

J. J. Keller & NPTC Webcast  
**Sleep Apnea and Fatigue Management**  
Thursday, May 11<sup>th</sup> 2017 10 AM CST



**Sleep Apnea and Fatigue Management**

May 11<sup>th</sup>, 2017

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**Drug & Alcohol Clearinghouse**

This webcast will cover ...

- A regulatory overview
- Best practices in compliance
- A case study in implementation
- Question & Answer

**Attention Attendees:**

- + Thank you for attending!
- + You will be muted during the event.
- + Please use the Q&A feature to send in questions to us. We'll try to answer them during the Q&A period if they are not covered in the presentation.
- + The slides and recording will be posted within 7 days at: [www.jjkeller.com/nptcinfo](http://www.jjkeller.com/nptcinfo)

  
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President & CEO  
National Private Truck Council

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**Meet Your Presenters**

  
**Gary Petty**  
President & CEO  
National Private Truck Council

  
**Tom Bray**  
Industry Consultant -  
Transportation  
J. J. Keller & Associates

  
**Tom Moore, CTP**  
Senior Vice President  
National Private  
Truck Council

  
**Joe Laskowski, CTP**  
Medline Industries  
MedTrans LLC  
Director, Fleet Safety

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**Regulatory Overview:  
The Basis for the Decision**

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**Regulation**

- Have to start discussion with the regulation:
  - §391.41(b) A person is physically qualified to drive a commercial motor vehicle if that person -
    - §391.41(b)(5) 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;**

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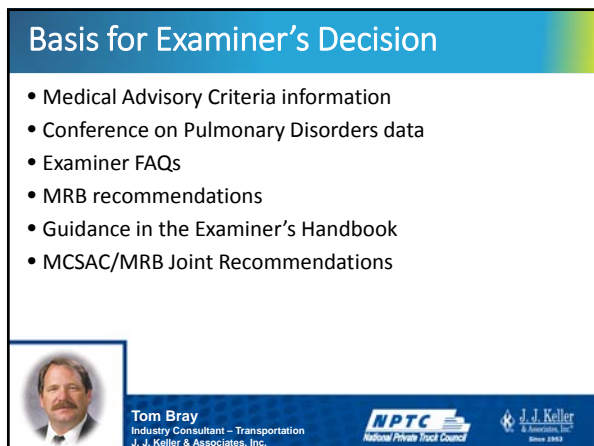
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**Basis for Examiner's Decision**

- Medical Advisory Criteria information
- Conference on Pulmonary Disorders data
- Examiner FAQs
- MRB recommendations
- Guidance in the Examiner's Handbook
- MCSAC/MRB Joint Recommendations

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## ***Sleep Apnea and Fatigue Management***

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### Medical Advisory Criteria

- *There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis **and sleep apnea**. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, **the driver must be referred to a specialist for further evaluation and therapy.***



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### Conference on Pulmonary Disorders

- *Individuals with suspected or untreated sleep apnea (symptoms of snoring and hypersomnolence) should be considered medically unqualified to operate a commercial vehicle **until the diagnosis has been dispelled or the condition has been treated successfully.***



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### Examiner FAQs

- *Question number 26: Is Sleep Apnea disqualifying?*
  - *Drivers should be disqualified until the diagnosis of sleep apnea has been ruled out or has been treated successfully. As a condition of continuing qualification, it is recommended that a CMV driver agree to continue uninterrupted therapy such as CPAP, etc. / monitoring and undergo objective testing as required.*



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**MRB Recommendations**


- Driver should not be certified until screened if driver has:
  - History of daytime sleepiness
  - Fatigue-related crash
  - AHI (sleep study score) of 20
  - Recent surgery affecting the airway
  - BMI over 33



