



Air & Surface Transport Nurses Association International Association of Flight Paramedics Joint Position Statement

Fitness for Duty

Background

The Air & Surface Transport Nurses Association (ASTNA) and the International Association of Flight and Critical Care Paramedics (IAFCCP) recognize the significant importance of transport professionals reporting to work fit for duty, which in the context of this position statement is defined as able to perform their job responsibilities in a safe, secure, productive, and effective manner. The responsibilities and environmental influences associated with transport can put undue burden on the healthiest of people. This statement addresses the following issues within the broad spectrum of fitness for duty: general health and physical assessment; physical, emotional and psychological well-being; injury and illness prevention; fatigue; working with acute and chronic conditions, and drug, alcohol, and medication use.

General Health and Physical Assessment

Hiring Guidelines and Physical Assessment

Strict hiring guidelines, along with healthy, resilient individuals, are the building blocks of a healthy organization and paramount to a robust safety culture.¹ Job descriptions should list specific physical demands, including lifting parameters, and environmental conditions required of team members as part of the overview of the responsibilities and requirements of the job. These conditions and parameters also should be clearly communicated as part of the pre-employment discussion with prospective team members and delineated in the offer letter. Physical limitations and any potentially disqualifying physical and mental conditions should be clearly documented in program policies and procedures.¹

The pre-employment physical exam should be conducted by a provider who is familiar with the physical demands and environmental conditions required of transport professionals. The exam should include a comprehensive physical examination and medical history, including disclosure of prescribed and over-the-counter medications and any chronic medical conditions that may affect a prospective team member's ability to perform safety-sensitive job duties, as outlined in the Americans with Disabilities Act (ADA) guidelines. Pre-employment drug testing should be completed shortly after an employment offer is accepted by all parties, optimally, within 24

hours of employment acceptance.² Some programs also include a comprehensive mental health assessment.³ In some transport environments, weight guidelines are established and regularly monitored. Health care providers conducting these exams should notify program management if issues are identified during pre-employment testing.

Pre-employment evaluation of functional capacities should be consistent with physical activities completed while on duty and should assess a prospective team member's ability to meet the specific physical demands outlined in the job description. Team members should be evaluated periodically according to program policy to ensure they are fit for duty and able to complete the required physical demands outlined in the job description. Fitness for duty as it relates to physical or psychological evaluations may be needed when there is concern that team members are unable to complete their essential job functions due to a specific condition. The fitness for duty evaluation should be tailored to the team member and guided by an occupational health physician. If necessary, the physician may refer the team member to a specialist to address a specific condition.

All personal health information must be kept confidential.

Vaccination Requirements

Vaccination requirements for team members who come into contact with patients and/or clean and maintain transport vehicles should be based on Centers for Disease Control and Prevention (CDC) recommendations for vaccinations for health care workers.⁴ Pre-employment screening tests should include the following:¹

- Proof of rubella titer or documentation of prior immunization
- Proof of varicella zoster, measles, and mumps exposure or prior immunization
- Current tetanus, diphtheria, pertussis (Tdap)
- Initial and annual testing for tuberculosis
- Proof of completion of the hepatitis B vaccination

Vaccination records should be readily available if a team member is exposed to a communicable disease, bloodborne disease, or other potentially infectious body fluid so appropriate follow-up care can be provided within the CDC-recommended timeframe.

Association Position

- ASTNA and IAFCCP support establishing minimum physical standards in the context of job duties and physiologic stressors inherent in the transport environment for each prospective member of the transport team.

- ASTNA and IAFCCP support establishing minimum vaccination requirements to ensure team members are protected from exposure to and/or transmission of communicable diseases during the transport of contagious patients.

Physical, Psychological and Emotional Well-Being

Team member well-being can affect safe and efficient operations. Each person on a transport team should meet minimum physical and mental performance standards and accept his or her role and responsibility for safety.² Building a resilient team can help ease the burden of traumatic experiences that are typical in a transport environment, help with longevity in the line of duty, improve retention, increase satisfaction and morale, enhance customer service, and reduce disability and injury costs.¹ Wellness programs should be available to team members and include promotion of regular exercise and good nutrition, preventive health services, as well as help to identify unhealthy behaviors.² Such programs should include education and resources that promote physical, psychological, and emotional well-being, injury prevention, and overall balanced, healthy lifestyles.⁵

Maintaining a healthy body weight and composition can help reduce stress, enhance immunity reduce errors from fatigue, reduce injury, and help prevent chronic disease.⁶ A poor diet can contribute to fatigue; thus, each meal while on shift should be balanced with carbohydrates, protein and a small amount of healthy fat, including mostly nutrient-dense foods.⁶ Maintaining hydration prior to and during a shift is essential to maintaining cognitive sharpness and physical performance.⁷ Drink water and avoid consuming drinks that may contribute to dehydration during and immediately prior to a shift.

