



Transportation
Security
Administration

MEDICAL & PSYCHOLOGICAL GUIDELINES

For Transportation Security Officers

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Approval

Signed

A handwritten signature in black ink, appearing to read "Karen Shelton Waters".

Karen Shelton Waters
Assistant Administrator for Human Capital

Effective

03/08/18



Medical Guidelines for Transportation Security Officers

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 Officers, Expert Transportation Security Officers, Lead Transportation Security Officers, Supervisory Transportation Security Officers, and Security Training Instructors.

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.



Medical Guidelines for a Mission Ready Workforce

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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

Initial testing via air conduction must be performed at 500, 1000, 2000 and 3000 Hz in each ear. If wearing hearing aids, an assessment by an audiologist must be performed.

The job tasks that are hearing dependent require distinguishing differences in tones on the walk through metal detector, communicating with passengers, and overhearing quiet conversations among passengers. These types of tasks are performed in noisy environments.

The hearing requirement is at an average 25dB HL (hearing level) or less in each ear for the following frequencies: 500, 1000, 2000 and 3000 Hz in each ear.

If individual does not meet the acceptable criteria, refer individual to an audiologist for testing in a sound controlled booth.

1. If, after assessment by an audiologist, the individual met the criteria listed above, the individual does not need restrictions.
2. If, after testing by the audiologist, the individual does not meet the criteria listed in the above, test the individual's Speech Reception Threshold (aided or unaided) and the individual's Speech Understanding in the Presence of Noise (aided or unaided).

Unaided Speech Reception Threshold for each ear

Test each ear under headphones. Measure the Speech Reception Threshold for each ear. Provide restrictions if the Speech Reception Threshold is more than 30 dB in one or both ears.

Aided Speech Reception Threshold for each ear

Test aided ear with plugged opposite ear in a sound field. Measure the Speech Reception Threshold for each ear. Provide restrictions if the Speech Reception Threshold is more than 30 dB in one or both ears.

Speech Understanding in the Presence of Noise – Bilateral Hearing (aided or unaided)

This test addresses an individual's ability to understand speech in the presence of noise. This test provides a practical measure of an individual's ability to understand speech in a noise controlled environment. Follow the steps listed below:

- A. Set up one loudspeaker in a calibrated sound attenuated booth at a distance of one (1) meter from the individual, with the individual facing the speaker. The individual may move his/her head to maximize performance.
- B. Use a signal-to-noise ratio of +10 dB, with the signal and the noise simultaneously emanating from a single speaker.
- C. Deliver the speech stimuli at 60 dB HL (hearing level) and deliver the noise at 50 dB HL.
- D. If a speech understanding score of 70% or better is obtained, test may be terminated. If a score of less than 70% is obtained, vary presentation level up or down to achieve maximum score, not to exceed 75 dB HL. Signal-to-noise ratio of + 10 dB must be maintained.

Provide restrictions if the correct responses are less than 70%.



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

1.4.1. *Asthma*

Provide restrictions if FEV1 < 60% of predicted value

1.4.2. *COPD*

Provide restrictions if FEV1 < 60% of predicted value



1.4.3. *Other conditions*

Provide restrictions for current pneumothorax

Provide restrictions for active hemoptysis

Provide restrictions for pulmonary hypertension

Provide restrictions for contagious tuberculosis

Provide restrictions if pulse oximetry < 90% on room air at rest

Provide restrictions if pulse oximetry < 90% on room air with exertion

1.5. Cardiovascular diseases

1.5.1. Hypertension

Provide restrictions for stage II hypertension (SBP 160-179 or DBP 100-109) or stage III hypertension (SBP > 180 or DBP > 110)

Provide restriction for any end-organ damage caused by hypertension (including stroke, coronary artery disease, left ventricular hypertrophy, atrial fibrillation, heart failure, nephropathy, retinopathy or aortic aneurysm), unless a normal exercise stress test is obtained at a level of at least 6.5 METs

Provide restrictions if the 10-year risk of ASCVD (atherosclerotic cardiovascular disease) is 10% or more on the American Heart Association ASCVD calculator (available at <http://tools.acc.org/ASCVD-Risk-Estimator-Plus>), unless a normal exercise stress test is obtained at a level of at least 6.5 METs

Evaluate, on an annual basis, the 10-year risk of ASCVD (atherosclerotic cardiovascular disease) using the American Heart Association ASCVD calculator

1.5.2. Coronary artery disease

Provide restrictions for coronary artery disease (including myocardial infarction) unless all the following conditions are met:

