

Delete paragraphs a and b. Replace with:

a. Where the operator decides that a medical examination is required, it should be conducted by a medical practitioner who is fully aware of the occupational requirements of the work of cabin crew. Such practitioners need not be Aeromedical Examiners. However, because of the unusual occupational demands made on cabin crew, it would be preferable to utilise a practitioner who has received training in aviation medicine.

b. Where the operator decides to use a medical assessment, the person conducting the assessment need not be a medical practitioner. However, when any doubt exists as to the fitness of the cabin crew member the assessment form should be forwarded for comment to a medical practitioner who is fully aware of the occupational requirements of the work of cabin crew and preferably has received training in aviation medicine.

comment 31 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (1) The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment 32 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment 33 comment by: *Virgin Atlantic Airways Ltd*

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment 63 comment by: *Air Southwest*

This is a potential mine field for operators.

As it stands the CCM will not hold a medical certificate but will have been

subjected to a medical assessment to determine fitness to act as CC. Who is responsible for ensuring that the CCM has been medically assessed? Who is responsible for referring the CCM to an AME or GMP other than the CCM them self? If assessed as unfit, who suspends the CCM attestation? The answer to all these is, I suspect, the operator. It would therefore appear that if a GP or AME makes an unfit assessment, this would be referred to the NAA but no further action would follow. Presumably, the authority will instruct the operator to suspend the attestation. In any other event, suspension or other action by an operator without regulatory back-up from the authority (which at present doesn't exist) could be construed as grounds for action for unfair dismissal. The case being that the operator is not a competent medical authority.

It would be much cleaner and safer if Cabin Crew were issued with a class 2 medical certificate (or a dedicated CCM medical certificate) by the authority that could be limited, suspended or revoked by the authority within the legal framework of the basic regulation.

Without the cover of the basic regulation in this matter, the interest of the CCM with respect to employment law, and human rights legislation would override any action taken by the operator to limit, suspend or revoke an attestation. In this situation, any CCM subjected to operator action would have an immediate recourse to law and the operator could be forced to re-employ on flying duty, a CCM whom the operator has classified as unsafe! However, if a medical certificate was issued to CCMs (as for pilots, engineers and ATCOs) it would be illegal to exercise the privileges of the CCM if that certificate had been suspended or revoked.

This reinforces the case for a proper CCM licence administered by the authority.

comment 84 comment by: *Dr. Beiderwellen, Secretary of GAAME*

1) Eine Unterscheidung in "commercial" und "non commercial" ist unsinnig (s. Kommentar zu Med A.075)
 2) GMP besitzen keine flugmedizinische Kompetenz und sind daher ungeeignet, Medicals zu erstellen.
 3) Die Weitergabe der med. Daten an die "competent authority" ist aus datenschutzrechtlichen Erwägungen unzulässig.
 Vorschlag:
 1) alle medicals für Flugbegleiter durch AME/AeMC
 2) bei primärer Untauglichkeit können AME class I und AeMC anhand weiterführender Untersuchungen abschließend über die Tauglichkeit entscheiden.

comment 107 comment by: *Dr Martin St Laurent*

For all the cabin crew operations , aeromedical operations should be conducted by an AME qualified for the issuance of class 2 medical certificate or by an AeMC and NOT BY GMP

comment 132 comment by: *CAA-NL*

Comment 1 CAA-NL regarding:
 MED.A.080 Aero-medical examinations and assessments (b) (1)

Comment CAA-NL:

Is not completely clear if the Class Medical 2 is based on ICAO or FCL. The CAA-NL proposes to use the recommendations stated in ICAO Annex 1 Personnel Licensing in Chapter 6.4. In The Netherlands this part of the Annex is used in case of any further medical assessment of a cabin crewmember is required.

Comment 2 CAA-NL regarding:

MED.A.080 Aero-medical examinations and assessments (b) (4)

Comment CAA-NL:

The operator in conjunction with their own medical practitioner or AME shall be made responsible for the medical fitness of the cabin crew. This should not be a responsibility of the authorities.

Clarification:

If this will be the responsibility of the Authority this will lead to an unproportional increase of administrative workload and procedures.

comment

145

comment by: *AUSTRIAN Airlines***AUSTRIAN Comment to paragraphs:****MED.A.075 (b)****MED.A.080 (b)****MED.Subpart E****Issues:**

No safety justification for a detailed medical for cabin crew

Cabin Crew Medical Fitness Requirements have no safety justification. Incidents of cabin crew incapacitation do occur, typically as a result of food poisoning, coffee or tea spillage, turbulence, incidents with catering equipment or acute minor illness or injury (neither of which are amenable to prevention by periodic medical screening) but they have no direct impact on flight safety.

A survey of 4 international airlines (one from Europe) identified 3 diversions following incidents of cabin crew incapacitation in 2007, none of which could have been prevented by periodic medical screening. The total rpk for the 4 airlines was 305.1 billion, giving a rate of 0.01 diversion per billion rpk.

This data is further evidence that there is no safety issue associated with cabin crew medical fitness which would justify the imposition of additional medical requirements such as for example the **Class 2 medical** used for the private pilot license.

International competitiveness of EU airline and impact on cost

There are no ICAO SARPS relating to cabin crew medical requirements. Most major regulatory authorities do not require cabin crew periodic medical screening and/or devolve responsibility for cabin crew medical fitness to operators.

The FAA has no regulatory requirements for cabin crew medical fitness. Despite this absence of regulation, we can find no report of an incident where cabin crew incapacitation has endangered the safety of an aircraft or its occupants. Imposition of the proposed requirements would therefore expose

EASA regulated airlines to an expensive and complex additional burden, creating a competitive disadvantage, for no safety benefit.

A class 2 medical for cabin crew would add millions of Euro's unnecessary cost to the EU airline's cost base for no added safety benefits:

- Lost cabin crew productivity due to the medical check: several millions of Euro per year
- Charges to be paid to AMCs/AMEs: Class 2 renewal cost on average 200 Euro per cabin crew
- Additional costs, such as costs of off-lining crew temporarily unfit pending further investigation/assessment of reported medical conditions due to more crew 'failing' higher medical standards, greater frequency of assessment, and added complexity due to need to involve regulatory authority in decision-making : several millions of Euro's per year

Compliance with basic EASA 216/2008 Regulation

The intent of the EU legislator has not been to change the cabin crew medical fitness requirements of EU-OPS when migrating to EASA-OPS.

In particular the basic regulation:

- refers to medical assessment (not examination)
- aero-medical best practice refers to the need for a link between medical requirements and flight safety (therefore any medical fitness requirements for cabin crew should have a clear safety justification).
- does not refer to the need for the assessments to be made through Aero-medical Centres (AMCs) and Aero-medical examiners (AMEs).
- does not require a medical certificate for cabin crew

Social Impact

Although not part of the remit of EASA, one could consider assessment of cabin crew medical fitness from the perspective of occupational health (as many airlines do, in some instances as part of a national requirement).

A fundamental principle of 'best occupational health practice', and also such social legislation as EU Disability Discrimination legislation, is that individuals should only be excluded from the workplace where there is objective evidence of risk and no suitable accommodation can be made. Cabin crew with a range of medical conditions which would lead to an 'unfit' classification under the proposed medical standards are currently

operating in many airlines without problems. Examples include insulin dependent diabetes, treatment with systemic anticoagulants and treatment with a wide range of antidepressants.

There is no justification for the grounding of existing crew, or preventing the recruitment of individuals with such conditions. An extensive medical requirement for cabin crew would therefore have significant social implications since it would be likely to mean that a number of existing cabin crew would be deemed not to meet the medical standard and therefore unable to continue in the role.

Aero-medical Best Practice:

The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified. It would be hugely expensive for EU airlines (millions of Euro's/year)

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot,

private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, out with the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a selfdeclaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Self-assessment and self-declaration

Every time that cabin crew operate a flight, they have to make a personal decision as to whether they are fit to fly. One European operator makes this explicit each time crew report for duty – when they swipe their card the card-reader puts up a message, 'By reporting for duty I confirm that I am fit to operate'. The concept of self-declaration of illness or the absence of illness is already well-accepted both in regulatory environments and in aviation: regulatory medical requirements for vehicle driving licences are largely based on self-declaration; airside driving licence renewals in some countries require a self-declaration of fitness; even pilots are required to self-declare illness that occurs during the period between statutory medical examinations. The practice of selfassessment has been implemented in several EU airlines and EU countries as a means to comply with the EU-OPS medical fitness requirements for cabin crew.

Any requirement for assessment or examination by a health professional, with the consequent financial and other resource implications, can only be justified where there is evidence that this will play a substantial role in risk mitigation.

AUSTRIAN position

AUSTRIAN has not identified any justification for EASA to go beyond EU-OPS medical fitness requirements for cabin crew. AUSTRIAN therefore urges EASA to recognize that there is no 'one size fits all' approach for assessing cabin crew medical fitness. Within the EASA-OPS rules, EASA should allow for the varying practices currently applied by EU airlines and acceptable to national authorities in complying with EU-OPS. In particular, medical assessment, which could be achieved by remote administration of a health questionnaire, should be allowed as a means to comply with the basic regulation.

AUSTRIAN believes that any medical standard for cabin crew should be based on the minimum level required to mitigate the defined safety risks and would therefore be expected to be lower than the EASA medical standard for Light Pilot Licenses (LPL)

AUSTRIAN strongly believes there is no justification for EASA to require a medical certificate for cabin crew

AUSTRIAN strongly believes that there is no justification for EASA to require the assessments to be made through Aero-Medical Centres and/ or by Aero-Medical Examiners. Assessments may be conducted by aviation medicine practitioners or by health professionals under the supervision of a medical practitioner who either has personal expertise in aviation medicine or access to such expertise.

comment

155

comment by: SAS

MED.A.080 (b)(1) should be changed to:

"Aero-medical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME at an aeromedical office".

MED.A.080 (b)(2) should be changed to:

"An AME shall always be responsible for the contents of the examination and the final assessment. The AME does not need to meet each Cabin Crew member if the self-declaration and the additional taking of specimens by a nurse or equal meet the requirements for medical fitness. Doubtful cases shall be examined by the AME before declared fit".

MED.A.080 (b)(3) should be changed to:

"When assessing the medical fitness of an applicant for, or holder of, a cabin crew attestation, the AME may use the results of recent medical examinations or investigations undertaken by the applicant or holder to comply with the occupational health requirements. The attestation shall indicate the date for the next examination".

MED.A.080 (b)(4)(i) should be changed to:

"be referred to the competent authority by the AME in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and"

Reason: To make the aero-medical examinations less comprehensive.

comment

176

comment by: UKAMAC

Comment:

We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process. This proposal is extremely wasteful of medical time and would add hugely to airline costs with no prospect of safety benefit.

Justification:

To define the medical screening process as tightly as this is wholly inappropriate for the airline industry. It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify this additional regulatory burden.

Proposed text:

Delete all of MED.A.080 and replace with...

MED.A.080 Aeromedical assessments

Aeromedical assessments of cabin crew shall be conducted by, or under the supervision of, a medical practitioner acceptable to the operator and in accordance with the requirements prescribed in Subpart E.

comment

185

comment by: Airbus S.A.S.

The sub-paragraph MED.A.080 (b)(2) reads:

"When assessing the medical fitness of an applicant for, or holder of, a cabin crew attestation, the AME or AeMC may use the results of recent medical examinations or investigations undertaken by the applicant [...]".

To guarantee uniform application of this rule, EASA should clarify the extent of the word "recent", specifying the period of validity of medical documents.

comment

196

comment by: Virgin Atlantic Airways

Comment (b) (1) The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment

197

comment by: Virgin Atlantic Airways

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment

198

comment by: Virgin Atlantic Airways

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment

236

comment by: UK CAA

Paragraph No: MED.A.080

Comment: New requirement for a cabin crew member to hold the equivalent of a Class 2 Medical Certificate.

Justification: This has not been justified by the RIA and should await the result of the research commissioned by EASA.

Proposed Text (if applicable): Remove MED.A.080

comment

237

comment by: UK CAA

Paragraph No: MED.A.080 (b) (4) (i) Aero-medical examinations and assessments

Comment: Referral to the competent authority is not required by ICAO or the Basic Regulation. Further assessment of fitness in cases of suspected unfitness or of unfit assessment should be an operator responsibility.

Justification: Unnecessary regulatory burden.

Proposed Text (if applicable):

Delete (b) (4) (i) and replace with '(b) (4) (i) declare their assessment outcome to the operator'.

comment

238

comment by: UK CAA

Paragraph No: MED.A.080 (b) (4) (ii) Aero-medical examinations and assessments

Comment: The right of appeal to the competent authority by cabin crew is a new requirement. This is an employment issue not a safety regulation issue.

Justification: This would result in a significant workload with no perceived safety benefit for this increase in regulatory burden.

Proposed Text (if applicable): Delete MED.A.080 (b) (4) (ii).

comment

260

comment by: ETF

Delete: (a) For cabin crew in noncommercial operations Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or by an AME.~~

Comment: The medical examination should have the same standards for all

cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment

262

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

MED.A.080 Aeromedical examinations and assessments
Comment:

- The level of medical fitness for CC set out in the NPA is equivalent to a Class 2 Pilot Medical but there is no evidence that such a high level of medical fitness would improve flight safety:

1. The UK Group 2 medical fitness level for HGV drivers required by the DVLA is less stringent.

2. The Leisure Pilot Licence (LPL) is less stringent and here a single pilot can carry up to 4 passengers.

3. Group one drivers do not require a medical examination but only a self declaration. A similar standard applied to CC or a General Medical Practitioner's report should be adequate.

4. Best Occupational Health Practice should look after the personal Health of Cabin Crew not the Regulator.

5. This NPA if approved would fall foul of the many Disability Discrimination Acts (DDA).

6. Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired and no doubt compensated at significant cost.

- In the UK [Thomson Airways] already have significant numbers of Type 1 diabetics treated with insulin and there have been no reports of sudden incapacitation.

- The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy - "Fit free for 12 months on or off medication is acceptable".