Traumatizing events are not uncommon in the transport environment.² Awareness of stressors, education, and planning can help mitigate the toll stressors may take on individual team members.⁸ Complex physiologic processes take place in the body and brain in response to trauma or stress. Trauma and stress need to be processed effectively to reduce the incidence of replaying events or progression to posttraumatic stress disorder.⁸ Programs should have in place resources, education, training, and compassionate leadership surrounding psychological stressors. Support of these individuals can be paramount to promoting resilience, reducing long-term effects, and maintaining and promoting a positive culture and work environment.

Programs should use some factors that help promote resilience, including but not limited to learning to feel good about individual actions in the face of danger, practicing positive coping strategies and constructively sharing lessons from adverse events, talking with supportive and trusted people, working toward ensuring adequate, regular rest and sleep, listening to music, unplugging from electronic devices, and exercising several times per week.⁹ Open communication and education can help raise awareness to possible stressors physically, psychologically, and emotionally. The impact on team members involved with adverse events or errors is known as the “second victim” experience.¹⁰ Understanding this phenomenon can help

promote resilience and mitigate the psychological and emotional toll of clinical errors. Maintaining compassionate care of peers, and more importantly, self-care, can help extend careers in a transport environment, increase resilience, increase team member satisfaction and retention, increase morale, teamwork, customer service, and safety.¹

Association Position

- ASTNA and IAFCCP support development of resilience initiatives and training to help transport teams prepare for and manage traumatic experiences they may be exposed to in the line of duty.
- ASTNA and IAFCCP support the development of education about stress and the effects of stress, including the physiology of stress, the response of the sympathetic nervous system and subsequent systemic impact, and techniques for engaging the parasympathetic nervous system to achieve allostasis.
- ASTNA and IAFCCP support the use of peer support teams as beneficial in helping transport teams manage stressful experiences and in assisting team members access qualified trauma-informed counselors and therapists, if needed.
- ASTNA and IAFCCP support transport programs providing streamlined access to vetted counselors and therapists who specialize in trauma/posttraumatic stress in the transport provider population and who use proven techniques to effectively treat posttraumatic stress.
- ASTNA and IAFCCP support the development of trauma-informed leadership programs to educate leaders about preventing, recognizing, and effectively managing transport staff's reactions to trauma.
- ASTNA and IAFCCP support education for program leadership on the second victim experience and development of compassionate means of managing team members involved with incidents and errors within the context of a Just Culture.

Injury and Illness Prevention

Transport teams face significant exposure to injury, hearing loss, and communicable diseases in the course of duty. Though data specific to transport teams are limited, the National Institute for Occupational Safety and Health and other researchers report higher injury rates in EMS providers than in the general workforce, as well as a 2.5 times higher risk of dying on the job, a threefold increase in sustaining an injury resulting in time off work, and up to a 13-fold increase in low back pain compared with the private-sector average.^{11,12}

Injury Prevention

Due to the dynamic environments encountered by transport teams, especially those involved in on-scene responses or rescue missions, it is crucial that team members be educated in injury prevention strategies. Factors contributing to injuries in this population include the following: excess physical effort; awkward posture; repetitive movement; slips, trips, and falls; vehicular mechanics, including evasive maneuvers and crashes; and assaults or other violent acts.¹¹ The Commission on Accreditation of Medical Transport Systems (CAMTS) 11th edition *Accreditation Standards*² and ASTNA's *Standards for Critical Care and Specialty Transport*¹ support the implementation of wellness and injury prevention programs for team members.

