

ETIHAD AIRWAYS

# **FITNESS TO FLY GUIDELINES**

January 2020

## 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. Also, very few nonairline physicians can reasonably be expected to know what kind of special assistance the airlines might be able or willing to give for each specific trip.

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 lifting services;
10. requires in-flight oxygen or is using his or her own portable oxygen concentrator (POC) or ventilator;
11. 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 or needs medical care during the flight.

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.
4. All ground requirements such as hospital arrangement, ambulance transfer and oxygen to be used during departure, transit and arrival is the guest's responsibility and must be arranged solely by the guest.
5. If you are required to use supplemental oxygen on the ground (like in the airport terminal prior to boarding, after landing or during transit), you must use your own Personal Oxygen Concentrator (POC).

## 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
<b>CARDIOVASCULAR, CIRCULATORY AND BLOOD DISORDERS</b>			
<b>Angina</b>	Controlled with medication and no angina at rest.	Unstable angina or angina with minimal exertion	Consider airport assistance and possible in-flight oxygen  Unstable angina may travel with competent medical escort and in-flight oxygen
<b>Myocardial infarction</b>	Low risk * >3 days * Low risk: age <65, first event, successful reperfusion, EF >45%, no complications, no planned investigations or interventions Medium risk ** >10 days ** Medium risk: EF >40%, no evidence of inducible ischemia or arrhythmia, no planned investigations or interventions	< 10 days or High risk *** Defer travel until condition is Stable *** High risk: EF<40%, signs and symptoms of heart failure, those pending investigation, revascularization or device therapy	MEDIF required up to 21 days. Assess individually.
<b>Serious arrhythmia</b>	>7 days	≤7 days	MEDIF required up to 21 days.
<b>Cardiac failure</b>	Controlled and stable. -NYHA I and II, no restriction -NYHA III, Consider in-flight oxygen -NYHA IV, inflight oxygen + medical escort - Consider airport assistance	Acute or uncontrolled cardiac failure. (Reconsidered after 6 weeks of stability)	Adequate control (within 6 weeks) is the ability to walk 50m on room air at normal pace or climb a flight of stairs without breathlessness, otherwise must get oxygen.
<b>Congenital cyanotic heart disease</b>			Assess all individually -NYHA I and II, may require in-flight oxygen -NYHA III, Consider in-flight oxygen and consider Airport assistance -NYHA IV, inflight oxygen + medical escort and airport assistance
<b>Cardiac surgery</b>	>10 days	≤10 days for CABG and valve surgery, recent transpositions, ASD, VSD, transplants	I.e. CABG, valve surgery, ASD,VSD, etc. MEDIF required up to 21 days.
<b>Elective Angiography</b>	>24 hours if original condition is stable.	<24 hours	
<b>Angioplasty (with or without stent)</b>	≥3 days	2 days or less	MEDIF required up to 21 days.
<b>Pacemaker and Defibrillator</b>	≥2 days if no pneumothorax and rhythm stable.	<2 days	In the event of pneumothorax, flying should be deferred for 2 weeks following complete resolution

<b>Ablation therapy</b>	≥2 days	<2 days	High risk for DVT up to 1 week.
<b>DVT</b>	≥5 days if asymptomatic and stable on anticoagulants.	If active or 4 days or less	MEDIF required up to 21 days.
<b>PE</b>	≥5 days if asymptomatic, stable on anticoagulants and normal saturation on room air.	4 days or less	MEDIF required up to 21 days.
<b>Anaemia</b>	≥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. Consider oxygen requirement.
<b>Guidance for the avoidance of deep vein thrombosis (DVT) and venous thromboembolism (VTE)</b>			
	<b>Risk criteria</b>	<b>Risk reduction advice</b>	
Low risk	No history of DVT/VTE, no recent surgery (4 weeks), No other known risk factors.	Keep mobile. Drink plenty of non-alcoholic drinks. Do not smoke. Avoid caffeine and sedative drugs.	
Moderate risk	History of DVT/VTE, Surgery lasting > 30 min (4-8 weeks), known clotting tendency, pregnancy, obesity (BMI > 30)	As for the low risk with the addition of compression stockings.	
High risk	Previous DVT/VTE with known additional risk including known cancer, surgery > 30 min within last 4 weeks	As for the moderate risk but with subcutaneous injection of 40 mg enoxaparin before the flight and on the following day.	