Proposal:

Delete this section and **replace** with:

- The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness, treating each case on its individual merit. Follow up should be by periodic assessment and/or examination defined on an individual case basis.

comment

315

comment by: *AEA*

Relevant Text:

(b) For cabin crew in commercial operations

(4) In case of suspected unfitness and of unfit assessment

Comment:

Suspected cases should not be further reported - the examination/assessment should first be completed.

comment

316

comment by: *AEA*

Relevant Text: (b) (1)

(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment

317

comment by: AEA

Relevant TextL

(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person. If a medical examination is required then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper; this should not be considered AEA support for this requirement, therefore we would propose the deletion of the text "in writing indicating the date of the examination or assessment and"

Proposal: ~~deletion of the text "in writing indicating the date of the examination or assessment and"~~

comment

318

comment by: AEA

Relevant Text:

(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:

- (i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and*
- (ii) be informed on their right of appeal to the competent authority.*

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment

357

comment by: Jill Pelan

MED. A080

The CFDT France and ETF ask

Delete: (a) For cabin crew in noncommercial operations Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or by an AME.~~

Comment: The medical examination should have the same standards for all cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment

367

comment by: *Walter Gessky*

MED.A.080 Aeromedical examinations and assessments

Change the following:

(4) In case of suspected unfitness and of unfit assessment, the ~~cabin crew member~~ **Aero-medical examiner** shall:

(i) ~~be referred to the competent authority by the AME or AeMC~~ inform the competent authority in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and

(ii) inform the operator where the cabin crew is assigned to duties;

(iii) be informed the cabin crew on their right of appeal to the competent authority.

(iv) Justification:

Shall regulate the actions what shall be done by the Aero-medical examiner in case the cabin crew is unfit. No action for the NAA required, because a revocation of a trainings attestation is without any value. The operator is responsible that he does not assign unfit cabin crew to duties, the cabin crew is obliged to inform the operator adequately. Involvement of the NAA would only delay the process.

Add a new (5)

(1) In case of suspected unfitness or of unfit assessment, the cabin crew member shall:

(i) Immediately inform the operator about the suspected unfitness, where he/she is assigned to duties;

(ii) Do not exercise their duties when assigned to duties by the operator.

Justification:

Shall regulate what shall be done by the cabin crew when unfit. The operator shall be immediately informed and shall not assign the cabin crew member to duties. It is one of the obligations of the operator only to assign staff to duties who complies with the requirement. This is not an authority requirement alone. The cabin crew is obliged to inform the operator adequately. When not doing so, this is a breach of the rules.

comment

381

comment by: *kapers Cabin Crew Union*

Delete: (a) For cabin crew in noncommercial operations Aeromedical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, ~~and if permitted under national law by a GMP qualified in accordance with this Part or by an AME.~~

Comment: The medical examination should have the same standards for all cabin crew. In addition a GMP will look for diseases while an AME will look for fitness and how to keep the crew member at work. An AME will also have better medical knowledge on the effects of flying.

comment 415 comment by: AUSTRIAN Airlines

Relevant Text:

(b) For cabin crew in commercial operations

(4) In case of suspected unfitness and of unfit assessment

Comment:

Suspected cases should not be further reported - the examination/assessment should first be completed.

comment 416 comment by: AUSTRIAN Airlines

Relevant Text: (b) (1)

(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment 417 comment by: AUSTRIAN Airlines

Relevant TextL

(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment	418	comment by: <i>AUSTRIAN Airlines</i>
<p>Relevant Text: <i>(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:</i> <i>(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and</i> <i>(ii) be informed on their right of appeal to the competent authority.</i></p> <p>Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.</p>		
comment	463	comment by: <i>easyjet safety</i>
<p>The Requirement for Class 2 Medical Certification of Cabin Crew</p> <p>The current statistical probability of a crew member dying due to sickness onboard is minimal and is exceeded by that of pilots already subject to AME Class1 medicals. Incapacitation is more likely but, having examined all our incidences of CC sickness on board for 2008, the majority are due to CC reporting for duty with a minor illness in contravention of Company instructions. Imposing a higher initial or recurrent certification medical clearly mitigates neither issue.</p> <p>Where incapacitation has occurred easyJet can find no evidence of cabin crew ill-health or incapacitation having resulted in a quantifiably worsened outcome in a non-normal situation. Furthermore, as stated above, there is no evidence that the proposed level of medical certification will significantly impact the currently observed rates of illness/incapacitation. Currently mandated manning levels allow sufficient role redundancy in normal and non-normal operations and single point cabin crew incapacitation should not result in a critical flight safety situation in normal flight regimes. Worst case scenario catastrophic non-normal situations require a composite overlay of risk rates for the event and coincident cabin crew unavailability. Empirical evidence from the pilot community, who are subject to Class 1 medical standards, suggests that these rates have remained broadly constant despite increased levels of testing and are in excess of cabin crew incapacitation rates.</p> <p>Hence, easyJet questions the requirement for an increase in the current standard of medical examination for cabin crew; variations in social legislation across Europe would make it difficult for EASA to apply a standardised policy to cover all countries and the proposal unnecessarily exceeds any current national requirement, indeed the proposed medical examination is in excess of that required for some recreational pilots in Europe and the USA.</p>		
comment	464	comment by: <i>easyjet safety</i>
<p>The advice from our aeromedical consultants state that in their opinion</p> <ul style="list-style-type: none"> • The NPA proposals are not evidence based. • There are no ICAO SARPS relating to Cabin Crew (CC) medical requirements. • The FAA has no medical requirements for CC. 		

- There are no MOR reports that have shown that CC health affected flight safety.
- There are no reported cases of CC incapacitation affecting flight safety.(refer to the IATA CC Safety Conference,Geneva,2008).
- Diversions rarely occur because of CC incapacitation, but these are operational concerns not flight safety ones.
- The pragmatic approach of EU Ops should be incorporated into EASA Ops whereby the Implementing Rules (which effectively cannot be changed) should state general guidance and the Acceptable Means of Compliance (AMC) should have the detail which can be changed as medical knowledge progresses.
- Most CC incapacitation is unpredictable e.g. Gastroenteritis, fainting or accident and would not be picked up at a routine medical examination.
- Even in an evacuation situation there is built in redundancy of CC numbers.
- In single CC flights following a sudden CC incapacity, the flight crew would take over direction of the passengers.
- Risk analysis does not seem to have been fully appreciated:
 1. The effect of two small risks e.g. Sudden CC incapacity (say1%) and emergency evacuation (say 1%) is not additive and to equal 2%.
 2. The resultant risk is a multiple and is incredibly small e.g. =1%x1% = 0.01%.
- Best Aeromedical Practice:
 1. Should be directed to medical examinations that have a yield i.e. how good is the sensitivity of the tool to pick up disease or to prove that there is no disease in an individual.
 2. Medicals should be cost effective, otherwise by committing huge resources to CC medicals might drain resources from elsewhere which really could affect flight safety.
 3. There is no evidence that the proposed medical examinations will improve flight safety by picking up more information than could be got from a self declaration questionnaire or by a General Medical Practitioner's report.
 4. Fearful CC may not divulge significant medical histories which might compromise good occupational health.
 5. Some CC might be tempted to get unreasonable treatments to get round the rules, which is not good occupational health practice.
- The level of medical fitness for CC set out in the NPA is equivalent to a Class 2 Pilot Medical but there is no evidence that such a high level of medical fitness would improve flight safety:
 1. The Group 2 medical fitness level for HGV drivers required by the DVLA is less stringent.
 2. The Leisure Pilot Licence (LPL) is less stringent and here a single pilot can carry up to 4 passengers.
 3. Group one drivers do not require a medical examination but only a self declaration. A similar standard applied to CC or a General Medical Practitioner's report should be adequate.
 4. The frequency of the proposed medical examinations has been set arbitrarily.
 5. Even with the existing 3 yearly self declarations, there have been no cases identified by these that were not already referred to the company doctor by other established routes of referral.
 6. Best Occupational Health Practice should look after less than A1 CC not the Regulator.
 7. This NPA if approved would fall foul of the Disability Discrimination

Act (DDA).

8. Many existing competent and highly experienced CC with proscribed conditions would have to be medically retired and no doubt compensated.
- We already have significant numbers of Type 1 diabetics treated with insulin and I have had no reports of sudden incapacitation.
 - The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".
- The Company MO should assess those prospective or existing CC with a history of illness or who develop illness treating each case on its individual merit and not apply blanket bans issued by the Regulator.
 - There is no case for blanket bans for any of the individual systems categories and we should comment in each section accordingly.
 - Some of the suggested tests are either useless or over the top:
 1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals.
 2. An initial audiogram will not reveal anything more than would have been picked up by HR at initial interview. If the proposed CC seemed hard of hearing then an audiogram or other hearing test could be arranged.
 3. Formal review by a Psychiatrist seems over the top when good occupational health review could deal with most cases as happens at present. Even a manic CC would find it difficult to affect flight safety given the closed cockpit door.
 4. Urinalysis, Blood pressure monitoring etc. are well person checks which are universally available from the NHS and so why regulate for them?
 5. The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! Also this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

**Dr Peter J Ward,
Company Medical Adviser.**

comment

468

comment by: *easyjet safety*

Requirement for Class 2 Medical Certification of Cabin Crew

Justification

Considering the above statements easyJet therefore strongly argues that the proposals for the above contained in NPA 2009-02e do not meet the requirements of the Implementing Rules (Article 8) in that they should:

- take into account worldwide aircraft experience in service, and scientific and technical progress

- be based on a risk assessment and shall be proportional to the scale and scope of the operation

easyJet also strongly disputes the supporting impact assessment (NPA 2009-

02g) which seeks to establish and justify the safety case for a Class II medical requirement for Cabin Crew based on erroneous assumptions of the number of lives saved due to cabin crew actions .

- easyJet believes that this safety case fails to establish any available evidence justifying such onerous medical requirements and simply accepts current practice in a minority of Member States as sufficient – but does not establish that it is necessary - or lead to flight safety benefits and is therefore excessive and not justified.

comment

501

comment by: KLM

Relevant Text:

(b) For cabin crew in commercial operations

(4) In case of suspected unfitness and of unfit assessment

Comment:

Suspected cases should not be further reported - the examination/assessment should first be completed.

comment

502

comment by: KLM

Relevant Text: (b) (1)

(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment

503

comment by: KLM

Relevant TextL

(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination

and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment

504

comment by: KLM

Relevant Text:

(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:

- (i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and*
- (ii) be informed on their right of appeal to the competent authority.*

Comment (b) (4) Agree. If such a system of examinations and licences is to be introduced (see 31 and 32) there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment

542

comment by: Austro Control GmbH

Delete (4) and form a new paragraph (4)

(1) *In case of suspected unfitness and of unfit assessment, the cabin crew member shall:*

- (i) Immediately inform the operator from the suspected unfitness, where he is assigned to duties;***
- (ii) Do not exercise their duties when assigned by the operator.***

Justification:

Shall regulate what has to be done by the cabin crew when he/she is unfit. The operator shall be immediately informed and shall not assign the cabin crew member to duties. It is one of the obligations of the operator only to assign fit staff to duties to comply with the requirement. This is not an authority requirement alone. The cabin crew is obliged to inform the operator adequately. When this is not the case, this is a breach of the rules.

Aero Medical examiners should not be involved in the information process to operator and NAA because of problems with patient confidentiality and national law for data protection.

comment

575

comment by: Deutsche Lufthansa AG

Relevant Text:

(b) For cabin crew in commercial operations

(4) In case of suspected unfitness and of unfit assessment

Comment:

Suspected cases should not be further reported - the examination/assessment should first be completed.

comment

576

comment by: Deutsche Lufthansa AG

Relevant Text: (b) (1)

(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPS [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment

577

comment by: Deutsche Lufthansa AG

Relevant Text

(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination

and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment

578

comment by: Deutsche Lufthansa AG

Relevant Text:

(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:

(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and

(ii) be informed on their right of appeal to the competent authority.

Comment (b) (4) Agree. **If** such a system of examinations and licences is to be introduced there must be a means for an applicant to appeal, which should be assessed on medical and scientific grounds, based on an individual risk assessment.

comment

677

comment by: Swiss International Airlines / Bruno Pfister

Relevant Text:

(b) For cabin crew in commercial operations

(4) *In case of suspected unfitness and of unfit assessment*

Comment:

Suspected cases should not be further reported - the examination/assessment should first be completed.

comment

678

comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text: (b) (1)

(b) For cabin crew in commercial operations

(1) Aeromedical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.

Comment The requirement for examinations to be conducted by an AME is arbitrary and unnecessary.

Justification An LPL can be conducted by a GMP and yet the immediate safety implications of an LPL pilot incapacitation are far in excess of those [theoretically] resulting from a cabin crew illness.

Proposal: The requirement should be, at most, for a "medical assessment" as in EU-OPs [which can be undertaken by questionnaire] and assessed by an appropriately experienced person

comment

679

comment by: *Swiss International Airlines / Bruno Pfister*

Relevant TextL

(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination and assessment and whether they have been assessed fit or unfit.

Comment (b) (3) The AME needs to inform the applicant in writing whether they have been assessed as fit or unfit and yet there is no formal way in which to do this since in NPA 2009-02a page 61 para 13 it states "... the Basic Regulation does not require the issuing of a medical certificate." This is an impractical arrangement as the Competent Authority will have no way of knowing that the written confirmation is from an appropriately qualified person.

Proposal. If a medical examination is required (see comment 31) then there should be some official and consistent format for the communication of fitness or unfitness. This might be in the form of a certificate on "secure" paper.

comment

680

comment by: *Swiss International Airlines / Bruno Pfister*

Relevant Text:

(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall:

(i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and

(ii) be informed on their right of appeal to the competent authority.

evaluation of the impact of these requirements.

comment

199

comment by: *Virgin Atlantic Airways*

Subpart E General Comment. If medical standards are stipulated they should not be placed in the "requirements" where they are subject to complex procedures to change.

Justification Standards must be open to review and challenge in the light of new evidence or treatments.

Proposal Information should be placed in guidance material or at most, AMCs, thus allowing easier amendment in the event of increased knowledge of certain conditions and/or improvements in medical management and scientific evaluation of the impact of these requirements.

comment

239

comment by: *UK CAA*

Attachment [#4](#)

Paragraph No: Section 2: Specific requirements for medical fitness of cabin crew

Comment:

It is prudent to await the outcome of the evidence-based review before outlining specific prescriptive standards, which will require justification. It is understood that the results of the '*Scientific and medical evaluation of the EU OPS provisions for cabin crew*', required to be conducted by Regulation (EC) 1899/2006, are expected to be completed by the end of 2009. It is appropriate to await these results before formulating standards

Justification: If these standards are implemented, the legal appeal against the standards will be to EASA. This will have significant workload implications for the Agency. Any increase in regulation above that prescribed in EU OPS would require scientific justification.

Proposed Text (if applicable: The current UK FODCOM (16/2008) which is compliant with EU OPS is attached as an example of an appropriate medical standard and surveillance system for cabin crew.

comment

298

comment by: *The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly*

**New Subpart E Requirements For Medical Fitness Of Cabin Crew
Pages 17-23**

Comment: This a completely new section that will be imposed without taking any regard to the wishes of operators that presently have a perfectly good system of regulating the fitness of their crews. All this will achieve is an increased cost to both operators and crews and the loss of some experienced crew who are colour blind, or with existing medical conditions which would become non-flyable limitations. This would expose EASA [NAA's and Employers] to court action on the ground of discrimination.