In addition to education on physical fitness and overall well-being, team members should receive education on safe carrying, lifting, and moving practices; body mechanics; and communication among team members. Policies should address required personal protective equipment (PPE), including boots with nonskid soles, protective eyewear, and safety gloves where appropriate. Work uniforms should consider the program's mission profile and potential hazards and be designed to mitigate potential hazard exposure (eg, long-sleeved turnout gear for team members involved in heavy extrication, Nomex material for rotor-wing flight crews).^{1,2,11}

Programs should provide equipment and establish policies to assist team members in mitigating reasonably anticipated sources of injury.^{1,11} Examples might include providing transfer assistance devices, power stretchers, and power loading systems for surface vehicles and required PPE. Program policies should address the following: required use of PPE; use of assistive devices; patient, personnel, and equipment restraints inside transport vehicles; and prohibition of using personal electronic devices or other forms of distraction during vehicle operations.^{1,11} Transport vehicles should be designed with consideration for occupant safety and ergonomics to minimize injury risk from team positioning during transport or in the event of a crash. Designs should incorporate the ability to access necessary patient care and monitoring equipment during transport without requiring either personnel or equipment to be unnecessarily unsecured.¹²

Hearing Conservation

Exposure to excessive noise levels, typically defined as those exceeding 85 to 90 dB, carries a number of short- and long-term health risks. In addition to potential hearing damage, exposure to hazardous noise can lead to headache, fatigue, nausea,¹³ and long-term cardiovascular manifestations, including high blood pressure, high cholesterol, cardiac disease, and stroke.¹⁴ Transport teams are at risk for excessive noise exposure, especially during siren use in surface vehicles and during rotor-wing operations (including "hot" loading or offloading).¹⁵ Occupational Safety and Health Administration (OSHA) regulations require hearing conservation programs for certain employees exposed to significant noise levels, which may occur in many rotor-wing programs.¹⁶

Current CAMTS and ASTNA standards advise hearing protection for transport team members operating around aircraft or other high-noise environments.^{1,2} Annual hearing tests should be provided to team members assigned to rotor-wing operations and may be considered for other personnel.

Communicable Disease and Respiratory Protection

Because transport teams provide care to critically ill and injured patients, team members are inherently at risk for exposure to communicable diseases transmissible by blood, body fluid, droplet, or by airborne routes. OSHA standards require employers to implement an exposure control plan and train employees on its contents, have a postexposure treatment plan, and make PPE readily available to employees at risk for exposure to blood, body fluids, or respiratory hazards.^{17,18} The CDC and World Health Organization (WHO) maintain updated guidelines for PPE use in various types of communicable diseases.^{19,20} Team members should be educated on and familiar with these isolation practices and their program's exposure control plans.

Team members should have ready access to necessary PPE and follow WHO, CDC, and program guidelines for its use. Those at risk for exposure to airborne pathogens (ie, those defined by the CDC as requiring airborne isolation precautions) should receive appropriate airborne PPE and annual fit testing consistent with OSHA standards, including fit testing to specific brand(s) and model(s) of PPE.^{17,19} Although there is no published literature on the use of partial-face respirators (eg, N95) by flight crews, it might be reasonable to conduct fit testing for air medical personnel using helmets, headsets, or other PPE that could potentially affect the mask seal.

Association Position

- ASTNA and IAFCCP support wellness programs that provide education, training, and resources regarding physical fitness, injury prevention, promotion of healthy lifestyles, and management and improvement of chronic medical conditions.
- ASTNA and IAFCCP support the use of protective clothing, hearing protection, and PPE for all team members as appropriate for the situation.
- ASTNA and IAFCCP support establishing an exposure control plan consistent with OSHA, WHO, and CDC standards and providing team education and training on exposure prevention and the program's postexposure plan.

Fatigue

Issues related to fatigue have plagued the transport industry since its inception and continue to be a problem, with as many as 97% of health care professionals reporting work-related fatigue symptoms, including tiredness, sleepiness, reduced energy, and increased effort needed to perform basic tasks.²¹ Despite the years of progress in recognizing and addressing the risk

fatigue poses in transportation, “20% of recent [National Transportation Safety Board] investigations have identified fatigue as a probable cause, contributing factor, or finding.”²²

All transport programs should have in place various systems to combat team member fatigue, including, but not be limited to, a fatigue risk assessment, scheduling practices that account for team rest requirements, a time-out procedure, and the use of a “copilot” while conducting ground operations.

