

Board of Pilot Commissioners for the Bays of San Francisco, San Pablo and Suisun

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PILOT FITNESS COMMITTEE MEETING
December 15, 2010
MINUTES

The Board of Pilot Commissioners Pilot Fitness Committee met December 15, 2010 at 9:30 a.m. at the Board of Pilot Commissioners office, Pier 9, Suite 102, San Francisco, California.

In attendance were Commissioner Roberts, presiding, Committee members Brigadier General Chester Ward, MD, MPH, and Barbara Price. Members of the public present were Dr. Robert Kosnik of the University of California San Francisco, Medical School, Port Agent Bruce Horton, Executive Director Allen Garfinkle and Staff Services Analyst Brian Vu.

1. Call to Order and Roll Call.

Chairman Roberts called the meeting into order at 9:39 a.m. General Ward and Barbara Price were present, constituting a quorum.

2. Approval of minutes of October 6, 2010 and November 8, 2010 meetings.

Chairman Roberts requested approval of the minutes of the October 6, 2010 and November 6, 2010 meetings. Barbara Price moved for approval. General Ward seconded the motion which passed unanimously on a voice vote.

3. Report by Dr. Kosnik on his presentation on Pilot Fitness matters to the West Coast Regional Pilotage meeting.

Bob Kosnik reported that he attended the West Coast Regional Pilotage meeting and made a presentation about his pilot Fitness study that focused on agility testing and event driven care/continuity of medical care. He also noted that the other commissions seemed to have similar problems. He would e-mail the PowerPoint slides he used during his presentation to the rest of the committee.

Chairman Roberts reported that President Knute Michael Miller and Commissioner Tate represented the Board. Commissioner Osen was there representing Chevron while he and Commissioner Wainwright represented SFBP. He reported that Bob Kosnik had an hour long presentation that was very informative; many pilotage authorities were surprised at the scope and progression of this committee's work.

4. Status report of the study work plan as outlined within the contract with UC San Francisco. Discussion of content and timeline for project completion.

Recommendation #1: The Board of Pilot Commissioners replace the Seafarers Health Improvement Program (SHIP) Committee guidelines with the NVIC 04-08 “Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials”, or any successor thereto, as guidance to the Board appointed physician conducting the physical examination and the fitness for duty determinations as a pilot or pilot trainee in HNC Section sec. 1176(b) and (c).

Portions of NVIC 04-8, or any successor thereto, specifically applicable to “First Class Pilots and those individuals ‘Serving As’ Pilots” should be highlighted and portions dealing with Great Lake Pilots should be excluded. The Physical Abilities Guidelines in Enclosure (2) are not specific to Pilots. These should be met for routine movement and emergency routines. The agility required for embarking and disembarking on a pilot ladder is addressed later in this study.

Status: final recommendation

Recommendation #2: The Board of Pilot Commissioners establishes the following qualifications for the appointed physician through the contracting process in support of HNC Sections sec.1176 (a):

- Licensed by the California Medical Board
- At least 5 years of experience in general occupational medicine or maritime occupational medicine
- Preferably **accompany a Board licensed bar pilot** on at least one trip, or if he or she is physically unable to do so, has obtained equivalent experience acceptable to the Medical Review Officer (MRO), once per contract period. The equivalent experience is intended to focus on increasing the understanding of the physical and cognitive demands of the pilot. It includes witnessing an agility test of a pilot, reviewing the San Francisco Bar Pilot video showing the job of a pilot (including pilot’s ladder), and undertaking an interview with the MRO. The review of the SFBP video should be in the company of a pilot, the Executive Director of the BOPC or the MRO in order to provide additional commentary and answer questions.

Status: final recommendation

Recommendation #3: The Board of Pilot Commissioners adds a requirement to the contract for **Board** appointed physicians to review and maintain a copy of the following:

- The NVIC 04-08 or its successor “Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials”
- The National Maritime Center form CG-719K, “Medical Evaluation Report”
- The Board of Pilot Commissioners, Statement of Fitness for Duty form
- State statutes and regulations relevant to the determination of a pilot’s fitness for duty, including the Harbors and Navigation Code Section 1176 and 7 CCR Sec. 217.

Annually, the MRO and/or the Executive Director meets with each Board appointed physician to ensure that he/she remains current on the above references and forms, and that the forms are filled out properly and consistent with the guidelines.

Status: final recommendation

Recommendation #4: The Board of Pilot Commissioners amends 7 CCR sec. 217 to conform to the Statute at HNC 1176, include a complete view of statutory and regulatory language to ensure consistency in terminology (e.g. “Board appointed physician” in the statutory language and “a physician designated by the Board”).

