



U.S. Department  
of Transportation

Federal Railroad  
Administration

# Memorandum

Date: APR - 5 2002

Reply to Attn of: G-02-01

Subject: Use of Prescription and/or Over-the-Counter Medications by Railroad Covered  
Service Employees - Assessment of Possible Impact on Accident/Incidents

From:   
Edward W. Pritchard  
Acting Director Office of Safety Assurance and Compliance

To: Regional Administrators

Following several recent railroad accidents, in some incidents our investigation determined that a train crewmember had been taking prescription and/or over-the-counter (OTC) medications. As part of our accident investigation procedures, we need to assess any possible impact such use may have on the cause of accidents/incidents, or even near-collisions which are brought to our attention. The National Transportation Safety Board (NTSB) is also taking a closer look at the use of prescription and OTC medications in the transportation industry. As a result, this General(G) technical bulletin is being issued.

**REGULATION:** Since 1985, the Federal Railroad Administration (FRA) has had a regulation on the use of prescribed (legal drugs)- 49 CFR 219.103. Use of such drugs prescribed or authorized by a medical practitioner, or possession incident to such use, is **not prohibited** (for covered service employees) **if**:

1. The treating medical practitioner or a physician designated by the railroad has made a good faith judgment, with notice of the employee's assigned duties and on the basis of the available medical history, that use of the substance by the employee at the prescribed or authorized dosage level is consistent with the safe performance of the employee's duties;
2. The substance is used at the dosage prescribed or authorized; and
3. In the event the employee is being treated by more than one medical practitioner, at least one treating medical practitioner has been informed of all medications authorized or prescribed and has determined that use of the medications is consistent with the safe performance of the employee's duties (and the employee has observed any restrictions imposed with respect to use of the medications in combination).

This does not restrict any discretion available to the railroad to require that employees notify the railroad of therapeutic drug use or obtain prior approval for such use. Any non-compliance with this requirement which goes beyond FRA requirements would be administered under management and labor agreements. The FRA regulation did not cover or address OTC medication use. The Safety Notice FRA published December 24, 1998, is the most official regulatory/guidance document FRA has issued on the subject. In it, we recommend that employees treat OTC drugs equal to prescription drugs.

**COMPLIANCE & ENFORCEMENT:** FRA has audited railroad efforts to be in compliance with 219.103 as part of normal Part 219 audits. These audits do not produce program data which would enable FRA to track the impact of using prescription or over-the-counter drugs and railroad safety. Therefore, additional methodologies must be used to track such use by covered service employees.

**ACCIDENT INVESTIGATION:** Beginning immediately, the assigned FRA or State accident investigator must ensure that the attached questionnaire is completed for each train crewmember as part of headquarters and regional assigned accident investigations where Human Factors is a concern. In addition, it should be completed during interviews of other covered service employees (e.g., train dispatchers or signal employees) who may have had a Human Factor role in the cause or severity of the accident/incident. This questionnaire should not be used for any investigations where Human Factors were not considered to have influenced the accident/incident. The questionnaire must be mailed to Lamar Allen, FRA's Drug and Alcohol Program Manager, 1120 Vermont Avenue, N.W., Washington, DC 20590 (RRS-11, Mail Stop 25).

**NEAR-COLLISIONS:** When a region learns of and initiates an investigation of a near-collision or otherwise unsafe situation, the attached questionnaire must also be completed. Each of these questionnaires must be mailed to Lamar Allen.

**INSPECTOR GUIDANCE DURING INTERVIEWS:** Completion of the questionnaire should be accomplished towards the end of an employee interview during the course of a normal accident investigation. If possible, the questionnaire should be completed privately with the employee. The attached cover-sheet must be used by the inspector to help guard against any unauthorized release of this sensitive information. Ask the questions in the order given because it is important that the employee feel at ease and not under interrogation. The main purpose of the questionnaire is to gather information. It is important that the inspector not be judgmental, quote the regulations to the employee, or discuss punitive action regarding such medication use during this initial interview. In many cases, the employee will not be aware of the requirements of Part 219.103. It is also important that the inspector not ask the employee for the medical purpose they were/are taking the drug(s). However, if the employee voluntarily provides the reason he or she is taking the medication, the response should be recorded on the form. Headquarters staff (with the assistance of its oversight contractor) will subsequently evaluate any use of medications with respect to their nexus to railroad safety. All questionnaires must be mailed to Lamar Allen, even if no drug use is involved.

