

ETIHAD AIRWAYS

FITNESS TO FLY

GUIDELINES

November 2017

THE RESPONSIBILITY FOR MEDICAL CLEARANCE

A physician who does not specialize in or has experience with aeromedical transportation, may not be fully familiar with all the particular medical challenges involved or the stresses to which a patient will be exposed when travelling by air. The decision of whether or not a guest is fit to travel, remains that of the Etihad Airways Medical Centre (EAMC).

INDICATIONS FOR MEDICAL CLEARANCE

Medical clearance is required if the guest:

1. suffers from any condition which is believed to be actively contagious and communicable;
2. because of the physical or behavioural condition, is likely to be a hazard or cause discomfort to other guests;
3. is considered to be a potential hazard to the safety or punctuality of the flight, including the possibility of diversion;
4. is incapable of caring for himself and requires special assistance;
5. has a medical condition which may be adversely affected by the flight environment;
6. has recently had a major medical incident;
7. suffers from an unstable physical or psychological condition;
8. requires a stretcher;
9. requires in-flight oxygen or is using his or her own portable oxygen concentrator (POC) or ventilator;
10. requires the use of battery-powered medical equipment in-flight (except for CPAP) or needs to undertake any medical procedure during the flight, e.g. requires injections to be administered.

If a guest does not fall into any of the above categories, but any doubt exists, medical clearance should be obtained.

KEY PRINCIPLES TO CONSIDER WHEN ASSESSING A GUEST'S FITNESS TO FLY

1. Reduced atmospheric pressure: cabin air pressure changes greatly after take off and before landing and gas expansion and contraction can cause pressure effects.
2. Reduced partial pressure of oxygen: the cabin air is pressurized to an altitude equivalent of 6000 to 8000 feet and the partial pressure of oxygen is approximately 20% less than on the ground. Guests with heart and lung conditions or anaemia may be at risk. They may require supplemental oxygen or may need to postpone their flight. Complex conditions may require a high altitude simulation test (HAST).
3. The commercial aircraft cabin is not intended to replace that of a medical facility. Access to advanced medical care is not possible and cabin crew are trained only in first aid. If a guest has a serious illness or is at risk for complications onboard, he or she must postpone their travel arrangements or travel by air ambulance.

MEDIF (MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM)

All MEDIFs must be submitted at least 72 hours prior to departure of the flight, along with the latest medical report in English, which should be issued not more than 14 days prior to the commencement date of travel.

The MEDIF consists of three parts:

1. Part A – gives guidance for physicians to complete the form.
2. Part B – must be completed and must be signed and dated by the guest.
3. Part C – must be completed by a doctor, all fields must be completed and it must be signed and dated.

Incomplete MEDIFs cannot be accepted for assessment. Ambulance and hospital admission or transfer arrangements are the responsibilities of the guest. Etihad Airways does not make ambulance or hospital admission arrangements.