Having researched the legality of the EASA proposals not only are they against

less favourably than another is, has been or would be treated in a comparable situation, on any of the grounds referred to in Article 1;

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 1: General

p. 17

comment	111	comment by: <i>Thomas Cook Airlines UK</i>
<p>MED.E.001 General requirements</p> <p>Comment:</p> <p>Paragraph (a) (2) implementing this requirement cannot be justified as it would unfairly discriminate against those initial cabin crew applicants with established but controlled disease. It would also discriminate against established cabin crew who are already employed but who have stable and well-controlled chronic diseases.</p> <p>Justification:</p> <p>There is no evidence that flight safety has ever been compromised as a result of cabin crew with established chronic disease becoming incapacitated during a flight. Cabin crew incapacity does occur but is unpredictable and could never be anticipated by any routine medical examination.</p> <p>Proposed text:</p> <p>As written but amend MED.E.001 (a) (2) to read: active latent, acute or chronic disease or disability that has not been clinically fully assessed as either resolved or under satisfactory control.</p>		
comment	178	comment by: <i>UKAMAC</i>
<p>Comment:</p> <p>Section 1 of this Subpart is unrealistically proscriptive. There are many cabin crew operating quite successfully and safely in spite of chronic diseases such as type I diabetes, ulcerative colitis, coeliac disease, food allergies, HIV disease. It would be intolerable to declare that these people are suddenly unfit for employment and such cases would be settled in the courts.</p> <p>Justification:</p> <p>It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify these additional procedures.</p> <p>Proposed text:</p> <p><i>REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW</i></p> <p><i>General</i></p> <p><i>MED.E.001 General requirements</i></p> <p><i>Cabin crew members shall be free from any abnormality, congenital or acquired, that would entail a degree of functional incapacity which might lead to sudden incapacitation or inability to exercise their safety function.</i></p>		
comment	420	comment by: <i>AUSTRIAN Airlines</i>
<p>Relevant Text:</p> <p><i>(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin</i></p>		

crew attestation to exercise their privileges safely."

Comment

There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004

<http://www.ingentaconnect.com/content/asma/asm/2004/00000075/00000003/art00011> .

Justification

The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:

the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 1: General - MED.E.001: General requirements p. 17

comment

10

comment by: *British Airways*

Comment:

This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) Cabin crew members shall be free from any:

- abnormality, congenital or acquired; or
- active, latent, acute or chronic disease or disability; or
- wound, injury or sequelae from operation; or
- effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.

(b) When clinically indicated, additional medical examinations and investigations may be required.

comment

34

comment by: *Virgin Atlantic Airways Ltd*

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
<http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011> .

Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation: the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained

comment 108 comment by: Dr Martin St Laurent

It does not appear that it will be taken into account the necessity to modify or improve these requirements at the light of the arrival of new therapeutic way which would be in the future compatible with the aptitude.

As the specific requirements are very detailed , they must be corrected or simplified or completed each time a new process in diagnosis or treatment or complementary examination is validated.

comment 200 comment by: Virgin Atlantic Airways

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004
<http://www.ingentaconnect.com/content/asma/asem/2004/00000075/00000003/art00011> .

Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation: the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained

comment	263	comment by: <i>The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly</i>
<p>MED.E.001 General Requirements:</p> <ul style="list-style-type: none"> • Section (a) (2) would fall foul of many Disability Discrimination Acts • Many existing competent and highly experienced Cabin Crew with proscribed conditions would have to be medically retired and no doubt compensated at considerable cost. <p>(1) There are already a significant number of Type 1 diabetics treated with insulin and [Thomson Airways] there have been no reports of sudden incapacitation.</p> <p>(2) The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".</p> <p>Proposal: Replace with – 'Active, latent, acute or chronic disease or disability unless it has been fully assessed on an individual basis according to best Aeromedical practice and is considered stable'.</p>		
comment	320	comment by: <i>AEA</i>
<p>Relevant Text: <i>(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."</i></p> <p>Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at some risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004 http://www.ingentaconnect.com/content/asma/asm/2004/00000075/00000003/art00011 .</p> <p>Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.</p> <p>Recommendation: the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS</p>		
comment	321	comment by: <i>AEA</i>
<p>Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.</p> <p>Justification:</p>		

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Proposal: Sub-Part E be replaced with:

'Cabin crew members shall be free from any condition, that would entail a degree of functional incapacity or unacceptable risk of sudden incapacitation, which is incompatible with their safety function. Decision making should be based on individual assessment in accordance with best occupational health practice.'

Alternatively use same text as in next comment (both should use the same text)

comment

322

comment by: AEA

Comment:

This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) Cabin crew members shall be free from any:

- abnormality, congenital or acquired; or*
- active, latent, acute or chronic disease or disability; or*
- wound, injury or sequelae from operation; or*
- effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.

(b) When clinically indicated, additional medical examinations and investigations may be required.

comment

421

comment by: AUSTRIAN Airlines

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification

for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment

422

comment by: AUSTRIAN Airlines

Comment:

This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) *Cabin crew members shall be free from any:*

- *abnormality, congenital or acquired; or*
- *active, latent, acute or chronic disease or disability; or*
- *wound, injury or sequelae from operation; or*
- *effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.

(b) *When clinically indicated, additional medical examinations and investigations may be required.*

comment

506

comment by: KLM

Relevant Text:

(a) (4) *"..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."*

Comment

There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004

<http://www.ingentaconnect.com/content/asma/asm/2004/00000075/00000003/art00011> .

Justification

The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:

the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment

507

comment by: KLM

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment

508

comment by: KLM

Comment:

This section gives no indication of what would be considered an acceptable

level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) Cabin crew members shall be free from any:

- abnormality, congenital or acquired; or*
- active, latent, acute or chronic disease or disability; or*
- wound, injury or sequelae from operation; or*
- effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.

(b) When clinically indicated, additional medical examinations and investigations may be required.

comment

543

comment by: *Austro Control GmbH*

Subpart E

Comment:

The mandatory medical standards, which are very close to the standards for private pilots, could impose significant unnecessary costs on cabin crew, operators and authorities. The new subpart E shall be reviewed if all the proposed fitness requirements are adequate and if state of health is in line with contact with passengers (e.g. TBC). It shall be verified, if cabin crew incapacitation has ever compromised safety of passengers in case of emergency.

comment

580

comment by: *Deutsche Lufthansa AG*

Relevant Text:

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment

There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004

<http://www.ingentaconnect.com/content/asma/asm/2004/00000075/00000003/art00011> .

Justification

The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit

could be justified in safety grounds.

Recommendation:

the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment

581

comment by: *Deutsche Lufthansa AG*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

Refer also to our comment to NPA 2009-02g G. 2. REGULATORY IMPACT ASSESSMENT - 2.10 Assessment of cabin crew medical fitness, which includes a data-based risk assessment leading to the conclusion that cabin crew medicals need NO further regulation.

comment	582	comment by: <i>Deutsche Lufthansa AG</i>
<p>Comment: This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.</p> <p>Justification: In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.</p> <p>Proposed text: Amend text to read as follows: (a) <i>Cabin crew members shall be free from any:</i></p> <ul style="list-style-type: none"> • <i>abnormality, congenital or acquired; or</i> • <i>active, latent, acute or chronic disease or disability; or</i> • <i>wound, injury or sequelae from operation; or</i> • <i>effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;</i> <p><i>that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.</i></p> <p>(b) <i>When clinically indicated, additional medical examinations and investigations may be required.</i></p>		
comment	658	comment by: <i>British Airways Flight Operations</i>
<p>Routine medical examination of cabin crew <u>cannot be justified</u> on safety grounds. See AEA comment #131 to NPA 2009-02g.</p> <p>General Comment: NPA 2009-2 in its entirety is unfit for the purpose for which it is intended and must be withdrawn and reconsidered.</p>		
comment	682	comment by: <i>Swiss International Airlines / Bruno Pfister</i>
<p>Relevant Text: (a) (4) <i>"..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."</i></p> <p>Comment There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at some risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004 http://www.ingentaconnect.com/content/asma/asm/2004/00000075/00000003/art00011 .</p> <p>Justification The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the</p>		

duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:

the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment

683

comment by: *Swiss International Airlines / Bruno Pfister*

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

Sudden incapacitation of a member of cabin crew, even in the single cabin crew operation, carries no immediate threat to the safety of the aircraft or it's occupants. Such events do rarely lead to diversion, which carries an element of increased operational risk, but there is no evidence that periodic medical screening can mitigate this.

If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment

684

comment by: *Swiss International Airlines / Bruno Pfister*

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This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) Cabin crew members shall be free from any:

- abnormality, congenital or acquired; or*
- active, latent, acute or chronic disease or disability; or*
- wound, injury or sequelae from operation; or*
- effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;*

that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.

(b) When clinically indicated, additional medical examinations and investigations may be required.

comment

753

comment by: TAP Portugal

Relevant Text:

(a) (4) "..... which might lead to inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their privileges safely."

Comment

There is no indication here of what the acceptable level of risk is. Taken literally, though in most cases the risk is low, as everyone is at **some** risk of incapacitation from, for example a cardiac arrhythmia, a convulsion or a myocardial infarction, no one would be free of that risk and so would not be able to meet the requirements. For Class 1 pilots, the accepted risk level is 1% annual risk of incapacitation, as described in the paper by Mitchell and Evans published in the ASEM Journal in 2004

<http://www.ingentaconnect.com/content/asma/sem/2004/00000075/00000003/art00011> .

Justification

The same basic principle should be applied in ascertaining an acceptable level of risk for cabin crew. The crucial aspects of this calculation will be the duration/proportion of the flight where cabin crew incapacitation would result in a flight safety risk. As no such period can be defined, no calculable limit could be justified in safety grounds.

Recommendation:

the current EU-Ops requirements under AMC OPS 1.995 is sufficient and should be retained. Revert to EU OPS

comment

754

comment by: TAP Portugal

Comment: The use of Part MED Subpart B Section 2 medical requirements (Class 2 medical) as the basis for cabin crew medical fitness standards cannot

be justified.

Justification:

The medical standards for pilots reflect the consequences of sudden incapacitation of the pilot, being most stringent for the single pilot commercial operation and progressively less stringent for the multi-crew commercial pilot, private pilot and the Light Pilot License (LPL).

The LPL is a new form of licence, outwith the ICAO framework, with proposals for new medical standards that have been specifically developed to reflect the risk assessment for this class of activity. The proposed requirement for the LPL has been based on the requirements for a Group 2 (vocational) driving licence and can be completed by a General Medical Practitioner. A pilot with a LPL may operate as a single pilot in a small aircraft carrying up to 3 or 4 passengers. The consequences of sudden incapacitation during flight in this scenario would be an immediate risk to the safety of the aircraft and it's occupants. The frequency of medical assessment required for the LPL is substantially less than that proposed for cabin crew at CC.C.200

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If a medical standard is required for cabin crew, outwith the ICAO framework, this should also be specifically developed to reflect the risk assessment for this class of activity. A rational risk-based conclusion (best aeromedical practice) is that medical fitness standards for cabin crew should be set at a level below that of the LPL. It might be suggested that the Group 1 driving licence medical standards would be appropriate, although even then it is arguable that sudden incapacitation of a car driver involves a higher level of immediate risk to safety than that of a member of cabin crew.

For example, the medical fitness requirements for a Group 1 licence in the UK are a self-declaration of fitness on initial issuance, self-declaration of any subsequent significant medical condition and renewal, again with self-declaration, at age 70 and 3-yearly thereafter. There is no safety justification for medical standards for cabin crew that are higher than those required for a Group 1 driving-licence. As with the LPL medical certificate, a suitable questionnaire would include some additional specific questions of relevance to the aviation environment. A competent person, e.g. an occupational health professional with aviation medical expertise or access to such expertise, should review the self-declaration.

comment

755

comment by: TAP Portugal

Comment:

This section gives no indication of what would be considered an acceptable level of risk of sudden incapacitation for cabin crew.

Justification:

In the absence of any evidence of attributable risk to safety arising from cabin crew incapacitation, it is suggested that no limit could be justified on safety grounds.

Proposed text:

Amend text to read as follows:

(a) Cabin crew members shall be free from any:

- abnormality, congenital or acquired; or
 - active, latent, acute or chronic disease or disability; or
 - wound, injury or sequelae from operation; or
 - effect or side effect of any prescribed or nonprescribed therapeutic, diagnostic or preventive medication;
- that would entail a degree of functional incapacity which would lead to inability to perform their duties and responsibilities safely.
- (b) When clinically indicated, additional medical examinations and investigations may be required

comment

896	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
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Comment:

The paragraph is similar to MED.B.001 for medical certificates.

However, the specific conditions to make a fit assessment described in MED.B.001 (b) are missing.

MED.E.001 (b) does not specify who is entitled to require additional examinations and investigations. This differs from MED.B.001 (d) where this is restricted to an AME, an AeMC and the authority. Additional examinations and investigations should only be required in case of suspected unfitness, in which case the CC shall always be referred to the authority.

Proposal:

Amend MED.E.001 as follows:

Replace (b) with a new (c): The GMP or AME or AeMC or, in case of referral, the licensing authority may require additional medical examinations and investigations when clinically indicated.

Add a new (b): Cabin crew members shall be given a fit assessment only if they comply with all the requirements of this Subpart applicable to the type of operations in which they will be engaged.

comment

900	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
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Relevant Text:

'Cabin crew members shall not possess any ... / ... disorder which is likely to interfere with the safe exercise of the privileges of **the applicable cabin crew attestation**.

Comment:

This sentence is repeated in a number of paragraphs/subparagraphs, with the result that the specific requirement would not be applicable to CC in non-commercial operations. This need to be corrected

Proposal:

Amend the applicable paragraphs/subparagraphs as follows:

'Cabin crew members shall not possess any ... / ... disorder which is likely to lead to inability to perform their duties and responsibilities safely or to interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

comment

927	comment by: <i>IACA International Air Carrier Association</i>
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Section (a) (2) would fall foul of many Disability Discrimination Acts

- Many existing competent and highly experienced Cabin Crew with

proscribed conditions would have to be medically retired and no doubt compensated at considerable cost.

- There are already a significant number of active cabin crew with Type 1 diabetics treated with insulin and there have been no reports of sudden incapacitation.

- The UK Airline Medical Advisor's Committee (UKAMAC) have recently issued guidance on the employment of CC with stable Epilepsy – "Fit free for 12 months on or off medication is acceptable".

Proposal: replace with – "Active, latent, acute or chronic disease or disability unless it has been fully assessed on an individual basis according to best Aeromedical practice and is considered stable."

