

DOT Regulations & Recommendations

RECOMMENDATION 1 - General:

- Obstructive sleep apnea (OSA) diagnosis precludes unconditional certification.
- A driver with OSA diagnosis can be certified if:
 - The driver has untreated OSA with apnea-hypopnea index (AHI) ≤ 20 (i.e., mild-to-moderate OSA) AND
 - The driver does not admit to experiencing sleepiness during the major wake period OR
 - OSA is being effectively treated.
- A driver with an OSA diagnosis may be recertified annually, based on demonstrating compliance with therapy.
- Minimally acceptable compliance with PAP means at least 4 hours/day of use 70 percent of days.
 - Drivers should be encouraged that more hours of PAP use is preferable.
 - Optimal treatment efficacy occurs with 7 hours or more of daily use during sleep.
- The intent behind the AHI threshold is to prioritize those drivers with OSA that need immediate treatment.
 - Drivers with mild OSA (AHI levels as low as 5) may benefit from OSA treatment, and should be encouraged to explore treatment options.
 - Drivers with an AHI between 5 and 20 should be encouraged to seek treatment, if they have a history involving a fatigue-related crash or a DOT-defined single vehicle crash [footnote reference: crash involving a CMV that results in a fatality or injury treatable away from the scene or disabling damage requiring tow away], or if they report sleepiness while operating a motor vehicle.
- Why set the AHI threshold at 20?
 - Crash risk in the moderate-to-severe OSA range is statistically higher than for drivers with mild OSA.

RECOMMENDATION 2 — Drivers with any of the following should be disqualified immediately or denied certification:

- Report excessive sleepiness during the major wake period while driving, OR
- Experienced a crash associated with falling asleep, OR
- Have been found non-compliant in treatment per Recommendation 1.

RECOMMENDATION 3 — Drivers with any of the following may be granted conditional certification per Recommendation 4:

- Have AHI > 20 until compliant with PAP, OR
- Have undergone surgery and are pending post-op findings per Recommendations 10-12, OR
- Have a BMI > or equal to 35 kg/m² (pending sleep study).

RECOMMENDATION 4 — Conditional certification

- Driver with BMI > or equal to 35 kg/m² may be certified for 60 days pending sleep study and treatment (if diagnosed with OSA).
- Within 60 days, if a driver being treated with OSA is compliant with treatment (per Recommendations 8-12), the driver may receive additional 90 day conditional certification.
- After 90 days, if the driver is still compliant with treatment, the driver may be certified for no more than 1 year. Future certification dependent on continued compliance.

Refer to Recommendation 1 for definition of minimal compliance. [Insert clinical evaluation educational footnote]

[CLINICAL EVALUATION EDUCATION FOOTNOTE]

- Medical examiners should screen all drivers for OSA.
- The driver is judged at-risk for OSA based on:
 - The driver's answers to a validated questionnaire (e.g., Berlin), OR *Some other validated screening tool.
 - Symptoms: loud snoring, witnessed apneas, sleepiness during major wake period.
 - Risk factors may include the following. A single risk factor alone may not infer risk. Need to look at multiple factors.

Factors Contributing To High Risk:

1. Small or recessed jaw
2. Neck size \geq 17" male, 15.5" female (strongly correlated with obesity, which is associated with sleep apnea)

Other Factors:

1. Age 42 and above
2. BMI \geq 28 kg/m²
3. Small airway (Mallampati Scale score of Class 3 or 4)
4. Family history
5. Male or post-menopausal female

6. Experienced a single-vehicle crash

Conditions Associated With High Risk:

1. Hypertension (treated or untreated)
2. Type 2 diabetes (treated or untreated)
3. Hypothyroidism (untreated)

RECOMMENDATION 5 — Method of diagnosis and severity

- Methods of diagnosis include in-laboratory polysomnography, at-home polysomnography OR a FDA-approved limited channel ambulatory testing device which ensures chain of custody.
- In-laboratory polysomnography, which is more comprehensive, should be considered when the clinician suspects a sleep disorder in addition to sleep apnea.
- Note that new technologies will likely emerge that will be able to screen for OSA.
- Driver should be tested while on usual chronic medications.

RECOMMENDATION 6 — Treatment, PAP

- All individuals with OSA should be referred to a clinician with relevant expertise.
- PAP is the preferred OSA therapy.
- Adequate PAP pressure should be established through one of the following:
 - Titration study with polysomnography
 - Auto-titration system

A driver who has been disqualified may be conditionally certified (per Recommendation 4) if successfully treated for 1 week AND

- The driver can demonstrate at least minimal compliance (4 hrs/use 70% of nights) AND
- The driver does not report excessive sleepiness during major wake period.

RECOMMENDATION 7 — Treatment alternatives

There are limited data regarding compliance with and the long-term efficacy of dental appliances cannot be demonstrated currently, so these technologies are unapproved alternatives at this time.

Surgical treatment is acceptable (see Recommendations 10, 11 and 12).

RECOMMENDATION 8 — Bariatric surgery

After bariatric surgery, a driver may be certified if:

- Compliant with PAP, OR 6 months have passed since surgery (for weight loss), AND
- Cleared by treating physician, AND
- No reported excessive sleepiness during major wake period.
- After six months have passed since surgery, a repeat sleep study may be considered to evaluate for the presence of ongoing sleep apnea.

RECOMMENDATION 9 — Oropharyngeal surgery, facial bone surgery

After oropharyngeal or facial bone surgery, a driver may be certified if:

- 1 month has passed since surgery, AND
- Cleared by treating physician, AND
- No reported excessive sleepiness during major wake period.

After 1 month has passed since surgery, if the apnea appears to have resolved, a repeat sleep study should be considered to test for the presence of ongoing sleep apnea.

Annual recertification:

- If clinically indicated, repeat sleep study.

RECOMMENDATION 10 — Tracheostomy

After tracheostomy, a driver may be certified if:

- 1 month has passed since surgery, AND
- Cleared by treating physician, AND
- No reported excessive sleepiness during major wake period.

After 1 month has passed since surgery, if the apnea appears to have resolved, a repeat sleep study should be considered to test for the presence of ongoing sleep apnea.

Annual recertification:

- If clinically indicated, repeat sleep study.