MEDICAL GUIDELINES

In reference to the IATA Medical Manual.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
CARDIOVASCULAR, CIRCULATORY AND BLOOD DISORDERS			
Angina	Stable and no angina at rest.	Unstable angina or angina with minimal exertion	
Myocardial infarction	≥10 days if uncomplicated	<10 days or high risk (EF<40%, cardiac failure, pending further investigation or revascularization therapy)	MEDIF required up to 21 days. Assess individually.
Serious arrhythmia	>7 days	≤7 days	MEDIF required up to 21 days.
Cardiac failure	Controlled and stable .	Acute or uncontrolled cardiac failure.	Adequate control is the ability to walk 50m on room air at normal pace or climb a flight of stairs without breathlessness, otherwise must get oxygen. Assess individually.
Congenital cyanotic heart disease			Assess all individually and consider oxygen.
Cardiac surgery	>14 days	≤14 days	I.e. CABG, valve surgery, ASD,VSD, etc. MEDIF required up to 21 days.
Angiography	>24 hours if original condition is stable.	<24 hours	
Angioplasty (with or without stent)	≥3 days	2 days or less	MEDIF required up to 21 days.
Pacemaker	≥2 days if no pneumothorax and rhythm stable.	<2 days	
Ablation therapy	≥2 days	<2 days	High risk for DVT up to 1 week.
DVT	≥5 days if asymptomatic and stable on anticoagulants.	If active or 4 days or less	MEDIF required up to 21 days.
PE	≥5 days if asymptomatic, stable on anticoagulants and normal saturation on room air.	4 days or less	MEDIF required up to 21 days.
Anaemia	≥9.5g/dL, unless due to chronic disease.	<9,5g/dL, unless due to chronic disease (then assess individually, may accept up to 8,5g/dL if proven chronic)	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Sickle cell disease (HbSS)	≥10 days following the last sickling crisis.	Sickling crisis in previous 9 days.	Always requires supplemental oxygen. Guest must be encouraged to drink plenty of water to remain well hydrated. Sickle cell trait (HbS) all acceptable and does not require supplemental oxygen.
Beta-thalassaemia, combined haemoglobin sickle cell disease			Requires supplementary oxygen to be available on aircraft.
Thrombocytopaenia	Platelets >40x10 ⁹ /L	Platelets <40x10 ⁹ /L or unwell.	Must comply with haemoglobin rules. Assess individually for underlying disease.
RESPIRATORY			
Pneumothorax	7 days after full inflation, 14 days after inflation of traumatic pneumothorax.		Chest XR and MEDIF required up to 21 days after full inflation.
Chest surgery	>14 days	≤14 days	I.e. lobectomy, pleurectomy, open lung biopsy.
Pneumonia	Fully resolved.	With symptoms.	Must be fully resolved or, if X-ray signs persist, must be asymptomatic with normal oxygen saturation on room air.
Tuberculosis	After at least 2 weeks of treatment and asymptomatic.	If infectious, untreated or in the first 2 weeks of treatment.	MEDIF required for all cases. Must NOT be cleared for travel until treating physician can confirm that passenger is not infectious (3x negative sputum).
COPD, emphysema, pleural effusion, pulmonary fibrosis, haemothorax	Exercise tolerance >50m without dyspnoea, full recovery if recent exacerbation, no current infection. Assess individually if supplemental O ₂ required.	Within 7 days of recent exacerbation.	Altitude simulation tests or chest x-ray may be required. Pleural effusions or haemothorax must be adequately treated.
Asthma	Asymptomatic and no infection.	Recent severe attack within 48 hours.	Must be stable and have medication with them onboard.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Obstructive sleep apnoea (OSA)	Isolated, controlled OSA.		No prior MEDIF clearance required. CPAP device must be FAA approved and battery operated. For conditions of carriage and battery restrictions, see www.etihad.com .
Pulmonary Hypertension	NYHA class I	NYHA class IV	Class II, III assessed individually by aviation medicine.
Cystic Fibrosis	No current infection.		Assess individually, (especially if FEV ₁ <50% at ground level). May request PFT.
Bronchiectasis	No current infection.		Assess individually. MEDIF required for all cases.
Neuromuscular Disease			Assess individually. MEDIF required for all cases.
Cancer	Asymptomatic	Haemoptysis	Assess individually if receiving active treatment (radio- or chemotherapy), pleural effusion, dyspnoeic at ground level. MEDIF required in all cases.
NEUROLOGICAL			
TIA	>2 days after proper investigation	≤2 days	
CVA	≥5 days	≤4 days	First 2 weeks must have supplemental O ₂ .
Dementia / Cognitive Impairment	Mild impairment, independent, living in community, no significant adverse behaviour.	History of delusional, paranoid, aggressive behaviour, agitation, disorientation, anxiety.	Travel companion
Epilepsy / seizure disorder	>24 hours after a seizure, if generally well controlled.	<24 hours	
Cranial surgery	≥10 days	<10 days	Cranium must be free of air. MEDIF required up to 21 days.
GASTROINTESTINAL			
Gastrointestinal haemorrhage	If 1-9 days, can travel if normal endoscopy or other clear evidence of healing (i.e. rising Hb to indicate bleeding has ceased).	<24 hours	Hb must be sufficient for air travel. MEDIF required up to 14 days.
Major abdominal surgery	≥10 days	<10 days	I.e. bowel resection, open hysterectomy, renal surgery, etc. Hb must be sufficient.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Appendisectomy	≥5 days if uncomplicated recovery.	<5 days	
Laparoscopic surgery	≥5 days if uncomplicated recovery.	<5 days	I.e. laparoscopic cholecystectomy. All gas must be absorbed.
Investigative laparoscopy	≥5 days	<5 days	All gas must be absorbed.
EAR, NOSE, THROAT			
Otitis media and sinusitis	Acceptable if able to clear ears.	Acute illness/Eustachian tube dysfunction unacceptable.	
Middle ear surgery	≥10 days with certificate from treating ENT.	<10 days	Example : stapedectomy
Tonsillectomy	>10 days	≤10 days	
Wired jaw	Escorted with wire cutters or self quick release wiring.		
PSYCHIATRIC			
Acute psychosis	Assess individually.	Unstable.	Assess individually. Generally within 30 days of acute psychotic episode not acceptable. May be approved with suitable medical escort or carer, as advised by EAMC. MEDIF required for all cases.
Chronic psychiatric disorders	If controlled on medication and stable (living out in community, taking care of all ADL).	If risk of deterioration in flight.	
EYE DISORDERS			
Penetrating eye injury	≥7 days	<7 days	Any gas in globe must be resorbed.
Intraocular surgery	≥7 days	<7 days	Any gas in globe must be resorbed. May take up to 6 weeks, depending on gas used. Written specialist fitness to fly certificate is required. For injection of SF6, minimum 2 weeks required. For injection of C2F6 / C3F8, minimum 6 weeks required.
Cataract surgery	≥24 hours		
Corneal laser surgery	≥24 hours		