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**MRB Recommendations**


- Driver can be certified, but should be screened before recertification if driver has:
  - Chronic snoring
  - Witnessed sleep apnea
  - Daytime sleepiness
  - BMI of over 28
  - Small jaw
  - Large neck (over 17" in males, over 15" in females)
  - Small airway
  - Family history of sleep apnea
  - Hypertension
  - Type 2 diabetes
  - Hypothyroidism



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**Medical Examiner's Handbook**


- *Approximately 70% of the cases of excessive daytime sleepiness (EDS) are caused by narcolepsy and obstructive sleep apnea (OSA).*
- ***The medical examiner should not certify the driver with suspected or untreated sleep apnea until etiology is confirmed and treatment has been shown to be stable, safe, and adequate/effective.***



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## *Sleep Apnea and Fatigue Management*

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### MCSAC/MRB Latest Recommendations

- 60 day card and tested: Any driver over 35 BMI
- Disqualified until tested and stable after treatment (if necessary):
  - Sleepiness while driving
  - Fatigue-related crash
  - AHI over 20
  - Airway surgery
  - Non-compliant with CPAP use



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### Bottom Line

- At this time *the decision on sleep apnea is based on the examiner's judgment*
  - Certified only after tested (extreme candidate based on exam)
  - Issued "short-card" and require testing (minor/moderate candidate)
  - Not a sleep apnea candidate based on exam
- Examiners are now better trained and informed on the issue, leading to more sleep testing becoming required as a term of certification



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### Changes

- To change current practice will require rule change
  - FMCSA not allowed to change based on new interpretation or supporting materials
- FMCSA/FRA have published joint Advanced Notice of Proposed Rulemaking on sleep apnea, first step in significant rulemaking process
  - No movement since ANPRM was published



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## Beyond Compliance



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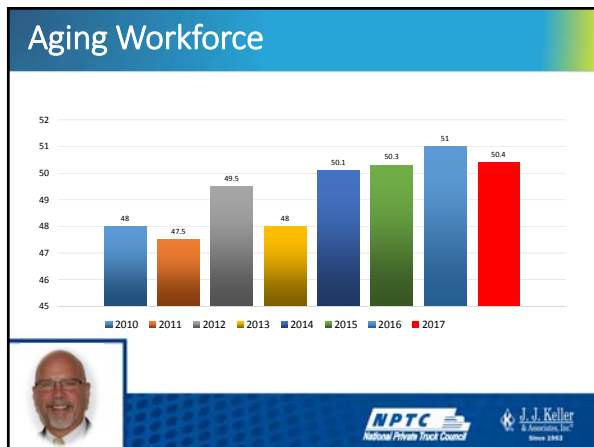
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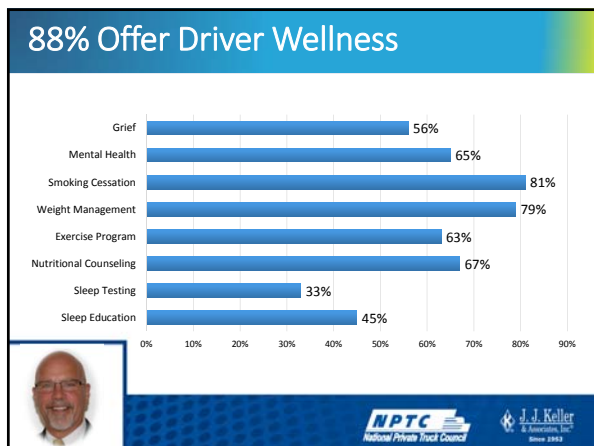
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### Health Risks of OSA

- Risks of untreated, sleep apnea:
  - High blood pressure (2-3x incidence of Non-OSA)
  - Heart failure (30% higher risk versus Non-OSA)
  - Stroke
  - Obesity and Diabetes (negatively impacts leptin and grehlin levels)
  - Mental Health
  - Other
- Versus people without OSA, those with untreated OSA have health care costs 2x or \$1,336 more and their risk of death is 3x greater



