

“A Prescription for Safety”

Rx and OTC Medication Management Plan



Presented by Diana Byrnes, C-SAPA
October 2010

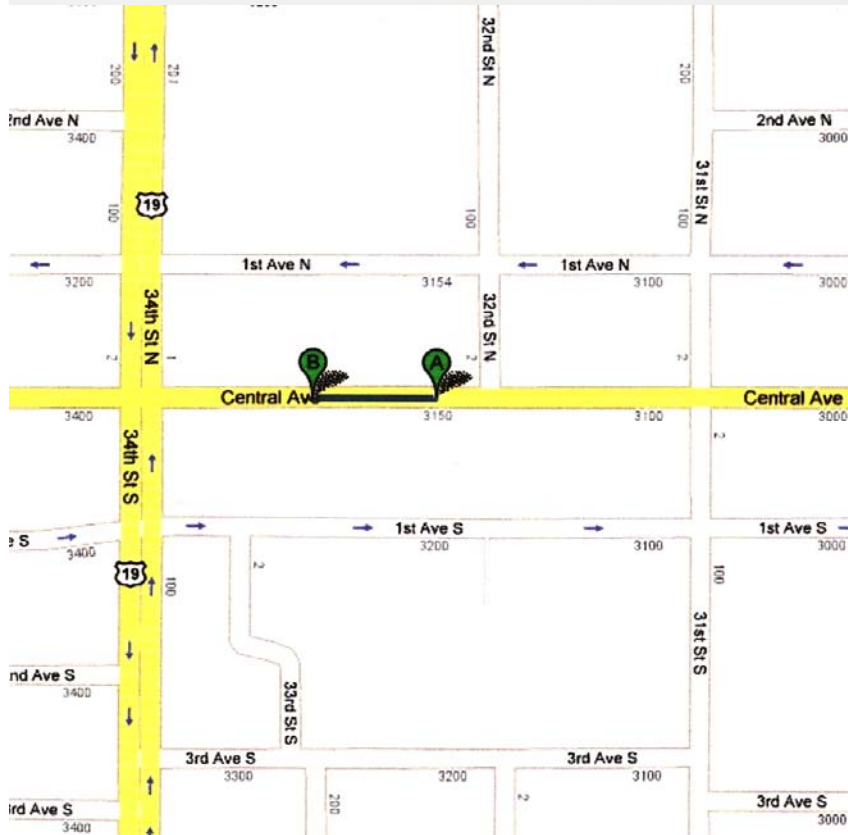
Welcome

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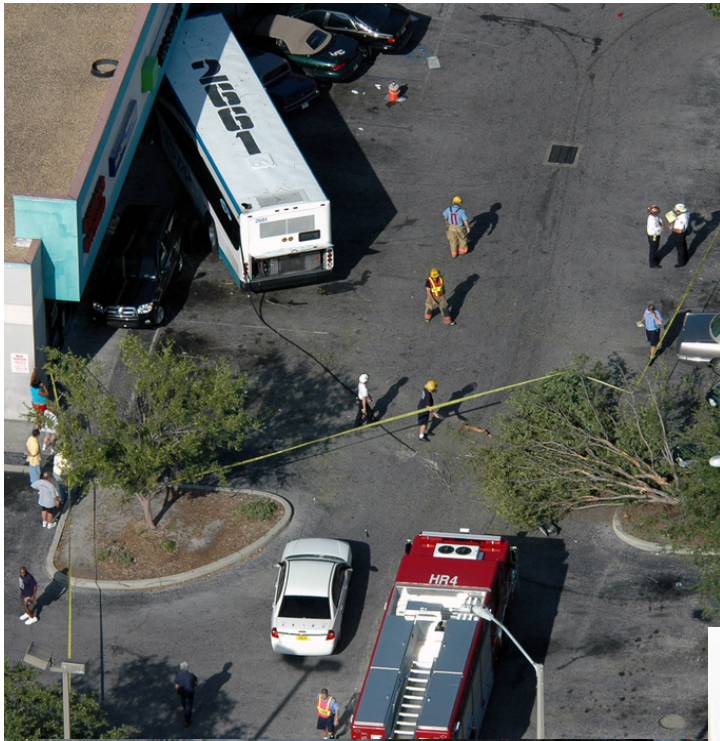
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FL Transit System Accident