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>Sickle cell disease (HbSS)</b>	≥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.
<b>Beta-thalassaemia, combined haemoglobin sickle cell disease</b>			Requires supplementary oxygen to be available on aircraft.
<b>Thrombocytopaenia</b>	Platelets >40x10 <sup>9</sup> /L	Platelets <40x10 <sup>9</sup> /L or unwell.	Must comply with haemoglobin rules. Assess individually for underlying disease.
<b>RESPIRATORY</b>			
<b>Pneumothorax</b>	7 days after full inflation, 14 days after inflation of traumatic pneumothorax.		Chest XR and MEDIF required up to 21 days after full inflation. If general condition is adequate, early transportation with "Heimlich type" drain and a doctor or nurse escort is acceptable.
<b>Chest surgery</b>	>10 days with uncomplicated recovery	<10 days	I.e. lobectomy, pleurectomy, open lung biopsy.
<b>Pneumonia</b>	Fully resolved or if X-ray signs persist, must be symptom free	With symptoms.	Must be fully resolved or, if X-ray signs persist, must be asymptomatic with normal oxygen saturation on room air. Consider supplementary oxygen especially in case of recent episode, elderly passenger and longer flights.
<b>Tuberculosis</b>	After at least 2 weeks of treatment and asymptomatic.	If infectious, untreated or in the first 2 weeks of treatment and with evidence of response from 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).
<b>COPD, emphysema, pleural effusion, pulmonary fibrosis, COPD, EMPHYSEMA, Haemothorax</b>	Exercise tolerance >50m without dyspnoea, full recovery if recent exacerbation, no current infection. Assess individually if supplemental O <sub>2</sub> 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 and should be drained as much possible before travel.

<b>Asthma</b>	Asymptomatic and no infection.	Recent severe attack within 48 hours.	Must be stable and have medication with them onboard.
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<b>Obstructive sleep apnoea (OSA)</b>	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 <a href="http://www.etihad.com">www.etihad.com</a> .
<b>Pulmonary Hypertension</b>	NYHA class I	NYHA class IV	Class II, III assessed individually by aviation medicine.
<b>Cystic Fibrosis</b>	No current infection.		Assess individually, (especially if FEV <sub>1</sub> <50% at ground level). May request PFT.
<b>Bronchiectasis</b>	No current infection.		Assess individually. MEDIF required for all cases.
<b>Neuromuscular Disease</b>			Assess individually. MEDIF required for all cases.
<b>Cancer</b>	Asymptomatic	Haemoptysis	Assess individually if receiving active treatment (radio- or chemotherapy), pleural effusion, dyspnoeic at ground level. MEDIF required in all cases.
<b>Pulmonary Arteriovenous malformation</b>		If severe hypoxemic at ground level.	
<b>Ventilators</b>	Long term stable cases requiring only ventilation with air.		Seriously ill cases should only be accepted after detailed discussion with airline medical advisor.
<b>NEUROLOGICAL</b>			
<b>TIA</b>	>2 days after proper investigation	≤2 days	
<b>CVA</b>	≥5 days	≤4 days	First 2 weeks must have supplemental O <sub>2</sub> and nurse escort
<b>Dementia / Cognitive Impairment</b>	Mild impairment, independent, living in community, no significant adverse behaviour. No significant paranoia, aggressive behaviour, wandering, or agitation. No change or deterioration since recent flight.	History of delusional, paranoid, aggressive behaviours, agitation, disorientation, anxiety, wandering.	Travel companion
<b>Epilepsy / seizure disorder</b>	>24 hours after a seizure, if generally well controlled.	<24 hours	



<b>Cranial surgery</b>	≥10 days	<10 days	Cranium must be free of air and adequate general condition. MEDIF required up to 21 days.
<b>GASTROINTESTINAL</b>			
<b>Gastrointestinal haemorrhage</b>	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.
<b>Major abdominal surgery</b>	≥10 days	<10 days	I.e. bowel resection, open hysterectomy, renal surgery, etc. Hb must be sufficient.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>Appendisectomy</b>	≥5 days if uncomplicated recovery.	<5 days	
<b>Laparoscopic surgery</b>	≥5 days if uncomplicated recovery.	<5 days	I.e. laparoscopic cholecystectomy, tubal surgery. All gas must be absorbed.
<b>Investigative laparoscopy</b>	≥5 days (> 24 hours if gas absorbed)	<5 days (<24 hours)	All gas must be absorbed.
<b>EAR, NOSE, THROAT</b>			
<b>Otitis media and sinusitis</b>	Acceptable if able to clear ears.	Acute illness/Eustachian tube dysfunction unacceptable.	
<b>Middle ear surgery</b>	≥10 days with certificate from treating ENT.	<10 days	Example : stapedectomy
<b>Tonsillectomy</b>	>10 days	≤10 days	
<b>Wired jaw</b>	Escorted with wire cutters or self quick release wiring.		
<b>PSYCHIATRIC</b>			
<b>Acute psychosis</b>	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.
<b>Chronic psychiatric disorders</b>	If controlled on medication and stable (living out in community, taking care of all ADL).	If risk of deterioration in flight.	
<b>EYE DISORDERS</b>			
<b>Penetrating eye injury</b>	≥7 days	<7 days	Any gas in globe must be resorbed.
<b>Intraocular surgery</b>	≥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 SF <sub>6</sub> , minimum 2 weeks required. For injection of C <sub>2</sub> F <sub>6</sub> / C <sub>3</sub> F <sub>8</sub> , minimum 6 weeks required.
<b>Cataract surgery</b>	≥24 hours		
<b>Corneal laser surgery</b>	≥24 hours		