Fatigue Assessment

The ability of team members to quantitatively assess fatigue status before each call is imperative in mitigating fatigue-related incidents. A fatigue risk management/assessment tool is recommended for all shifts, especially those that are longer than 12 hours, including commute time.² A number of commercially available products are available, and many programs have developed their own in-house assessment tools. A fatigue assessment should include parameters for amount of sleep in the last 12 hours, amount of time off between shifts, amount of time performing work duties during a current shift, as well as a fatigue symptom checklist such as that published by the Federal Aviation Administration (FAA).²³

An education component is important when implementing a fatigue assessment. All team members should be knowledgeable on program processes and policies and should complete a fatigue risk assessment before each call for service. Team members also should be educated on activities and substances that increase fatigue, as well as concepts such as sleep inertia and strategic napping, the effects of stimulants, and the use of personal electronic devices during rest periods.¹

Scheduling

All programs should adhere to the CAMTS standard for staffing. Scheduled shifts that extend beyond 12 hours should meet the following criteria:²

- Medical team members should not be required to perform any duties beyond those directly associated with transport.
- Medical team members should have access to an appropriate location for uninterrupted rest and should be permitted access to this location at any time.
- Program leaders must monitor transport volume and personnel fatigue to determine if reduction in shift length is appropriate.
- Medical team members should not accept flights or shifts that extend beyond 24 hours without manager approval. Managers must verify that the team member has had at least 10 consecutive hours of uninterrupted rest in the previous 24 hours.

Shifts scheduled for longer than 24 hours generally are unacceptable; however, this practice might be necessary for some remote bases of operation. In these cases, it is recommended that, in addition to the criteria above, the program must also demonstrate it meets the following:²

- The program's base averages less than one transport per day.
- The program provides at least 10 hours of uninterrupted rest in each 24-hour period.
- The location of the base is remote and one-way commutes are more than 2 hours.

Time-Out Procedure

The ability of any team member to call a time out due to fatigue or perceived fatigue of other team members is imperative to safe operations. Each program should have a detailed written policy, including length of each time out and procedures for calling a time out. This policy also should include language specifying that there will be no punitive repercussions for a team member who calls a time out.¹ Managers should routinely review the amount and frequency of time outs called to determine if a change in staffing or shift length may be appropriate.

Surface Vehicle Operation

Surface operations play a large role in the transport of critically ill and injured patients. Surface vehicle operators should follow the same fatigue guidelines as their air medical team counterparts. In addition to the previously mentioned recommendations, the inclusion of a "co-pilot" on all surface transports is suggested.²

The co-pilot has a number of responsibilities but most importantly monitors the vehicle operator for signs of fatigue and assumes vehicle operation if necessary. The co-pilot is responsible for navigation, including ensuring that GPS systems are programmed correctly, and should know how to navigate to and around familiar destinations. If use of emergency warning devices is warranted, the co-pilot is responsible for the safe and effective operation of those devices. The co-pilot is also responsible for operating computers and mobile telephones when essential to transport; nonessential use of personal electronic devices should be prohibited.

Association Position

- ASTNA and IAFCCP support the use of a fatigue risk assessment tool to provide a quantitative means to measure team member fatigue.
- ASTNA and IAFCCP support monitoring the length of scheduled shifts based on call volume and reported team fatigue.
- ASTNA and IAFCCP support the ability of any team member to be able to call a time out at any time during a shift, without repercussions, due to fatigue or the perceived fatigue of another team member.

- ASTNA and IAFCCP support the addition of a co-pilot during surface vehicle operations to monitor the fatigue level of the vehicle operator, as well as to perform high-risk tasks that may distract the vehicle operator.

Working with Acute or Chronic Conditions

Transport professionals are at the front line providing care for sick and injured patients. As the average age of team members increases, the consequences of aging affect members just as they do in patients.²⁴ Unmanaged medical conditions and increased frequency of disease also lead to safety issues, absenteeism, and greater program costs;^{1,24} thus, chronic medical conditions should be disclosed during the pre-employment screening. Health and wellness programs for transport professionals are important to balance a healthy lifestyle.²⁵ Obstacles to maintaining a healthy lifestyle may contribute to cardiac disease, diabetes mellitus, and other health conditions. Acute medical conditions, if left unmanaged, potentially progress to chronic conditions. According to the CDC, more than 75% of health care workers are estimated to have at least one chronic health condition that requires management. Health care workers over age of 55 years have a 44% chance of hypertension, which leads to coronary artery disease and stroke. The cost of providing care for diabetes is the greatest.²⁴

Chronic Conditions

Diabetes mellitus is a metabolic condition that occurs when a person's blood glucose level is elevated. Insulin is required to remove glucose from cells to be used for energy. In individuals with diabetes, the pancreas does not make enough or any insulin for this process to occur. Routine screening for diabetes is needed for the healthy management.