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### Crash Risks of OSA

- Fatigue-induced motor vehicle crashes occur at a rate of 2 to 7x that of those without OSA
- Drivers with severe sleep apnea were 4.6x more likely to be involved in a severe crash
- 800,000+ drivers were involved in OSA-related car crashes in 2000, costing more than \$15.9 billion in damage and claiming 1,400 lives
- CPAP treatment can reduce collision cost by \$11.1 billion per year



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### Sleep Apnea-Related Crash Litigation

- Plaintiffs' lawyers:
  - Know the "disqualifying" nature of sleep apnea and the gray area of the regulations
  - Will tell a jury that a driver with OSA is disqualified and should not have been driving a CMV and the carrier was negligent in allowing them to drive
  - Will make it sound like the driver was asleep at the wheel



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### Financial Impact of Untreated OSA

- \$2,727 reduction in health insurance claims per treated driver in first year after treatment
- \$3,086 reduction per driver in second year
- \$528 reduction per treated driver in 2 years of short-term disability claims after treatment
- 6.9 day reduction in lost work days per treated driver over 2 year period post treatment



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### So What Do You Do?

- FMCSA has not indicated that it will issue a specific regulation on sleep apnea, although it is under consideration by the agency
- “Standard of Care” means models of managing the issue have been developed by the industry
- Best approach is to have a company policy that addresses the diagnosis, treatment and management of sleep apnea in drivers



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### The Fleet Perspective



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- Medline Industries is America's largest privately-held national manufacturer and distributor of health care supplies and services.
- MedTrans LLC operates as the private fleet for Medline Industries and is also a "For-Hire" carrier.



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Medline Industries  
MedTrans LLC  
Director, Fleet Safety & Compliance



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Medline - MedTrans



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Medline Operations – North America



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**Medline - MedTrans**

- Private Fleet operation began in 2002 with 25 trucks.
- Presently:
  - 505 Drivers
  - 517 Power Units
  - 688 Trailers
  - 36 Distribution Centers



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**Fatigued Driving**

Research has indicated that being awake for 18 hours is comparable to having a blood alcohol concentration (BAC) of 0.08 percent, which is legally intoxicated and leaves a driver at equal risk for a crash.

A 2005 study suggests that three out of every four CMV drivers report having experienced at least one type of driving error as a result of drowsiness.



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**Fatigued Driving**

**According to the National Sleep Foundation's 2005 Sleep in America poll,**

- 60% of adult drivers – about 168 million people – say they have driven a vehicle while feeling drowsy in the past year, and
- More than one-third, (37% or 103 million people), have actually fallen asleep at the wheel.
- Of those who have nodded off, 13% say they have done so at least once a month.
- Four percent – approximately 11 million drivers – admit they have had an accident or near accident because they dozed off or were too tired to drive.



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**Fatigued Driving**

**Medline Addresses Fatigued Driving Through...**


- Hours of Service
- Education
- Wellness Programs
- Lane Departure Technology
- Sleep Apnea Program



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**Fatigued Driving**

**Hours of Service**


- Balanced starting times
- Balanced work day lengths
- Enforce 30 minute breaks
- Extended off-duty periods



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**Fatigued Driving**

**Education**


- Avoid medications that may make you drowsy.
- 17% of CMV drivers were reported as having “over-the-counter drug use” at the time of a crash.
- Cold pills are one of the most common medicines that may make you drowsy.
- If you must drive with a cold, it is safer to suffer from the cold than drive under the effects of the medicine.



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**Fatigued Driving**

**Wellness Programs**

- Weight Loss Programs/Contests
- Heart Health Education
- Diabetes Management Education
- Healthy Eating Choices Education
- On-site Biometric Screenings
- Health Risk Assessments



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**Fatigued Driving**


**Lane Departure Technology**



Camera - mounted on the windshield



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**Fatigued Driving**

**Sleep Apnea Program**

Sleep apnea is a common disorder in which a person has one or more pauses in breathing or shallow breaths while sleeping.



