

ROLE OF THE SLEEP CLINICIAN IN FITNESS FOR DUTY

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Conflict of Interest Disclosures for Speakers

Michael Berneking, MD, FACOEM, FAAFP, FAASM has no relevant financial relationships with ineligible companies to disclose.

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Learning Objectives

Upon completion of this activity, participants should be able to:

- Recognize that sleep disorders and fatigue are a major source of real world crashes, accidents, loss of life and source of large economic losses.
- Identify that a patient's occupation is a critical part of the health history and should be considered in Medical Decision Making
- Recall the duties and demands of commercial drivers. They will be able to reference relevant regulations and guidance as it applies to the medical qualifications of drivers and consider them when evaluating a driver.
- Detail the role of the sleep medicine professional in improving public safety and synthesize tools to use in practice.

Abbreviations

- CDME – Commercial Driver Medical Exam (DOT physical)
- DOT – US Department of Transportation
- FAA – Federal Aviation Administration
- FMCSA – Federal Motor Carrier Safety Administration
- FTA – Federal Transit Administration
- FRA – Federal Railroad Administration
- NHTSA – National Highway Transportation Safety Administration
- NSC – National Safety Council
- NTSB – National Transportation Safety Board
- ME – Medical Examiner
- MEP – Medical Expert Panel
- MRB – Medical Review Board
- TC – Treating Clinician

One of earliest known sleep related crashes

- June 22, 1918
- Train engineer fell asleep
 - Had almost no sleep in prior 24 hours
- Train ran two signals and a manual warning
- His troop train rammed a circus train
- 86 deaths



Images from Wikipedia

Source: Interstate Commerce Commission Report of the Accident Investigation Occurring on the Michigan Central Railroad, Ivanhoe, IN 8/8/1918 [Interstate Commerce Commission, Report of the Accident Investigation Occurring on the MICHIGAN CENTRAL RAILROAD, IVANHOE, IN. \(bts.gov\)](#)

Warm up

- How many of you routinely ask about patient's occupation when taking a history?
- How many of you have specific protocols or procedures to identify truck drivers and prioritize them for treatment?
- What about OTHER safety sensitive workers?



Anatomy of a Fatigue Related Crash

23 October, 2016 Palm Springs, CA

4:03 AM

- 42 people board a charter bus in Thermal Springs, CA headed back to LA after a casino trip



Traffic stops for a few minutes for
road construction

5:07 AM



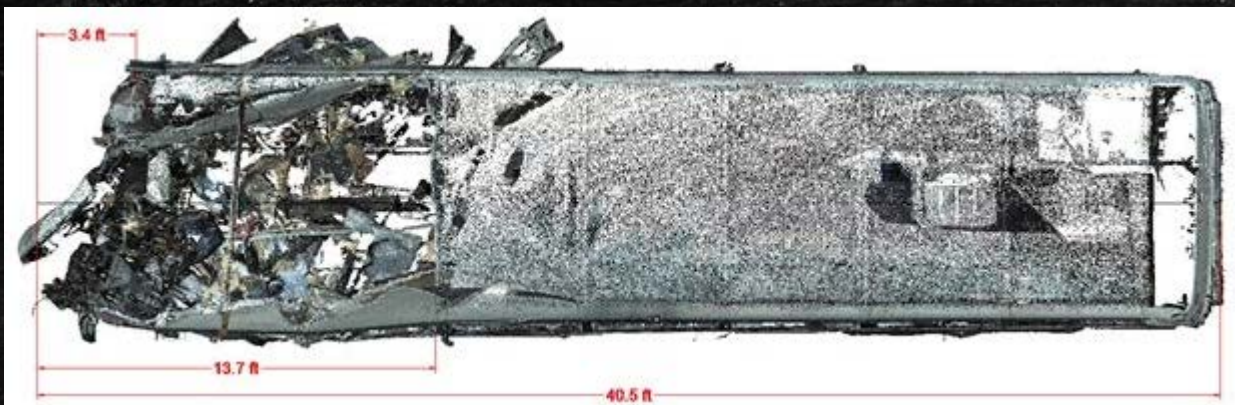


5 : 14 AM

Traffic resumes moving but...



5:16 AM





- Elvia Sanchez, 52
- Rosa Ruiz, 53
- Conception Corvera, 57
- Gustavo Green, 62
- Aracely Tije, 63
- Isabel Jimenez Hernandez, 66
- Dora Galvez de Rodriguez, 69

- Ana Gomes de Magallon, 71
- Milagros Gonzales, 72
- Zoila Aguilera, 72
- Teodulo Vides, 59 Bus Driver
- Elvis Sanchez, 59
- Tony Mia



The drivers...

- Tractor trailer driver

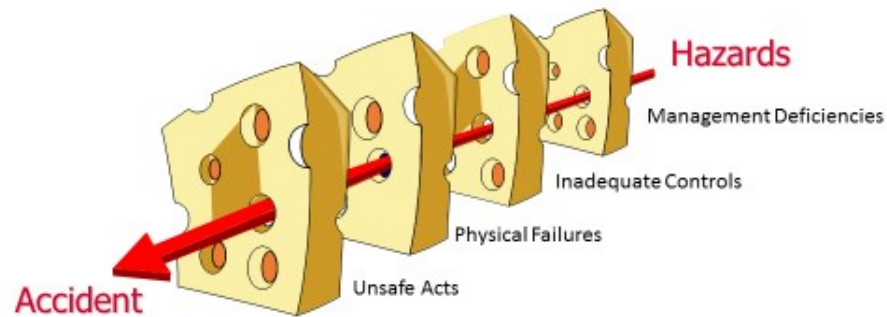
- 50 year old
- BMI 46 kg/m²
 - 56% of patients with BMI between 40 and 50 have OSA
- His weight may have been even higher!
 - Discrepancy between ME and PCP weights. PCP recorded weights consistently 30-40 pounds higher
 - Did ME actually measure the weight or just ask?

