



Transportation
Security
Administration

Medical Guidelines

For Transportation Security Specialists – Explosives

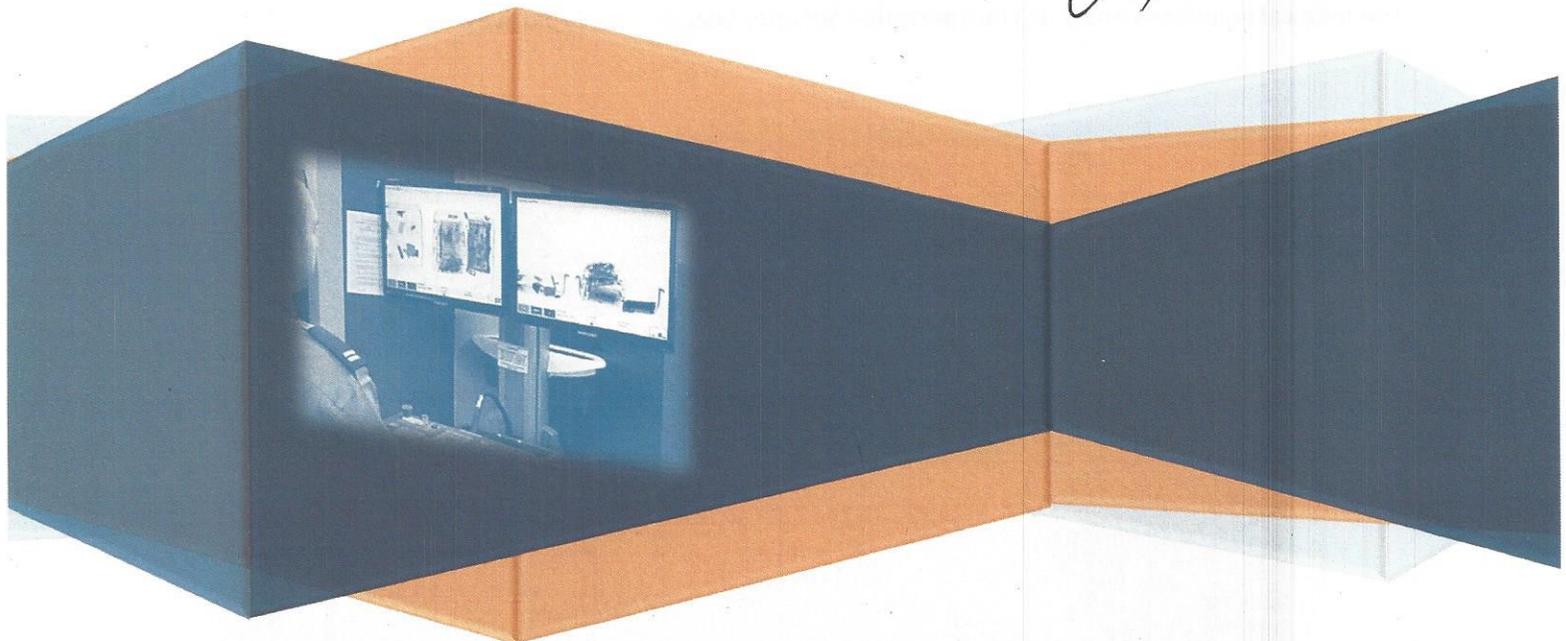
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Medical Guidelines

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Authority:

The Aviation and Transportation Security Act established the authority of the TSA Administrator to determine physical and psychological requirements for the security-screening workforce.

Mission Impact:

TSA developed medical guidelines for clinical evaluations and fitness for duty determinations to “ensure that Federal screeners are able to provide the best security possible.”

The evolution of security operations from process-driven procedural-based security to risk-based intelligence driven security affirms the need for a resilient screening workforce whose readiness and fitness is measurable, demonstrable, and enforceable.

Purpose:

The medical guidelines provide a responsive connection between a medical condition and a predictable degree of job performance, conduct and mission readiness. The medical guidelines are designed to reflect the underlying correlation between recognized medical conditions and safe and effective job performance. The medical guidelines apply to Transportation Security Specialists – Explosives.

Medical Evaluation (applies to applicants only):

The Medical Guidelines (Guidelines) are used to assess an applicant’s ability to perform job-related functions based on any medical/physical conditions presented by the applicant. It is recommended that an applicant review the Guidelines prior to taking the medical assessment. The applicant may discuss the Guidelines with his/her treating health care provider and provide related documentation at the time the medical assessment is scheduled. After the scheduled medical assessment is completed, if TSA requires the applicant to undergo a specific follow-up medical examination at the post offer stage of the hiring process before determining whether the applicant is medically qualified for the position, TSA will pay for all costs associated with the examination.