**TRAINING & GUIDANCE MATERIALS:** All future FRA training classes on accident investigation must cover the subject of this technical bulletin and corresponding questionnaire. In addition, each region should make every attempt to discuss this information during its upcoming regional conferences. Each headquarters staff director should ensure that its respective compliance/enforcement manual is amended to include this guidance. The team working on revisions to FRA's general manual must also include this information in the accident investigation portion of the manual.

Thanks for your assistance in this matter. Please call Lamar Allen (202-493-6313) or Kathy Schnakenberg (816-561-2714) if you have questions.

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Attachment: Prescription and Over-the-Counter Drugs Questionnaire

cc: Grady Cothen  
George Gavalla  
Michael Logue  
Frank Roskind  
Curt Secrest  
Staff Directors  
Ted Bundy (SIDT)  
Patty Sun  
Dan Smith  
Lamar Allen  
Kathy Schnakenberg

**This questionnaire is a close-hold document which  
contains sensitive information and is not to be  
released outside FRA.**

**Upon completion, mail to Lamar Allen, FRA's  
Drug and Alcohol Program Manager (RRS-11, Mail Stop 25)  
1120 Vermont Avenue, N.W.  
Washington, DC 20590**

**Call Lamar Allen if you have questions.  
202-493-6313**

**Prescription and Over-The-Counter Drugs  
FRA Questionnaire for Covered Service Employees  
Involved in a Probable Human Factors Accident/Incident**

*The following questionnaire must be completed as part of headquarters or regional assigned accident investigations or near-collisions when Human Factors is a concern. It must be mailed to FRA's Drug and Alcohol Program Manager. Important: Do NOT ask the employee the "reason" they were/are taking a specific drug, but if they provide the information, write it down. Note: Confidentiality is critical. Only the FRA and the interviewed covered service employee will share in this information.*

Name of FRA or State Inspector: \_\_\_\_\_ Inspector's Phone: \_\_\_\_\_  
Involved Railroad: \_\_\_\_\_ Date of Accident/Incident: \_\_\_\_\_  
Location of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_  
Type of Accident/Incident:  Derailment;  Collision;  Fatality;  Other - \_\_\_\_\_

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Name of Railroad Employee/Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**Section A: PRESCRIPTION MEDICATION**

1. Have employee list all the prescription medications they are taking:
  
2. For each of these prescriptions, tell me:  
How long have you been taking this medication?  
How much do you take?  
How often do you take it?  
When was the last time you took a dose?      And before that?  
How many times in the last 7 days?
  
3. Do you have the prescription bottle? Can I see it? [Write down exactly all of the information on the label, including the name of the pharmacy, phone number, doctor, doctor's phone number, medication, date, expiration date, patient's name, and any dosage information, etc.]
  

NOTE: If the employee does NOT have the bottle, ask, "Is this prescription in your name?"  
 Yes;  No; Also ask, "Can you get the name & phone number of the doctor and pharmacy for me and give me a call?"

  
4. Are you sure you're not taking any other prescription medications, even if they're not in your name, for example if they were given to you by a family member or friend?

## Section B: OVER-THE-COUNTER MEDICATION

1. Have employee list all the over-the-counter medications they are taking:
2. For each of these over-the-counter medications, tell me:  
How long have you been taking this product?  
How much do you take?  
How often do you take it?  
When was the last time you took a dose?      And before that?  
How often in the last 7 days?
3. Do you have the product with you? Can I see it? [Write down the name of the medication (exactly as on label), date, dosage information (verbatim), etc.]

NOTE: If the employee does NOT have the medication, ask for additional details such as what kind of Nyquil, what's the color on the label, was it a pill, capsule, liquid, etc. In addition, ask "Can you get the name of the medication and dosage information for me and give me a call?"

4. Are you sure you're not taking any other medications?

## Section C: MEDICAL AUTHORIZATION

1. What is your railroad's policy on use of prescription and over-the-counter medication?
2. Does the railroad require you to get authorization for such use from a doctor or notify the railroad?
3. Have you discussed your use of prescription (or over-the-counter, as applicable) medication with your doctor?  Yes;  No  
If yes, when?  
Is the doctor aware of your railroad duties?  Yes;  No  
Explanation:
4. What is your physician's name?  
Address?  
Phone number?