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew	p. 17
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comment	143	comment by: <i>Virgin Atlantic Airways Ltd</i>
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General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	179	comment by: <i>UKAMAC</i>
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Comment:

Section 1 of this Subpart is unrealistically proscriptive. There are many cabin crew operating quite successfully and safely in spite of chronic diseases such as type I diabetes, ulcerative colitis, coeliac disease, food allergies, HIV disease. It would be intolerable to declare that these people are suddenly unfit for employment and such cases would be settled in the courts.

Section 2 of this Subpart is entirely unnecessary. We know of no airline accident or incident where the outcome was adversely affected by cabin crew incapacitation that might have been predicted by a medical screening process.

Justification:

It would not satisfy regulatory impact assessment. No unmet safety need has been identified to justify these additional procedures.

Proposed text:

Section 2 should be deleted in its entirety.

comment	264	comment by: <i>The TUI Airlines group represented by Thomson Airways, TUIfly, TUIfly Nordic, CorsairFly, Arkefly, Jet4U, JetairFly</i>
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Section 2

Specific requirements for medical fitness of cabin crew.
Comments:

- There is no case for blanket bans for any of the individual systems categories.
- Some of the suggested tests are either useless or over the top:
 1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals.
 2. An initial audiogram will not reveal anything more than would have been picked up by Human Resources Department at initial interview. If the proposed Cabin Crew seemed hard of hearing then an audiogram or other hearing test could be arranged.
 3. Formal review by a Psychiatrist is excessive when good occupational health review could deal with most cases [as happens at present]. A manic Cabin Crew would find it difficult to affect flight safety given the closed cockpit door.
 4. Urinalysis, Blood pressure monitoring etc. are well person checks which are universally available from the National Health Service , so to regulate for them is deemed unnecessary.
 5. The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! In addition, this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

Proposals:
This entire section should be deleted and replaced with:

- The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness treating each case on its individual merit.
- Best Occupational Health Practice should look after less than "A1" Cabin Crew by periodic assessment defined on an individual case basis.

comment

923	comment by: <i>IACA International Air Carrier Association</i>
<p>It has not been satisfied that Cabin Crew attestations as defined under EASA serve any purpose other than increasing a further bureaucratic level of responsibility. They do not enhance safety in any way and neither would they improve or permit transfer of CC from one Operator to another as each new Operator is required to complete an OCC and to satisfy itself of the level of competence of each CC employee. Proposal: Remove Subpart CC as this serves no useful purpose.</p>	

comment

929	comment by: <i>IACA International Air Carrier Association</i>
<p>·There is no case for blanket bans for any of the individual systems categories. ·Some of the suggested tests are either useless or over the top: 1. A resting ECG is of little value for picking up abnormality in asymptomatic individuals. An initial audiogram will not reveal anything more than would have been picked up by Human Resources Department at initial interview. If the proposed Cabin Crew seemed hard of hearing then an audiogram or other hearing test could be arranged. Formal review by a Psychiatrist is excessive when good occupational health review could deal with most cases [as happens at present]. A manic Cabin Crew would find it difficult to affect flight safety given the closed cockpit door. Urinalysis, Blood pressure monitoring etc. are well person checks which</p>	

are universally available from the National Health Service, so to regulate for them is deemed unnecessary.

The rule for Pregnancy seems to be quite confused as most problems occur in the first trimester and the NPA says that it is OK to fly then! In addition, this NPA takes no account of the ALARA principle which has been in operation for many years now to protect the developing foetus at its most vulnerable stage from ionising radiation.

Proposals: This entire section should be deleted and replaced with:

- The Company MO should assess prospective or existing Cabin Crew with a history of illness or who develop illness treating each case on its individual merit.

Best Occupational Health Practice should look after less than "A1" Cabin Crew by periodic assessment defined on an individual case basis.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for p. 17-19 medical fitness of cabin crew - MED.E.005: Cardiovascular System

comment 2 comment by: *Dr.Beiderwellen, Secretary of GAAME*

Med.D.005

It is not clear from the item what "fully recovered" means.

Proposal:

A re-assesment shall be made by an AMC or an AME class I according to class II medical requirements

comment 11 comment by: *British Airways*

Comment:

The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposed text:

Delete paragraphs a, b, c, d and e.
 Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 38 comment by: *Virgin Atlantic Airways Ltd*

Comment (a) (1) The resting ECG is of limited value as a mass screening tool.

Justification The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal The requirement for resting ECGs should be removed

comment 39 comment by: *Virgin Atlantic Airways Ltd*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 40 comment by: *Virgin Atlantic Airways Ltd*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal If conditions are to be included by name, some definition of the degree of "significance" is required

comment 42 comment by: *Virgin Atlantic Airways Ltd*

(d) (e) As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for

Occupational Health assessment, not regulatory control.

comment 85 comment by: *Dr.Beiderwellen, Secretary of GAAME*

a 1) aufgrund der Häufigkeit cardio-vasculärer Erkrankungen schon vor dem 40. Lebensjahr ist ein EKG bei jeder Untersuchung anzufertigen. Die klin. Indikation zu weiterführenden cardiolog. Untersuchungen kann nur anhand eines vorliegenden, aktuellen EKG gestellt werden.

c 2) Die Grenzen eines noch akzeptablen Blutdrucks müssen definiert sein, In Anlehnung an JAR-FCL 3 wird hier ein Wert von max. 160/90 mmHg vorgeschlagen.

d 2) Eine Definition des Begriffes " fully recovered" fehlt. Zumindest muss hier ein minimaler Untersuchungsumfang (z.B. entsprechend JAR-FCL 3, App.1 (6)) gefordert werden.

4 (ii) Bei absoluter Schrittmacherabhängigkeit muss auf "untauglich" beurteilt werden

comment 112 comment by: *Thomas Cook Airlines UK*

Section 2 Specific requirements for medical fitness of cabin crew

MED.E.005 Cardiovascular System

Comment:

Even in older age groups routine electrocardiography cannot be justified on the grounds of flight safety. There is no evidence that flight safety has ever been compromised by cardiac disability in cabin crew. Cabin crew on anti-coagulants with stable control will not compromise flight safety and should be permitted to operate provided that their clinical condition and clinical assessment is satisfactory. Any cabin crew applicant or if already established in that role should be assessed for any chronic disease or disability according to best occupational health practice.

Justification:

Routine electrocardiography will do nothing to improve flight safety and is a very unreliable screening test in asymptomatic patients.

Proposed text;

delete paragraph (a) (1) and delete (b) (2) (iii) and move it to paragraph (3)

comment 135 comment by: *bmi*

Para. MED.E.005

Comment:Periodic ECG is not necessaryfor cabin crew.

Justification:Routine ECG will do nothing to improve flight safety in asymptomatic subjects without clinical indications.

Porposed text:delete para (a)(1)

Para. MED.E.005

Comment:A cardiovascular condition requiring systemic anticoagulant therapy should not be disqualying.

Justification: Only warfarin has a greater than 1% risk of incapacitating haemorrhage per annum. Aspirin does not have this risk, and is currently acceptable for class 1 JAA certification. Should cabin crew have more restrictive requirements than pilots.

Proposed text: Move (b) (2)(iii) to para. (3) as one of those conditions. Change wording of (3) after list point (ix) from 'shall be evaluated by a cardiologist' to 'should be evaluated by a cardiologist'.

comment 201 comment by: *Virgin Atlantic Airways*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 202 comment by: *Virgin Atlantic Airways*

Comment (a) (1) The resting ECG is of limited value as a mass screening tool.

Justification The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal The requirement for resting ECGs should be removed

comment 203 comment by: *Virgin Atlantic Airways*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment	204	comment by: <i>Virgin Atlantic Airways</i>
<p>Comment In (2) (ii) What is the definition of "significant"?</p> <p>Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.</p> <p>Proposal If conditions are to be included by name, some definition of the degree of "significance" is required</p>		
comment	205	comment by: <i>Virgin Atlantic Airways</i>
<p>(d) (e) As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.</p>		
comment	323	comment by: <i>AEA</i>
<p>Relevant Text: paragraphs a, b, c, d and e.</p> <p>Comment: The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.</p> <p>The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.</p> <p>Proposal: Delete paragraphs a, b, c, d and e. <i>Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</i></p>		
comment	325	comment by: <i>AEA</i>
<p>Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.</p>		

Justification

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, in some of AEA airlines there is crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal

Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment

326

comment by: AEA

Relevant text:

(d) *Coronary Artery Disease*

(e) *Rhythm/Conduction Disturbances*

Comment:

As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment

327

comment by: AEA

Relevant text

(b) *Cardiovascular System – General*

(2) *Cabin crew members with any of the following conditions:*

(ii) *significant abnormality of any of the heart valves;*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment

423

comment by: AUSTRIAN Airlines

Relevant Text:

paragraphs a, b, c, d and e.

Comment:

The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:

Delete paragraphs a, b, c, d and e.

Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

424

comment by: AUSTRIAN Airlines

Relevant text:

(a) Examination

(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.

Comment

The resting ECG is of limited value as a mass screening tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost a lot of money without a proved link with Flight Safety.

Justification:

The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal:

The requirement for resting ECGs should be removed

comment

425

comment by: AUSTRIAN Airlines

Comment

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their

clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal

Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment 426 comment by: *AUSTRIAN Airlines*

relevant text:

- (d) *Coronary Artery Disease*
- (e) *Rhythm/Conduction Disturbances*

Comment:

As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment 427 comment by: *AUSTRIAN Airlines*

Relevant text

- (b) *Cardiovascular System – General*
- (2) *Cabin crew members with any of the following conditions:*
 - (ii) *significant abnormality of any of the heart valves;*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment 509 comment by: *KLM*

Relevant Text:

paragraphs a, b, c, d and e.

Comment:

The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:

Delete paragraphs a, b, c, d and e.

Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

510

comment by: KLM

Relevant text:

(a) Examination

(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.

Comment

The resting ECG is of limited value as a mass screening tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost a lot of money without a proved link with Flight Safety.

Justification:

The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal:

The requirement for resting ECGs should be removed

comment

511

comment by: KLM

Comment

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal

Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment

512

comment by: KLM

Relevant text:

(d) *Coronary Artery Disease*

(e) *Rhythm/Conduction Disturbances*

Comment:

As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment

513

comment by: KLM

Relevant text

(b) *Cardiovascular System – General*

(2) *Cabin crew members with any of the following conditions:*

(ii) *significant abnormality of any of the heart valves;*

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment

583

comment by: Deutsche Lufthansa AG

Relevant Text:

paragraphs a, b, c, d and e.

Comment:

The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:

Delete paragraphs a, b, c, d and e.

Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

584

comment by: Deutsche Lufthansa AG

Relevant text:

(a) Examination

(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.

Comment

The resting ECG is of limited value as a mass screening tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost a lot of money without a proved link with Flight Safety.

Justification:

The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal:

The requirement for resting ECGs should be removed

comment

585

comment by: Deutsche Lufthansa AG

Comment

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal

Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment	586	comment by: <i>Deutsche Lufthansa AG</i>
<p>Relevant text: (d) <i>Coronary Artery Disease</i> (e) <i>Rhythm/Conduction Disturbances</i></p> <p>Comment: As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.</p>		
comment	587	comment by: <i>Deutsche Lufthansa AG</i>
<p>Relevant text (b) <i>Cardiovascular System – General</i> (2) <i>Cabin crew members with any of the following conditions:</i> (ii) <i>significant abnormality of any of the heart valves;</i></p> <p>Comment In (2) (ii) What is the definition of "significant"?</p> <p>Justification Is this structurally significant of functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.</p> <p>Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.</p>		
comment	685	comment by: <i>Swiss International Airlines / Bruno Pfister</i>
<p>Relevant Text: paragraphs a, b, c, d and e.</p> <p>Comment: The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.</p> <p>The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.</p> <p>Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.</p>		

Proposal:

Delete paragraphs a, b, c, d and e.

Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

686

comment by: *Swiss International Airlines / Bruno Pfister***Relevant text:**

(a) Examination

(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.

Comment

The resting ECG is of limited value as a mass screening tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost a lot of money without a proved link with Flight Safety.

Justification:

The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds

Proposal:

The requirement for resting ECGs should be removed

comment

687

comment by: *Swiss International Airlines / Bruno Pfister***Comment**

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.

Justification

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.

Proposal

Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"

comment

688

comment by: *Swiss International Airlines / Bruno Pfister***Relevant text:**

(d) Coronary Artery Disease

(e) Rhythm/Conduction Disturbances

Comment:

As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.

comment

689

comment by: *Swiss International Airlines / Bruno Pfister***Relevant text**

(b) Cardiovascular System – General

(2) Cabin crew members with any of the following conditions:

(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment

756

comment by: *TAP Portugal***Relevant Text:**

paragraphs a, b, c, d and e.

Comment:

The proposed cardiovascular medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have pre-existing cardiac disease or who develop cardiac disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

The resting ECG is widely recognised as having limited value as a screening tool in asymptomatic populations. The expense and adverse health consequences of this and the additional investigation that would be required in those who have an 'abnormal' ECG trace cannot be justified as a regulatory requirement in the absence of evidence of a risk to safety.

Periodic measurement of blood pressure forms part of routine preventive health care, which may be carried out by an individual's General Practitioner or occupational health service. It is not justified as a regulatory requirement in the absence of evidence of a risk to safety.

Proposal:

Delete paragraphs a, b, c, d and e.

Replace with: Cabin crew who have pre-existing cardiac disease or who develop cardiac disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment	757	comment by: TAP Portugal
<p>Relevant text: <i>(a) Examination</i> <i>(1) A standard 12lead resting electrocardiogram (ECG) and report shall be completed on clinical indication, and at the first examination after the age of 40 and then every 2 years after the age of 50.</i></p> <p>Comment The resting ECG is of limited value as a mass screening tool. There is no added safety value for having such requirement for electrocardiograms. This will only cost a lot of money without a proved link with Flight Safety.</p> <p>Justification: The expense of conducting routine ECGs and investigating those with anomalies cannot be justified on safety grounds</p> <p>Proposal: The requirement for resting ECGs should be removed</p>		
comment	758	comment by: TAP Portugal
<p>Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk.</p> <p>Justification Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. As examples, we have crew who have developed conditions requiring systemic short and long term anticoagulant therapy (see 2(iii)). After evaluation of their clinical condition, confirming stability of anticoagulation and consultation with their specialist, some have been allowed to return to flying and some have not. Those who do return are reviewed by Occupational Health professionals to ensure that nothing has changed. The nature of our airline's operation is also taken into account.</p> <p>Proposal Lists of conditions should ideally be removed. If not deemed appropriate, then they should be included in a list of "conditions which should be subject to individual assessment"</p>		
comment	759	comment by: TAP Portugal
<p>Relevant text: <i>(d) Coronary Artery Disease</i> <i>(e) Rhythm/Conduction Disturbances</i></p> <p>Comment: As stated previously blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and is likely to contravene national legislation in some member states in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control.</p>		
comment	760	comment by: TAP Portugal

Relevant text

(b) *Cardiovascular System – General*

(2) *Cabin crew members with any of the following conditions:*

(ii) significant abnormality of any of the heart valves;

Comment In (2) (ii) What is the definition of "significant"?

