

## Passenger Medical Clearance Guidelines

Air travel has some unique features which must be considered by passengers with medical conditions and their treating doctors to ensure a safe and comfortable flight.

The principle factors to consider when assessing a passenger's fitness for air travel are:

- **Reduced atmospheric pressure:** Cabin air pressure changes occur after take-off and before landing and lead to gas expansion and contraction which may cause pain and pressure effects.
- **Reduction in oxygen tension:** The aircraft cabin is pressurised to an equivalent of 6,000-8,000 feet and oxygen partial pressure is approximately 20% less than on ground. Healthy passengers have no problems at these altitudes, but passengers with anaemia or heart and lung conditions may be at risk and require supplemental oxygen during air travel.
- **Inaccessibility to advanced medical care:** The aircraft cabin is a closed environment where access to advanced medical care may not be possible for several hours. Our cabin crew is trained in basic first aid and we do carry medical kits and heart defibrillators on board, but advanced medical care onboard is not possible. If a passenger has a medical condition that carry a high risk of requiring extraordinary medical assistance in flight they may not be accepted for air travel.

### Specific Medical Conditions

When calculating the number of days post-incident count the day of operation/onset of illness and day of travel.

Diagnosis	Not fit to fly	Medical clearance required	Comments
<b>Blood disorders</b>			
Anaemia	Hb < 7.5g/dl	Hb 7.5 – 10 g/dl	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased.
Sickle cell disease	< 10 days after Sickling crisis	Within 10 days of sickling crisis	Accepted for travel 10 days after sickling crisis if otherwise stable.
<b>Cardiovascular and other Circulatory disorders</b>			
Angina	Unstable angina		<ul style="list-style-type: none"> <li>• Passengers with frequent chest pains should consult their doctor regarding their fitness to travel.</li> <li>• Must be stable and no angina at rest.</li> <li>• Have sufficient medications at hand to relief an angina attack.</li> </ul>
Myocardial infarction	Within 7 days	All <b>6 weeks</b> post-MI	<ul style="list-style-type: none"> <li>• Any cardiac failure?</li> <li>• Any Arrhythmia?</li> <li>• Any post-MI angina pain?</li> <li>• Is the heart size larger than normal?</li> <li>• Any pre-attack angina?</li> </ul> <p><i>If NO:</i> Uncomplicated; may travel after 7 days.  <i>If YES:</i> Complicated. Disposition depends on individual assessment (stability, success of stenting, escort proposed, etc.)</p>
Cardiac Failure	Uncontrolled heart failure	If require inflight oxygen.	<ul style="list-style-type: none"> <li>• Passengers with uncontrolled heart failure should consult their doctor regarding their fitness to travel.</li> <li>• Adequate control is someone that can walk 50 meters (50yards) or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, inflight oxygen may need to be considered.</li> </ul>

<b>Diagnosis</b>	<b>Not fit to fly</b>	<b>Medical clearance required</b>	<b>Comments</b>
Angioplasty with or without Stenting	Within 3 days	< 7 days	Elective, uncomplicated cases may travel: <ul style="list-style-type: none"> <li>• 3 days after angioplasty</li> <li>• 5 days after stenting.</li> </ul>
Open-chest Cardiac Surgery	Within 10 days	All require medical clearance during the <b>10 -21 days</b> post-operative period.	May travel after 10 days if uncomplicated.
Serious cardiac arrhythmia	Within 7 days	If < 21 days	Does not include benign arrhythmias.
Pulmonary Oedema	Unresolved	If < 21 days	Pulmonary oedema and any precipitating condition should be resolved.
Cyanotic congenital heart disease		All cases	Inflight oxygen needs to be considered in all cases.
Angiography	< 24 hours		May travel after 24 hours if original condition is stable.
Pacemaker insertion	Within 2 days	Within 7 days	May travel after 2 days if: <ul style="list-style-type: none"> <li>• no pneumothorax AND</li> <li>• rhythm is stable.</li> </ul>
Ablation therapy	Within 2 days	Within 7 days	Passenger flying within 1 week of the procedure is considered at high risk of DVT.
Deep Vein Thrombosis (DVT)	If active	Confirmed or suspected needs medical clearance.	Stable on anticoagulants.
Pulmonary embolism	Within 4 days of onset	< 21 days	May travel after 5 days if: <ul style="list-style-type: none"> <li>• anticoagulation stable AND</li> <li>• PAO2 normal on room air.</li> </ul>
<b>Ear , Nose and Throat Conditions</b>			
Ear and sinus infections	Acute illness or loss of Eustachian tube function.		Must be able to clear ears with Valsalva maneuver.
Middle ear surgery	< 10 days	10 – 14 days after surgery	<ul style="list-style-type: none"> <li>• Allowed to fly 10 days after surgery.</li> <li>• Must be able to clear ears.</li> </ul>
Tonsillectomy	< 7 days	Only if complications	Allowed to travel 7 days after surgery.
Wired jaw	If travelling alone	If wired	Must have: <ul style="list-style-type: none"> <li>• escort with wire cutters OR</li> <li>• self quick release wiring.</li> </ul>
<b>Eye Conditions</b>			
Corneal laser, Cataract surgery or other eye surgery	< 24 hours	1-3 days	Can travel after one day.
Retinal Detachment Procedure	< 10 days	1- 10 days after surgery	Allowed to travel 10 days after the procedure.
Penetrating eye injury	< 7 days	< 14 days	Any gas in the globe must be reabsorbed.
<b>Gastrointestinal Conditions</b>			
Gastrointestinal Bleeding	< 24 hours after bleed	1 to 10 days post-bleed.	<ul style="list-style-type: none"> <li>• Bleeding must have stopped.</li> <li>• Hemoglobin limits must be met.</li> <li>• Risks of rebleeding must be assessed and be acceptable.</li> </ul>
Major Abdominal Surgery	< 10 days	1 to 10 days post op.	<ul style="list-style-type: none"> <li>• Accepted after 10 days if uncomplicated.</li> <li>• E.g. bowel resection, hysterectomy, renal, surgery, etc.</li> </ul>

