

Appendix A-1

Table -1 This scale is created to provide a guide for the physician determination of ability to work for HRP certified persons with certain conditions and while taking certain medications. This is meant to be a reference to induce some degree of consistency in making these determinations. It is not intended to be all inclusive or comprehensive.			
Condition	Medication / Treatment	Job Task Analysis	Notes
High level of Concern			
Seizures	Anti Seizure Medication	DOT Driver	not allowed by DOT Rules, evaluate carefully with JTA
Pain	Narcotics - regular use	HRP position	evaluate each case, highly concerning
Muscular Strains	Muscle Relaxer medications	HRP position	can cause drowsiness, fatigue, nervousness, confusion, dizziness, visual disturbance, seizures, tachycardia, fainting, blurred vision, tremors, agitation, irritability
Various Conditions	Barbiturate medications	HRP position	can cause drowsiness, lethargy, hang over, excitement, dizziness, twitching, mental confusion, decreased coordination, blurred vision, shallow & slow breathing
Depression (severe)	Antidepressant medications	HRP position	allow use when stable on the medication, but have EAP evaluate more often
Vestibular Irritation	Anti-motion medications	HRP position	can cause drowsiness, restlessness, over excitement, nervousness, hallucinations, blurred vision

Anxiety and Related Conditions	Tranquilizers & Sedatives	HRP position	can cause drowsiness, restlessness, over excitement, nervousness, hallucinations, blurred vision
Acne	Accutane use		must wait two weeks because of potential vision and psychiatric side effects
Diabetes Mellitus	Insulin Dependant		disqualifying for security officer positions
Diabetes Mellitus	Meglitinides or Sulfonylureas with beta-blockers		evaluate cases carefully for stability and condition control
Malaria	Mefloquine (Lariam)		associated with adverse neuropsychiatric side-effects, disqualifying for airmen
Cancer	Chemotherapy Medications	HRP	each modality should be evaluated separately concerning its side-effects
Asthma	Various Medications	HRP	evaluate the individual's control and asthma history
Allergies	Various Medications	HRP	evaluate the severity of reactions and the individual's clinical history
Headaches	Any Narcotic Preparation	HRP	evaluate frequency and effects of the headaches and apply narcotic rules
Anemia, severe		all positions	Evaluation for cause, chronicity and potential remediation processes
Anxiety	Various Medications	HRP	evaluate each case and the medications
Obesity	Various Medications and Procedures	HRP	evaluate each case and the proposed therapies

Decreased Vision	Potentially Various Medications		evaluate each case and job task analysis
Moderate Level of Concern			
Colitis	Various Medications	HRP	evaluate each case
Depression (moderate)	Anti-depression Medications	HRP	must be evaluated by EAP more often than usual
Diabetes Mellitus	Beta-Blockers with other medications		carefully evaluate the clinical history of the person for areas of concern
Cardiac Dysrhythmias	Dysrhythmia Medications	HRP	evaluate each dysrhythmia for its potential to incapacitate
Contraception	Various Medications	HRP	evaluate for side-effects
Hyperlipidemia	Lipid Lowering Medications	HRP	evaluate each medication for potential for side-effects
Hypertension	Anti-hypertension Medications	HRP	must report any medication side-effects
Low Level of Concern			
Acute Infections	Antibiotics		minimal concern, but be aware of potential side effects
Viral Infections	Symptomatic Therapies	HRP	minimal concern, but beware of complications
Minor Pain Events	Tylenol, Aspirin, Ibuprofen		If used for less than two days, no more than once per week
Gastroenteritis	Fluids		should leave work temporarily
Hypothyroid	Thyroid Replacement Medication	HRP	must be stabilized on the medication
GERD	Various Medications		minimal concern, but beware of complications

Table 2 provides guidance as to HRP suitability, and suggests further evaluation/intervention options if the designated provider wishes to pursue continued HRP certification under a given level of assessed risk.

Table 2: HRP Medication/Condition Risk Management Matrix

	Moderate Harm Potential 1) affords the potential to significantly impact national security or cause unacceptable damage 2) access to information concerning vulnerabilities in protective systems when transporting nuclear explosives, nuclear devices, selected components, or Category I quantities of SNM*	High or Catastrophic Harm Potential 3) nuclear explosive duties; responsibility for working with, protecting, or transporting nuclear explosives, nuclear devices, or selected components 4) access to, transport of, or protection of Cat 1 SNM
1) Low risk of impairment* (e.g., Claritin, dermatitis, or no treatment or condition, normal life stress)	<u>Likely concerns:</u> None. <u>Further evaluation/intervention:</u> ** None if asymptomatic. Consider cognitive screen, sleep impacts evaluation, with mental status impairments. As-indicated symptom monitoring. Consider voluntary community medical/psychological referral. <u>HRP suitability:</u> unlikely to be impacted.	<u>Likely concerns:</u> None. <u>Further evaluation/intervention:</u> None if asymptomatic. Consider both routine cognitive screen and sleep impacts evaluation. Repeat evaluation until no sign of impairment. As-indicated symptom monitoring. Consider voluntary community medical/psychological referral. <u>HRP suitability:</u> unlikely to be impacted, but Temporary Removal is indicated if impairment is detected.
2) Medium risk of impairment (e.g., SSRIs, arthritis)	<u>Likely concerns:</u> Low incidence of cognitive impairments, commonly time-limited for medications. <u>Further evaluation/intervention:</u> ** None if asymptomatic. Consider cognitive screen, sleep impacts evaluation, with mental status impairments. As-indicated symptom monitoring. Consider voluntary or mandatory community medical/psychological referral. <u>HRP suitability:</u> unlikely to be impacted.	<u>Likely concerns:</u> Low incidence of cognitive impairments, commonly time-limited for medications. Symptom exacerbation. <u>Further evaluation/intervention:</u> ** Yearly if asymptomatic at annual HRP evaluations. Include additional cognitive screen, sleep impacts evaluation, with any mental status impairments. As-indicated symptom monitoring. Consider voluntary or mandatory community medical/psychological referral. <u>HRP suitability:</u> Possible Temporary Removal.
3) High risk of impairment (e.g., seizures, opioid pain medication)	<u>Likely concerns:</u> Cognitive impairments, sudden loss of consciousness or awareness. Unpredictable course of illness. <u>Further evaluation/intervention:</u> ** Obtain medical records. Consider cognitive screen, sleep impacts evaluation, with mental status impairments. Ongoing consultations, including education and symptom monitoring, possible retesting. Consider voluntary or mandatory community medical/psychological referral. <u>HRP suitability:</u> Possible Temporary Removal or Revocation. Work accommodations or reassignment to other HRP duties may allow continued HRP participation.	<u>Likely concerns:</u> Cognitive impairments, sudden loss of consciousness or awareness. Unpredictable course of illness. <u>Further evaluation/intervention:</u> ** Obtain medical records. Cognitive screen, sleep impacts evaluation. Ongoing consultations, including education and symptom monitoring, retesting until maintenance of unimpaired state confirmed. Consider mandatory community medical/psychological referral. <u>HRP suitability:</u> Possible Temporary Removal or Revocation. Work accommodations or reassignment to other HRP duties may allow continued HRP participation.

*impairments of concern include impacts on perception, attention, memory, and reaction time.

** All of the above cells assume the application of the standard HRP program, including annual medical/psych evaluations, ongoing reporting of medications and conditions, and evaluation of symptoms and medication side-effects.