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>PREGNANCY</b>			
<b>Single, uncomplicated</b>	Up to end of 36th week acceptable. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 36th week, i.e. 36 <sup>+1</sup> day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28 <sup>+1</sup> to end of 36th week.
<b>Multiple, uncomplicated</b>	Up to end of 32nd week acceptable. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 32nd week, i.e. 32 <sup>+1</sup> day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28 <sup>+1</sup> to end of 32nd week.
	<p>The doctor or midwife medical certificate must adhere to the following:</p> <ul style="list-style-type: none"> <li><b>i.</b> 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);</li> <li><b>ii.</b> written on a hospital/clinic letterhead or stamped by the doctor or midwife;</li> <li><b>iii.</b> issued within 7 days from the date of travel;</li> <li><b>iv.</b> state if the pregnancy is single or multiple;</li> <li><b>v.</b> state the number of weeks of the pregnancy;</li> <li><b>vi.</b> state that the guest is fit to fly.</li> </ul>		
<b>Complicated pregnancies</b>			MEDIF required in all cases.
<b>New born</b>	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.
<b>Miscarriage</b>	Stable, no bleeding or pain for at least 24 hours.		Hb must be sufficient.
<b>ORTHOPEDIC SURGERY AND CAST</b>			
<b>Full plaster cast</b>	≥48 hours		If <48 hours, must be bi-valved. Must also comply with Hb rules.
<b>Major hip, knee, or ankle surgery</b>	If able to mobilise with a walking aid and sit fully upright in a seat for take-off and landing.		Assess individually. Must be evaluated by airline medical assessor if unable to mobilise with a walking aid and sit fully upright in a seat for take-off and landing. Consider DVT prophylaxis. If no DVT prophylaxis, longer travel (>6 hours) within the first 6 weeks should only be taken if essential.
<b>ArthroscopicArthroscopic joint surgery</b>	If able to mobilise with a walking aid and sit fully upright in a seat for take-off and landing.		

<b>Spinal surgery</b>	>7 days. Must be able to sit upright for take-off and landing. Should be able to tolerate unexpected severe turbulence and vibration associated with flight.	<7 days	Support braces such as a Halo brace may prevent wearing of lifejacket in the unlikely event of an emergency.
<b>Burns</b>	Medically stable.	If widespread infection or shocked.	Assess individually. Must be stable and well in other respects.
<b>MISCELLANEOUS</b>			
<b>Terminal cases</b>	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 will not be an option.
<b>Any cancer</b>			Passengers on a chemotherapy regime can fly but not during active administration of cytotoxic medicine, especially when this involves slow release cytotoxic drugs via vascular access.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
<b>Infectious cases</b>	Not during contagious stage of illness.		
<b>Decompression sickness (bends)</b>	>3 days after treatment for the bends or >7 days after treatment for CNS symptoms.		MEDIF required up to 10 days after completing treatment.
<b>Scuba diving</b>	>24 hours	<24 hours	>48 hours delay after decompression diving.
<b>Allergies</b>	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.		
<b>Requirements for oxygen, ventilator, other medical equipment or stretcher.</b>	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
<b>Chickenpox (including shingles)</b>	Any active lesions	5 days before rash – 6 days after last crop	If unsure	All lesions must be crusted and dried.
<b>Conjunctivitis</b>	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.
<b>German measles (Rubella)</b>	Within 5 days after onset of rash	7 days before – 4 days after onset of rash	If rash persists beyond 5 days	
<b>Head lice</b>	Not treated or within 2 days of being treated.	If not treated	If unsure	Travel only after 2 days following treatment.
<b>Hepatitis A</b>	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.
<b>Impetigo</b>	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
<b>Influenza</b>	If symptomatic (i.e. fever, cough)	1 day before – 5-10 days after onset of symptoms	If unsure	
<b>Measles</b>	Within 7 days of onset of rash	From onset of symptoms – 4 days after onset of rash	If rash persists beyond 7 days	
<b>Mumps</b>	Within 9 days of onset of swelling	3 days before swelling – 7 days after	If swelling persists beyond 9 days or if unwell	
<b>Methicillin-resistant Staphylococcus Aureus (MRSA)</b>	If not treated	If not treated.	If unsure	Must be treated and resolved.
<b>Scabies</b>	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.
<b>Tuberculosis</b>	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.
<b>Scarlet fever</b>	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.
<b>Whooping cough (pertussis)</b>	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.