Chronic hypertension can lead to heart disease, strokes, renal disease, and blindness. The cost of treating hypertension can exceed 75 billion dollars annually, with indirect costs to employers increasing that amount.²⁶ Routine screening for hypertension is recommended for all health care workers. If lifestyle changes are not successful, hypertension medication should be prescribed.

Epilepsy is a brain disorder that causes repeated seizures and can be due to stroke, trauma, or other neurologic events. A single unprovoked convulsion may be sufficient to constitute a diagnosis of a seizure disorder.²⁷ Seizures may not be noticed due to benign symptoms such as confusion, memory changes, dizziness, or numbness.²⁶ Team members with seizure diagnoses can be considered high risk and a safety concern. Seizures can develop suddenly and unpredictably, especially in the air medical environment, and constitute a direct threat to the health and safety of self, others, and the success of the transport.²⁷

Acute Respiratory Conditions

A multitude of respiratory conditions can affect transport team members, including all types of influenza, bronchitis, pneumonia, chronic obstructive pulmonary disease (COPD), and asthma. Team members with COPD or asthma should ensure their rescue inhaler is readily available at all times.

Depending on the mode of transport, respiratory conditions can affect fitness for duty as respiratory precautions required for an ill team member can affect both the patient and the entire team. Respiratory illnesses also can create issues for an ill team member trying to render patient care. Each situation should be addressed individually, with policies in place that specify when an affected team member cannot work. These guidelines include the following:

- Fever for >24 hours
- Active, productive cough
- Positive influenza test
- Positive blood and/or sputum cultures
- Oxygen saturation of <94% on room air

Though all modes of transport can affect team members with respiratory conditions, long-haul fixed-wing travel commonly crosses different time zones, causing circadian effects, and can be the most detrimental due to the stressors of flight.²⁸

Pregnancy

Most female transport professionals are of childbearing age. Currently, there is no industry standard addressing duty status for pregnant team members; therefore, programs should have a written policy addressing pregnancy that promotes overall program safety, duty status, return to work requirements, as well as health and safety of the pregnant employee and fetus.^{1,2}

Pregnant team members should be treated the same as other members, with the knowledge that there are inherent risks in the transport environment that may affect the health of a mother and fetus. At no time, however, should a pregnant team member be discriminated against or not promoted due to pregnancy.²⁹ A good first step on notification of a pregnancy is to forward the team member's job description to her physician to determine what accommodation(s) can be made (eg, lifting assistance).

Association Position

- ASTNA and IAFCCP support mandatory annual health screenings for transport team members.

- ASTNA and IAFCCP recognize that team members are responsible for maintaining their own personal fitness for duty.
- ASTNA and IAFCCP recommend a safe culture that promotes open reporting of acute or chronic medical conditions to program leadership.
- ASTNA and IAFCCP support development of program policies that specify parameters for duty status and return to work requirements.

Drug, Alcohol, and Medication Use

The FAA and Department of Transportation (DOT) require aviation employees and certain commercial vehicle operators engaged in safety-sensitive functions to refrain from using prescription or over-the-counter medications, alcohol, or illicit substances that can impair their ability to perform these duties.³⁰⁻³²

Although transport teams generally are not considered part of an FAA-defined flight crew and may not possess commercial driver licenses, nurses, EMTs, paramedics, respiratory therapists, physicians, flight crew members, aircraft dispatchers, and aircraft maintenance personnel are often involved in safety-sensitive functions. These individuals should therefore be subject to drug testing because of their professional responsibilities, their contact with narcotics and other controlled substances, and the recognized occupational hazard of substance abuse.

CAMTS requires accredited programs to have policies addressing the use of medications that may impair safety-related performance, the use of drugs and alcohol, and circumstances and procedures for drug and alcohol testing.²

Prescription and Over-the-Counter Medications

The FAA maintains a list of medications or medication classes that may impair a pilot's ability to safely operate an aircraft.³³ Transport team members are often involved in safety-sensitive functions, including assisting surface vehicle operators or pilots with navigation or situational awareness tasks during non-patient-loaded legs of transport. Although no such list exists for transport teams or other medical providers, it may be reasonable to use the FAA Do Not Issue list as a starting point for company policies.

