

CHANGE**U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION****ORDER
3930.3B
CHG 1**Effective Date:
09/17/12

National Policy

SUBJ: Air Traffic Control Specialist Health Program

- 1. Purpose.** This change to FAA Order 3930.3B modifies the policies and procedures for the administration of the Federal Aviation Administration (FAA or Agency) Air Traffic Control Specialist (ATCS) Health Program.
- 2. Who this change affects.** The change affects all ATCSs and all FAA personnel responsible for the management and oversight of, or subject to, the requirements of Air Traffic Medical Clearances.
- 3. Disposition of Transmittal Paragraph.** Retain this transmittal sheet until the directive is cancelled by a new directive.

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- 4. Administrative Information.** This Order change is distributed to divisions and branches in Washington headquarters, regions, and centers and to all field offices and facilities.

Michael P. Huerta
Acting Administrator

c. ATO Air Traffic Manager:

(1) Ensures that ATCSs are informed of the requirements, provisions, and objectives of the ATCS Health Program.

(2) Consults with the FS when the medical status of an ATCS is in question.

(3) Notifies the FS when he/she becomes aware of an ATCS's illness or absence for medical (physical or mental) reasons, if the illness or injury affects safety and the ATCS's medical status.

(4) Notifies the FS when an ATCS reports, or when management becomes aware of, an off-duty drug or alcohol related offense.

(5) Notifies the FS and the FAA National Employee Safety and Workers Compensation Team in AHR immediately about any occupationally related disease, illness, or incapacitation. This information is necessary to determine if the illness or injury affects safety, the ATCS's medical status, and to coordinate AHR guidance.

(6) Schedules ATCSs for the required periodic examination, ensures that any change in medical clearance resulting from the examination is immediately acted upon, and takes appropriate and timely action on the subsequent medical status determination submitted by the FS.

(7) Coordinates with the FS in scheduling authorized medical examinations when agency medical facilities are not available or services cannot be provided.

(8) Comply with FS requests for information such as informing the ATCS to comply with requests or modifying work schedules to obtain special medical evaluations.

(9) Consults with FS as to whether medications used by an ATCS might affect the safe performance of duties.

(10) Informs the FS about any arrest or conviction of an ATCS involving the use of alcohol, illegal substances, findings of substance dependence or abuse, or any legal or administrative action that might affect safety and the medical clearance status.

(11) Notifies the gaining RFS when an ATCS reports for duty after a transfer.

(12) Notifies all persons assigned to a testing-designated position of the drug and alcohol testing policy and procedures.

b. Manager, Human Resource Management Offices (HRMO):

- (1) Implements personnel policies and procedures.
- (2) Performs all personnel services.
- (3) Consults, as appropriate, with ATO and AAM management officials on ATCS Health Program administration.
- (4) Processes personnel actions for medically disqualified applicants in a timely manner.
- (5) Provides Regional Employee Assistance Program (EAP) services to ATCSs in conformance with DOT Order 3910.1(series), and other applicable Agency Orders or policies.
- (6) All requests for transfer must be coordinated with the RFSs of both the gaining and losing regions, see Chapter 3, section 1, paragraph (4).

c. Manager, Aviation Careers Division (AMH):

- (1) Initiates medical clearance process by providing applicants for employment with instructions for scheduling and completing medical clearance obligations.
- (2) Performs all personnel services, including rating, ranking, and referring candidates to ATO service areas for employment consideration.
- (3) Exchanges pertinent information concerning the medical clearances' status of applicants for employment with headquarters and regional Aerospace Medicine Divisions.
- (4) Issues tentative and firm offer letters to qualified and selected applicants, to include notice of FAA Order 7210, Human Resources Operating Instructions, HRPD ER 4.1, and DOT Order 3910.1(series).
- (5) Adjudicates the final Agency determination on suitability for employment cases.
- (6) Consults, as appropriate, with ATO and AAM management officials on the ATCS Health Program administration.
- (7) For new employees assigned to an Automated Flight Service Station in the Alaska Region, the Alaskan HRMO will perform the duties assigned above for AMH.

d. Regional EAP Manager:

Regional EAP Manager works in partnership with the RFS in all aspects of the drug and alcohol rehabilitation for employees who are required to maintain a medical certificate or medical clearance, or as otherwise specified in DOT Order 3910.1(series).

11. Medical Qualification Standards. The medical standards for Air Traffic Control Series, AT-2152, are contained in Appendix A, Medical Qualification Standards.

Appendix B

Section 4. Guide For the Front Line Managers/ Controller in Charge (CIC) of Insulin-Treated Air Traffic Control Specialists (ATCS)

- 1.** At the beginning of your shift, those controllers who are insulin-treated diabetics (subject ATCS) are required to identify themselves to you.
- 2.** A subject ATCS must advise you that he/she has a glucometer (blood sugar meter) available at the work site.
- 3.** A subject ATCS will advise you that he/she has a source of rapidly absorbing glucose immediately available and will give you their location so that you have access to them in the unlikely event the subject ATCS is incapacitated.
- 4.** Observe all subject ATCSs performing safety-related duties periodically during the shift to assure yourself that each is functioning normally. (See the description of symptoms of low blood sugar below.)
- 5.** Note that within the 30 minutes prior to beginning and every two hours (plus or minus 15 minutes) during the shift, a subject ATCS must measure his/her blood sugar. This requires no more than 10 minutes each, and, as the front line manager/ CIC, you must operationally accommodate this requirement.
 - a.** If a sugar measurement is below 60 mg/dl, the subject ATCS will leave the "boards" and begin corrective action as outlined in the guidelines.
 - b.** The subject ATCS may return to safety-related duties when blood sugar reaches 100 mg/dl or above. Blood sugar measured between 100 and 60 mg/dl will require ingestion of glucose and additional measurements though the ATCS may continue work.
- 6.** Two times a week, randomly, you (or another front line manager) should ask to see the recorded glucometer readings. This is a spot check only to help ensure that the subject ATCS is accomplishing the required blood sugar measurements. No interpretation of the recorded values is required of you.
- 7.** The symptoms of low blood sugar (hypoglycemia) may vary with the rapidity of onset, severity, and individual susceptibility and may include any or all of the following:
 - a.** Rapid onset symptoms: sweating, shaking, nervousness or agitation, weakness, palpitations (unpleasant sensation of heart beating), fatigue, hunger, nausea.
 - b.** Slow onset symptoms: headache, lightheadedness, blurring of vision, restlessness, yawning, faintness, sensation of unreality.

c. Severe symptoms: difficulty talking, slowness or difficulty in thinking, disorientation, and, if untreated, possible loss of consciousness and/or convulsions.

NOTE: The subject may not recognize these symptoms at times and getting an affirmative answer to, "Do you feel O.K.?" is not proof that he/she is okay.

8. Although significant symptoms of low blood sugar are unlikely to occur in someone following the attached guidelines, if they do occur, sugar or food will abort the problem and cannot hurt the subject ATCS. Therefore, when in doubt, have the subject ATCS take a snack or rapidly absorbable glucose. If he/she is unable, ingest glucose in his/her mouth, call for medical assistance. Using sugar when it is not needed is safe, but not using sugar when it is needed may be dangerous.

9. If a 2-hour blood sugar level cannot be checked because of operational considerations, the subject ATCS must take a snack or a glucose source instead, and accomplish a blood sugar check at the following 2-hour point or stop performing safety-related duties until it can be accomplished.