- No angina
- Left ventricle ejection fraction of 40% or more
- No ischemia on imaging stress test that reaches a level of at least 6.5 METs
- Stable regimen of cardiovascular medications for the past 30 days
- Treatment of modifiable risk factors
- Recovery period: one month after percutaneous coronary intervention, 3 months after myocardial infarction, 6 months after coronary artery bypass graft surgery
- Compliance with treatment



1.5.3. Stress test interpretation

Provide restrictions if any of the following criteria were found during the stress test (until further evaluation by a cardiologist):

- Inability to reach 6.5 METs
- Symptoms of ischemia
- Ischemic changes on electrocardiogram
- Significant arrhythmias (frequent PVCs, couplets, ventricular tachycardia) or conduction abnormalities

- Hypertensive response to exercise (SBP > 250 mmHg or DBP > 115 mmHg)
- Exercise-induced hypotension

1.5.4. Heart failure

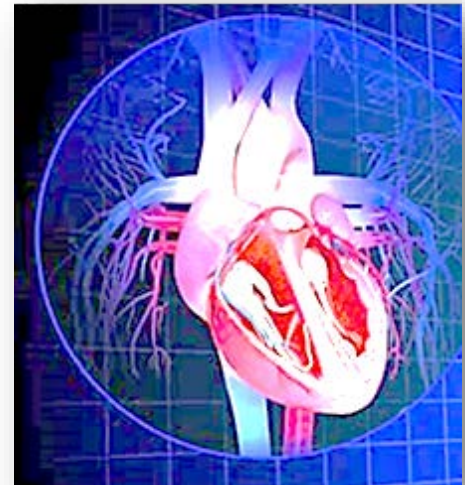
Provide restrictions for heart failure unless all the following conditions are met:

- Compliance with treatment
- Left ventricle ejection fraction of 40% or more
- No ischemia on imaging stress test that reaches a level of at least 6.5 METs
- NYHA Functional Classification of I or II

1.5.5. Hypertrophic cardiomyopathy

Provide restrictions for hypertrophic cardiomyopathy unless all the following conditions are met:

- Maximal left ventricle wall thickness < 30 mm
- No history of unexplained syncope
- No history of cardiac arrest
- No history of sustained or non-sustained ventricular tachycardia
- Left ventricle ejection fraction of 40% or more
- No abnormal exercise blood pressure during exercise stress test [defined as either a failure to increase by at least 20 mm Hg or a drop of at least 20 mm Hg during effort]



1.5.6. Dilated cardiomyopathy

Provide restrictions for dilated cardiomyopathy unless all the following conditions are met:

- No symptoms of heart failure
- Left ventricle ejection fraction of 40% or more
- No ischemia on imaging stress test that reaches a level of at least 6.5 METs
- No history of unexplained syncope
- No history of cardiac arrest
- No history of spontaneous ventricular tachycardia

1.5.7. Arrhythmias

Provide restrictions for atrial fibrillation or atrial flutter unless all the following conditions are met:

- Reversible conditions (such as hyperthyroidism) have been ruled out
- No structural heart disease on echocardiogram
- Left ventricle ejection fraction of 40% or more
- No ischemia on imaging stress test that reaches a level of at least 6.5 METs
- Appropriate rate control

After an ablation for atrial fibrillation or atrial flutter: Return to unrestricted duty 4 weeks after ablation if asymptomatic

Provide restrictions for supraventricular tachycardia unless all the following conditions are met:

- Reversible conditions (such as hyperthyroidism) have been ruled out
- No structural heart disease on echocardiogram
- Left ventricle ejection fraction of 40% or more
- Episodes last less than 10 seconds after successful ablation

After an ablation for supraventricular tachycardia:
Return to unrestricted duty 4 weeks after ablation if asymptomatic

Provide restrictions for Wolff-Parkinson-White Syndrome unless all the following conditions are met:

- Appropriate rate control
- No structural heart disease on echocardiogram
- Left ventricle ejection fraction of 40% or more

After an ablation for supraventricular tachycardia: Return to unrestricted duty 4 weeks after ablation if asymptomatic

Provide restrictions for ventricular tachycardia except in the following cases:

- Successful ablation to treat the ventricular tachycardia (return to unrestricted duty after 4 weeks, with normal electrophysiological study)
- Non-sustained monomorphic ventricular tachycardia with rate less than 150 beats per minute and no symptoms

Provide restrictions for history of ventricular fibrillation



1.5.8. Valvular heart disease

Provide restrictions for valvular diseases unless all the following conditions are met:

- No symptoms of heart failure
- No angina
- No syncope
- Left ventricle ejection fraction of 40% or more
- No signs or symptoms of arterial emboli
- Compliance with treatment

1.5.9. Other conditions

Provide restrictions for arrhythmogenic right ventricular cardiomyopathy until electrophysiology consultation has been obtained

Provide restrictions for Brugada syndrome until electrophysiology consultation has been obtained

Provide restrictions for long QT syndrome until electrophysiology consultation has been obtained

Provide restrictions for treatment with an automatic implantable cardiac defibrillator

Provide restrictions for peripheral vascular disease resulting in symptomatic claudication

Provide restrictions for thoracic aortic aneurysm > 3.5 cm unless all the following conditions are met:

- Surgical consultation has been obtained
- Compliance with treatment

Provide restrictions for abdominal aortic aneurysm > 4 cm unless all the following conditions are met:

- Surgical consultation has been obtained
- Compliance with treatment

Provide restrictions for carotid artery stenosis > 60%

Provide restrictions for syncope within the past 6 months unless a specific cause has been found and successfully treated

An individual does not need restrictions for treatment with a pacemaker.

1.6. Abdominal organs

Provide restrictions for symptomatic hernia (umbilical, ventral, inguinal, or femoral) unless all the following conditions are met:

- Surgical consultation has been obtained
- Compliance with treatment
- Employee is cleared by the surgeon to perform the essential job functions (e.g., lifting 50 pounds)

1.7. Renal diseases

Provide restrictions if treatment with hemodialysis or peritoneal dialysis

Provide restrictions if stage 5 or stage 4 chronic kidney disease (GFR < 30 ml/min)

1.8. Musculoskeletal diseases

1.8.1. Amputations

Provide restrictions for thumb amputation proximal to the interphalangeal joint

Provide restrictions for amputations of a single digit other than the thumb unless three adjacent fingers, other than the thumb, are present and intact

Provide restrictions for complete or partial amputations of multiple digits other than the thumb

Assess amputations and prostheses to ensure performance of essential job functions

1.8.2. Upper extremity conditions

Provide restrictions for upper extremity conditions unless all the essential job functions can be performed. Specifically, lifting and reaching overhead should be assessed

Provide restrictions for a minimum of 3 months after joint replacement surgery

Provide restrictions after surgery unless performance of essential job functions can be demonstrated during therapy

1.8.3. Lower extremity conditions

Provide restrictions for lower extremity conditions unless all the essential job functions can be performed. Specifically, lifting, squatting and bending should be assessed

Provide restrictions for a minimum of 3 months after joint replacement surgery

Provide restrictions after surgery unless performance of essential job functions can be demonstrated during therapy



1.8.4. 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

Provide restrictions for a minimum of 3 months after lumbar fusion surgery

Provide restrictions after surgery unless performance of essential job functions can be demonstrated during therapy

1.8.5. Other issues

Provide restrictions if an assistive device, such as a cane or a walker, is required to stand or walk

Braces and splints are allowed if all the essential job functions can be performed

1.9. Neurological disorders

1.9.1. Cerebrovascular accidents

Provide restrictions for 12 months after transient ischemic attack

Provide restrictions for 12 months after ischemic stroke (longer restrictions if risk of seizure recurrence is above 1% per year or if physical or cognitive inability to perform essential job functions)

Provide restrictions for 12 months after subarachnoid hemorrhage (longer restrictions if risk of seizure recurrence is above 1% per year or if physical or cognitive inability to perform essential job functions)

Provide restrictions for 12 months after hemorrhagic stroke (longer restrictions if risk of seizure recurrence is above 1% per year or if physical or cognitive inability to perform essential job functions)

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

1.9.2. Seizure disorders

Provide restrictions after single unprovoked seizure unless all the following conditions are met:

- Evaluation by neurologist
- Normal brain MRI
- Normal EEG
- Seizure-free for the most recent consecutive 5 years

Provide restrictions after provoked seizure unless all the following conditions are met:

- The cause of the seizure has been successfully treated
- The risk of recurrence is low (i.e., not higher than the risk of seizure in the general population)
- Evaluation by neurologist

Provide restrictions for epilepsy or after provoked seizure with high risk of recurrence unless all the following conditions are met:

- Evaluation by neurologist with brain MRI and EEG
- Seizure-free for the most recent consecutive 10 years
- Currently on anti-seizure medications or not on anti-seizure medications for the most recent 5 consecutive years