Justification Is this structurally significant or functionally? A bicuspid aortic valve might be regarded as significant structurally but may be insignificant functionally in a 20-30 year old.

Proposal Define Significance. If conditions are to be included by name, some definition of the degree of "significance" is required.

comment

861

comment by: IATA

(a) Examination

(1) Any cardiovascular investigation, including a standard 12-lead resting electrocardiogram (ECG), and report shall be completed on clinical indication.

(2) **Remove**

(b) Cardiovascular System – General

(2) Cabin crew member with any of the following conditions:

(i) aneurysm of the aorta before surgery

(3) Cabin crew member with an established diagnosis of one of the following conditions:

(ii) aneurysm of the aorta after surgery

(c) Blood pressure

(1) The blood pressure shall be recorded when a medical examination is indicated.

comment

897

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)**Comment:**

Section 2 to Subpart E for CC is almost identical to section 2 to Subpart B for medical certificates class 2. For medical certificates class 2 there are also AMC/GM giving further details on assessments and interpretation of the Implementing rules. These are missing for CC but need to be included.

Proposal:

AMC/GM material to Section 2 to Subpart E is required, corresponding to Section 2 to Subpart B for medical certificates class 2.

comment

904

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)**Relevant Text:**

(d) *Coronary Artery Disease*

(1) Cabin crew members with:

(i) cardiac ischaemia;

(ii) symptomatic coronary artery disease; or

(iii) symptoms of coronary artery disease controlled by medication; shall be assessed as unfit

Comment:

For a medical certificate class 2 there is also a requirement for a cardiological evaluation in case of suspected cardiac ischaemia or asymptomatic minor coronary artery disease requiring no treatment. This requirement is also valid for CC and should be added.

Proposal:

Add the requirements in MED.B.005 (d)(1) and (2).

comment

907

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:

(e) *Rhythm/Conduction Disturbances*

(1) ... / ...

shall be evaluated before a fit assessment can be considered.

Comment:

There is a minor difference compared to the requirement for a class 2 medical certificate, which reads: 'shall be evaluated by a cardiologist before a fit assessment can be considered.' These complex disturbances would require the opinion of a cardiologist to be properly assessed. In order to be consistent, the words used for class 2 should be used.

Proposal:

Amend the requirement to read:

(1) ... / ...

Shall be evaluated by a cardiologist before a fit assessment can be considered.

comment

909

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:

(e) *Rhythm/Conduction Disturbances*

(2) Cabin crew members with any of the following:

... / ...

may be assessed as fit in the absence of any other abnormality and subject to

Comment:

There is a minor difference compared to the requirement for a class 2 medical certificate, which reads: 'may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.'

In order to be consistent, the words used for class 2 should be used.

Proposal:

(2) Cabin crew members with any of the following:

... / ...

may be assessed as fit in the absence of any other abnormality and subject to satisfactory cardiological evaluation.

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.010: Respiratory System p. 19

comment	3	comment by: <i>Dr.Beiderwellen, Secretary of GAAME</i>
		MED.E.010 (b): Cabin crew members shall undertake a pulmonary function test at every check
comment	12	comment by: <i>British Airways</i>
		Comment: The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Justification: There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Proposed text: Delete paragraphs a, b, c and d. Replace with: Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.
comment	43	comment by: <i>Virgin Atlantic Airways Ltd</i>
		Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.
comment	86	comment by: <i>Dr.Beiderwellen, Secretary of GAAME</i>
		b) auf Grund der erhöhten Belastung in Notfällen (z.B. Rapid dekompensation, Brand) und der dann wichtigen Funktion der Flugbegleiter muss die Leistungsfähigkeit ihres pulmonalen Systems jederzeit gewährleistet sein. daher ist einen Lungenfunktionstestung mit Bestimmung der VC, FEV1, PEF bei jeder Untersuchung zu fordern
comment	113	comment by: <i>Thomas Cook Airlines UK</i>
		<u>MED.E.010 Respiratory system</u>

Comment:

a partial pneumonectomy is not necessarily disabling and may be considered acceptable following clinical assessment.

Justification:

even following partial pneumonectomy respiratory function may be perfectly adequate for cabin crew duties.

Proposed text:

move paragraph (d) to paragraph (c)

comment

136

comment by: *bmi*

para. MED.E.010 Respiratory system

Comment: Partial pneumonectomy is not necessarily disabling and may be acceptable after clinical assessment.

Justification: Pulmonary function testing may be acceptable for cabin crew duties after partial pneumonectomy.

Proposed text: Remove para. (d).

comment

143 comment by: *Virgin Atlantic Airways Ltd***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

206

comment by: *Virgin Atlantic Airways*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 328 comment by: AEA

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 428 comment by: AUSTRIAN Airlines

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment 514 comment by: KLM

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who*

develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice

comment

588

comment by: Deutsche Lufthansa AG

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

690

comment by: Swiss International Airlines / Bruno Pfister

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

761

comment by: TAP Portugal

Comment:

The proposed respiratory medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing respiratory disease or who develop respiratory disease which could result in their being unable to safely*

perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice

comment 911 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:

(d) Cabin crew members who have undergone a partial pneumonectomy shall be assessed as unfit.

Comment:

According to MED.B.010 applicants for a class 1 medical certificate who have undergone a total pneumonectomy shall be assessed as unfit, while a lesser chest surgery can result in a fit assessment. For CC even a partial pneumonectomy, which is a lesser chest surgery with far less consequences, is proposed to be disqualifying. This is not proportionate and should be corrected.

Proposal:

Amend the requirement to read:

(d) Cabin crew members who have undergone a total pneumonectomy shall be assessed as unfit.

comment 946 comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.015: Digestive System p. 19

comment 13 comment by: *British Airways*

Comment:

The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposed text:

Delete paragraphs a, b, c and d.

Replace with: Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their

fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 44 comment by: *Virgin Atlantic Airways Ltd*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment 114 comment by: *Thomas Cook Airlines UK*

MED.E.015 Digestive system

Comment:

Cabin crew-members with established digestive system disease should be assessed on an individual basis following best Occupational Health principles. Those with established but stable disease shall be considered fit to perform duties as a member of cabin-crew.

Justification:

There is no evidence that a member of cabin-crew with established but stable gastro-intestinal disease has ever compromised flight safety. Acute gastrointestinal incapacity is quite common and cannot be anticipated by any form of routine medical examination.

Proposed text:

Delete paragraphs (a), (b)
Add paragraph (c) to paragraph (d) as number (6)

comment 143 comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 201 comment by: *Virgin Atlantic Airways*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety

benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

207

comment by: *Virgin Atlantic Airways*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

329

comment by: *AEA*

Relevant Text:
paragraphs a, b, c and d

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:
Delete paragraphs a, b, c and d.
Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

429

comment by: *AUSTRIAN Airlines*

Comment:
The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

430

comment by: AUSTRIAN Airlines

Comment:

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

515

comment by: KLM

Relevant Text:

paragraphs a, b, c and d

Comment:

The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

516

comment by: KLM

Comment:

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of

whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

589

comment by: Deutsche Lufthansa AG

Relevant Text:

paragraphs a, b, c and d

Comment:

The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

590

comment by: Deutsche Lufthansa AG

Comment:

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

691

comment by: Swiss International Airlines / Bruno Pfister

Relevant Text:

paragraphs a, b, c and d

Comment:

The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden

incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

692

comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

762

comment by: *TAP Portugal*

Relevant Text:

paragraphs a, b, c and d

Comment:

The proposed digestive system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

Acute gastro-intestinal disease is the most common reason for sudden incapacitation of cabin crew, but there is no evidence that periodic medical assessment or examination would mitigate this risk.

Proposal:

Delete paragraphs a, b, c and d.

Replace with: *Cabin crew who have pre-existing gastro-intestinal disease or who develop gastro-intestinal disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

763

comment by: *TAP Portugal*

Comment:

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

The most common problem in this area is acute diarrhoea and / or vomiting but this is not predictable or identifiable at a routine medical examination

comment

915

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:

(d) (5) after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs; may be assessed as fit after successful treatment or full recovery after surgery and subject to satisfactory evaluation.

Comment:

There is a minor difference to the requirement for a class 2 medical certificate, which reads: 'may be assessed as fit after successful treatment or full recovery after surgery and subject to satisfactory gastroenterological evaluation.' In order to be consistent, the words used for class 2 should be used.

Proposal:

Amend the requirement to read:
'...and subject to satisfactory gastroenterological evaluation.'

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.020: Metabolic and Endocrine Systems p. 19-20

comment

4

comment by: *Dr. Beiderwellen, Secretary of GAAME*

MED.E.020 (c):

Insulin requiring Diabetes is nowadays not related to a higher risk of hypoglycämie than a non insulin-diabetes.

Proposal:

delete (c)(1) an add in (2): " with all kinds of diabetes"

comment

14

comment by: *British Airways*

Comment:

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposed text:

Delete paragraphs a, b and c.

Replace with: Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 43 comment by: *Virgin Atlantic Airways Ltd*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 45 comment by: *Virgin Atlantic Airways Ltd*

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety. Individual assessment should be undertaken, not arbitrary rejection.

comment 87 comment by: *Dr. Beiderwellen, Secretary of GAAME*

c 1) stabil eingestellte Diabetiker mit Diabetes Typ II (IDDM) , die nur ein bedside-insulin erhalten, sollten bei Nachweis fehlender Hypoglycämien als tauglich beurteilt werden.

c 2) wegen der Gefahr schwerer Hypoglycämien sollte der Einsatz von Sulfonylharnstoffen ausgeschlossen werden.

comment 115 comment by: *Thomas Cook Airlines UK*

MED.E.020 Metabolic and Endocrine Systems

Comment:

There is no justification for excluding stable diabetics on Insulin or well

controlled oral hypoglycaemic medication from working as cabin crew.

Justification:

Flight safety has never been compromised because a member of cabin crew with diabetes has developed complication of their disease. What will happen to those cabin crew members already in employment who have stable diabetes mellitus on Insulin? Will they be 'banned' from flying?

Proposed text;

Move paragraph (c) (1) and (2) to paragraph (b) above and delete paragraph (c)

comment

137

comment by: *bmi*

MED.E.020 (c) diabetes mellitus

Comment:Stable diabeties on insulin or oral hypoglycaemic may be acceptable. Justification:Flight safety has never been demonstrated to have been compromised because of insulin or non-insulin dependent diabetes.

Proposed text: remove (c) (1) and (2). Paragraph (b) is sufficient and covers diabetes.

comment

143

comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201

comment by: *Virgin Atlantic Airways*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

206

comment by: *Virgin Atlantic Airways*

Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 208 comment by: Virgin Atlantic Airways

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection.

comment 331 comment by: AEA

Comment:

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 332 comment by: AEA

Relevant text:

(c) Diabetes mellitus

(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.

(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:

There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.

To automatically exclude insulin dependent diabetics is unjustified and unless there were robust safety justification would contravene some of the EU member states legislation. Some of AEA airlines have insulin dependent diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.

Individual assessment should be undertaken, not arbitrary rejection

Proposal:

Delete this requirement.

comment

431

comment by: AUSTRIAN Airlines

Comment:

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

432

comment by: AUSTRIAN Airlines

Relevant text:

(c) Diabetes mellitus

(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.

(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:

There is no evidence for a negative impact on flight safety if a cabin attendant

is having diabetes.

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.

Individual assessment should be undertaken, not arbitrary rejection

Proposal:

Delete this requirement.

comment

517

comment by: KLM

Comment:

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

518

comment by: KLM

Relevant text:

(c) Diabetes mellitus

(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.

(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:

There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On

diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.

Individual assessment should be undertaken, not arbitrary rejection

Proposal:

Delete this requirement.

comment

591

comment by: *Deutsche Lufthansa AG*

Comment:

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

592

comment by: *Deutsche Lufthansa AG*

Relevant text:

(c) Diabetes mellitus

(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.

(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:

There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one

instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:

Delete this requirement.

comment

693

comment by: *Swiss International Airlines / Bruno Pfister***Comment:**

The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

694

comment by: *Swiss International Airlines / Bruno Pfister***Relevant text:**

(c) Diabetes mellitus

(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.

(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:

There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.

To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.

Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment

764

comment by: TAP Portugal

Comment:
The proposed metabolic and endocrine system medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds.

There is widespread global experience of cabin crew who have insulin dependent diabetes mellitus operating successfully in the role - both initial entrants and those who develop the condition during employment. To say that such individuals are unfit for the role would be unjustifiable and against the intent of existing social employment legislation on disability discrimination.

Proposal:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing metabolic or endocrine disease or who develop metabolic or endocrine disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

765

comment by: TAP Portugal

Relevant text:
(c) Diabetes mellitus
(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit.
(2) Cabin crew members with diabetes mellitus not requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved.

Comment:
There is no evidence for a negative impact on flight safety if a cabin attendant is having diabetes.
To automatically exclude insulin dependant diabetics is unjustified and unless there were robust safety justification would contravene UK disability legislation. Our airline has insulin dependant diabetics flying safely. On diagnosis, they are evaluated individually and if they are able to demonstrate satisfactory levels of control and have hypoglycaemic awareness they are allowed to fly. Their managers are informed with their consent and they are encouraged to inform other crew members on board. We have had one instance where a crew member became transiently unwell on board, but at no stage was there a risk to flight safety.
Individual assessment should be undertaken, not arbitrary rejection

Proposal:
Delete this requirement.

comment	862	comment by: IATA
<p>(c) Diabetes mellitus</p> <p>(1) Cabin crew members with diabetes requiring insulin shall be assessed as unfit unless it can be demonstrated that blood sugar control has been achieved and the risk of incapacitation in acceptable.</p> <p>Rationale: it is not appropriate to consider all insulin treated diabetics as having similar risk. Some insulin treated diabetics are at much less risk of hypoglycemia than others.</p>		

comment	946 <input type="checkbox"/>	comment by: Air Berlin PLC & Co. Luftverkehrs KG
<p><i>Air Berlin proposes that the specific requirements are not stipulated in too much detail.</i></p> <p><i>In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.</i></p>		

<p>E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.025: Haematology</p>	p. 20
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comment	15	comment by: British Airways
<p>Comment:</p> <p>The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification:</p> <p>Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.</p> <p>Proposed text:</p> <p>Delete paragraphs a and c. (note - no paragraph b in document)</p> <p>Replace with: Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</p>		

comment	88	comment by: Dr.Beiderwellen, Secretary of GAAME
<p>c 4) Hier muss eine Differenzierung der einzelnen Leukämieformen erfolgen, da die Häufigkeit und Schwere von Komplikationen vom Leukämietyp, der Behandlungsstrategie und dem aktuellen Stadium abhängt. Eine weitergehende, onkolog.-haematolog. Beurteilung entsprechend JAR-FCL 3, App 5, (3) ist hier zu fordern.</p>		

comment	116	comment by: Thomas Cook Airlines UK
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Med.E.025 Haematology**Comment:**

This paragraph is acceptable

comment

143 comment by: *Virgin Atlantic Airways Ltd***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

333

comment by: *AEA***Comment:**

The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:

Delete paragraphs a and c. (note - no paragraph b in document)

Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal*

occupational health practice.

comment 433 comment by: *AUSTRIAN Airlines*

Comment:

The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:

Delete paragraphs a and c. (note - no paragraph b in document)

Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 519 comment by: *KLM*

Comment:

The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:

Delete paragraphs a and c. (note - no paragraph b in document)

Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 593 comment by: *Deutsche Lufthansa AG*

Comment:

The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:

Delete paragraphs a and c. (note - no paragraph b in document)
 Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 695 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
 The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
 Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
 Delete paragraphs a and c. (note - no paragraph b in document)
 Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 766 comment by: *TAP Portugal*

Comment:
 The proposed haematological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
 Cabin crew who have a history of haematological disease or who develop haematological disease should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice. There is no risk-based justification for additional regulatory requirements.

