

MTA Obstructive Sleep Apnea Program Frequently Asked Questions

What is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) in adults occurs when a person's airway becomes partially or completely blocked many times during sleep. The result of this interrupted breathing pattern is severely fragmented sleep, as the individual must wake up enough to regain muscle control in the throat and to reopen the airway. This constant awakening means that people with apnea do not get sufficient or good quality sleep, resulting in sleepiness and/or fatigue. But, because OSA sufferers typically do not gain full consciousness when they wake after apnea episodes, they often do not know the cause of their sleepiness and/or fatigue. Along with sleepiness and/or fatigue, OSA can cause significant physiological and psychological distress. OSA is a treatable disorder and, with proper diagnosis and treatment, many people have complete resolution of their symptoms.

What are we doing about OSA?

We are beginning a program to screen and treat employees for a sleep disorder that can affect health and safety. The purpose of this document is to provide information that will help explain this program and answer questions that you might have.

Why are we doing this?

It's the right thing to do for the safety of our customers, employees and, the general public; and, it truly will be a life changer for those diagnosed and treated for OSA.

Sleep apnea can increase your risk of heart disease, stroke, and other ailments. Diagnosis and treatment can be a life saver.

What job titles are affected by this?

Right now, positions responsible for train and bus movement at the Railroads and TA. Others will include CDL operators. We will continue to review risk factors of OSA and the impact on safety. As we address positions of most concern, we will identify others. Do I have to participate?

If your agency has identified your job title for participation, then, yes, you must participate. We are also developing processes for a voluntary program for those job titles not immediately identified at your agency. This is a public safety issue, but the screening also benefits our employees. Sleep apnea can increase your risk of heart disease, stroke, and other ailments. Diagnosis and treatment can be a life saver.

How common is OSA?

OSA is fairly common and affects millions of Americans. Some sufferers may not be aware they have it.

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What are the safety risks of OSA?

Many people with OSA are excessively sleepy. This can make it difficult to work, and can even lead to job loss. If you have OSA you might fall asleep while driving a car, watching television, reading, talking on the telephone, or even while eating a meal. People with OSA might not complain of sleepiness; they may just think that they are "slowing down" and getting more tired as they get older.

What are the health risks of OSA?

Studies suggest that having OSA raises the heart rate and increases blood pressure, placing stress on the heart. This may be because apneas frequently reduce blood oxygen levels, activating the branch of the nervous system responsible for increasing heart performance. In addition, levels of chemicals in the blood that cause inflammation and promote elevations in blood sugar rise. Such inflammation can damage the heart and blood vessels. Both hypertension and diabetes increase the risk for heart disease, and the likelihood of being diagnosed with one of these illnesses increases as a result of OSA.

Why are you characterizing this as a wellness program?

This is one aspect in an overall approach to wellness at the MTA. Treatment of OSA can benefit you in many ways. It is likely that employees being treated for OSA will likely have an easier time controlling diabetes and hypertension. Most people with OSA see increased energy levels and alertness. That increase in energy will make it easier to develop healthier lifestyles and even lose some necessary weight.

How is OSA diagnosed?

Screening is a two-step process. The first is to identify employees who are at risk. The condition is more common in men over 40 with a high body mass index (BMI), the ratio of weight to height. Chronic snoring, morning headaches, daytime fatigue and memory lapses are among the typical indicators.

Following the initial assessments, employees who are at risk for sleep apnea will be given a take-home test to monitor breathing and sleeping patterns. In some cases, employees will visit a sleep laboratory for a sleep study. The most common treatment includes wearing a breathing mask while sleeping.

How is OSA treated?

Positive airway pressure (PAP) is a treatment in which a small mask or nose tubes (also known as nasal pillows) are placed over the nose or nose and mouth and compressed air is blown into the lungs to keep the airway open. PAP therapy is the most common treatment for OSA and can be successful for most people.

Severity of obstructive sleep apnea (OSA) is often highly correlated with obesity. For people who are obese, major weight reduction can reduce the severity of OSA and, in some cases, eliminate OSA.

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altogether. Weight loss should be a priority for all who are overweight or obese and have OSA. Treatment with positive airway pressure may help you lose weight.

What happens if I am referred for a sleep study?

The MTA has contracted with 4 sleep vendors to assist with the logistics of obtaining a sleep study and working with a sleep specialist to determine your treatment plan, if needed. You will need to sign a medical release that allows the MTA to share relevant medical information with the sleep vendor and sleep specialist and allows them to provide the MTA OHS with testing and treatment information.

What happens if I am diagnosed with OSA?

You will need to follow up with a sleep specialist. The Vendors can assist you with finding someone in your network that can see you quickly. Once diagnosed, you will have 90 days to work with the vendor and OHS to come into compliance with a prescribed treatment plan. As long as you are working with OHS and the vendor and no other medical risk factors are involved, you will continue to work during that time.

What if I am a borderline case?

If you have a mild case of sleep apnea, the sleep specialist will work with you to determine if there are ways, like losing weight, to keep the OSA at that level or eliminate it completely. You will be monitored by OHS to ensure your risk factors, like weight and neck circumference. If those increase, you may be asked to repeat a sleep study to ensure your OSA has not worsened.

Will I be held out of service if I have OSA?

The intent of this program is to keep employees working. To do so, it is important to comply with the evaluation and/or treatment process with Occupational Health Services and the sleep vendors.

I think I might have OSA, should I wait for my periodic medical, or is there anything I can do now?

You should not wait. The sooner you get treatment, the better you will feel. There are options available to you. At this time, you could see your own physician, or you can contact one of the sleep vendors directly. (Note: we are trying to work out a process to allow employees to contact the vendors separately and have visits, tests and/or treatment billed through their insurance.)

Is this required by regulations?

No, not at this point, but the Federal Railroad Administration (FRA) has issued an advisory recommending that certain jobs regulated under the FRA, be screened and tested for OSA. The FRA advisory recommends that employees be withheld from service if diagnosed with OSA, but we have worked with them and educated them as to our approach to keep employees working so that we can treat them quicker and get them healthier. Guidelines established by the Federal Motor Carrier Safety Administration have also been used to inform the development of our program.