If, after conducting an individualized assessment, the Agency determines that the applicant is medically disqualified, the applicant will be advised of the disqualification and that the application process has ended. The applicant may appeal this determination by notifying the evaluating physician and providing any documentation to support the appeal. The applicant will be considered for future employment in the event the appeal process results in a determination that the individual is medically cleared.

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1. Medical Guidelines

1.1. Eyes and vision

Distant visual acuity, corrected or uncorrected: 20/20 or better binocularly

Intermediate visual acuity (at 26 to 32 inches), corrected or uncorrected: 20/20 or better binocularly

Near visual acuity (at 16 inches), corrected or uncorrected: 20/20 or better binocularly

Field of vision: Provide restrictions if the horizontal meridian is less than 120 degrees binocularly

Provide restrictions for monocular vision unless the monocular vision has lasted for a minimum of 6 months; if the monocular vision has lasted for a minimum of 6 months, formal perimetry is required

Color vision: Provide restrictions for any error made on moderate or severe classification plates using the Hardy-Rand-Rittler pseudoisochromatic plates (4th edition); tinted lenses are not allowed to meet the color vision standard

Refractive surgery: Provide restrictions if any of the following criteria are present:

- significant haze (+2 or less is acceptable)
- glare, halos, starbursts, or ghosting
- microstriae that affect vision
- dryness that affects vision
- loose epithelium, diffuse lamellar keratitis, or active infection
- unstable refraction (more than ½ diopter of change between documented refractions at least 2 weeks apart)
- using steroid eye drops

1.2. Hearing

Provide restrictions if, on audiometric testing, the pure-tone threshold in the better ear is greater than an average of 40 dB over 500, 1,000, and 2000 Hz with or without a hearing aid

Additional testing with speech recognition in ambient noise is needed if a medical fitness for duty determination is requested based on inadequate hearing performance and the employee meets the hearing requirements

Hearing aids are acceptable if they allow localizing sound sources

1.3. Nose, pharynx, larynx and trachea

Provide restrictions for aphonia

Provide restrictions for tracheostomy if it limits the ability to communicate effectively

1.4. Lung diseases

Provide restrictions for active hemoptysis

Provide restrictions for contagious tuberculosis

1.5. Musculoskeletal diseases

1.5.1. Amputations

Assess amputations and prostheses to ensure performance of essential job functions

1.5.2. Upper extremity conditions

Provide restrictions for upper extremity conditions unless all the essential job functions can be performed

1.5.3. Lower extremity conditions

Provide restrictions for lower extremity conditions unless all the essential job functions can be performed

1.5.4. Spine

Provide restrictions for spine conditions causing motor deficit that interferes with essential job functions

Provide restrictions for spine conditions causing sensory deficit that interferes with essential job functions

Provide restrictions for spine conditions leading to limited range of motion that interferes with essential job functions

1.6. Neurological disorders

1.6.1. Cerebrovascular accidents

Provide restrictions for cognitive inability to perform essential job functions

Provide restrictions for decreased sensation or weakness that interferes with essential job functions after a cerebrovascular accident

1.6.2. Other neurological disorders

Provide restrictions for paralysis of both upper extremities

Provide restrictions for complete loss of discriminative touch sensation in both upper extremities

Provide restrictions for cognitive impairment

Provide restrictions for dementia

Provide restrictions for multiple sclerosis unless all the following conditions are met:

- No cognitive impairment
- No mood disorder
- Vision guidelines are met

Provide restrictions for Parkinson's disease unless all the following conditions are met:

- Tremors and muscle rigidity are not interfering with performance of essential job functions
- No cognitive impairment
- No mood disorder
- No disqualifying side effects from treatment

1.7. Diabetes

Provide restrictions for diabetes unless all the following conditions are met:

- Compliance with treatment
- No episode of severe hypoglycemia (defined as an event requiring the assistance of others) in the past 12 months
- No more than 2 episode of severe hypoglycemia in the past 3 years
- Completion of diabetes education
- Evidence of ongoing self-monitoring of blood glucose
- No blood glucose of less than 50 mg/dl within the past 14 days
- No peripheral neuropathy that interferes with performance of essential job functions
- Regular dilated eye exam (every other year without retinopathy, at least every year after diagnosis of retinopathy)