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
PREGNANCY			
Single, uncomplicated	Up to end of 36th week acceptable. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 36th week, i.e. 36 ⁺¹ day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28 ⁺¹ to end of 36th week.
Multiple, uncomplicated	Up to end of 32nd week acceptable. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 32nd week, i.e. 32 ⁺¹ day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28 ⁺¹ to end of 32nd week.
	The doctor or midwife medical certificate must adhere to the following: i. signed by the guest's doctor or midwife (an electronic signature or equivalent is acceptable provided the medical doctor or attending midwife is identified on the certificate); ii. written on a hospital/clinic letterhead or stamped by the doctor or midwife; iii. issued within 7 days from the date of travel; iv. state if the pregnancy is single or multiple; v. state the number of weeks of the pregnancy; vi. state that the guest is fit to fly.		
Complicated pregnancies			MEDIF required in all cases.
New born	Fit and healthy >7 days.	≤7 days	Risk of hypoxia if respiratory system not fully developed. MEDIF required if history of complications or premature birth.
Miscarriage	Stable, no bleeding or pain for at least 24 hours.		Hb must be sufficient.
TRAUMA			
Full plaster cast	≥48 hours		If <48 hours, must be bi-valved. Must also comply with Hb rules.
Burns	Medically stable.	If widespread infection or shocked.	Assess individually. Must be stable and well in other respects.
MISCELLANEOUS			
Terminal cases	Individual assessment.		Assess individually. MEDIF required in all cases. If accepted on compassionate grounds, i.e. repatriation and treatment is palliative, risk of death in flight may exist, family and patient must accept that flight diversion may not be an option.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Infectious cases	Not during contagious stage of illness.		
Decompression sickness (bends)	>3 days after treatment for the bends or >7 days after treatment for CNS symptoms.		MEDIF required up to 10 days after completing treatment.
Scuba diving	>24 hours	<24 hours	>48 hours delay after decompression diving.
Spinal surgery	>7 days	≤7days	Must be able to sit upright for take off and landing, should be able to tolerate unexpected severe turbulence and vibration. Support braces such as a Halo brace may prevent evacuation or wearing a lifejacket and as such are not acceptable.
Allergies	Etihad Airways cannot guarantee a cabin environment or food that will be free of specific allergens. A patient at risk must carry an auto injector device, e.g. EpiPen, in their hand luggage and must ensure that they or an escort are willing to and capable of administering it.		
Requirements for oxygen, ventilator, other medical equipment or stretcher.	MEDIF required in all cases, except for CPAP/BIPAP devices. Ventilated cases (adult or paediatric) will be reviewed on a case-by-case basis by the Etihad Airways Medical Centre. Only single sector (either to or from Abu Dhabi) ventilated cases, without a connection in Abu Dhabi, will be considered.		

INFECTIOUS DISEASES

DIAGNOSIS	UNACCEPTABLE	PERIOD OF INFECTIVITY	MEDIF REQUIREMENTS	COMMENTS
Chickenpox (including shingles)	Any active lesions	5 days before rash – 6 days after last crop	If unsure	All lesions must be crusted and dried.
Conjunctivitis	If eye discharging and no improvement on antibiotics	During active infection.	If unsure	Must be treated by appropriate antibiotic drops or ointment and be improving.
German measles (Rubella)	Within 5 days after onset of rash	7 days before – 4 days after onset of rash	If rash persists beyond 5 days	
Head lice	Not treated or within 2 days of being treated.	If not treated	If unsure	Travel only after 2 days following treatment.
Hepatitis A	Within 10 days of onset of jaundice.	2-3 weeks before onset of jaundice – 1 week after onset of jaundice	All cases	Travel only after 10 days from onset of jaundice.
Impetigo	If not on treatment or if blisters remain.	While lesions are wet	If unsure	Must be on appropriate treatment. May be accepted if blisters covered in watertight dressings.

DIAGNOSIS	UNACCEPTABLE	PERIOD OF INFECTIVITY	MEDIF REQUIREMENTS	COMMENTS
Influenza	If symptomatic (i.e. fever, cough)	1 day before – 5-10 days after onset of symptoms	If unsure	
Measles	Within 7 days of onset of rash	From onset of symptoms – 4 days after onset of rash	If rash persists beyond 7 days	
Mumps	Within 9 days of onset of swelling	3 days before swelling – 7 days after	If swelling persists beyond 9 days or if unwell	
Methicillin-resistant Staphylococcus Aureus (MRSA)	If not treated	If not treated.	If unsure	Must be treated and resolved.
Scabies	Not treated or within 2 days of starting treatment	Within a day of being treated.	If on treatment for scabies.	Travel only after 2 days following treatment.
Tuberculosis	If infectious.	Until at least 2 weeks after treatment initiated and while sputum positive ZN.	All cases	Treating physician must confirm that patient is not infectious, i.e. sputum negative Ziehl-Nielsen (acid-fast bacilli) stain.
Scarlet fever	Within 48 hours of initiation of antibiotic therapy or if unwell.	10-21 days after onset of rash (shortened to 1 day by penicillin).	If unsure	Must be afebrile for >24 hours and on effective antibiotic therapy.
Whooping cough (pertussis)	If on antibiotics: within 7 days of effective antibiotic therapy. If not on antibiotics: within 3 weeks from onset of cough.	7 days after exposure – 3 weeks after onset of symptoms (shortened to 7 days with antibiotics).	All cases.	May travel after 7 days of effective antibiotic therapy.