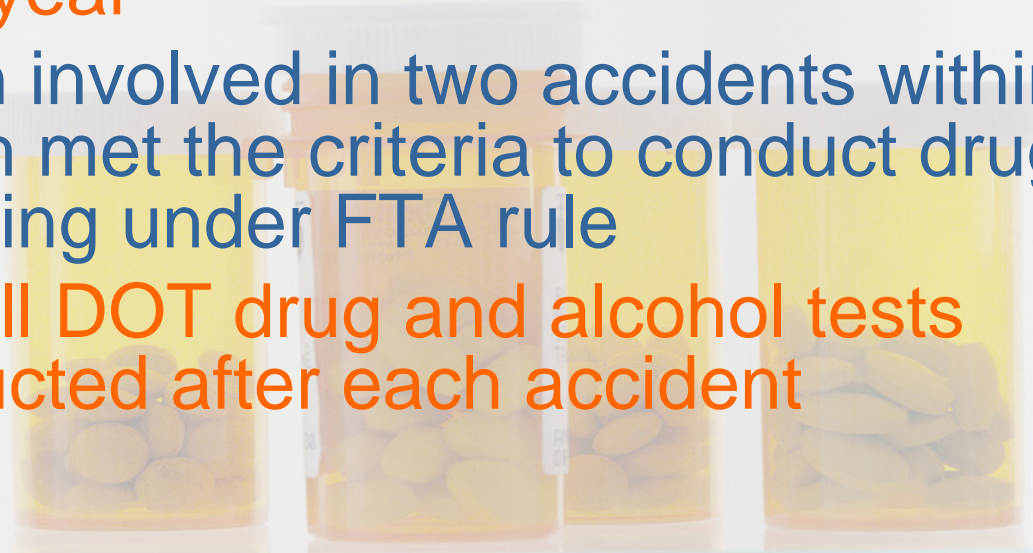
Sept. 2007 Accident

- Driver reported for duty at the transfer center (A)
- Passengers loaded onto bus
- Driver made a left turn out of the transfer center and proceeded to travel North for 292 feet
- (B) Driver lost control of the bus, jumped a curb, ran over a tree, and plowed into the front glass window of a retail store



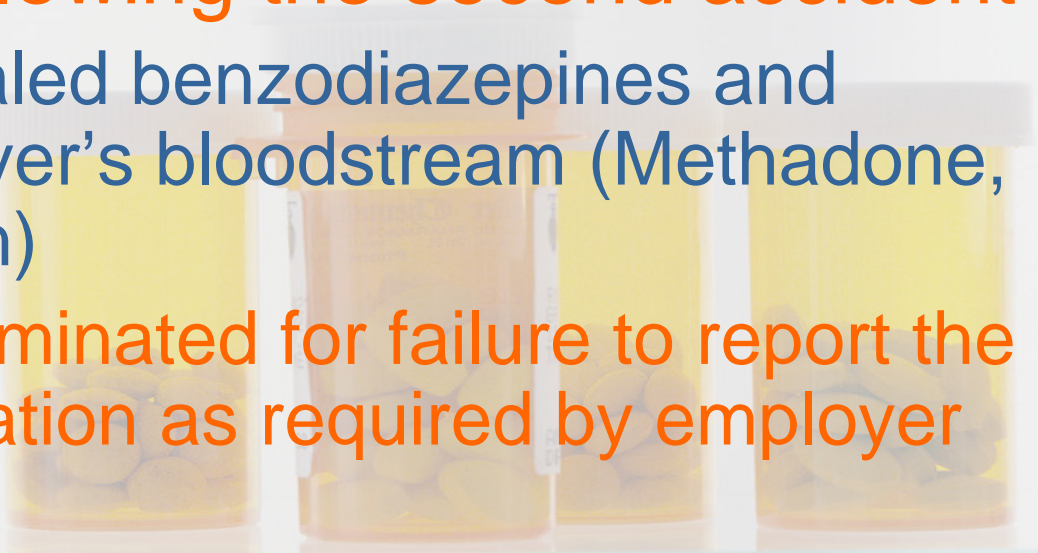
Investigation of Accident

- 37 year old male operator, employed by transit system for one year
- Driver had been involved in two accidents within one month; both met the criteria to conduct drug and alcohol testing under FTA rule
- Driver passed all DOT drug and alcohol tests that were conducted after each accident



Investigation of Accident Cont.