Provide restrictions for type 1 diabetes unless on a stable basal/bolus regimen or insulin pump for the past 6 months

Provide restrictions for type 2 diabetes with insulin treatment unless on a stable insulin regimen for the past 3 months

Provide restrictions for type 2 diabetes without insulin treatment unless on a stable medication regimen for the past 30 days

1.8. Sleep disorders

1.8.1. Idiopathic hypersomnia

Provide restrictions for idiopathic hypersomnia with persistent excessive daytime sleepiness despite medical treatment

1.8.2. Narcolepsy

Provide restrictions for narcolepsy with persistent excessive daytime sleepiness despite medical treatment

1.8.3. Obstructive sleep apnea

Provide restrictions for obstructive sleep apnea if one of the following criteria is present:

- Excessive daytime sleepiness
- Observed performance impairment suspected to be due to somnolence

Restrictions for obstructive sleep apnea can be removed if all the following criteria are met:

- Successful treatment
- Documentation of compliance with CPAP treatment (defined as at least 4 hours per sleep session, 70% of sleep sessions) on an annual basis, or documentation of follow up sleep study with an oral appliance, or documentation of follow up sleep study after surgery
- No excessive daytime sleepiness

1.8.4. Shift work disorder

Provide restriction for shift work disorder (confirmed by a physician formally credentialed in sleep medicine) not adequately responding to medical management

1.9. Psychiatric disorders (DSM 5 terminology and criteria are used in these standards)

IMPORTANT: Diagnostic criteria and conditions under the psychiatric disorders section (1.9) are based on medical documentation or medical review and not on supervisor's determination

1.9.1. Anxiety disorder

Provide restrictions for any anxiety disorder unless all the following conditions are met:

- No functional impairment in the past 2 months

- Compliance with treatment
- No disqualifying side effects from treatment
- Appropriate judgment and attention
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No irritability
- No difficulty concentrating
- No phobia, unless successfully treated
- No social anxiety disorder, unless successfully treated
- No panic disorder, unless successfully treated

1.9.2. Attention-deficit/hyperactivity disorder

Provide restrictions for attention-deficit/hyperactivity disorder unless all the following conditions are met:

- No functional impairment in the past 2 months
- Compliance with treatment
- No disqualifying side effects from treatment
- Appropriate judgment and attention
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No inattention, unless successfully treated

1.9.3. Bipolar disorder

Provide restrictions for bipolar I disorder

Provide restrictions for any other bipolar disorder (including bipolar II disorder, cyclothymic disorder and unspecified bipolar disorder) unless all the following conditions are met:

- DSM-5 criteria for full remission are met
- No functional impairment in the past 2 months
- Compliance with treatment
- No disqualifying side effects from treatment
- Evaluation by a psychiatrist or by a licensed doctoral-level psychologist is required before return to work
- No cognitive impairment
- Appropriate judgment and attention
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No personality disorder

- No psychotic features
- No hypomanic episode in the past 6 months
- No suicide attempt in the past 24 months
- No electroconvulsive therapy in the past 6 months
- No history of manic episode

1.9.4. Depressive disorder

Provide restrictions for any depressive disorder unless all the following conditions are met:

- DSM-5 criteria for full remission are met
- No functional impairment in the past 2 months
- Compliance with treatment
- No disqualifying side effects from treatment
- Appropriate judgment and attention
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No personality disorder
- No psychotic features
- No suicide attempt in the past 24 months
- No electroconvulsive therapy in the past 6 months

1.9.5. Personality disorders

Provide restrictions for antisocial personality disorder

Provide restrictions for borderline personality disorder

Provide restrictions for narcissistic personality disorder

1.9.6. Posttraumatic stress disorder

Provide restrictions for post-traumatic stress disorder unless all the following conditions are met:

- No functional impairment in the past 2 months
- Compliance with treatment
- No disqualifying side effects from treatment
- Appropriate judgment and attention
- Treatment of comorbidities (including substance abuse and sleep disorders)
- No irritable or aggressive behavior
- No reckless or self-destructive behavior
- No difficulty concentrating

1.9.7. Psychosis

Provide restrictions for brief psychotic disorder

Provide restrictions for delusional disorder

Provide restrictions for schizophreniform disorder

Provide restrictions for schizophrenia

Provide restrictions for schizoaffective disorder

Provide restrictions for psychotic disorder due to another medical condition or substance-induced unless all the following conditions are met:

- The psychotic symptoms have resolved
- The cause of the psychotic disorder has been successfully treated
- The risk of recurrence is low (i.e., not higher than the risk in the general population)
- Evaluation by a psychiatrist or by a licensed doctoral-level psychologist

1.9.8. Substance use disorder

Provide restrictions for substance use disorder unless all the following conditions are met:

- DSM-5 criteria for early remission are met
- Documented abstinence for a minimum of 3 months
- Completion of a substance use disorder treatment program
- Compliance with treatment
- No disqualifying side effects from treatment
- Evaluation and treatment by a substance abuse professional is required before return to work
- Appropriate judgment and attention
- Treatment of comorbidities
- No personality disorder

1.10. Medications

Provide restrictions if taking medications causing sedation, drowsiness, vision changes, or behavioral changes

Provide restrictions if taking barbiturates, benzodiazepines, opioids, or dronabinol

1.11. Miscellaneous issues

Provide restrictions if an employee is not able to perform any of the essential job functions

Transportation Security Specialist – Explosives

2. Essential Job Functions

2.1. Physical and cognitive tasks

Lift and carry equipment weighing up to 25 pounds without assistance.

Feel and manipulate small objects with one hand.

Open/close zippers, snaps, and buckles on baggage, backpacks, or briefcases.

Unpack/repack passenger belongings from suitcases, backpacks, and duffle bags to detect items identified through x-ray or EDS.

Make decisions effectively in both crisis and routine situations.

Maintain focus and awareness during an entire shift.

Shift work: Work shifts lasting up to 8 hours and work different shifts (including night shift).

Sit continuously for up to 1 hour (to attend training).

Respond to every checkpoint and baggage screening area.

Construct explosive device training exemplars.

Handle explosives.

Travel by commercial plane.

2.2. Communication tasks

Secure all reports, logs, and other materials in accordance with the guidance for the protection of sensitive security information (SSI) and place them in the safe/ lock box/lock cabinet.

Read Standard Operating Procedures (SOP) documents (e.g., checkpoint screening, baggage screening, travel document checks, playbook, specialized screening, etc.).

Effectively communicate and interact with individuals.

Comprehend written and oral instructions.

Communicate by cell phone (voice call).

Spell words correctly in written communication.

Write detailed incident reports.

Take detailed field notes so reports can be completed.

Write reports clearly and concisely to convey intended ideas in brief fashion.

Write reports using correct grammar so documents are understandable and professional.

Give oral presentations.

Deliver training.

Brief bomb squad on threat.

Issue quick, clear, and accurate directions to other personnel in an emergency.

2.3. Sensory tasks

Recognize explosives, precursors and components in carry-on and in check baggage using detection equipment and/or physical inspection.

Detect audible alarm on the ETD that signals explosive trace materials have been identified on the baggage/item.

Detect alarm on liquid container screening device that signals the presence of prohibited liquids.

Localize sounds.

Hear conversation spoken in a normal tone from a distance of 5 to 20 feet in a noisy environment.

Communicate with individuals over background noise.

Monitor x-rays of baggage and distinguish colors (e.g., blue, green, yellow, orange, and black, white).

Monitor EDS screen and distinguish colors (e.g., red, blue, green, yellow, and orange, black, white) to identify explosive materials.

Distinguish colors (blue, purple) during colorimetric testing of powders or liquid testing stick/strip versus no color.

Recognize Automated Target Recognition (ATR) alarms.

Manipulate checkpoint radiographic equipment to retrieve information.

Manipulate checkpoint liquid detection equipment to retrieve information.

Analyze liquid explosive detector strips or electronic liquid explosive detector instrument readings to determine presence or absence of explosives.

Analyze ETD printouts to determine presence or absence of explosives.

Identify explosive devices.

Assess the threat potential of a suspect device.

Recognize military explosive ordnance.

Recognize pyrotechnic materials (e.g. fireworks, igniters).

Recognize explosives related materials (e.g. shock tube initiators, precursor chemicals).

2.4. Equipment operation

Manipulate x-ray controls (e.g., push buttons, toggle switches, and console) to interpret images.

Manipulate controls on EDS (e.g., console, mouse, touch screen) to interpret images.

Manipulate controls on ETD to determine if a sample contains an explosive substance.

Conduct liquid container screening.

Operate a computer.

Operate a cell phone.

Operate a chemical analysis device.

Operate a digital camera to obtain still pictures or video recordings.

