

9. Conclusions and Recommendations

This chapter summarizes the major conclusions of this study, recommends the next steps in the development of a medical standards program for U.S. railroad workers and highlights critical issues that must be resolved in developing the program.

9.1 Conclusions

Review of existing medical programs of the DOT modal administrations, foreign organizations and existing railroad programs led to the following conclusions:

- There is a need for a *consistent* industry-wide medical standards program for railroad workers performing safety-sensitive functions.
- This need will increase due to the aging work force.
- The FRA medical program is significantly less comprehensive than that of other DOT modal administrations and other countries.
- There is a lack of consistency across U.S. railroads in determining medical fitness of employees in positions with safety-sensitive functions.
- There have been several accidents and injuries due to the medical condition of the employee. A medical standards program could likely have prevented these accidents.
- There appears to be a definite relationship between hypoglycemia, sleep disorders, and certain medications, and risk of sudden incapacitation that could result in an accident.
- There is also a relationship between the risk of impairment or sudden incapacitation and poorly controlled or progressive medical conditions. Specifically, cardiovascular disease has been identified and will increase as a risk for aging workers in with safety-sensitive functions.
- Individuals and their health care providers are often unable to assess the degree of impairment.
- Health care providers are often unaware of existing relationships, regulations and guidelines regarding medical conditions and the risk of driving accidents. It is likely that their knowledge of current railroad requirements and the nature of railroad occupations is limited.
- A medical standards program for railroad workers can be implemented building on the processes already in place in the railroad industry.
- Regulations and guidelines from other countries and other modal administrations, as well as the RRB disability standards, provide a basis from which to develop a medical standards program for U.S. railroads.

9.2 Recommendations

The FRA should proceed to develop a medical standards program for the railroad industry in accordance with the following recommendations:

- The need for a medical program exists, and this need will increase due to the aging work force. Therefore the FRA should expedite the development process to the extent possible.
- The FRA should identify a group which will recommend a medical standards program. The FRA should ensure that this group obtains input from all interested stakeholders.
- The medical standards program should have generally stated regulations with supporting guidelines.
- Use of existing resources and processes will facilitate program development and implementation.
- The program must assure that the medical examiners understand the safety-sensitive functions of railroad jobs.

9.3 Critical issues

Development of the railroad medical standards program must address the following critical issues:

- What options are available for employees not meeting the new criteria at the inception of the program?
 - Continue in current job through waiver/exemption to guidelines
 - Alternate placement
 - Restricted duty
 - Disability retirement through Railroad Retirement Board
- What can be challenged and what process is used for resolving the dispute?
 - Whether the individual meets the regulatory standards or guidelines
 - Whether the individual is entitled to a variance from the regulations or guidelines
 - Who is the ultimate decision maker (tri-partite medical panel, FRA Medical Officer, arbitrator)?
- What is the scope of the medical standards?
 - Medical conditions addressed
 - Level of specificity of the regulations
 - Details of the guidelines
 - Positions covered