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Appendectomy	< 4 days	Only if complicated	Accepted after 4 days if uncomplicated.
Laparoscopy (investigation)	< 24 hours		Accepted after 24 hours if all gas absorbed.
Laparoscopic surgery	< 4 days	1- 10 days post op	All gas must be absorbed. E.g. cholecystectomy, tubal surgery
<b>Infectious Diseases</b>			
Infectious diseases	During contagious stage of illness		Must be non-infectious. See below for specific diseases.
Chicken pox	If active lesions present		It is safe to travel when all exposed lesions are dried and crusted.
Tuberculosis		All cases	Can travel if on medical treatment and medical documentation states that not infectious
<b>Neurological conditions</b>			
Epilepsy	< 24 hours after fit or unstable	If suffered from an epileptic fit 24 hours before flight.	Must be stable on medications.
Stroke	< 3days post-stroke	Within 10 days	<ul style="list-style-type: none"> <li>• May travel after 10 days if uncomplicated.</li> <li>• Possibly may have to travel with an escort.</li> </ul>
Intracranial Surgery	< 10 days post-op	10-21 days	<ul style="list-style-type: none"> <li>• Not within 10 days of surgery.</li> <li>• May only travel if cranium is free of air.</li> </ul>
<b>Orthopaedic Conditions</b>			
Fractures	< 48 hours if cast not bi-valved.		Splints/Casts must be bi-valved if travelling within 48 hours of injury or surgery on the fractures.
<b>Pregnancy and New born</b>			
Single pregnancy	After 36 weeks (i.e. 35 weeks and 6 days)	Any complications	Clearance not required before 36 weeks unless complicated, but medical certificate needed after 28 weeks.
Multiple pregnancy	After 32 weeks (i.e. 31 weeks and 6 days)	Any complications	Clearance not required before 32 weeks unless complicated, but medical certificate needed after 28 weeks.
Miscarriage (threatened or complete)	With active bleeding	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours.
New born	< 48 hours	Within 7 days of birth	Fit and healthy babies can travel after 48 hours, but preferably after 7 days.
<b>Psychiatric Conditions</b>			
Acute psychosis	If unstable	Within 14 days of unstable episode or hospitalisation.	<ul style="list-style-type: none"> <li>• Must be stable and appropriately escorted.</li> <li>• Escort may range from correctional officers, friends/relatives, to medically trained personnel with appropriate medications.</li> <li>• This is for safety reason.</li> <li>• Full psychiatric report required.</li> </ul>
Chronic psychiatric disorders		If significant risk of deterioration inflight	Travel may be approved with suitable medical escort / carer.
<b>Respiratory Conditions</b>			
Asthma	< 48 hours after severe attack		<ul style="list-style-type: none"> <li>• Must be stable and carry appropriate medication onboard.</li> <li>• Please note "open circuit" nebulisers are not allowed to be used inflight.</li> </ul>
Chest surgery	< 10 days	< 28 days	May travel after 10 days if uncomplicated recovery.

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Pneumothorax	< 14 days after full inflation.	8-21 days after full inflation, if managed closed.	<ul style="list-style-type: none"> <li>May not travel until 14 days after full lung inflation occurred if managed closed.</li> <li>If chest drain in-situ, may travel with medical escort at any time if other injuries/conditions permit and equipment/spare drain are carried.</li> </ul>
Pneumonia	Acute, with symptoms		May travel if: <ul style="list-style-type: none"> <li>fully resolved OR</li> <li>if x-ray signs persist, must be symptom free.</li> <li>No longer infectious</li> </ul>
COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax.	Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation.	If unstable or poor exercise tolerance. Within 7 days of recent exacerbation.	Accepted if: <ul style="list-style-type: none"> <li>Exercise tolerance &gt; 50 meters without dyspnoea AND</li> <li>General condition adequate.</li> <li>Full recovery if recent exacerbation.</li> </ul> Supplemental oxygen may be required inflight.
Trauma			
Burns	If still shocked or with widespread infection or greater than 20% total body surface.	Within 7 days of burn or surgical treatment	Must be medically stable and well in other respects.
Miscellaneous			
Terminal illness		If at risk of death during flight.	
Scuba diving	< 24 hours of diving		
Decompression sickness (bends)	< 3 days for bends < 7 days for neurological symptoms	All cases within 10 days of completing treatment.	
Severe allergies or anaphylaxis		If any special accommodation required.	<ul style="list-style-type: none"> <li>Cathay does not provide peanut-free meals.</li> <li>Cathay cannot guarantee specific allergen free environment-</li> <li>Passenger should carry appropriate medications and be able to self administer them.</li> </ul>

**The following medical conditions generally do not require medical clearance providing they are stable and no special assistance is required:**

- Diabetes Mellitus
- High blood pressure or high cholesterol
- Arthritis
- Joint replacement or amputations
- Artificial limbs
- Sleep apnea requiring the use of a CPAP (If intending to use CPAP inflight, must notify Cathay Pacific a minimum of 48 hours prior to departure)