sleepy or impair your ability to drive are listed.
- Be sure that you read the label of all medications you take to see if they can cause drowsiness.
- Check with your doctor or pharmacist if you are unsure if the medication you take can impair the way you do your job.

Over-the-Counter (OTC) Medications That May Cause Drowsiness or Impair Your Ability to Drive
Allergy Medication (Antihistamines)* <ul style="list-style-type: none"> • Benadryl® (diphenhydramine) • Chlor-Trimeton ® (chlorpheniramine) • Tavist ® (Clemastine) • Combination cold products that contain any antihistamine as an ingredient
Diarrhea Medication <ul style="list-style-type: none"> • Imodium AD® (loperamide)
Motion Sickness Medication <ul style="list-style-type: none"> • Bonine® (meclizine) • Dramamine® (dimenhydrinate)
Medications for Sleep <ul style="list-style-type: none"> • Unisom® (doxylamine) • Nytol® and Sominex® (diphenhydramine) • Tylenol PM® and Excedrin PM® (diphenhydramine) <p>NOTE: <i>Even if taken at bedtime, these medications can cause sleepiness the next day.</i></p>
Herbal Medications <ul style="list-style-type: none"> • Kava Kava • St. John’s Wart • Valerian <p>NOTE: There are many products with these medicines in them. They are used in combination with other herbal products.</p>

- **Caution:** Some OTC cough and cold medications contain alcohol

Prescription (Rx) Medications That May Cause Drowsiness or Impair Your Ability to Drive	
Pain Relievers	
<ul style="list-style-type: none"> • Darvocet® (propoxyphene and acetaminophen) • Tylenol #3® (codeine and acetaminophen) • Vicodin®, Lorcet®, or Lortab® (hydrocodone and acetaminophen) • Percocet®, Endocet®, or Tylox® (oxycodone and acetaminophen) 	<ul style="list-style-type: none"> • Oxycontin® (oxycodone) • Methadone • Morphine • Dilaudid® (hydromorphone) • Ultram® (tramadol) • Duragesic® (fentanyl)
Muscle Relaxants	
<ul style="list-style-type: none"> • Flexeril® (cyclobenzaprine) • Lioresal® (baclofen) • Robaxin® (methocarbamol) • Soma® (carisoprodol) 	<ul style="list-style-type: none"> • Parafon Forte® (chlorzoxazone) • Norflex® (orphenadrine) • Valium® (diazepam)
Headache/Migraine Medications	
<ul style="list-style-type: none"> • Fioricet® (butalbital, acetaminophen, and caffeine) • Fiorinal® (butalbital, aspirin, and caffeine) 	<ul style="list-style-type: none"> • Phenergan® (promethazine) • Compazine® (prochlorperazine) • Reglan® (metoclopramide)
Medications for Depression	
<ul style="list-style-type: none"> • Elavil® (amitriptyline) • Aventyl® and Pamelor® (nortriptyline) • Sinequan® (doxepin) • Tofranil® (imipramine) 	<ul style="list-style-type: none"> • Paxil® (paroxetine) • Desyrel® (trazodone) • Serzone® (nefazodone) • Remeron® (mirtazepine)
Anxiety Medications	
<ul style="list-style-type: none"> • Buspar® (buspirone) • Klonopin® (clonazepam) • Valium® (diazepam) 	<ul style="list-style-type: none"> • Xanax® (alprazolam) • Ativan® (lorazepam) • Tranxene® (clorazepate)
Medication for Sleep	
<ul style="list-style-type: none"> • Ambien® (zolpidem) • Sonata® (zaleplon) 	<ul style="list-style-type: none"> • Valium® (diazepam) • Ativan® (lorazepam)
<i>NOTE: Even if taken at bedtime, these medications can cause sleepiness the next day.</i>	
Blood Pressure Medications	
<ul style="list-style-type: none"> • Ditropan® (oxybutynin) • Catapres® (clonidine) 	<ul style="list-style-type: none"> • Serpalan® (reserpine)
Seizure Medications	
<ul style="list-style-type: none"> • Tegretol® (carbamazepine) • Neurontin® (gabapentin) 	<ul style="list-style-type: none"> • Dilantin® (phenytoin) • Depakote® (valproic acid)
Antihistamines	
<ul style="list-style-type: none"> • Atarax® (hydroxyzine) • Claritin® (loratadine) 	<ul style="list-style-type: none"> • Zyrtec® (cetirizine) • Allegra® (fexofenadine)

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Resources/Reference Materials

Internet

Aviation medicine – pilot drug information web site: www.aviationmedicine.com/meds.htm

Clinical pharmacology online website: www.clinicalpharmacologyonline.com

Drug info net website: www.druginfonet.com - click on drug info to get official package inserts and patient inserts

Food & Drug Administration website: www.fda.gov

FDA Center for Drug Evaluation and Research: www.fda.gov/cder/

The Internet drug list: www.rxlist.com

Agency for Healthcare Research and Quality: www.ahrq.gov

U.S. Dept. of Health and Human Services: www.hhs.gov

National Health Info. Center: www.health.gov/nhic or www.healthfinder.gov

Other healthcare website listings: www.health.gov

Books

Consumer Reports Complete Drug Reference

Physicians Desk Reference 2002 with CD-ROM

Physicians Desk Reference for Nonprescription Drugs and Dietary Supplements 2001

Physicians Desk Reference for Herbal Medicines 2001

Physicians Desk Reference for Nutritional Supplements

Physicians Desk Reference Family Guide to Natural Medicines and Healing Therapies

APA Practical Guide to Natural Medicines