- Bus driver

- At prior CDME, glucose noted in urine.
 - Repeat UA later did not show
- Post mortem: A1C 11%, glucose 281 mg/dl
- Had 4 hours of sleep in preceding 35 hours

Swiss cheese

James Reason's "Swiss Cheese" Model of Accident Causation (1990)

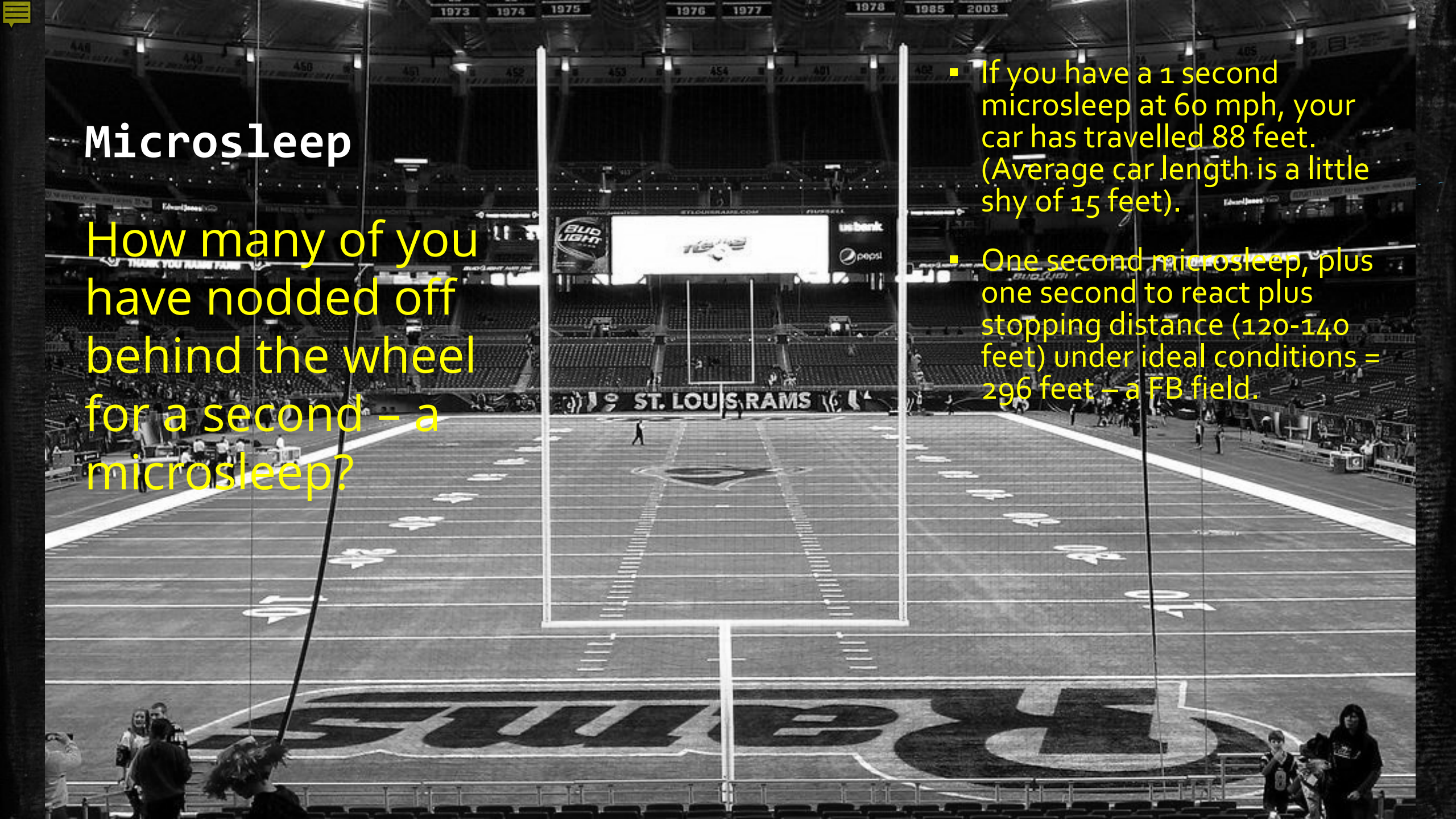


- In the Swiss cheese model of accident causation, factors line up just right to produce a crash
- This was a fatigue/OSA related crash
- What can we learn? Where did medicine fail? How could we have broken this chain?

Microsleep

How many of you have nodded off behind the wheel for a second – a microsleep?

- If you have a 1 second microsleep at 60 mph, your car has travelled 88 feet. (Average car length is a little shy of 15 feet).
- One second microsleep, plus one second to react plus stopping distance (120-140 feet) under ideal conditions = 296 feet – a FB field.