Status: final recommendation

Recommendation #5:

- a) The Board of Pilot Commissioners maintain 7 CCR Regulation sec. 217 Medical Examinations (a)(1), 217 (b)(1) and 217 (b)(2) to require pilots and pilot trainees to provide a fitness for duty status from a Board appointed physician prior to each of the following:
 1. The entry into a training program and annually thereafter while in the program
 2. The issuance of the original license
 3. The renewal of a license (annually)
- b) The Board of Pilot Commissioners continue to follow Statute HNC 1176(e) which requires the following:
 - A pilot, or a pilot trainee who is prescribed either a new dosage of a medication or a new medication, or suspends the use of a prescribed medication must submit within 10 days that information to the Board appointed physician who conducted the last fitness for duty examination
 - If the physician determines that the medication change results in the pilot or pilot trainee being unfit for duty, the physician shall inform the Board.
- c) The Board of Pilot Commissioners amend sec. 217 medical Examination to require pilots and pilot trainees to submit a notification to the Board and to submit a notification along with supporting information to the Board appointed physician who conducted the last examination of fitness for duty, following each of the following:
 4. The onset of a new medical condition diagnosed by a physician and listed in CG-719K, or the successor thereto, under circumstances that would require further review or a waiver under **current** NVIC.
 5. Any change in a current medical condition which impairs, to an appreciable degree, the ability of the individual to conduct his or her piloting duties.

Supporting information includes a statement from physician providing care for the pilots or pilot trainee long with diagnostic tests, consultations, or other information as outlined in the NVIC for medical conditions subject to further review.

- d) The Board of Pilot Commissioners amend 7 CCR sec.219 Duties of Pilots (q) to require pilots and pilot trainees (who are not covered under sec.219 (q))
 6. If the medical disability continues for either 30 consecutive days or a total of 30 days in any 60-day period, the pilot shall be medically examined in accordance with subsection (d) of Section 217 prior to returning to duty.

- e) The Board of Pilot Commissioners amend 7 CCR sec.217 Medical Examination to require the Board appointed physician who conducted the last examination to issue a statement on fitness for duty upon receipt of a notice from a pilot or pilot trainee for the following changes in medication or medical condition:
 - a) A change in a medication
 - b) The onset of a new medical condition
 - c) A change in a medical condition
 - d) The return to duty after a medical disability

Status: further review

Recommendation #6: The Board of Pilot Commissioners adopts a procedure requiring applicants for the training program, the license or renewal, and pilot trainees undergoing annual physical examinations to provide the most recent completed CG-719K, all supporting documentation for condition/medications requiring further review or waiver under NVIC, and results of the review/waiver to the Board appointed physician and the Medical Review Officer.

This procedure involves the release of personal health information. The procedure should require an acknowledgement and a release to ensure the proper authorization and disclosure of the information. The following two steps are suggested:

1. The applicants acknowledge the requirement to disclose personal health information to the Board appointed physician and the Medical Review Officer concurring physician) similar to the privacy act statement on page 1 of the most recent CG-719K.
2. The pilot or pilot trainees sign a release of information on the statement of fitness for duty. This release could serve as authorization under sec.217 medical Examination (c) (1) to provide the information to the reviewing physician(s). It could be similar to the release in Section II of the most recent CG-719K form.

Status: revision of forms

Recommendation #7: The Board of Pilot Commissioners amends sec.217 Medical Examination (c)(1) whereby the Board appointed physician attests to having reviewed the most recent CG-719K, information supporting a waiver, the list of medications mandated in HNC 1176(b), and the information supporting a waiver, the list of medications mandated in HNC 1176(b), and the information supporting any interim events listed in Recommendation #5 (that is, any changes in medical or medical condition, or medical disability) since the last annual examination and provides a statement on fitness for duty status. The Medical Review Officer, having reviewed the same information, attests to the review and, the concurrence or non-concurrence of the findings of the Board appointed physician.

A suggested application form and a statement of fitness for duty form have been drafted to illustrate this content and process. The details as to the number of forms and details beyond the medical issues will be left to the Board staff. The statement of fitness for duty form should reflect the following:

1. Attestation by the Board appointed physicians to what he or she reviewed.
2. Affirmative showing the physician discussed the status determination (whether FFD, NFF, or PNFFD) with the pilot or pilot trainee.

3. Authorization by the pilot or pilot trainee to discuss and share all documentation and examination results with the MRO.
4. Attestations by the MRO as to his/her independent determination of the fitness for duty status.

Status: final recommendation

Recommendation #8: The Board of Pilot Commissioners amends 7 CCR sec.217 Medical Examination to require pilots and plot trainees to undertake agility testing which simulates the physical demands of the job as follows:

- Prior to entry into the training program, issuance of the original license, return to work after a medical condition affecting physical abilities tested in this test;
- Biannually thereafter; and
- As directed by the Board appointed physician or the Medical Review Officer.