1.9.3. Other neurological disorders

Provide restrictions for 12 months after surgery of the central nervous system (longer restrictions if risk of seizure recurrence is above 1% per year or if physical or cognitive inability to perform essential job functions)

Provide restrictions for vertigo within the past 30 days

Provide restrictions for Meniere's disease

Provide restrictions for current ataxia

Provide restrictions for paralysis of a limb

Provide restrictions for complete loss of discriminative touch sensation in an upper extremity

Provide restrictions for cognitive impairment

Provide restrictions for dementia

Provide restrictions for malignancies of the central nervous system

Provide restrictions for amyotrophic lateral sclerosis

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

- No relapse within previous 3 years
- No evidence of chronic progression
- No cognitive impairment
- No mood disorder



- Vision guidelines are met

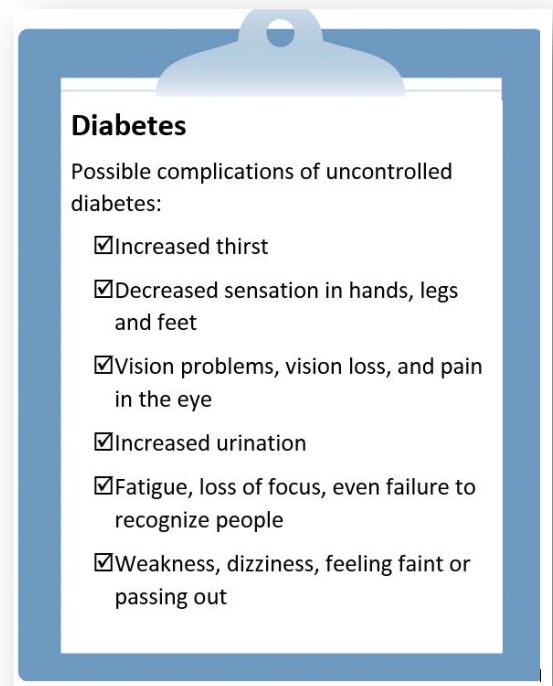
Provide restrictions for Parkinson's disease unless all the following conditions are met:

- Stage 1 Parkinson's disease
- Tremors and muscle rigidity are not interfering with performance of essential job functions
- No cognitive impairment
- No mood disorder
- No orthostatic hypotension
- No disqualifying side effects from treatment

1.10. 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
- No episode of diabetic ketoacidosis in the past 12 months
- No episode of hyperosmolar hyperglycemic state in the past 12 months
- Hemoglobin A1c is less than 10%
- Completion of diabetes education
- Evidence of ongoing self-monitoring of blood glucose
- No symptomatic orthostatic hypotension
- No peripheral neuropathy that interferes with performance of essential job functions
- No chronic kidney disease with a GFR less than 45 ml/min
- Regular dilated eye exam (every other year without retinopathy, at least every year after diagnosis of retinopathy)
- 10-year risk of ASCVD (atherosclerotic cardiovascular disease) is less than 10% on the American Heart Association ASCVD calculator



- Annual ASCVD risk assessment using the American Heart Association ASCVD calculator

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

1.11. Sleep disorders

1.11.1. Idiopathic hypersomnia

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

1.11.2. Narcolepsy

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

Provide restrictions for narcolepsy with cataplexy

1.11.3. 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

1.11.4. Shift work disorder

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

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

1.12.1. 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

1.12.2. Attention-deficit/hyperactivity disorder

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

- No functional impairment in the 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



1.12.3. 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

1.12.4. 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

1.12.5. Personality disorders

Provide restrictions for antisocial personality disorder

Provide restrictions for borderline personality disorder

Provide restrictions for narcissistic personality disorder

1.12.6. Posttraumatic stress disorder

Provide restrictions for posttraumatic 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

1.12.7. 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

1.12.8. 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

1.13. Medications

Provide restrictions if taking medications causing sedation, drowsiness, equilibrium disturbance, orthostatic hypotension, vision changes, or behavioral changes

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



1.14. Miscellaneous issues

Provide restrictions if the annual risk of sudden incapacitation is 1% or more

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

On an average day, this TSO *could*...



- Lift **450** lbs. of bags for additional screening
- X-ray **160** bags for prohibited items
- Screen **240** boarding passes and photo IDs
- Bend, squat or kneel **110** times during passenger screening
- Extend/move arms **270** times during passenger screening
- Actively speak, listen and observe passengers for **7 hours**
- Stand on their feet for **6 hours**
- Walk **2.5** miles

It's all about Fitness for Duty



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