- Law enforcement conducted independent blood tests following the second accident
 - Results revealed benzodiazepines and opiates in driver's bloodstream (Methadone, Xanax, Ativan)
 - Employee terminated for failure to report the use of medication as required by employer policy
 - Operator later arrested for felony DUI and careless driving



Was Prevention Possible?

- **Areas of Concern:**


- Driver's erratic behavior went unnoticed prior to his performance of safety-sensitive functions
 - Better training needed for supervisors responsible for identifying impairment
- Driver did not report medication use following the first accident, as required in policy
 - Need to increase awareness, require physician release and fitness for duty exams before returning to S/S duty
- Worker's Comp. doctor did not report employee's use of Rx meds that are inappropriate for safety sensitive employees
 - Employee may be abusing Rx meds prescribed by different doctors

Is there a problem?

CBS Evening News Clip



Prescription Stats

- Most frequently reported Rx medications in drug-abuse related ER cases (as reported by DAWN):
 - Benzodiazepines and Opiates
 - More than 6.3 million Americans reported use of Rx drugs for non-medical reasons in 2003
 - According to National Institute on Drug Abuse
 - 40 million in 1991 vs. 180 million in 2007
 - The increase in # of opiate prescriptions written
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Prescription Trends

- NTSB, ONDCP, SAMHSA and other government agency studies indicate that abuse and misuse of prescription controlled substance medications is more prevalent than “illicit” drug use.
- Dramatic increase in past decade in use of medications for chronic pain, anxiety, sleep disorders, and attention deficit disorders
- Inappropriate use of medications takes several forms:
 - Misuse
 - Abuse
 - Physiological dependence
 - Psychological dependence



DOT Prohibited Drugs

- Amphetamines
 - Cocaine
 - Marijuana
 - Opiates
 - PCP
- DOT Drug testing panel limited to Schedule I and II drug classes



What's Missing?

- Largest class of painkillers; synthetic opioids, are not detected in DOT urine drug testing:
 - Such as Vicodin, Oxycontin, Roxicontin, Methadone
- Benzodiazepines, barbiturates, and propoxyphene are also not detected in DOT testing
 - Such as Xanax, Ativan, Clonopin



FL DOT RESPONSE



“A Prescription for Safety”



An Rx and OTC Management Plan

Components of the FL DOT Management Plan

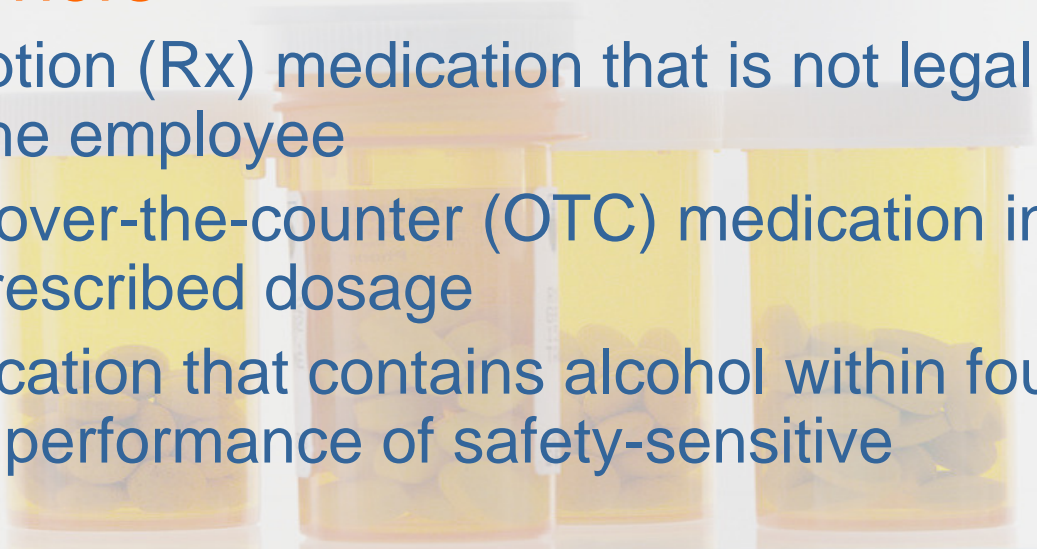
The image shows a document titled "Stand Alone Policy" with a large "Rx" symbol. The document lists several components of a management plan. At the top, there are fields for "Name" and "Address". At the bottom, there are fields for "MID" and "Signature".