The agility test will be administered by a qualified personal trainer, physiotherapist, or kinesiologist. The content of the agility test is designed to reflect balance, a pilot ladder circuit climb, stair climbing, floor to waist lifts, a single rope slide and heart rate recovery after activity.

The Board appointed physician review the agility test results as a part of the review to determine pilot fitness. The MRO reviews the agility test results as part of the second review to determine concurrence with the statement of pilot fitness for duty. The MRO routinely review the test itself and compares with the track record of pilots who become NOT FIT FOR DUTY as a result of a physical limitation that should have been caught by the agility test. The MRO will periodically report to the Board on his or her observations and recommend adjustments to the test itself.

Status: final recommendation

Recommendation #9: The Board of Pilot Commissioners include in the duties of the Medical Review Office a requirement to stay apprised of the developments in cognitive function testing and to report those developments periodically to the Board.

Status: final recommendation

Recommendation #10: The Board of Pilot Commissioners amend 7 CCR sec.217 Medical Examination to include a separate appointed physician termed a Medical Review Officer. The duties of the Medical Review Officer will include the following:

- Provide a statement of concurrent or non-concurrence following a review the CG-719K, related medical information, agility test results, changes to medication or medical conditions, and the findings of the Board appointed physician; and a specific statement on fitness for duty.
- Maintain a separate set of files with the personal health information on each pilot. The MRO contract include language to ensure ease of access file for appeals and in the event of a change in MRO
- Review the agility test itself and compare the track record of pilots who become NOT FIT FOR DUTY as a result of a physical limitation that should have been caught by the

- agility test and annual report to the Board on his or her observations and recommend adjustments to the test itself.
- Stay apprised of the developments in cognitive function testing and to report those developments annually to the Board
 - Undertake periodic peer review of the Board appointed physicians.
 - Undertake periodic quality assurance on medical examination and fit for duty processes.
 - Provide advice to the BOPC on matters relating to pilot fitness
 - Participate as a member of the Appeal Board to review fitness determinations of pilots, including the appointment of an independent medical evaluator

Status: Further review (adding appeals process)

Recommendation #11: The Board of Pilot Commissioners establishes the following qualifications for the Medical Review Officer the contracting process in support of the proposed amendment to 7 CCR 217 in Recommendation #10:

- Licensed by the California Medical Board
- Board Certified in Occupational Medicine by the American Board of Preventive Medicine
- At least 10 years of experience in occupational medicine
- Ideally, experience with the oversight of medical monitoring programs on groups of workers, and
- Preferably has accompanied a bar pilot on at least one trip, or if he or she is physically unable to do so, has obtained equivalent experience acceptable to the Executive Director of the BOPC, once per contract period. The equivalent experience is intended to focus on increasing the understanding of the physical and cognitive demands of the pilot. It includes witnessing an agility test of a pilot, reviewing the San Francisco Bar Pilot video showing the job of a pilot (including pilot's ladder), and undertaking an interview with the Executive Director. The review of the FSBP video should be in the company of a pilot or the Executive Director in order to provide additional commentary and answer questions.

Status: final recommendation

Recommendation #12: The Board of Pilot Commissioners seeks to procure all of their medical service and testing requirements form one medical facility.

Status: Further review (The Committee discussed creating a list of facilities. Also discussed were types of contracts to utilize.)

5. Discussion of Random and Post accident Drug and Alcohol testing. Review multi-panel DOT 5 Panel tests.

The committee discussed adding more panels for drug testing. The question remained if they would ultimately make a difference and if Cosco Busan could have been avoided if there was a more thorough panel in place. General Ward noted that there are always ways around a drug test. The

general feeling was that random and post incident testing were the only tests that would be effective and that scheduled drug testing at the time of physical was not effective.

It was also emphasized that SFBP controlled the process of random testing their pilots. Capt. Wainwright advised that a recommendation be made to SFBP to expand the number of drug panels.

Chairman Roberts recommended that this agenda item be left for next month's meeting.

6. Review discussion of H & N Sec 1181 "Under the Influence" and "Intoxication".

The recommendation of .4% BAC as a standard was reported to the Board, adopted, and forwarded to the Rules and Regulations Committee. Capt. Wainwright reported that his committee realized how broad the scope of this issue was and his intent to create a policy group and workshops. Chairman Roberts recommended the committee talk about a possible zero tolerance policy.

7. Review and discuss budgetary requirements related to projects concerning this committee. Possible recommendation to Board on budget proposals.

Executive Director Garfinkle reported that at this time budget recommendations were premature. He noted that when the study is finalized, rulemaking complete and a contract proposal is in place might be a better time to make these recommendations.

8. Public comment on matters not on the agenda.

There were none.

9. Proposals for additions to next committee meeting agenda.

There were none.

10. Adjournment

The meeting was adjourned at 12:30 p.m.

Respectfully Submitted,



Brian Vu
Staff Services Analyst