FAA Aeromedical Policy Update

Improving Health, Protecting Careers, Enhancing Safety

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Overview

➤ FAA Medical Standards & Policies

➤ NTSB 10 Most Wanted - 2015

➤ High Threat Topics – Traps and Tips

➤ Strategy – Minimize Risk – Maximize Safety

➤ Questions? Public & Private
FAA Medical Standards

- FAR Part 67 – Broadly defined
  - 15 Mandatory Disqualifying Diagnoses
- Guide to AME’s
  - Hundreds of Disqualifying Diagnoses
- FAA Policy – rarely published, always evolving

- FAR 61.53 – *Self-certification decision every time*
Medical Certification Mystery
AME and Doctor

- Lack of specific published guidance
- Continuously changing FAA Policy
- AME Variability & Knowledge Base
Medical Certification Mystery
Pilot Concerns

- Fear of reporting to FAA – Fear of Treatment
- Uncertainty in Fly – No Fly decision
- Imprecise language in reporting
- Premature & unnecessary end of career/flying
FAR 61.53

• Not a Medical Regulation
• “Prohibition on operations during medical deficiency”
  – “...shall not act as pilot in command, or in any other capacity as a required flight crewmember...”
  – Knows or has reason to know of any medical condition that would make the person unable to meet the requirements...”
  – Is taking any medication or receiving treatment for a medical condition that makes the person unable to meet...
• Required before EVERY flight
I’M SAFE

• I - Illness
• M - Medications
• S - Stress
• A - Alcohol
• F - Fatigue
• E - Eating / Hydration*

PHAK & AIM 8-1-1
FAA “Waiver” Policies

- Most conditions are negotiable
- Documentation is Key
- Aeromedical context
- Many medications are allowed
  - None listed by FAA
  - Problem arises when listing on medical
- Policies variable

FAR 67.401
CACI’s

• Conditions AME’s Can Issue

• Previously required FAA approval
• Now “Eligible”
• AME worksheet
• Pilot documentation
• More to come
CACI’s

- Arthritis
- Asthma
- Glaucoma
- Hepatitis C
- Hypertension
- Hypothyroidism
- Pre-Diabetes

- Colitis
- Renal Cancer
- Migraine & Chronic Headaches
- Prostate Cancer*
- Testicular Cancer*
Medical Conditions

- Most liberal standards in world for waivers
- Reducing testing/reporting requirements
  - LASIK, cataracts
  - Heart disease, pacers
  - Transplants, joints replaced
  - Neurological conditions
  - Endocrine, hormones
  - Cancers
NTSB 10 Most Wanted 2015

• Fitness For Duty
  – Medical
  – Psychological
  – Cognitive

• End Substance Impairment in Transportation
  – OTC’s
  – Prescription
  – Illicit and Alcohol
NTSB MOST WANTED LIST
OF TRANSPORTATION SAFETY IMPROVEMENTS 2015
CRITICAL CHANGES NEEDED TO REDUCE TRANSPORTATION ACCIDENTS AND SAVE LIVES

REQUIRE MEDICAL FITNESS FOR DUTY

www.ntsb.gov/mostwanted
• NBAA Safety Committee FFD Working Group
• Potential Indicators
  – Training failures
  – SOP deviations
  – Missed checklist items, radio calls
  – “Behind the aircraft”
• Most have medical explanations
  – Not all related to Aging, common misperception
  – Most are correctable, waiverable
Fitness for Duty

• 40+ pilots evaluated to date
• Common theme – Cognitive impairment
• Age a risk, but not exclusively
• 1/3 each – Medical / Psychological / Cognitive
• ~ 70% treated → returned to flying safely
• Some voluntarily retire
• Defined plan → Fair & Saves $$, Safety Improved
FAA Standards - Psychological

- Counseling
  - EAP, Clergy and CIRP – Not reportable
  - Family/ Marital Counseling – Not reportable*
- ADD / ADHD – DQ (some exceptions w/ testing)
- Psychoses and Bipolar – DQ – No Waiver
- Personality Disorder – No overt acts
- Medications – Not allowed
Antidepressant Medication

• FAA Policy Change April 2010
  – Celexa, Prozac, Zoloft, Lexapro - > 6 months
  – Extensive testing/documentation annually
  – Psychiatrist visit quarterly
  – HIMS sponsor AME
  – Very high hurdles – coming down
  – May add Wellbutrin to allowed medications
Sleep Apnea

• NTSB Interest – 8x ↑ accident rate
• Associated with many medical conditions
• Cognitive impairment
• Previously DQ upon discovery
• Three Authorized Treatments –
  — CPAP, UPPP, oral devices
• FAA mandates AME screening
• New Policy Effective 2 March 2015
Sleep Apnea – New Policy

• BMI > 40 → referral for eval
• AME still issues medical certificate
• Eval by private MD or sleep MD
• 90 days to comply & notify FAA
• Home sleep studies allowed
• Evidence of effectiveness / compliance
  – Usage 75% of days, > 6 hrs/day, pilots w/ 2 CPAPs
Eliminate Substance Impairment in Transportation

- NTSB SS 14/01 - “Drug Use Trends in Aviation – Assessing the Risk of Pilot Impairment”
  - 1990 - 2012 fatal accidents – toxicology results
  - Did not evaluate Alcohol
  - OTC, Prescription and illicit drugs, overlap
  - Societal trends increasing use
NTSB SS 14/01- Findings

Percentage of Study Pilots With Positive Findings for Potentially Impairing Drugs and Conditions, and Controlled Substances, 1990-2012