Proposed text:
 Delete paragraphs a and c. (note - no paragraph b in document)
 Replace with: *Cabin crew who have pre-existing haematological disease or who develop haematological disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 946 comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.030: Genitourinary System	p. 20
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comment	5	comment by: <i>Dr.Beiderwellen, Secretary of GAAME</i>
<p>MEd.E.030 (e):</p> <p>" full recovery" is not clear.</p> <p>Proposal: any re-assesment shall be done by an AMC or an AME class I</p>		
comment	16	comment by: <i>British Airways</i>
<p>Comment:</p> <p>The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification:</p> <p>There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.</p> <p>Proposed text:</p> <p>Delete paragraphs a, b, c, d and e. replace with: Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</p>		
comment	117	comment by: <i>Thomas Cook Airlines UK</i>
<p><u>MED.E.030 Genitourinary system</u></p> <p>Comment; Routine urine examination will not enhance flight safety. There is no evidence that flight safety has ever been compromised by a member of cabin crew with an abnormal urine test.</p> <p>Justification: Routine urine examination in cabin-crew cannot be justified on scientific grounds.</p> <p>Proposed text: Delete paragraph (b) Paragraphs (a), (c), (d) and (e) are satisfactory</p>		
comment	143 <input type="checkbox"/>	comment by: <i>Virgin Atlantic Airways Ltd</i>
<p>General Comment.</p>		

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

334

comment by: *AEA***Relevant text:**

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

434

comment by: *AUSTRIAN Airlines***Relevant text:**

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

520

comment by: KLM

Relevant text:

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

594

comment by: Deutsche Lufthansa AG

Relevant text:

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to

safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

696

comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text:

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

767

comment by: *TAP Portugal*

Relevant text:

paragraphs a, b, c, d and e.

Comment:

Comment:

The proposed genitourinary medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. There is no evidence of risk to safety that would justify a regulatory requirement for routine urinalysis in an asymptomatic member of cabin crew.

Proposed text:

Delete paragraphs a, b, c, d and e.

Replace with: *Cabin crew who have a history of renal or genito-urinary disease or who develop renal or genito-urinary disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with*

normal occupational health practice.

comment 863 comment by: IATA

(b) Any genitourinary investigation, including urinalysis, and report shall be completed on clinical indication

comment 946 comment by: Air Berlin PLC & Co. Luftverkehrs KG

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.035: Infectious Disease p. 20

comment 47 comment by: Virgin Atlantic Airways Ltd

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

comment 118 comment by: Thomas Cook Airlines UK

MED.E.035 Infectious disease

Comment:

This paragraph is acceptable

comment 130 comment by: Condor Flugdienst GmbH - FRA HO/R

According to CFG the following sentence "-(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aero-medical evaluation." shall be changed into the following wording: - **(b) Cabin crew members who are HIV positive shall be assessed as unfit.**

comment 158 comment by: British Airways

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew.

Proposed text:

Replace text in paragraph b with: Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 209 comment by: *Virgin Atlantic Airways*

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

comment 335 comment by: *AEA*

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 435 comment by: *AUSTRIAN Airlines*

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV*

positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

521

comment by: KLM

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

595

comment by: Deutsche Lufthansa AG

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

697

comment by: Swiss International Airlines / Bruno Pfister

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

768

comment by: TAP Portugal

Relevant text:

(b) Cabin crew members who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Comment:

Paragraph b states that cabin crew who are HIV positive may be assessed as fit subject to satisfactory aeromedical evaluation.

Justification:

There are no specific aeromedical issues related to HIV infection in cabin crew. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control. There is no need to specifically mention HIV which should be subject to good occupational health assessment in the same way as another medical condition.

Proposed text:

Avoid direct mention to HIV.

In reference needed, replace text in paragraph b with: *Cabin crew who are HIV positive should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

816

comment by: Hiv-Danmark

<![endif]-->

Comment to part (a)

HIV-Denmark considers EASA's certification specifications as discriminatory, as there are no reasons, medical or other, for not allowing an HIV-positive person to work as a cabin crew member.

The limitations applied by EASA are based on medical assessments that do not include new studies and research presented at the XVII International AIDS Conference in Mexico 2008. These studies from Switzerland show that HIV-positive individuals on antiretroviral therapy (ART) who are fully adherent, which is the usual pattern for HIV-positive people on ART, maintain an undetectable viral load for at least 6 months, and have no concurrent sexually

transmitted infections (STIs) cannot transmit HIV.

According to the information we have been able to gather there are no reported incidents of transmission of HIV in connection with transport accidents, including air accidents.

Furthermore it is important to stress that people who have been diagnosed with AIDS e.g. 15 years ago will still have the diagnosis AIDS even if they are now fully adherent to antiretroviral therapy and there is a full restitution of their immune system, and therefore they have no further risk of developing any HIV-related diseases. Thus, the AIDS diagnosis in itself should by no means prevent a person from working as a cabin crew member.

HIV-Denmark therefore calls on EASA to renew the existing regulations, as HIV-positive persons should not be banned from any field of work.

Comment to part (b)

Cabin crew members who are HIV positive *should* be assessed as fit subject to satisfactory aero-medical evaluation (i.e. if they are fully adherent to antiretroviral treatment)

comment

884

comment by: HivEurope

Comment to part (a)

HivEurope considers EASA's certification specifications as discriminatory, as there are no reasons, medical or other, for not allowing an HIV-positive person to work as a cabin crew member.

The limitations applied by EASA are based on medical assessments that do not include new studies and research presented at the XVII International AIDS Conference in Mexico 2008. These studies from Switzerland show that HIV-positive individuals on antiretroviral therapy (ART) who are fully adherent, which is the usual pattern for HIV-positive people on ART, maintain an undetectable viral load for at least 6 months, and have no concurrent sexually transmitted infections (STIs) cannot transmit HIV.

According to the information we have been able to gather there are no reported incidents of transmission of HIV in connection with transport accidents, including air accidents.

Furthermore it is important to stress that people who have been diagnosed with AIDS e.g. 15 years ago will still have the diagnosis AIDS even if they are now fully adherent to antiretroviral therapy and there is a full restitution of their immune system, and therefore they have no further risk of developing any HIV-related diseases. Thus, the AIDS diagnosis in itself should by no means prevent a person from working as a cabin crew member.

HivEurope therefore calls on EASA to renew the existing regulations, as HIV-positive persons should not be banned from any field of work.

Comment to part (b)

Cabin crew members who are HIV positive *should* be assessed as fit subject to satisfactory aero-medical evaluation (i.e. if they are fully adherent to

antiretroviral treatment)

comment	946 <input type="checkbox"/>	comment by: <i>Air Berlin PLC & Co. Luftverkehrs KG</i>
<p><i>Air Berlin proposes that the specific requirements are not stipulated in too much detail.</i></p> <p><i>In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.</i></p>		

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for p. 20-21 medical fitness of cabin crew - MED.E.040: Obstetrics and Gynaecology

comment	17	comment by: <i>British Airways</i>
<p>Comment: The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: There is no risk-based justification for additional regulatory requirements. There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew. There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).</p> <p>Proposed text: Delete paragraphs a, b and c. Replace with: Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</p>		
comment	48	comment by: <i>Virgin Atlantic Airways Ltd</i>
<p>Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.</p>		
comment	49	comment by: <i>Virgin Atlantic Airways Ltd</i>
<p>(c) Pregnancy. There seems no logic to a limit of 16 weeks gestation. The risks of complications (and incapacitation) are highest in the first and third trimester. Furthermore, NPA 200817c MED.B.040 allows pilots, for whom incapacitation has real safety implications, to retain their privileges until the end of the 26th week.</p>		
comment	50	comment by: <i>Virgin Atlantic Airways Ltd</i>

(b) there is no safety rationale to stipulate a specific period of grounding after gynaecological surgery. Decisions should be based on good occupational health practice

comment 89 comment by: *Dr.Beiderwellen, Secretary of GAAME*

c) eine Mitteilung über eine Schwangerschaft an die "competent authority" ist aus datenschutzrechtlichen Gründen unzulässig.
Hier ist eine Mitteilung ausschließlich an den AME / das AeMC zu fordern.

comment 119 comment by: *Thomas Cook Airlines UK*

MED.E.040 Obstetrics and Gynaecology

Comment:

There is no evidence to support an arbitrary cut-off point of 16 weeks gestation. Most airlines ground all flight deck and cabin crew once pregnancy is diagnosed due to possible occupational health risk exposure of excess cosmic radiation.

Justification;

Employees should make their own decisions on any acceptable risk of allowing cabin crew members who are pregnant to operate.

Proposed text;

9 (c) In the case of pregnancy assessment of fitness to continue to operate shall be at the discretion of the employer's medical adviser taking into account best occupational health practice and risk assessment.

comment 138 comment by: *bmi*

MED.E.040 Obstetrics and Gynaecology

Comment:there should be no prescriptive time limit before a return to work is possible following major gynaecological surgery.

Justification: Employees should be able to determine when they have recovered sufficiently to return to work. There is no evidence to support an arbitrary figure of 3 months.

Proposed text: remove '...for a period of three months or...' from the text of para. (b).

Comment: There should be no quantitative statement of maximum week of gestation compatible with fitness.

Justification: There is no evidence to determine 16 weeks as the correct cut off. EURATOM directive is not necessarily consistent with such an arbitrary cut off.

Proposed text: Replace present text of para. (c) with ' Pregnant cabin crew may continue to operate in accordance with best occupational health practice having consideration for foetal exposure to cosmic radiation.

comment 143 comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

146

comment by: *fédération des transports CGT, membre de ETF*Attachment [#5](#)

MED E040 (c)

Pregnancy

In the case of pregnancy, ~~when the AeMC or AME consider that the cabin crew member is~~

~~fit to exercise their privileges they shall limit the validity period of the medical fitness to~~

~~the end of the 16th week of gestation. They shall inform the competent authority that, after this point,~~

replace by:

feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy
AeMC and AME will inform their competent authority

Raisons:

la grossesse, état fragile, est incompatible dès les premières semaines avec la pénibilité du poste de membre d'équipage de cabine, pour lequel l'EASA et la commission reconnaissent la nécessité d'une très bonne condition physique voir *NPA 02 e MED.A.070*

Le cumul de facteurs de pénibilité reconnus pour ce poste dans « Tripulante de cabina, risco profissional e desgaste na profissao » Relatorio Tecnico dos peritos medicos.19/11/2008, associés à l'état de grossesse des personnels navigants pourrait entraîner de lourdes conséquences sur la sécurité des vols et la santé de ces personnels.

Des études médicales montrent l'étendue des risques encourus, citons en particulier les rapports du docteur BAGSHAW du head aviation medical services oct. 1996 « cabin crew fitness to fly- the effect of pregnancy et « grounding cabin crew for maternity reasons » du 08 avril 2004.

Parmi ces risques on trouve :

1. les risques liés à la grossesse elle-même trombo embolique , complications inopinées, la fatigue qui mène à l'endormissement , les nombreux maux (nausées vomissement, lombalgies, sommeil...)pouvant mener à une réelle incapacité
2. le grand nombre de risques liés à l'environnement et aux conditions de travail normales et dégradées peuvent aggraver ou faire apparaître des complications inopinées d'une grossesse normale : l'hypoxie entraînant une augmentation du rythme cardiaque, choc vibration et turbulences pouvant entraîner une fausse couche , un retard de croissance du bébé

dû aux vols de nuit, exposition aux radiations ionisantes perturbant le développement cérébral du bébé , exposition aux maladies infectieuses et parasitaires. Sans parler des conditions de vol dégradées (crash, feux, dépressurisation aux conséquences majorées pour la femme enceinte

3. des risques lié au poste de travail : port et déplacement de charge lourde (bagages, trolley armoires...) , longues heures debout peuvent déclencher des contractions...

La survenue de complications inopinées d'une grossesse normale à bord ou en escale (exemple hémorragie suite à un choc), au dela du stress de l'équipage et des risques accrus sur la sécurité impose de lourdes contraintes organisationnelles, financières, et juridiques. Qui sera responsable ?. D'ailleurs, les Etats Européens et la majorité des compagnies européennes reconnaissent à travers l'application des législations et accords que l'inaptitude médicale dès les premiers jours de grossesse est l'option la plus raisonnable.

Conserver l'aptitude de vol jusqu'à 16 semaines de grossesse constituerait une régression coûteuse pour la sécurité et l'image du transport aérien.et serait en totale contradiction avec le droit Européen sur la santé de la femme au travail : à titre d'exemples les facteurs de pénibilité comme l' exposition aux vibrations nocives et aux radiations ionisantes, manipulation de charges lourdes, mouvements et postures, travail de nuit et en horaires décalés) sont reconnus comme préjudiciable aux femmes enceintes par la Directive 92/85/CCE, qui prévoit de les en protéger le temps de leur grossesse.