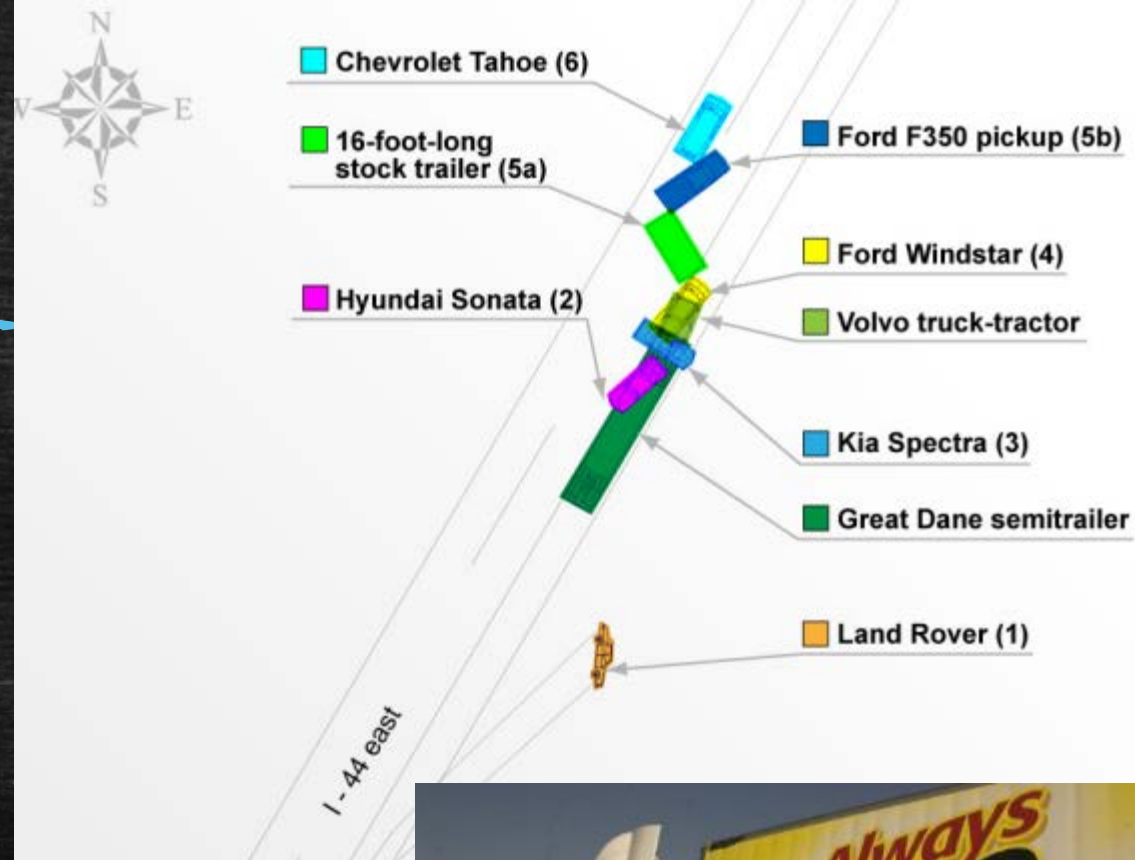
Go! Airlines

- Feb 13, 2008
- Go! Airlines flight with 43 pax on board overflew its destination by 48 km at Hilo Airport and was headed out into the Pacific
- Both pilots were sound asleep
- Fortunately they woke up and were able to turn back around and land safely
- In addition to the crew fatigue factor, the NTSB cited captain's undiagnosed OSA as a factor as well.



Always Save

- I-40 in Oklahoma, June 2009
- Driver with undisclosed OSA fails to slow for stopped traffic
- 10 dead, driver sent to prison



Metro Rail

- December 2013 – 4 Dead, 61 injured
- Engineer – severe OSA coupled with shift work adjustment
- Failed to slow at a curve – entered a 30 mph curve at 82 mph.
- The laws of physics took it from there

Eagle Otome

- The tanker crossed the “center line” into the path of a tug and barges as seen here. It also hit the moored ship
- 462,000 gallons of crude spilled into the waterway
- Pilot at helm of vessel had severe OSA and did not wear his PAP often because it was uncomfortable. Last used it 4 days before the accident.



Source: NTSB

NTSB Accidents Related to Sleep Apnea

Accident					
Location	Year	Mode	Fatalities	Injuries	Brief Description
Baltimore, MD	2000	Rail	0	17	A transit train ran into the end-of-track bumping post. transit
Jackson, TN	2000	Highway	1	1	A tractor trailer struck a state trooper vehicle in a work zone, then crossed the median and struck a passenger vehicle.
Clarkston, MI	2001	Rail	2	2	One freight train failed to stop at a signal and struck another freight train head on.
Memphis, TN	2002	Highway	5	2	A 15-passenger child care van ran off the road.
Hilo, HI	2008	Aviation	0	0	Both flight crew on a Mesa Airlines commercial flight fell asleep and overflew the destination airport.
Newton, MA	2008	Rail	1	8	A transit train passed a stop signal and rear ended a stopped train, both loaded with passengers.
Miami, OK	2009	Highway	10	6	A tractor trailer ran into a queue of traffic, striking several passenger vehicles.
Port Arthur, TX	2010	Marine	0	0	An oil tanker, the Eagle Otome, collided with 2 other ships; more than 460,000 gallons of oil spilled into the waterway.
Red Oak, IA	2011	Rail	2	0	A freight train passed a stop signal and crashed into a stopped rail maintenance train.
Chaffee, MO	2013	Rail	0	5	One freight train failed to stop at a signal and struck another freight train, causing the collapse of a highway overpass.

These are not isolated incidents



Why am I showing you this?

- Sleep and fatigue are a significant cause of accidents in all modes of transportation as I just showed you
- Not limited to transportation.
- Fatigue is the chief complaint in 10-20% of outpatient visits ¹
- 328,000 drowsy driving crashes annually (AAA study)
 - 6400 of those were fatal
 - Average 39,742 deaths (US DOT/NHTSA)
- Crashes cost \$109 BILLION annually (NHTSA)
- Lost productivity - \$136 billion (NSC)
- Costs us in excess of \$236 billion annually
- By comparison (CDC)
 - Heart disease - \$216 billion
 - Cancer \$240 billion
 - DM \$327 billion
 - Arthritis \$140 billion
 - Untreated/undiagnosed OSA: \$150 billion (Frost and Sullivan report)
- A billion here and a billion there and we start talking about some real money.



And it can be very personal...

- Think about you and your family sharing the road with a sleep deprived driver?



Do you want your child learning to drive next to a driver with uncontrolled OSA?