Rx **Stand Alone Policy**

- **Physician Release Form**
- **NON DOT expanded testing panel**
- **Training**
- **Post Accident Investigation Procedures**
- **Attendance Policy**

Name _____
Address _____
MID _____
Signature _____

Stand Alone Policy

- Not part of the Drug and Alcohol Policy
 - Prohibited Behaviors
 - Using a prescription (Rx) medication that is not legally prescribed for the employee
 - Using an Rx or over-the-counter (OTC) medication in excess of the prescribed dosage
 - Using any medication that contains alcohol within four (8) hours of the performance of safety-sensitive functions
 - Using any medications that adversely impact the employee's ability to safely perform his/her safety-sensitive job functions
- 


Policy Continued

- Requires employee to obtain a signed release form from prescribing physician
 - Medical Disqualification if Rx medication is not deemed appropriate
 - Discuss the use of an alternative medication
 - Utilize accumulated paid time off
 - Request a temporary non-safety sensitive position; (provided that such a position is available)
 - Employees who fail to report are subject to termination

Development of NON-DOT Testing Plan



NON DOT-Testing Plan

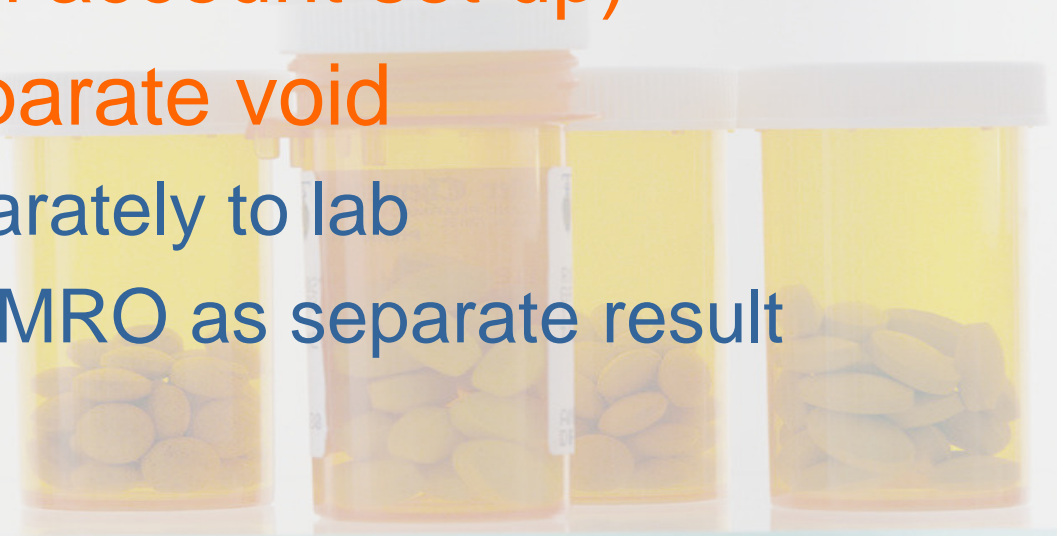
- Separate and in addition to DOT required test
 - Testing for post accident and reasonable suspicion scenarios
 - Conducted under agency authority
 - Tests for an expanded panel (beyond DOT 5)
 - Includes synthetic opiates, Benzodiazepines, Propoxyphene and Methadone
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NON DOT Testing Circumstances