Afin de maintenir les objectifs de haut niveau de sécurité et sans préjudice des législations communautaires et nationales sur la protection de la santé de la femme au travail, nous proposons que la réglementation européenne prenne exemple sur l'Arrêté Français du 04/09/07 qui déclare la membre d'équipage de cabine inapte au vol dès l'annonce de sa grossesse. Cette inaptitude est prononcée par le centre d'expertise médicale

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

210

comment by: *Virgin Atlantic Airways*

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment	211	comment by: <i>Virgin Atlantic Airways</i>
<p>(c) Pregnancy. There seems no logic to a limit of 16 weeks gestation. The risks of complications (and incapacitation) are highest in the first and third trimester. Furthermore, NPA 200817c MED.B.040 allows pilots, for whom incapacitation has real safety implications, to retain their privileges until the end of the 26th week.</p>		
comment	212	comment by: <i>Virgin Atlantic Airways</i>
<p>(b) there is no safety rational to stipulate a specific period of grounding after gynaecological surgery. Decisions should be based on good occupational health practice</p>		
comment	253	comment by: <i>Jill Pelan</i>
<p><i>MED.E.040 Obstetrics and Gynaecology</i> <i>The French CFDT asks for the modification of :</i> <i>(c) Pregnancy</i> <i>In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy</i> <i>AeMC and AME will inform their competent authority</i></p> <p>French Cabin crew and the CFDT France feel that Pregnancy from the beginning is incompatible with the job . Conference studies or reports demonstrate this. Allowing pregnant cabin crew to continue to fly will considerably augment risks on safety. How will a pregnant woman react in an evacuation scenario? Will she evaluate passengers or think of herself and the baby?</p> <p>The cabin and work environment (- ergonomic issues , working conditions including jet lag, sleep deprivation, night hours, exposure to tropical diseases) may have severe effects on the health of the baby and mother preventing them doing their safety tasks at any moment. If a major problem such as natural abortion after a shock or cardiovascular disorder increased by pregnancy happens during a flight the safety of the flight is endangered. Diversion for medical reasons or the incapacity of a pregnant crew member cannot be excluded.,</p> <p>Pregnancy provokes a number of symptoms, more or less severe, including fatigue . This part of text is contrary to the following NPA rule <i>“Crew members should not perform flight related duties on an aircraft when they know that they are fatigued or feel unfit to the extent that the safety of flight may be adversely affected. Crew members should report any instance when they believe that they are fatigued and that safety may be affected.”</i></p> <p>The NPA proposition does not respect the COUNCIL DIRECTIVE 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)</p>		

The French Aviation Decree of 4 September 2007 does not allow Cabin crew to fly once pregnancy is declared by an AME or AEMC. The CFDT Supports this provision and would like a similar provision to be included in the NPA .

comment 255 comment by: *Fédération des transports CGT*

"(c) pregnancy
...Cabin crew member is fit to exerciseto the end of the 16th week of gestation."
Non conformité par rapport à la **Dir 92/85/CEE** qui protège les femmes enceintes de la manipulation de charges lourdes et des risques dorso-lombaires. Voir l'étude jointe qui met en évidence les problèmes ergonomiques rencontrés par les personnels de cabine: "tripulante de cabina, risco professional e disgaste na profissao" 19/11/2008
Non conformité par rapport à les **directives 96/29/Euratom** et 92/85/CEE qui protègent les femmes enceintes de la contamination radioactive. Sur le taux d'exposition des personnels navigants aux radiations ionisantes voir l'étude John Nakielny "Cosmic Radiation and air canada pilots..." MEC Aeromedical committee ACPA, 2000. qui montre que l'exposition des personnels navigants atteint 6.12 mSv par an.
Non conformité avec la **directive 92/85/CEE** qui protège les femmes enceintes des vibrations nocives. La **directive n°2002/44/CE** qui établit les valeurs limites d'exposition aux vibrations transmises à l'ensemble du corps reconnaît que le taux de vibrations nocives perçues dans une cabine d'avion est supérieur au seuil toléré pour l'ensemble des salariés, sans qu'il soit possible de le réduire.
Non conformité avec la **directive 92/85/CEE** qui protège les femmes enceintes du travail de nuit. Même si le métier de navigant reste très mal connu, chacun a une petite idée des décalages horaires et des nuits travaillées qu'il impose.
Pour la sécurité de tous et la santé des personnels, la **CGT demande l'inaptitude temporaire au vol dès le début de la grossesse**, ceci sans perte de rémunération. L'inaptitude sera prononcée par le centre d'expertise médicale.

comment 256 comment by: *Fédération des transports CGT*

veuillez trouver le document joint attaché au commentaire précédent, soit le premier commentaire envoyé par helene.pierrecourtois@yahoo.fr. Il est sous un autre format et en français. Bonne réception.

comment 336 comment by: *AEA*

Relevant text:
paragraphs a, b and c.

Comment:
The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for additional regulatory requirements. There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.

There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

337

comment by: AEA

Relevant text:

(c) Pregnancy

In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16

th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment

436

comment by: AUSTRIAN Airlines

Relevant text:

paragraphs a, b and c.

Comment:

The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.

There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment	437	comment by: <i>AUSTRIAN Airlines</i>
<p>Relevant text: <i>(c) Pregnancy</i> <i>In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.</i></p> <p>Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.</p> <p>Proposal: Delete the requirement of suspending the attestation if pregnant</p>		
comment	438	comment by: <i>AUSTRIAN Airlines</i>
<p>Comment: Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.</p>		
comment	522	comment by: <i>KLM</i>
<p>Relevant text: paragraphs a, b and c.</p> <p>Comment: The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: There is no risk-based justification for additional regulatory requirements. There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice. There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).</p> <p>Proposed text: Delete paragraphs a, b and c. Replace with: <i>Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</i></p>		
comment	523	comment by: <i>KLM</i>
<p>Relevant text: <i>(c) Pregnancy</i> <i>In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform</i></p>		

the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 524 comment by: KLM

Comment:

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 596 comment by: Deutsche Lufthansa AG

Relevant text:

paragraphs a, b and c.

Comment:

The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.

There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 597 comment by: Deutsche Lufthansa AG

Relevant text:

(c) Pregnancy

In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 598 comment by: Deutsche Lufthansa AG

Comment:

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment 698 comment by: Swiss International Airlines / Bruno Pfister

Relevant text:

paragraphs a, b and c.

Comment:

The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements. There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice. There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 699 comment by: Swiss International Airlines / Bruno Pfister

Relevant text:

(c) Pregnancy

In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment 700 comment by: Swiss International Airlines / Bruno Pfister

Comment:

Assessment of whether cabin crew can work with certain conditions is a matter

for Occupational Health assessment on an individual basis, not regulatory control.

comment

769

comment by: TAP Portugal

Relevant text:

paragraphs a, b and c.

Comment:

The proposed obstetric and gynaecological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

There is no evidence of safety or medical risk that would justify a specified period of absence for any surgical procedure in cabin crew, decisions should be based on good occupational health practice.

There is no safety or medical rationale for the proposed time limit of the end of the 16th week of pregnancy. Incapacitation is most likely to occur in early pregnancy (first trimester) or late pregnancy (third trimester).

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of gynaecological disease, who develop gynaecological disease which could result in their being unable to safely perform their assigned duties and responsibilities, or who become pregnant, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

770

comment by: TAP Portugal

Relevant text:

(c) Pregnancy

In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment: Why is suspension of the Attestation necessary if pregnant. An airline can have an own internal procedure for not having a pregnant Cabin attendant on duty. It is not a disease.

Proposal: Delete the requirement of suspending the attestation if pregnant

comment

771

comment by: TAP Portugal

Comment:

Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

comment

826

comment by: cfdt france

MED.E.040 Obstetrics and Gynaecology

The French CFDT asks for the modification of :**(c) Pregnancy**

~~In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery following the end of pregnancy~~

~~AeMC and AME will inform their competent authority~~

French Cabin crew and the CFDT France feel that Pregnancy from the beginning is incompatible with the job . Conference studies or reports demonstrate this. Allowing pregnant cabin crew to continue to fly will considerably augment risks on safety.

How will a pregnant woman react in an evacuation scenario? Will she evaluate passengers or think of herself and the baby?

The cabin and work environment (- ergonomic issues , working conditions including jet lag, sleep deprivation, night hours, exposure to tropical diseases) may have severe effects on the health of the baby and mother preventing them doing their safety tasks at any moment. If a major problem such as natural abortion after a shock or cardiovascular disorder increased by pregnancy happens during a flight the safety of the flight is endangered. Diversion for medical reasons or the incapacity of a pregnant crew member cannot be excluded.,

Pregnancy provokes a number of symptoms, more or less severe, including fatigue . This part of text is contrary to the following NPA rule *"Crew members should not perform flight related duties on an aircraft when they know that they are fatigued or feel unfit to the extent that the safety of flight may be adversely affected. Crew members should report any instance when they believe that they are fatigued and that safety may be affected."*

The NPA proposition does not respect the COUNCIL DIRECTIVE 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)

The French Aviation Decree of 4 September 2007 does not allow Cabin crew to fly once pregnancy is declared by an AME or AeMC. The CFDT Supports this provision and would like a similar provision to be included in the NPA .

comment

864

comment by: IATA

(b) Cabin crew members who have undergone a major gynaecological operation shall be assessed as unfit until full recovery

Rationale: a specific time frame is not really a useful limitation.

(c) Pregnancy

In the case of pregnancy, when the medical practitioner with expertise in aviation medicine consider

comment

870

comment by: FSC - CCOO

Comment to

(c) Pregnancy

~~In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of~~

~~the medical fitness to the end of the 16 th week of gestation. that, after this point, the cabin crew attestation shall be suspended~~ feminine cabin crew shall inform immediately the AeMC or AME who will suspend their attestation, until full recovery after the end of pregnancy.

Pregnancy is incompatible with the safe exercise of cabin crew duties. In an evacuation or in-flight emergency a pregnant woman is likely to put her and her unborn child's safety and health first. Pregnancy is likely to produce fatigue and other adverse effects that will be increased in the cabin environment. Complications such as natural abortion after a stressful situation (in-flight fire, decompression etc.) could severely worsen an emergency situation.

comment

917

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:*(c) Pregnancy*

In the case of pregnancy, when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16 th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.

Comment:

For holders of class 1 and class 2 medical certificates there is a requirement in MED.A.060 to refrain from exercising the privileges of their licences when they are pregnant, until being assessed by an AeMC or an AME. A correspondingly detailed paragraph is missing for CC, with the result that a pregnant CC is not required to inform an AeMC or an AME unless when the periodical aeromedical examination demonstrates that the CC is pregnant.

A suspension by the competent authority of the CC attestation during pregnancy is a more complicated procedure than for pilots who only are required to refrain from using their privileges during pregnancy. The requirement for CC seems inappropriate and disproportionate and creates an unnecessary administrative burden.

When pregnant, the privileges for holders of class 1 and class 2 medical certificates shall not be exercised after the end of the 26th week of gestation, and for air traffic controllers not after the 32nd week of gestation. For CC the suspension is proposed to be initiated already after the 16th week. This lower time limit has possibly been proposed for other reasons than flight safety and should in that case be transferred to regulations on occupational health. The time limit of 26th week for pilots should be applicable also for CC.

Proposal:

Amend MED.E.040 (c) or Part-CC with a requirement corresponding to MED.A.060 (a)(7) and (b) to be required not to perform their duties and responsibilities or to exercise the privileges of the applicable cabin crew attestation during pregnancy unless being assessed as fit by an AME or AeMC. The CC shall also be required not to perform their duties and responsibilities or to exercise the privileges of the applicable cabin crew attestation after the end of the 26th week of gestation.

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.045: Musculoskeletal System	p. 21
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comment	51	comment by: <i>Virgin Atlantic Airways Ltd</i>
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Comment This is not a medical assessment.

Proposal Crew should be assessed as to their capability which can be assessed during their training.

comment	120	comment by: <i>Thomas Cook Airlines UK</i>
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MED.E.045 Musculoskeletal System

Comment:
This paragraph is acceptable

comment	143 <input type="checkbox"/>	comment by: <i>Virgin Atlantic Airways Ltd</i>
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General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment	159	comment by: <i>British Airways</i>
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Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:
Delete paragraphs a, b and c.
Replace with: Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 201 comment by: *Virgin Atlantic Airways*

General Comment.
As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 213 comment by: *Virgin Atlantic Airways*

Comment This is not a medical assessment.

Proposal Crew should be assessed as to their capability which can be assessed during their training.

comment 339 comment by: *AEA*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:
Delete paragraphs a, b and c.
Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 439 comment by: *AUSTRIAN Airlines*

Comment:
The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

525

comment by: KLM

Comment:

The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

599

comment by: Deutsche Lufthansa AG

Comment:

The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

701

comment by: Swiss International Airlines / Bruno Pfister

Comment:

The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

772

comment by: TAP Portugal

Comment:

The proposed musculoskeletal medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for automatic exclusion of individuals with particular conditions on regulatory grounds. Functional capacity is best identified by ability to satisfactorily complete initial / recurrent cabin crew training and by performance in the role.

Proposed text:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have pre-existing musculoskeletal conditions or who develop musculoskeletal conditions which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

946

comment by: Air Berlin PLC & Co. Luftverkehrs KG

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.050: Psychiatry	p. 21
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comment

18

comment by: British Airways

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role

in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 52 comment by: *Virgin Atlantic Airways Ltd*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. **Justification** Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Recomendation (e) To prohibit crew with a history of self harm from flying is unjustified; pilots can return to flying after such events

On a positive note, the statement "... likely to interfere with the safe exercise....." in (a) is more helpful than the rest, but is then hampered by the arbitrary exclusion of a number of conditions.

comment 90 comment by: *Dr.Beiderwellen, Secretary of GAAME*

b) die Dauer der Abstinenz ist festzulegen.

comment 121 comment by: *Thomas Cook Airlines UK*

MED.E.050 Psychiatry

Comment:

This paragraph is acceptable

comment 143 comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

214

comment by: *Virgin Atlantic Airways*

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. **Justification** Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Recomendation (e) To prohibit crew with a history of self harm from flying is unjustified; pilots can return to flying after such events

On a positive note, the statement "... likely to interfere with the safe exercise....." in (a) is more helpful than the rest, but is then hampered by the arbitrary exclusion of a number of conditions.

comment

340

comment by: *AEA***Comment:**

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which*

could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

440

comment by: AUSTRIAN Airlines

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

526

comment by: KLM

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

600

comment by: Deutsche Lufthansa AG

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

702

comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

773

comment by: *TAP Portugal*

Comment:

The proposed psychiatric and psychological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements.

An occupational health professional would be able to assess fitness for the role

in relation to the conditions described in paragraphs (d) or (e), with reference to reports from the GP or psychiatrist (where a psychiatrist was involved in assessment and/or treatment) if necessary. There is no evidence of risk to safety that would justify a regulatory requirement for assessment by a psychiatrist.

Proposed text:

Delete paragraphs a,b, c, d and e.