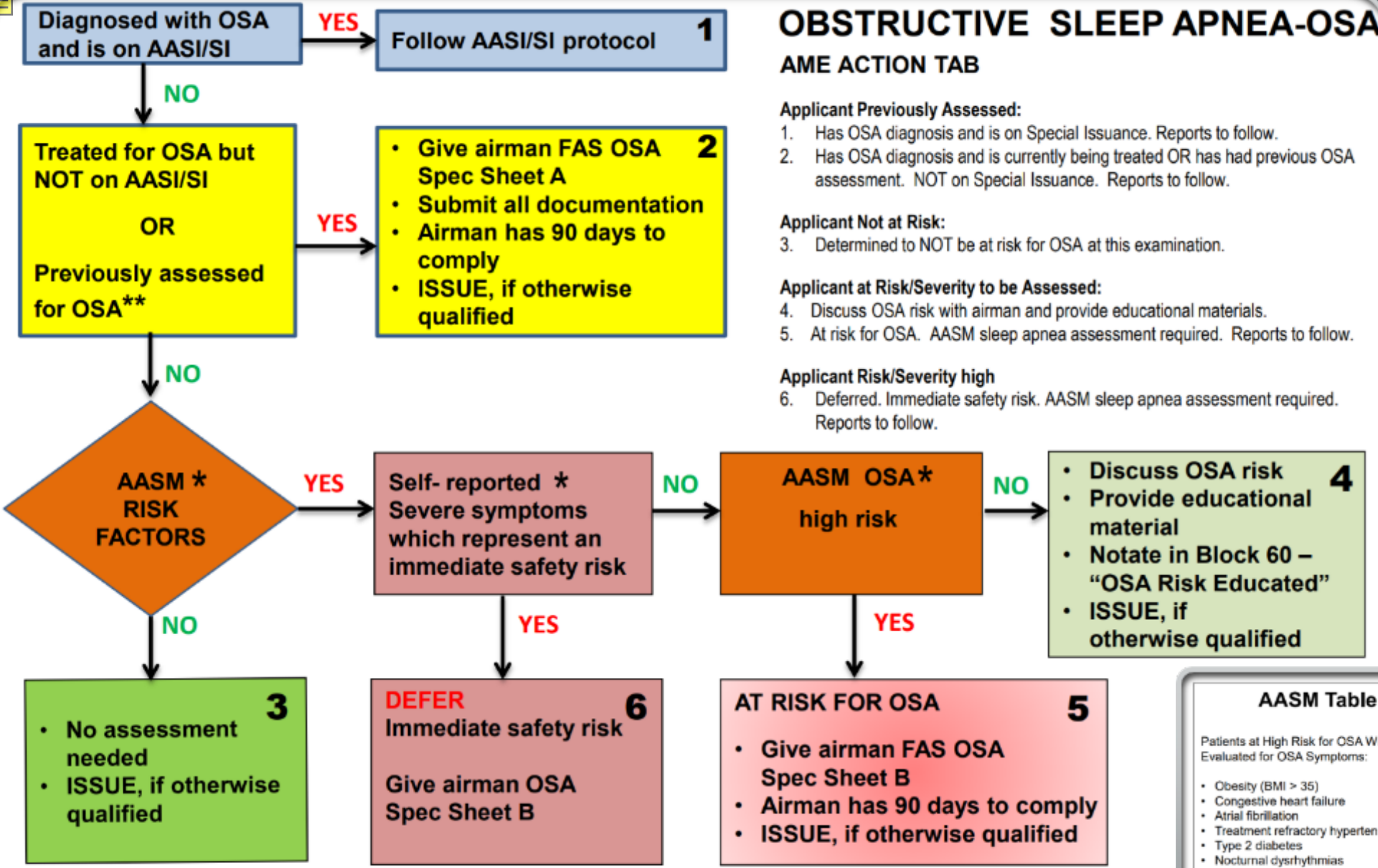


So, aren't there rules about this stuff?



- Depends...
- For non-regulated workers, no.
 - Firefighters, LEO, HiLo, Linemen, etc.
 - There are no laws or regulations that require evaluation
- But, that does not mean that it is not important
- Regulated workers – sometimes
 - Military/DoD: Yes, each service has specific regulations
 - Certain jobs more strict: aviation, Spec Ops, etc.
 - FAA: yes. Very scripted
 - FMCSA: Yes but less scripted and more discretionary
 - FTA: Nothing.
 - FRA: Nothing
 - USCG/Maritime: Some but not scripted
 - PHMSA: Nothing

FAA OSA process



AASM Table 2	AASM Table 3
<p>Patients at High Risk for OSA Who Should Be Evaluated for OSA Symptoms:</p> <ul style="list-style-type: none"> Obesity (BMI > 35) Congestive heart failure Atrial fibrillation Treatment refractory hypertension Type 2 diabetes Nocturnal dysrhythmias Stroke Pulmonary hypertension High-risk driving populations Preoperative for bariatric surgery 	<p>Questions about OSA that Should Be Included in Routine Health Maintenance Evaluations:</p> <ul style="list-style-type: none"> Is the patient obese? Is the patient retrognathic? Does the patient complain of daytime sleepiness? Does the patient snore? Does the patient have hypertension?

* See AASM Tables 2 and 3. AME must use clinical judgment in applying AASM criteria. The risk of OSA is determined by an integrated assessment of history, symptoms, and physical/clinical findings. No disqualification of airmen should be based on BMI alone.