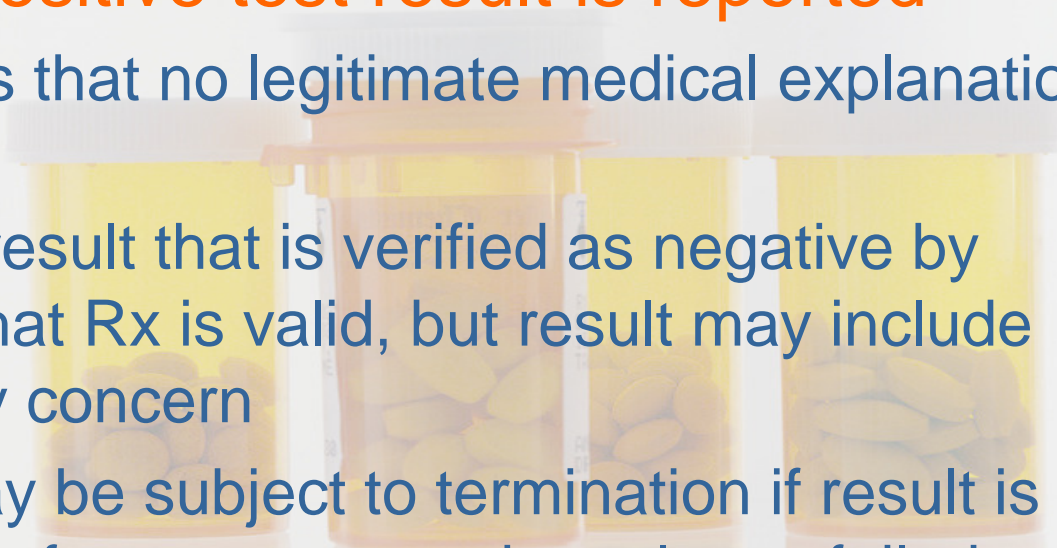
- DOT required tests will always take priority
- NON DOT testing will be conducted under agency authority in the following circumstances:
 - Employee is involved in an accident or incident resulting in injury to himself or another employee, patron, etc.
 - Employee exhibits signs and symptoms of impairment as identified by a trained supervisor. Employee would then be subject to both DOT and NON DOT reasonable suspicion testing
 - Random testing in addition to DOT/FTA required tests

NON DOT Testing Plan Details

- Must use a non-federal form (will be provided upon account set up)
- Must be a separate void
 - Shipped separately to lab
 - Reported by MRO as separate result



NON DOT Testing Consequences

- Employee will be subject to termination if an MRO verified positive test result is reported
 - Positive means that no legitimate medical explanation exists (no Rx)
 - A positive lab result that is verified as negative by MRO means that Rx is valid, but result may include an MRO safety concern
 - Employees may be subject to termination if result is negative with safety concern and employee failed to report medication use to employer
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Awareness Education and Training Plan



Training Plan

- Comprehensive Training Plan that includes:
 - Policy distribution to all covered employees
 - Awareness video
 - Posters for break room
 - Flyers for bulletin boards
 - Safety-Meeting agenda items



Awareness Training

- Emphasis on Fitness for Duty
- Doctor-Patient communication tips
- Use of pharmacist as resource when purchasing OTC meds



Post Accident Procedures


- **Following all accidents**

- Employees will be asked to list medications (both Rx and OTC) consumed up to 72 hours prior to the event
- Employer will record this data on the Post Accident Decision and Documentation Form
- DOT required tests will be the priority. NON DOT tests may be required as well.
- Supervisors must be trained in agency policy

Attendance Policy



Attendance

- Reasons employees do not report medication use:
 - Employer does not offer temporary non-safety sensitive positions
 - Employee does not have any accumulated paid time off (sick time) to utilize
 - Employers must consider alternatives in order to ensure effectiveness of program
 - Paid time off “bank”?
 - Cross training employees (non-safety sensitive)
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In Closing

- Rx meds are the fastest growing substance of abuse, currently exceeding all illicit drugs
- DOT drug testing limits detection of the most dangerous Rx meds



Valuable Resources

- **White House Drug Policy website:**
http://www.whitehousedrugpolicy.gov/drugfact/prescrptn_drugs/index.html
- **Web MD Pill Identifier:**
<http://www.webmd.com/pill-identification/default.htm>
- **FTA Rx and OTC Meds Toolkit**
<http://transit-safety.volpe.dot.gov/Publications/order/default.asp>



Questions?



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