

These guidelines provide detailed information for Eastern Air Services passengers and their treating medical practitioner. The Guidelines adopt and accord with the IATA Medical Manual and may be updated by Eastern Air Services from time to time.

The current version of this document will always be found on the EAS Website at [www.easternairservices.com.au](http://www.easternairservices.com.au).

| Diagnosis  | Assessment by a doctor with aviation medicine experience  | Accept   | Comments  |
|--|---|--|---|
| <b>Cardiovascular and other Circulatory Disorders</b>  |   |  |   |
| Angina   | Unstable angina or angina with minimal exertion   | Controlled with medication. No angina at rest.   |   |
| Myocardial infarction  | Within last 10 days or high risk (EF<40%, heart failure, pending further investigation, revascularization or device therapy)                                      | >10 days if uncomplicated  |   |
| Cardiac failure  | Acute heart failure or uncontrolled chronic heart failure   | If cardiac failure is controlled and condition is stable   | Adequate control is someone that can walk 50 meters or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, in-flight oxygen needs to be considered |
| Pulmonary oedema   | Unresolved  | Resolved pulmonary Oedema + any precipitating condition  | May need also to comply with myocardial infarction rules  |
| Cyanotic congenital heart disease  | All cases   |  | In-flight oxygen needs to be considered in all cases  |
| Cardiac surgery  | 9 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc.  | >10 days   | ASD = atrial septal defect<br>VSD = ventricular septal defect<br>CABG = coronary artery bypass graph  |
| Angiography (Heart - Coronary artery X rays)   | 24 hours or less  | >24 hours if original condition is stable  |   |
| Angioplasty with or without stent (Widening of arteries)   | 2 days or less  | >3 days if asymptomatic  |   |
| Pacemaker or defibrillator implantation  |   | >2 days if no pneumothorax and rhythm is stable  |   |
| Ablation therapy   |   | >2 days  | Patient flying within a week of the procedure is considered at high risk of DVT   |
| Deep venous Thrombosis of legs   | If active   | Once asymptomatic  | Stable on oral anticoagulants   |
| Pulmonary embolism   | Onset 4 days or less  | >5 days if anticoagulation stable and PAO <sub>2</sub> normal on room air  | The new direct factor Xa inhibitor may be acceptable  |
| <b>Blood disorders</b>   |   |  |   |
| Anemia   | Hb less than 9.5 g/dl (5.9 mmol/L) unless due to chronic disease  | >Hb 9.5 g/dl (5.9 mmol/L)  | If acutely anemic, Hb level should be assessed more than 24 hrs. after last blood loss, which must have ceased  |
| Sickle cell disease  | Sickling crisis in previous 9 days  | >10 days   | Always need supplement of oxygen  |
| <b>Respiratory Disorders</b>   |   |  |   |
| Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous)  | 6 days or less after full inflation. If general condition is adequate, early transportation with "Heimlich type" drain and a doctor or nurse escort is acceptable | 7 after full inflation<br>14 days after inflation for traumatic pneumothorax   |   |
| Chest surgery  | 10 days or less   | >11 with uncomplicated recovery  | e.g. lobectomy, pleurectomy, open lung biopsy   |
| Pneumonia  | With symptoms   | Fully resolved or, if X-ray signs persist, must be symptom free  |   |
| Tuberculosis   | Untreated or in the first two weeks of treatment  | After at least two weeks of appropriated treatment and asymptomatic  |   |
| COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and hemothorax (Blood in the cavity around the lung) etc. | Supplementary oxygen needed a ground level.<br>P0 <sub>2</sub> < 50mm Hg<br>Unresolved recent exacerbation  | Exercise tolerance (walk) > 50 metres without dyspnea and general condition is adequate.<br>Full recovery if recent exacerbation.<br>No current infection. |   |