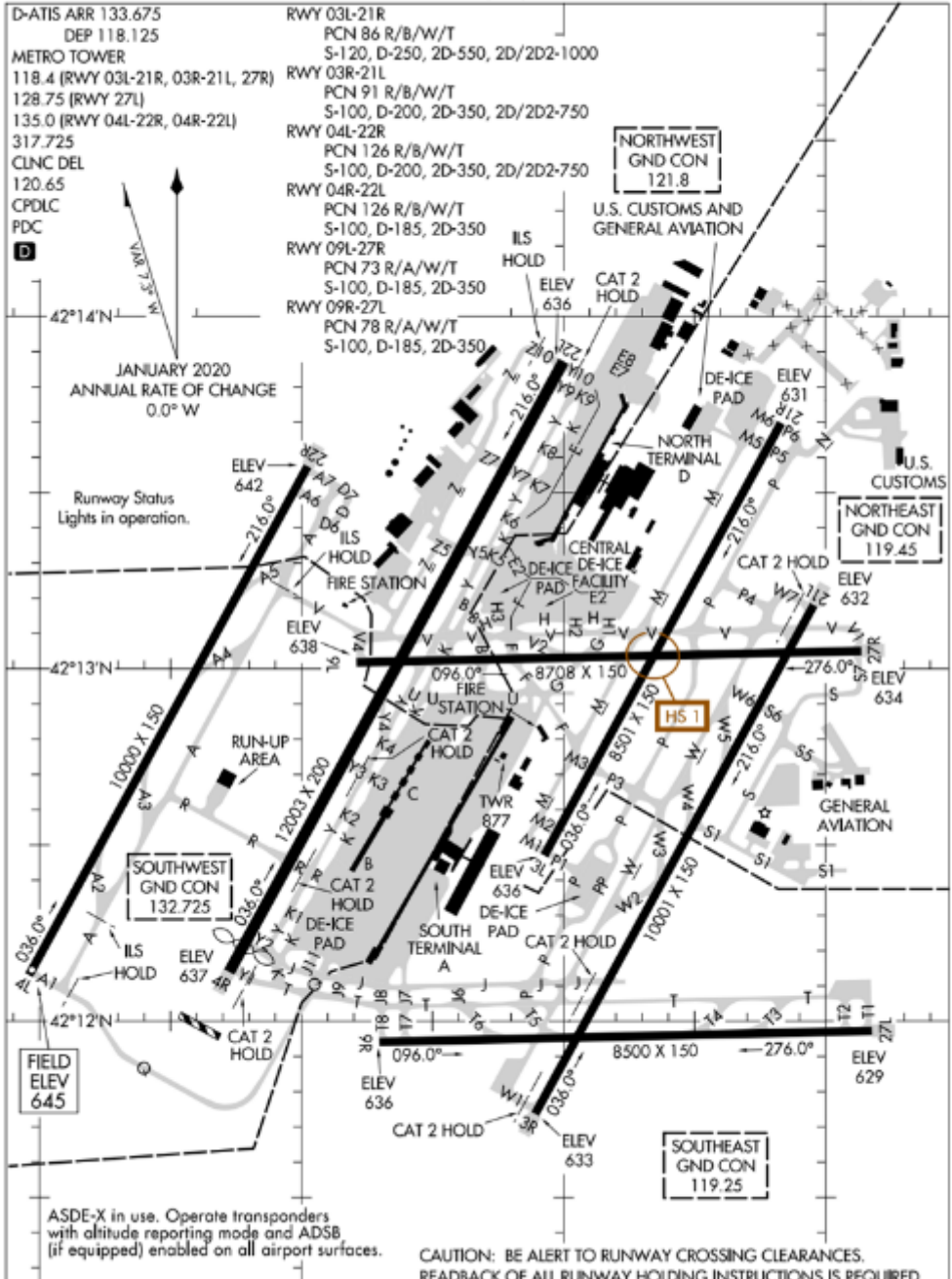
** If the applicant has been previously assessed, has previously provided the information, was negative for evidence of OSA, AND has no changes in risk factors since the last exam, proceed with the flow chart as with any other applicant.

FAA Diagnostic Process

Sleep studies must include laboratory PSG or 7-channel home sleep test

- Must be interpreted by a sleep medicine specialist and must include diagnosis and treatment recommendations
- Pilot may not exercise privileges of medical certificate until the following are provided:
 - A signed Airman Compliance with Treatment form is completed
 - Sleep study results and report are provided
 - Status report completed from treating physician addressing compliance, tolerance of treatment and resolution of symptoms





FAA – Established OSA

- Status reports must be provided at annual exam
 - A copy of cumulative annual PAP device report showing actual time used must be provided.
 - Must show use during 75% of sleep periods and an average minimum of 6 h per sleep
- • Once year exception allowed with personal statement
- For dental or positional devices:
 - No conditions co-morbid with OSA
 - Once recording capabilities are available, reports must be submitted
- For surgery
 - A statement attesting absence of OSA symptoms required

EC-1, 09 SEP 2021 to 07 OCT 2021

Merchant Mariner Medical Manual

- Lists sleep apnea as a “conditions that pose significant risk of sudden incapacitation or debilitating complication”
- Provides screening guidelines for sleep apnea (e.g. STOP-BANG)
- Outlines requirements for medical waivers for patients with OSA
- Submission diagnostic/titration polysomnograms and compliance logs
- PAP compliance minimums mirror Medicare guidelines of usage 70% of nights and at least 4 hours per use
- Mariners undergoing surgery or using oral appliance need to submit follow up sleep study demonstrating control of sleep apnea.



FMCSA



- Regulation:
- § 391.41 Physical qualifications for drivers.
 - § 391.41 (b)(5): A person is physically qualified to drive a commercial motor vehicle if that person has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely
- OSA not specifically mentioned but then, neither is anything else

Ill or Fatigued Operator

- 49 CFR 392.3 – No driver shall operate a commercial motor vehicle, and a motor carrier shall not require or permit a driver to operate a commercial motor vehicle, while the driver's ability or alertness is so impaired, or so likely to become impaired, through fatigue, illness, or any other cause, as to make it unsafe for him/her to begin or continue to operate the commercial motor vehicle...
- This obviously requires a significant level of honesty and courage to be compliant with this regulation
- Complying can lead to problems for the driver – loss of income, attendance penalties, etc.