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**Sleep Apnea**

- Breathing pauses can last from a few seconds to minutes. They often occur 5 to 30 times or more an hour. Typically, normal breathing then starts again, sometimes with a loud snore, snort or choking sound.



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**Sleep Apnea**

**Untreated sleep apnea can:**

- Increase the risk of [high blood pressure](#), [heart attack](#), [stroke](#), [obesity](#), and [diabetes](#)
- Increase the risk of, or worsen, [heart failure](#)
- Can make [arrhythmias](#) or irregular heartbeats, more likely
- Increase the chance of having work-related or driving accidents



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**Medline's Sleep Apnea Program**

**Started January 2012**



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**Who**  
**What**  
**When**  
**Where**  
**Why**  
**How**



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**Why**


- **Ongoing FMCSA Discussions**
- **Medline's Concern for Driver's Health**
  - Medline is genuinely concerned about all aspects of driver's health
- **DOT Medical Examiners**
  - We have experienced doctors sending drivers for testing



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**How**


- Presented the benefits of a program to get by-in from upper management
- Researched Sleep Apnea Testing companies
- Researched several Home Testing Devices
- Researched the logistics of rolling out a nationwide sleep apnea testing program
- Researched Cost



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## *Sleep Apnea and Fatigue Management*



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### What

- We required that the sleep apnea testing companies-
  - ✓Were able to be able to handle a nationwide program to service all of our distribution centers.
  - ✓Were able to be able to perform ambulatory testing.
  - ✓Were able to have a turn-key program



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### Who

All drivers

Initially - All drivers were screened/tested  
Ongoing - Screened when hired/tested



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### When

- When hired, all drivers complete an on-line screening survey
- High-risk drivers will be sent for a DOT physical and referral
- Drivers that received a referral will receive an at-home sleep test
- Drivers positive for sleep apnea will begin treatment
- Compliance will be monitored wirelessly
- Drivers given a compliance report to give to the medical examiner



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**Sleep Apnea**



**Monitoring - Compliance**

Medline Industries defines “compliance” as a minimum of four (4) hours of CPAP usage per night, for 70% of the nights. These guidelines are not only identical to the guidelines used by Medicare, but the Joint Task Force on “Sleep Apnea and Commercial Motor Vehicle Operators”.

Drivers that do not maintain minimum “Compliance” are removed from Safety Sensitive responsibilities until they regain minimum compliance levels.



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**Sleep Apnea**

**To Date:**

- 919 Screened
- 226 Screened High Risk
  - 92% Positive
  - 8 % Negative



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**Thank You**

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### Thursday, May 11<sup>th</sup> 2017 10 AM CST

### Question & Answer Session



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President & CEO  
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### More Questions?



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### About NPTC

*Founded in 1939, the National Private Truck Council is the only national trade association exclusively representing the interests of the private truck industry and corporate/business private truck fleet management. With an actively engaged leadership team of Board representatives, member volunteers and staff, NPTC in the past decade has grown significantly to serve a rising professional class of private fleet practitioners meeting the challenges of modern corporate transportation. NPTC is the leading learning resource center, government affairs advocate, and business networking culture for America's top private fleet and supplier member companies. The Council produces benchmarking, best practices, and economic data reports on the private fleet market; administers the highly regarded Certified Transportation Professional (CTP) training program, and conducts some of the most successful events in the trucking industry including the Annual Conference and Trade Show, the Private Fleet Management Institute, and the National Safety Conference.*

**For more information about the Council's activities and programs, visit our website at [www.nptc.org](http://www.nptc.org).**




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Please join us for our next webcast series

**CSA and the Safety Management System**  
July 12<sup>th</sup> at 10 AM CST

**Roadside Inspections**  
July 13<sup>th</sup> at 10 AM CST

Visit [www.jjkeller.com/nptcinfo](http://www.jjkeller.com/nptcinfo) to register



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