



FIT FOR FLIGHT?

Dr Chris King looks at passenger clearance and time schedules after medical problems.



It is important to have some form of screening procedure to make sure that passengers with certain medical problems

do not put themselves, the crew or other passengers at risk or cause a diversion. Passengers should not fly if they have any physical or psychological problem that could be made worse by flying, or if they have any form of infectious disease or condition that could affect other passengers. Remember that medical facilities overseas may not be up to the UK standard and language difficulties may further exacerbate the problem.

Airlines often have special departments which can deal with requests for medical clearances, especially on long-haul flights. Some passengers require additional facilities on flights such as oxygen or nebulisers, and some may require medical escorts to accompany them on the flight.

Medical problems should be declared as early as possible in the booking process and, if there is any change in the medical condition between booking and the actual flight, the medical problem may need to be reassessed by a doctor and the airline.

Information needs to be co-ordinated between the patient and their medical advisors, the travel agent, hospitals, insurance company, repatriation company and the airline. It is important that a considered decision is made by someone with aviation medicine knowledge who is in possession of all the up-to-date and relevant facts.

Initial information should include the passenger's name, sex, age, destination and date of travel and return. The nature of the medical problem needs to be given, along with relevant information from the GP or hospital specialist. This

can be provided on an internationally recognised form – MEDIF. The needs of the passenger can then be assessed by the correctly qualified persons.

If the booking was made well before the flight, passengers may be asked to submit up-to-date medical evidence that they are currently fit to fly.

All passengers should be advised to take their medication in their hand baggage and given advice on prevention of deep vein thrombosis.

To give an idea of the time scales for certain illnesses between the medical event and flying, a list of guidelines, which may vary between countries and airlines, is below:

- Following any acute cardiac event (heart attack, surgery, angioplasty, stroke etc) passengers should not fly for three weeks. Those with angina (without a heart attack) should not travel within three months of diagnosis and only then when the symptoms have been stabilised with treatment.
- Passengers with epilepsy should have a doctor's letter stating their condition is stable after treatment and none should fly within 24 hours of a fit.
- Following chest surgery or collapsed lung (pneumothorax) passengers should wait at least two weeks before flying and should have a doctor's letter confirming full expansion of the chest and no anaemia (low blood count).
- Passengers with respiratory disorders, such as chronic bronchitis and emphysema, should be able to walk 50 metres and climb 15 steps.
- Passengers with asthma should have had no hospital admission or acute symptoms within three months, be stable on their inhaler alone, with no need of nebuliser use within the previous month.
- Passengers who have undergone

abdominal surgery should wait at least 10 days and have confirmation that there is no anaemia. Passengers may fly three days after a laparoscopy (keyhole surgery). If passengers have a colostomy (bag on abdomen), they should carry spare bags, which have a filter or pinhole to allow for gas expansion.

• Passengers with anaemia should have a haemoglobin (Hb) level of more than 9gm. Passengers with sickle cell anaemia (where there is a tendency for blood cells to stick together and form clots) should have a Hb level of more than 6gm and no 'crisis' within the previous 10 days.

• Passengers with otitis media, sinusitis and middle ear surgery should not fly within 10 days.

• Passengers with eye disorders, such as penetrating injury or surgery, should not fly for one week, but if gas has been injected into the eye this period may need to be longer.

• Pregnant passengers up to 34 weeks may fly (but with a doctor's letter if they are over 28 weeks pregnant). This may be further restricted if the pregnancy is multiple (twins etc) or is known to have complications. Remember to consider the date of return flights.

• Babies should not fly within seven days of birth, assuming full-term birth and no complications.

• Fractures require plasters to be split to allow for swelling.

• Scuba divers should wait 24 hours before flying and shouldn't fly for 10 days if decompression has occurred.

• Passengers with psychiatric problems will require a detailed MEDIF with reports before being accepted as fit to fly. This is probably one of the more important areas for a full assessment. It may be that a doctor or psychiatric nurse escort may be required.

• Passengers with a history of deep vein thrombosis within three months should travel taking anticoagulant medication.

• Passengers suffering from cancer should confirm that their condition is stable and that the airline is happy with the timeline of any previous chemotherapy or radiotherapy.

• Passengers suffering from chickenpox, measles, or any other infectious disease should not fly until declared non-contagious and fitness is confirmed by doctor's letter.

If there are any doubts on the medical condition of a passenger, please make sure you consult the correctly trained person through your line management.

It may also be prudent to call Medilink prior to making a final decision on whether to let a passenger travel or not. ■