Guidance

- Guidance is official agency material but is not MANDATORY like a regulation.
- They may be considered best practices and deviation should be documented
- Developed by MRB and/or MEP committees made of experts.
- 2007 - Obstructive Sleep Apnea and Commercial Motor Vehicle Driver Safety Evidence Report
- 2011 - Obstructive Sleep Apnea and Commercial Motor Vehicle Driver Safety Evidence Report – Update
- 2016 MRB/MCSAC Task Letter 16-1

Know your patients...

- How many of you work the night shift or second shift regularly?
- How many of you work in a small space that is noisy and vibrates?
- How many of you routinely work 14+ hour days?
- How many of you routinely spend days or weeks away from family or social group?
- How many of you are paid by the hour?
- How many of you have no benefits – health, dental, 401K, etc.?

Your typical transportation worker may hit ALL of these!

A day in the life of...

- Transportation workers have very stressful jobs
- Long hours –14 hour plus duty days
- May cross multiple time zones
- A lot of hurry up and wait
- Bad meals, bad sleeping conditions, bad lifestyle
- Life still goes on at home
- For drivers, no money unless the wheels are turning. This is the case for some aviators as well. So the waiting is not down time but not getting paid either
- Noisy, vibrating, cramped, uncomfortable work areas. May have to share with someone you don't know and/or is less than hygienic.
- Long periods of boredom interspersed with moments of terror.

Truck Driver duties

- abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition
- Extended time away from family and friends, which may result in lack of social support;
- Environmental conditions such as excessive vibration, noise, and extremes in temperature.
- Driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.



Sleep Apnea

- All modes of transportation – no issues as long as is treated, the treatment is effective, adequate, and tolerated without side effects
- Compliance documentation is required for FAA, recommended for FMCSA, and other modes silent. Default to FMCSA.
- Challenge: still a lot of bad information and lack of belief in risks – “I feel fine”, “I sleep great”, etc.
 - Recommended: discuss the other risks. I acknowledge that not everyone with OSA is sleepy and not everyone that is sleepy crashes..
 - Discuss: heart disease, stroke risks, sudden death, other comorbidities. A lot of drivers say they never heard about this.
- Use of stimulants to supplement PAP tx – not recommended. Implies a lack of effectiveness and instability.

Insomnia

- Meds are generally the issue
- Encourage CBT
- If you MUST use a med, short acting, short duration of tx and appropriate warnings, cautions and consents
 - No BZD's
 - Again, PRN = unstable
- Rule out other issues – mental health issues, social issues - “stress”, substance misuse. Marijuana is commonly used for sleep issues. ASK
 - most people no longer consider it illegal so standard questionnaires will miss it.
 - BTW – Marijuana is still illegal for all federally regulated workers

Narcolepsy, Hypersomnias

- Not compatible with safety sensitive work. Period.
 - Treatment is imperfect
- FMSCA strongly recommends disqualifying
- FAA – disqualifying
- Other modes silent since no regulations, but FRA and FTA examiners generally DQ.

Circadian Rhythm Disorders

- This is a tough one since essential job functions require irregular work and work generally out of synch with circadian rhythm
- Medications to treat have same issues as insomnia. Sedative/hypnotic drugs are not compatible with safety sensitive work
- If non-pharmaceutical options are not useful, may need to consider reasonable accommodation.

Medication half lives

- Trazodone 10-12 hours

- Bryant SG, Ereshefsky L. Antidepressant properties of trazodone. *Clin Pharm.* 1982 Sep-Oct;1(5):406-17. PMID: 6764164.

- Hydroxyzine 14-25 hours

- Altamura AC, Moliterno D, Paletta S, Maffini M, Mauri MC, Bareggi S: Understanding the pharmacokinetics of anxiolytic drugs. *Expert Opin Drug Metab Toxicol.* 2013 Apr;9(4):423-40. doi: 10.1517/17425255.2013.759209. Epub 2013 Jan 21. (PubMed ID 23330992)

- Alprazolam 11.2 hours

- George TT, Tripp J. Alprazolam. [Updated 2023 Apr 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538165/>

- Hydrocodone IR 4-6 hours, ER 7-9 hours

- Cardia L, Calapai G, Quattrone D, Mondello C, Arcoraci V, Calapai F, Mannucci C, Mondello E. Preclinical and Clinical Pharmacology of Hydrocodone for Chronic Pain: A Mini Review. *Front Pharmacol.* 2018 Oct 1;9:1122. doi: 10.3389/fphar.2018.01122. PMID: 30327606; PMCID: PMC6174210.

- Marijuana 22 hours – longer in chronic users

- Lucas CJ, Galettis P, Schneider J. The pharmacokinetics and the pharmacodynamics of cannabinoids. *Br J Clin Pharmacol.* 2018 Nov;84(11):2477-2482. doi: 10.1111/bcp.13710. Epub 2018 Aug 7. PMID: 30001569; PMCID: PMC6177698.

- Diphenhydramine up to 9 hours

- Sicari V, Zabbo CP. Diphenhydramine. [Updated 2023 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK526010/>