- Potentially Impairing Drugs
- Drugs Indicating Potentially Impairing Condition
- Controlled Substances

Percent Positive

- 0%
- 5%
- 10%
- 15%
- 20%
- 25%

• Impairing meds/conditions – 10% → 40%
• 10% diphenhydramine (Benadryl)
• Marijuana use increasing
• Older pilots have more impairing conditions
• Younger pilots use more illicit drugs
• Pilots w/o medicals had higher rates
• Lack of medication info / education
NTSB SS 14/01- Findings

Percentage of Study Pilots With Positive Toxicology Findings by Age Group, 1990-2012

- All Drugs
- Potentially Impairing Drugs
- Drugs Indicating Potentially Impairing Condition
- Controlled Substances
- Illicit

Data by Age Group Quartiles:
- 40 and under: (n = 1,692)
- +40 to 50: (n = 1,617)
- +50 to 60: (n = 1,653)
- Over 60: (n = 1,660)
Medications and Flying

• Many Acceptable
  – > one year from FDA approval
  – Underlying condition safe to fly
  – No side effects with ground trial

• Sedating properties
  – 5 dosing intervals policy vs. old policies*

• Always DQ –
  – psychoactive, centrally acting, narcotics
Medications

- 5x maximum half-life or dosing interval
- Chantix – smoking
- Mefloquine (Larium) – malaria
- Scheduled medications
- Dextromethorphan /Benadryl– 60 hours
- Valium – 24 hours / 48 hours / 21 days
- Guide for Aviation Medical Examiners

Pharmaceuticals (Therapeutic Medications)
Do Not Issue - Do Not Fly
Restricted Medications

- Pain Medications – Only OTC’s, NSAID’s, COX-2 OK
- Anti-Depressants & Seizure meds, Narcotics
- OTC Antihistamines (except Claritin, Allegra)
- ED Meds – Viagra / Levitra (6 hr), Cialis (36 hr)
- Underlying condition is key! FAR 61.53/67.113

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Sedating Medications

• Altered Cognitive Abilities
• Sedating properties
  – 5 half lives policy vs. old policies
  – Variable in different people, physiologies
• GA JSC – Loss of Control WG (SE-15)
  NTSB SS14/01 – Sedating Meds/Fatal Crashes*
    – Publish medication list and wait times
    – Educational campaign
Sleep Meds

- Ambien / Ambien CR
- Edluar
- Intermezzo
- Lunesta
- Restoril
- Rozerem
- Sonata
- Zolpimist

- 24 hours
- 36 hours
- 36 hours
- 30 hours
- 72 hours
- 24 hours
- 6 hours
- 48 hours
i prefer whiskey
FAA Standards – Alcohol

- Affects 8-11% of population / pilots
- No abuse within previous 2 years
  - “Abuse” defined broadly
- Positive Test – >0.04 mg/dl on DOT
- Dependence
  - Demonstrate treatment and recovery
  - Document > 2 years of abstinence
- “Misuse” FAR 67.107
Substance Abuse Evaluations

- Positive drug / alcohol test
- 2\textsuperscript{nd} DUI or alcohol related offense
- BAC > 0.15 mg % or REFUSAL to Test
- Failure to Report Motor Vehicle Action
  - FAR 61.15 vs. FAA Form 8500-8
- Anonymous report to FAA
- Long time to schedule & complete!!!
FAA Mandated Treatment

- BAC > 0.20%, lifetime look-back
- Positive DOT drug or alcohol test
- Even if eval shows no evidence of disease
  - Can’t get treatment
  - Insurance won’t cover
- Monitored Abstinence Option / Testing*
YOU CAN'T AFFORD IT
MedXPress

• Retained information – Demographics only

• Tips
  – List date range for single medical condition
  – Print out application before submission
  – Save previous applications
  – AME can update / revise @ exam
  – AME only sees current application
Failure to Report

• “Amnesty” less likely than before
  – Action against *both* medical / pilot certificates
  – Revocation for 12 months – PRIA report
  – Possible jail / fine FAR 67.403

• Fill out 8500-8 honestly, but discretely
  – Document material given to AME
  – May group visits for one condition
ALL SINNERS WELCOME
ESPECIALLY PILOTS!
Strategies to Keeping Medical

• Long-term AME relationship
  – “Easy” not always Best
• Prepare for Physical exam
  – Medical records/summaries available
  – Prescreen medications / conditions
  – Schedule early in month due
Strategies to Keeping Medical

• Day of Exam
  – Don’t go if sick (OK to let lapse)
  – Minimal Caffeine
  – Athletes – jog in place before ECG
  – Bring Special Issuance Authorization letter
  – Bring glasses and hearing aids
Medical vs. Aeromedical

• Testing for medical conditions
  – “Healthy” vs. “Safe to Fly”
  – FAA protocols require some tests
  – Insurance companies may not cover
  – Physicians may not order
• “Required by Federal Regulations”
  – Public Safety & Condition of Employment
“Fly – No Fly” Decisions

• Part 61.53 requires decision **before** flight
• ALPA – 22+ % pilots per year have DQ ??
• Information Resources
  – Pilot / Chief Pilot / Safety Manager
  – Published References – AIM Chap 8, ADM
  – Personal Physician
  – Aviation Medical Examiner / FAA
  – Aerospace Medicine Expert
Fit To Fly Decisions

• Rationale:
  – Legal
  – Common Sense
  – Medical Opinion
  – Routine Practice
  – Operational Urgency

• Bottom Line – “Know Before You Go!”
Fly Safely, Stay Healthy!

- Optimize health
- Complete documentation
- Honest reporting
- Timely submission
- Aeromedical expertise