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|---|--|--|--|
| Cystic Fibrosis                               | FEV1 < 50% at ground level   | No current infection   |  |
| Asthma  |  | Currently asymptomatic and no infection  |  |
| Cancer  | Under active treatment (radio or chemo)<br>Pleural effusion Dyspneic at ground level | Asymptomatic   | Major hemoptysis is a contraindication   |
| Bronchiectasis                                | Hypoxemic at ground level  | No current infection   |  |
| Neuromuscular disease                         | Severe extra pulmonary restriction<br>Need home ventilation                          |  |  |
| Pulmonary arteriovenous malformations         | If severe hypoxemic (SpO2 < 80% at ground level)                                     |  |  |
| <b>CNS disorders (Central Nervous System)</b> |  |  |  |
| TIA   | 2 days or less   | After 2 days and proper investigation  |  |
| CVA (Stroke)                                  | 4 days or less   | 5-14 days if stable or improving, with a nurse escort. Passenger travelling in the first 2 weeks post stroke should receive supplementary oxygen | If an uncomplicated recovery has been made, a nurse escort is not required.  |
| Grand mal fit                                 | 24 hrs or less   | >24 hours if generally well controlled   |  |
| Cranial surgery                               | 9 days or less   | >10 days, cranium free of air and adequate general condition   |  |
| <b>Gastro-intestinal</b>                      |  |  |  |
| GIT Bleed                                     | 24 hours or less following a bleed   | >10 days   | 1-9 days can travel if endoscopic or other clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) of healing   |
| Major abdominal surgery                       | 9 days or less   | >10 days if uncomplicated recovery   | e.g. bowel resection, "open" hysterectomy, renal surgery etc.  |
| Appendectomy                                  | 4 days or less   | 25 days if uncomplicated recovery  |  |
| Laparoscopic surgery (Keyhole)                | 4 days or less   | >5 days if uncomplicated recovery  | e.g. cholecystectomy (gall bladder removal), tubal surgery   |
| Investigative laparoscopy                     | 24 hours or less   | >24 hours if gas absorbed  |  |
| <b>ENT disorders (Ear, Nose and Throat)</b>   |  |  |  |
| Otitis media and sinusitis                    | Acute illness or with loss of Eustachian function                                    | If able to clear ears  |  |
| Middle ear surgery                            | 9 days or less   | >10 days with medical certificate from treating ENT  | Ex: Stapedectomy   |
| Tonsillectomy                                 | 10 days or less  |  | Although it may be ok to fly between day 3 and 6, there is a significant risk of bleeding between day 1 and 2 and between day 7 and 10 |
| Wired jaw                                     | Without escort   | Escorted (+ cutters) or self quick release wiring  |  |
| <b>Psychiatric illness</b>                    |  |  |  |
| Acute psychosis                               | Episode within 30 days (e.g. mania, schizophrenia, drug induced)                     |  | This is for safety reason  |
| Chronic psychiatric disorders                 | If significant risk of deterioration in flight                                       | If properly controlled by medication and stable (i.e. living out in the community taking care of all own needs including medication)             |  |
| <b>Eyes disorders</b>                         |  |  |  |

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|--|--|---|---|
| Penetrating eye injury                                 | 6 days or less   | >7 days   | Any gas in globe must be resorbed   |
| Intra-ocular surgery                                   | 6 days or less   | >7 days   | Any gas injected in the globe must be resorbed; for injection of SF6, a minimum of 2 weeks is required and for C3F8, a minimum of 6 weeks is required; written specialist fitness to fly commercially is required.  |
| Cataract surgery                                       | 24 hours or less   | >24 hours   |   |
| Corneal laser surgery                                  | 24 hours or less   | >24 hours   |   |
| <b>Pregnancy</b>                                       |  |   |   |
| Single, uncomplicated                                  | Beyond end of 36 <sup>th</sup> week (Calculated using the Estimated Date of Delivery - EDD)        | Clearance not required before end of 36 weeks   |   |
| Multiple, uncomplicated                                | Beyond end of 32 <sup>nd</sup> week (Calculated using the Estimated Date of Delivery - EDD)        | Clearance not required before end of 32   |   |
| Complicated pregnancies                                | On individual basis  |   |   |
| Miscarriage (threatened or complete)                   | With active bleeding   | Once stable, no bleeding and no pain for at least 24 hours                                |   |
| <b>Neonates</b>  |  |   |   |
| New born   | Less than 48 hours old Incubator +/- ventilator cases  | Fit and healthy babies can travel at 48 hrs. but preferably at 7 days                     |   |
| <b>Trauma</b>  |  |   |   |
| Full plaster cast (flight more than 2 hrs.)            | Less than 48 hours after injury if the cast is not bivalved  | >48hrs  | Comply also with anemia rules for # femur/pelvis i.e. HB 9.5 gm/dl (5.9 mmol/L)   |
| Burns  | If still shocked or with widespread infection  | If medically stable and well in other respects  |   |
| Ventilators  | Seriously ill cases should only be accepted after detailed discussion with airline medical advisor | Long term stable cases requiring only ventilation with air                                |   |
| <b>Miscellaneous</b>                                   |  |   |   |
| Communicable diseases                                  | During contagious stage of illness   |   |   |
| Spinal surgery   | Within 7 days of surgery   | after 7 days of surgery   | Passengers must be able to sit upright for take off and landing. Should be able to tolerate unexpected severe turbulence and vibration associated with flight. Support braces such as a Halo brace may prevent wearing of the lifejacket in the unlikely event of an emergency. |
| Terminal illness (if prognosis for the flight is poor) | Individual assessment of cases   |   |   |
| Decompression  | Untreated and/or symptomatic cases   | 3 days after treatment for bends only or 7 days after treatment for neurological symptoms |   |