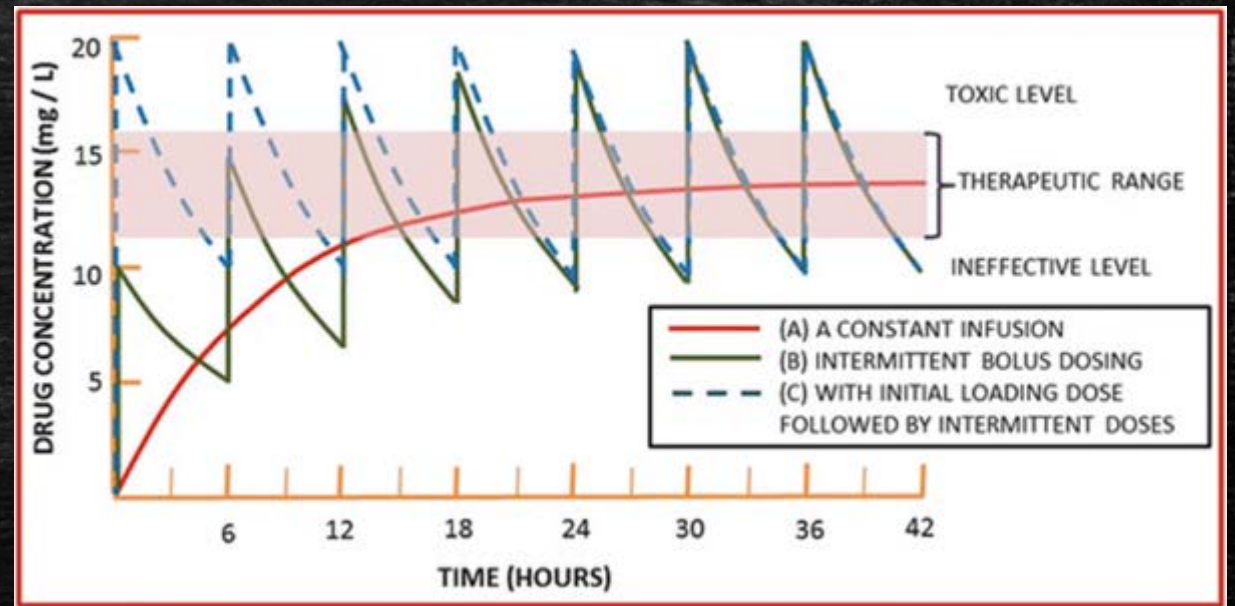
- Cyclobenzaprine 18-32 hours

- Khan I, Kahwaji CI. Cyclobenzaprine. [Updated 2023 Aug 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513362/>

Pharmacokinetics

Meds are dosed to effect, and the dosing intervals are with the goal of steady state

Even though the medication may not be having the desired therapeutic effect, the medication is still present and can affect performance.



Lessons learned

- Legal does not mean safe for medications
- PRN use – is that stable?
- Checking state drug databanks is probably NOT legal. Know your state.
- FAA “Do not fly” – 5 times dosing interval or half life is a resource

31. Have you used an illegal substance within the past two years?



Drivers often think marijuana is legal now. This question will NOT pick up THC use reliably. You have to ask...

Medications, Part 2

In the top 50 Drugs prescribed in US	Half Life – normal, otherwise healthy, not sustained release
#9 Hydrocodone/APAP	4 hours
#13 Gabapentin	5-7 hours
#22 Trazadone	10-12 hours
#23 Alprazolam	11+ hours
#28 Tramadol	5-6 hours
#38 Clonazepam	30-40 hours
#43 Cyclobenzaprine	18 hours
#46 Zolpidem	2-4 hours

These all have safety sensitive concerns.

Not advocating for/against. Treat as appropriate. Just consider occupation.

PRN use implies a lack of stability

Document side effects/lack thereof. Looking for stability, duration of use. Help the patient but be honest.

Collinsville, OK

Commercial pilot and pilot owner on local area flight

On downwind leg of local traffic pattern plane stalled and crashed

Calm, visibility 10 miles, no aircraft faults

The real world

Commercial Pilot – 2000 hours

ng

- Toxicology findings were consistent with the ongoing use of nortriptyline, fluoxetine, and trazodone.

Pilot/owner – 215 hours

- Toxicology present with ongoing use of diphenhydramine – “probably impaired”

Neither pilot reported any medication use nor the reasons for use on previous medical exams.



Crash risk

Benzodiazepines Odds Ratio of crash: 2.3

Sedative/Hypnotic Odds Ratio of crash: 5.6

Opiates/Opioids Odds Ratio of crash: 2.2

Tricyclic Antidepressants: Odds Ratio of crash: 2.2

Alcohol – 4x likely to crash, THC 25% higher risk of crash (NHTSA)

THC - #1 after alcohol in fatal auto crashes. Legal in state, not federal.

- Crash risk Relative Risk 6
- CBD – supplement, no regulation
- Positive UDS - buyer beware
- Benzo's #2 in a number of studies.
- The half- life of THC for an infrequent user is 1.3 days and for frequent users 5-13 days³
- Consider in patients who use and safety consequences.

#1 drug found in bodies of pilots killed in crashes is diphenhydramine.¹

43.6% of fatal crash victims tested positive for drugs and over half of those drivers were positive for two or more drugs.

Overall, 55.8% of the injured or killed roadway users tested positive for one or more drugs (including alcohol) on this study's toxicology panel. The most prevalent drug category detected was cannabinoids (active THC) with 25.1% positive, followed by alcohol (23.1%), stimulants (10.8%), and opioids (9.3%). Overall, 19.9% of the roadway users tested positive for two or more categories of drugs.⁴



1. Drugs and Alcohol in Civil Aviation Accident Pilot Fatalities From 2004-2008, FAA 9/2011
2. Drug-Impaired Driving: Marijuana and Opioids Raise Critical Issues for States, Washington DC, Although, use of Drug-Impaired Driving Among Seriously or Fatally Injured Road Users, NHTSA Governors Highway Safety Association; 2018.

12/2022

Role of the Specialist

- Examiners usually are NOT the operator's treating clinician and thus not familiar with the operator's medical history
 - May be the only encounter with the operator
 - Incentive for operator to be less than forthcoming with examiner
 - Fear of job loss, financial impact
- Will need to reach out to treating clinicians for information and expert opinion
 - Does NOT mean the specialist is making a certification decision
 - *Helpful if specialist has some familiarity with the profession and its requirements*
- Understand a bit about the essential job functions of the patient
- All transportation operators have similar issues, responsibilities, demands
- Pilots – added stress of abnormal environment. Altitude, hypoxia, etc.