Alcohol, Marijuana, and Other Legal Substances

Tandem to the use of prescription or over-the-counter medications, the legality of a substance does not correlate with its safety. Alcohol is legal to consume in the United States for individuals over age 21 years, and several states have enacted legislation to legalize recreational and/or prescriptive use of marijuana. The FAA mandates a minimum of 8 hours between any alcohol consumption and job-related activities.³⁴ ASTNA, however, suggests 12 to 24 hours as a more

conservative approach.¹ Marijuana, even when legalized at the state level, remains a Schedule I drug and remains prohibited by the DOT and for use in many safety-sensitive jobs.³⁵

Drug and Alcohol Testing

CAMTS standards require a written policy for pre-employment and for-cause drug and alcohol testing.² Although there is a paucity of quality literature surrounding the effectiveness of drug and alcohol testing, it does appear to be somewhat effective in deterring employee drug use and reducing occupational injury and accident rates.³⁶ Drug and alcohol testing should follow program protocols and be completed for the following events:²

- *Pre-employment*, using an expanded panel including benzodiazepines, marijuana metabolites, and opioids. Pre-employment testing should be completed shortly after an employment offer is accepted by all parties, optimally, within 24 hours of employment acceptance.
- *Reasonable suspicion or for cause testing*, using an expanded panel including medications to which team members may have access. For-cause testing can include abnormal behavior and/or missing medications (eg, controlled substance count discrepancies). Program policies should address whether team member(s) may be taken off clinical status until test results are confirmed by the medical review officer.
- *Post-accident/Incident testing*, using an expanded panel including medications that team members may have access to and within 8 hours of an accident/injury. CAMTS standards require mandatory drug testing of an emergency vehicle operator following any surface vehicle accident.²
- *Periodic/Random testing*, which can be completed on safety-sensitive employees randomly selected for testing according to program policy. Drug testing in these instances should use the pre-employment panel, at a minimum, or greater. Random testing is required for many DOT and FAA employees³⁷ and should be extended to team members involved in safety-sensitive positions.

Program leadership should receive annual training in the recognition of signs of impairment, program policy and requirements regarding random and for-cause drug and alcohol testing, and proper procedures for conducting drug and alcohol testing.³⁸

Diversion Prevention

The need for readily accessible controlled substances and storage space limitations provide team members with easier access to controlled substances than other health care providers. Biometric-controlled substance safes should be used if possible. Controlled substances should be locked using a two-lock system at the base of operations. Team members, including supervisors, should not have sole custody of or access to medications at any time. Medications drawn up and not

used should be disposed of or destroyed and witnessed by a second medical team member. A controlled substance audit of both physical medications and controlled substance records should be conducted regularly.³⁹

Team members, including supervisors, should be educated on preventing diversion, theft, or misuse of controlled substance by team members, recognizing signs of substance use and diversion, and maintaining current requirements for diversion reporting. The American Society of Health-Systems Pharmacists has published comprehensive, evidence-based guidelines on the development and implementation of a diversion prevention program, many of which can be integrated into a transport program.³⁸ Programs also should have a policy outlining compassionate management of team members found to have a substance use disorder or addiction.¹

Association Position

- ASTNA and IAFCCP support development of program policies that require disclosure of all prescription and over-the-counter medications used by team members that may affect performance of safety-sensitive job functions.
- ASTNA and IAFCCP support cooperation between programs and local occupational health departments to develop a list of prescription and/or over-the-counter medications that should be avoided by team members who may engage in safety-sensitive tasks. The FAA Do Not Issue list is suggested as a reference.
- ASTNA and IAFCCP support strictly prohibiting team members from working under the influence of alcohol, marijuana, or any illicit substances.
- ASTNA and IAFCCP support development of program policies and procedures for conducting pre-employment, for-cause, post-accident/incident, and random drug and alcohol testing.
- ASTNA and IAFCCP support program education of employees, supervisors, and leadership in diversion prevention practices.
- ASTNA and IAFCCP support development of program policies for compassionate management of team members found to have substance use disorders and/or addictions.

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