**References:**

Fitness to fly for passengers with cardiovascular disease. The report of the working group of the British Cardiovascular Society, Heart 2010;ii1-ii16. doi:10.1136/hrt.2010.203091.

Managing passengers with stable respiratory disease planning air travel: British Thoracic Society recommendations. Thorax, Sept. 2011, Vol 66, Supplement 1.

**INCUBATION AND INFECTIVITY**

| PERIODS OF INFECTIVITY IN CHILDHOOD INFECTIOUS DISEASE |  |
|--|--|
| Chickenpox   | 5 days before rash – 6 days after last crop  |
| Diphtheria   | 2-3 weeks (shorter with antibiotic therapy)  |
| Measles  | From onset of prodromal symptoms until 4 days after onset of rash                            |
| Mumps  | 3 days before salivary swelling – 7 days after   |
| Rubella  | 7 days before onset of rash – 4 days after   |
| Scarlet fever  | 10-21 days after onset of rash (shortened to 1 day by penicillin)                            |
| Whooping cough   | 7 days after exposure – 3 weeks after onset of symptoms (shortened to 7 days by antibiotics) |

| INCUBATION PERIODS OF IMPORTANT INFECTIONS         |                   |             |
|--|-------------------|-------------|
| INFECTION  | INCUBATION PERIOD |             |
|  | Maximum Range     | Usual Range |
| <b>Short incubation periods (less than 7 days)</b> |                   |             |
| Anthrax  | 2-5 days          |             |
| Bacillary dysentery                                | 1-7 days          |             |
| Cholera  | Hours-5 days      | 2-3 hours   |
| Diphtheria   | 2-5 days          |             |
| Gonorrhoea   | 2-5 days          |             |
| Meningococacaemis                                  | 2-10 days         | 3-4 days    |
| Scarlet fever                                      | 1-3 days          |             |
| <b>Intermediate incubation periods (7-21 days)</b> |                   |             |
| Amoebiasis   | 14-28 days        | 21 days     |
| Brucellosis  | 7-21 days         |             |
| Chickenpox   | 14-21 days        |             |
| Lassa fever  | 7-14 days         |             |
| Malaria  | 10-14 days        |             |
| Measles  | 7-14 days         | 10 days     |
| Mumps  | 12-21 days        | 18 days     |
| Whooping cough                                     | 7-10 days         | 7 days      |
| Poliomyelitis                                      | 3-21 days         | 7-10 days   |
| Psittacosis  | 4-14 days         | 10 days     |
| Rubella  | 14-21 days        | 18 days     |
| Smallpox   | 7-17 days         | 11 days     |
| Trypanosoma (rhodesiense infection)                | 14-21 days        |             |
| Typhoid fever                                      | 7-21 days         |             |
| Typhus fever                                       | 7-14 days         | 12 days     |
| <b>Long incubation periods (more than 21 days)</b> |                   |             |
| Filariasis   | 3 months +        |             |
| Hepatitis A  | 2-6 weeks         | 4 weeks     |
| Hepatitis B  | 6 weeks-16 months | 12 weeks    |
| Cutaneous leishmaniosis                            | 1 week-months     |             |
| Visceral leishmaniosis                             | 2 weeks-12 years  | 2-4 months  |
| Leprosy  | Months-years      |             |
| Rabies   | Variable          | 2-8 weeks   |
| Trypanosoma (gambiense infection)                  | Weeks-years       |             |