How sleep specialists contribute

- Sleep specialists can help operators (drivers, pilots, mariners, etc.) by
 - Providing education about sleep and sleep disorders
 - Diagnosing sleep apnea and other sleep disorders
 - Assisting with therapy decisions and troubleshooting PAP difficulties
 - Providing appraisal letter for diagnosed sleep disorder and its treatment when needed for medical certification
 - Optimizing sleep practices to enhance sleep quality
 - Ensure follow up
- A brief word about meds...
 - OSA is not the only sleep disorder
 - I see a lot of drivers being treated on a long term basis with sedatives/hypnotics.
 - These are not recommended for safety sensitive workers
 - Residual impairment
- When treating with medications, please consider the patient's occupation.

AASM Position Statement

- Multi-discipline task group worked together to generate an AASM position statement
- In addition to sleep physicians, included occupational medicine, safety, and public health physicians
- Developed the consensus document referenced
- Will review highlights



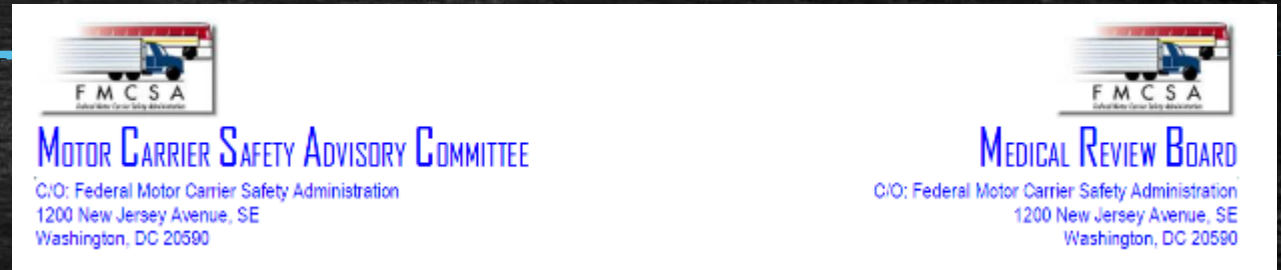
- Das AM, Chang JL, Berneking M, Hartenbaum NP, Rosekind M, Ramar K, Malhotra RK, Carden KA, Martin JL, Abbasi-Feinberg F, Nisha Aurora R, Kapur VK, Olson EJ, Rosen CL, Rowley JA, Shelgikar AV, Trotti LM, Gurubhagavatula I. Enhancing public health and safety by diagnosing and treating obstructive sleep apnea in the transportation industry: an American Academy of Sleep Medicine position statement. *J Clin Sleep Med*. 2022 Oct 1;18(10):2467-2470. doi: 10.5664/jcsm.9670. PMID: 34534065; PMCID: PMC9516580.

Position Statement Highlights



- OSA is identifiable and treatable, and treatment can promote individual and public safety, improve health, and yield economic gains.
- Clinicians must be aware that the absence of symptoms does not ensure the absence of risk
- Currently, examiners should utilize the 2016 MRB recommendations as a starting point for identifying at-risk drivers who should be referred for diagnostic testing for suspected OSA.
- Education, ongoing monitoring of treatment effectiveness, and interventions to support treatment adherence, including cognitive behavioral therapy, should be included in the

Recommendations



- “It is the position of the AASM that workers who perform safety-sensitive functions in the transportation industry should be screened for OSA using both self-reported symptoms and established, objectively measurable criteria such as blood pressure and body weight.”
- FMCSA Task Letter 16-1
 - Drivers with BMI > 40 mg/kg² need study
 - Drivers with BMI > 33 + 3 RF need study
 - RF include comorbidities, neck size, airway/palette, age > 42, resistant Htn
 - Symptomatic drivers need study
 - Compliance with PAP: 70% per night, >4 hours per night, no symptoms.

Specific recommendations for specialists

- Sleep medicine clinicians who provide care for CMV operators and other transportation workers should make every effort to customize their practice procedures to meet the needs of this unique population. Clinicians who tailor care to this group and address their unique barriers can provide an expedited clinical pathway with short time to diagnosis and establishment of effective treatment. These efforts can minimize income loss and will be more likely to be accepted by this group.
- A key first step is for the clinician to initiate a discussion about OSA with all safety-sensitive transportation workers. This includes discussing OSA risk factors, identification strategies, and potential adverse consequences if left untreated, particularly drowsy driving and possible vehicle crashes.
- Sleep study reports should offer clear recommendations regarding next steps in management.

Pearls

DO:

- Give your honest professional opinion
- Ask questions/call if you have concerns
- Provide all information
 - Med list, diagnoses
- Read carefully what is sent
 - FAA highly specific
- Timely response is always appreciated
 - Records and testing
 - Operators don't make money unless they are moving.

DON'T

- Refuse to give opinion for fear of liability
 - Examiner is the final decision point
- Rely on history alone from operator
 - They are less than forthcoming
- Worry about having a full understanding of all the regulations
 - Reach out to the examiner if needed.
 - AASM and ACOEM have a lot of resources



Wrapping it up

- How many of you know this person?
- Actor Tracy Morgan
- How many know what happened to him?



June 7, 2014

- About 1 AM, a tractor trailer failed to react to traffic slowing for construction
- The truck hit a limo forcing it into the path of another tractor trailer.
- In all, the chain reaction involved 6 vehicles
- 1 death in limo, 9 injuries as a result of the crash, 4 seriously including Mr. Morgan
- NTSB found that that the driver's failure to react was caused by his excessive fatigue. He had 5 hours of sleep in the preceding 33.



Questions?



"I don't have any answers.
I'm a non-prophet."

A photograph of a sunset over a large body of water. The sky is a gradient of orange, yellow, and blue. In the foreground, a long pier or walkway with several vertical posts extends across the water. The water is calm and reflects the colors of the sky. The text "Thank You!" is centered in the upper half of the image.

Thank You!