Replace text with: *Cabin crew who have a history of psychiatric or psychological illness or who develop psychiatric or psychological illness which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment	946 <input type="checkbox"/>	comment by: Air Berlin PLC & Co. Luftverkehrs KG
<p><i>Air Berlin proposes that the specific requirements are not stipulated in too much detail.</i></p> <p><i>In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.</i></p>		

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.055: Psychology	p. 21
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comment	53	comment by: Virgin Atlantic Airways Ltd
<p>Psychology General comment This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions.</p>		
comment	122	comment by: Thomas Cook Airlines UK
<p>MED.E.055 Psychology</p> <p>Comment: This paragraph is acceptable</p>		
comment	164	comment by: British Airways
<p>Comment: There is no requirement or value in having a discrete standard for psychological conditions.</p> <p>Justification: Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.</p> <p>Proposed text: Delete paragraph Med.E.055</p>		

comment	215	comment by: <i>Virgin Atlantic Airways</i>
<p>Psychology General comment This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions.</p>		
comment	341	comment by: <i>AEA</i>
<p>Comment: There is no requirement or value in having a discrete standard for psychological conditions.</p> <p>Justification: Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.</p> <p>Proposal Delete paragraph Med.E.055 - merge with MED.E.050</p>		
comment	342	comment by: <i>AEA</i>
<p>Relevant text</p> <p>Cabin crew members shall have no established psychological deficiencies, <u>which are likely to interfere with the safe exercise of the privileges</u> of the applicable cabin crew attestation.</p> <p>Comment This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions</p>		
comment	441	comment by: <i>AUSTRIAN Airlines</i>
<p>Comment: There is no requirement or value in having a discrete standard for psychological conditions.</p> <p>Justification: Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.</p> <p>Proposal Delete paragraph Med.E.055 - merge with MED.E.050</p>		
comment	442	comment by: <i>AUSTRIAN Airlines</i>
<p>Relevant text</p> <p>Cabin crew members shall have no established psychological deficiencies, <u>which are likely to</u></p>		

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment

This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment

527

comment by: KLM

Comment:

There is no requirement or value in having a discrete standard for psychological conditions.

Justification:

Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal

Delete paragraph Med.E.055 - merge with MED.E.050

comment

528

comment by: KLM

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to interfere with the safe exercise of the privileges** of the applicable cabin crew attestation.

Comment

This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment

601

comment by: Deutsche Lufthansa AG

Comment:

There is no requirement or value in having a discrete standard for psychological conditions.

Justification:

Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal

Delete paragraph Med.E.055 - merge with MED.E.050

comment

602

comment by: Deutsche Lufthansa AG

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment

This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 703 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

There is no requirement or value in having a discrete standard for psychological conditions.

Justification:

Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal

Delete paragraph Med.E.055 - merge with MED.E.050

comment 704 comment by: *Swiss International Airlines / Bruno Pfister*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to interfere with the safe exercise of the privileges** of the applicable cabin crew attestation.

Comment

This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment 774 comment by: *TAP Portugal*

Comment:

There is no requirement or value in having a discrete standard for psychological conditions.

Justification:

Psychological conditions are not distinct from psychiatric conditions, e.g. they are managed by the same clinical specialists.

Proposal

Delete paragraph Med.E.055 - merge with MED.E.050

comment 775 comment by: *TAP Portugal*

Relevant text

Cabin crew members shall have no established psychological deficiencies, **which are likely to**

interfere with the safe exercise of the privileges of the applicable cabin crew attestation.

Comment

This is a useful phrase which could and should be used in other conditions. It would allow sensible decision making based on good Occupational Health practice, without arbitrary exclusion of certain named conditions

comment

921

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:

The corresponding paragraph for class 1 and class 2 medical certificates also includes ` (b) a psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination. `

This sentence has been deleted for CC.

In order to be consistent, the requirements in (b) for class 2 should be added.

Proposal:

Amend the requirement to include:

` A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological examination. `

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for p. 21-22 medical fitness of cabin crew - MED.E.060: Neurology

comment

19

comment by: *British Airways*

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

Proposed text:

Delete paragraphs a, b and c.

Replace with: Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have

their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

54

comment by: *Virgin Atlantic Airways Ltd*

Epilepsy.

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Justification A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual

Proposal Epilepsy should be assessed according to individual risk assessment according to best OH practice

comment

123

comment by: *Thomas Cook Airlines UK*

MED.E.060 Neurology

Comment;

Established cabin crew with a history of stable epilepsy are at present operating satisfactorily and there is no evidence of flight safety being compromised by cabin crew with epilepsy.

Justification;

To discriminate against established cabin crew with a history of stable controlled epilepsy is in many countries unlawful.

Proposed text:

(b) Cabin crew members with an established history or clinical diagnosis of: epilepsy;
recurring episodes of disturbance of consciousness of uncertain cause shall be assessed as unfit until a satisfactory diagnosis has been established, appropriate treatment instituted and a period of satisfactory control or lack of symptoms has been established.

comment

139

comment by: *bmi*

MED.E.060 Neurology

Comment: Well controlled epileptics free of seizure for a prolonged period may be allowed to fly.

Justification: There are epileptic cabin crew in the UK. They have demonstrated their ability to operate safely over the years. There is no evidence in the

medical literature to support flight safety being compromised by cabin crew with epilepsy. If tested in a court of law, it would be difficult to demonstrate safety was compromised and therefore such a proposal may be discriminatory and unlawful in the UK.

Proposed text: Replace para. (b) (1) and (2) with:

(b) Cabin crew with a history or clinical diagnosis of:

(1) epilepsy;

(2) recurring episodes of disturbance of consciousness of uncertain cause shall be assessed as unfit until a satisfactory diagnosis has been established, appropriate treatment instituted and a period of satisfactory control or lack of symptoms has been established

comment

143 comment by: *Virgin Atlantic Airways Ltd***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

216

comment by: *Virgin Atlantic Airways*

Epilepsy.

Comment Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control.

Justification A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off

medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual

Proposal Epilepsy should be assessed according to individual risk assessment according to best OH practice

comment

343

comment by: AEA

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

443

comment by: AUSTRIAN Airlines

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the

absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate. A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

529

comment by: KLM

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate. A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the

condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

603

comment by: *Deutsche Lufthansa AG*

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

705

comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

The proposed neurological medical standards are inappropriate for the role of

cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk. Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

776

comment by: TAP Portugal

Comment:

The proposed neurological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety. Blanket exclusion of a range of medical conditions without individual evaluation cannot be justified and in some cases is likely to contravene national legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment on an individual basis, not regulatory control

Justification:

There is no risk-based justification for additional regulatory requirements. In particular, there is no evidence of risk to safety that would justify the regulatory requirements in relation to epilepsy. A group of UK airline medical advisers have recently concluded that guidelines based on those for the UK Class One driving licence, which would permit cabin crew to operate following a seizure free period of 12 months on or off medication, would be appropriate.

A number of airlines have in recent years, allowed individuals with a history of epilepsy, who have not experienced seizures (on or off medication) to work again as crew after 12 months free of seizures. All are individually assessed, taking into account all aspects of their condition. Our airline now has individuals flying with no adverse effect and no evidence of a safety risk.

Furthermore epilepsy will not be detected through routine examination. An arbitrary exclusion solely based on diagnosis will lead to non disclosure of the condition and prevent proper assessment, representing a far greater safety risk to the individual.

Epilepsy should be assessed according to individual risk assessment according to best OH practice

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of neurological illness or injury or who develop neurological illness or injury which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

946

comment by: Air Berlin PLC & Co. Luftverkehrs KG

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.065: Visual System	p. 22
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comment

20

comment by: British Airways

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposed text:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.

comment

56

comment by: Virgin Atlantic Airways Ltd

Comment The visual standards defined here have little to do with the environment and requirements of working in the aircraft cabin.

Justification An example being the visual requirements at different distances which have their origin in the cockpit. To exclude crew who are well adapted for example to their diplopia or visual field impairment is arbitrary and unjustifiable on safety grounds.

Proposal Crew should have vision capability sufficient to pass their recurrent

training and to perform their cabin duties safely.
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comment	91	comment by: <i>Dr.Beiderwellen, Secretary of GAAME</i>
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e) funktionelle und tatsächliche Einäugigkeit wird hiermit ausgeschlossen. Vorschlag: Regelung entsprechend JAR-FCL 3, App. 13 (6)

comment	124	comment by: <i>Thomas Cook Airlines UK</i>
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MED.E.065 Visual system

Comment:

The requirements in this paragraph are far in excess of any reasonable requirement for cabin crew. Cabin crew should have satisfactory vision that enables them safely to perform their duties. This can be either uncorrected or corrected with appropriate lenses. Any significant visual abnormality, that could lead to difficulty in safely performing the duties of cabin-crew, should be appropriately assessed by an optometrist or ophthalmic specialist.
--

Justification:

There is no evidence that flight safety has ever been compromised due to a visual problem in a member of cabin crew.
--

Proposed text:

Cabin crew-members shall possess normal vision, minimum 6/9 bilaterally, which may be achieved by appropriate lenses. In new cabin crew applicants any significant ophthalmic abnormality shall be assessed by an optometrist or ophthalmic specialist and shall be acceptable provided that the applicant can demonstrate that they can safely perform the duties required for the safe exercising of the privileges of their employment.
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comment	140	comment by: <i>bmi</i>
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MED.E.065 Visual system

Comment: Cabin crew should have normal vision with or without corrective lenses. The current limits of acceptable vision may be too restrictive.

Justification: a significant number of experienced cabin crew will have vision outside these limits. There is no evidence to support this level of acuity is required for this role.

Proposed text: New cabin crew applicants with any significant ophthalmic abnormality shall be assessed by a vision specialist and shall be acceptable provided they can demonstrate the ability to safely perform the duties required.

comment	217	comment by: <i>Virgin Atlantic Airways</i>
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Comment The visual standards defined here have little to do with the environment and requirements of working in the aircraft cabin.
--

Justofication An example being the visual requirements at different distances which have their origin in the cockpit. To exclude crew who are well adapted for example to their diplopia or visual field impairment is arbitrary and

unjustifiable on safety grounds.

Proposal Crew should have vision capability sufficient to pass their recurrent training and to perform their cabin duties safely.

comment

344

comment by: AEA

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment

444

comment by: AUSTRIAN Airlines

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment

530

comment by: KLM

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with*

correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.

comment 604 comment by: Deutsche Lufthansa AG

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 706 comment by: Swiss International Airlines / Bruno Pfister

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the applicable cabin crew attestation.*

comment 777 comment by: TAP Portugal

Comment:

The proposed visual medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed visual requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate vision.

Proposal:

Delete paragraphs a, b, c, d, e, f, g and h

Replace with: *Cabin crew members shall have adequate visual function, with correction if required, to enable them to safely exercise the privileges of the*

applicable cabin crew attestation.

comment 865 comment by: IATA

- (b) A visual investigation and report shall be completed on clinical indication.
- (e) Cabin crew member shall be required to have normal fields of vision.

comment 922 comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Relevant Text:

(b) *Examination*

(i) a routine eye examination shall form part of the initial and all further examinations;

And

.../...

(c) Distant visual acuity, with or without correction, shall be with both eyes 6/9 or better.

.../...

(f) Cabin crew members who have undergone refractive surgery may be assessed as fit subject to satisfactory evaluation.

(g) Cabin crew members with:

(1) astigmatism; or

(2) anisometropia

may be assessed as fit subject to satisfactory evaluation.

.../...

(i) *Spectacles and contact lenses.* If satisfactory visual function is achieved only with the use of correction:

(1) spectacles or contact lenses shall be readily available for immediate use whilst

exercising the privileges of the applicable cabin crew attestation;

(2) the correction shall provide optimal visual function and be welltolerated;

(3) Orthokeratologic lenses shall not be used.

Comment:

In (b) there is a minor difference compared to the requirement for a class 2 medical certificate, which reads 'revalidation and renewal' instead of 'all further'.

(c) only requires binocular vision to be 6/9 or better, with the implication that monocularity will be acceptable for CC.

In (f) and (g)(2) there is a minor difference to the requirements for a class 2 medical certificate, which read: 'may be assessed as fit subject to satisfactory ophthalmic evaluation

In (i) the following differences to the requirements for a class 2 medical certificate have been made for CC:

- the spectacles or contact lenses need not to be worn, only to be readily available.

- there is no requirement for contact lenses to be for distant vision, monofocal, and non-tinted.

- with a large refractive error there is no requirement for use of contact lenses or high-index spectacles.

- there is no requirement to use only one pair of spectacles to meet the visual requirements.

If class 2 medical requirements should be used as a common basis also for CC, there should be a specific possibility to deviate from class 2 to the proposed different requirements of this subparagraph, combined with a limitation of the medical certificate to CC duties only.

Proposal:

Amend the requirements in (f) and (g)(2) to read:

'may be assessed as fit subject to satisfactory ophthalmic evaluation

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.070: Colour vision

p. 22

comment

21

comment by: *British Airways*

Comment:

The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Proposed text:

Delete MED.E.070

comment

57

comment by: *Virgin Atlantic Airways Ltd*

Comment and justification There is no safety justification for the exclusion of crew who are colour blind. Up to 10% of the male Caucasian population are colour blind and those currently flying have not demonstrated any safety problems.

The criteria for being able to correctly identify 9 out of the first 15 Ishihara plates is arbitrary and non-sensical. Does it matter which ones? If not, why not? If there is a safety justification for normal colour vision (which there is

not) then all 15 should be identified. This is simply a requirement doing a test for its own sake and should be removed.
 Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal Remove this requirement

comment 92 comment by: *Dr.Beiderwellen, Secretary of GAAME*
 Farbsehen besser entsprechend JAR-FCL 3, App 14 regeln.

comment 125 comment by: *Thomas Cook Airlines UK*
MED.E.075 Colour vision
Comment:
 Flight safety has never been compromised because of a colour vision defect.
Justification:
 A defect in colour vision does not have any adverse effect on cabin crew safety duties.
Proposed text:
 Delete paragraph MED.E.070 entirely.

comment 141 comment by: *bmi*
 MED.E.070
 Comment: Normal colour vision is not required for operating as cabin crew.
 Justification: There is no evidence to show colour vision forms part of cabin crew operation.
 Proposal: Remove MED.E.070.

comment 143 comment by: *Virgin Atlantic Airways Ltd*
General Comment.
 As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.
Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.
Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment 201 comment by: *Virgin Atlantic Airways*
General Comment.
 As stated elsewhere previously, blanket exclusion of a range of medical

conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

218

comment by: *Virgin Atlantic Airways*

Comment and justification There is no safety justification for the exclusion of crew who are colour blind. Up to 10% of the male Caucasian population are colour blind and those currently flying have not demonstrated any safety problems.

The criteria for being able to correctly identify 9 out of the first 15 Ishihara plates is arbitrary and non-sensical. Does it matter which ones? If not, why not? If there is a safety justification for normal colour vision (which there is not) then all 15 should be identified. This is simply a requirement doing a test for its own sake and should be removed.

Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots

Proposal Remove this requirement

comment

345

comment by: *AEA*

Comment:

The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots

Proposal:

Delete MED.E.070

comment

445

comment by: *AUSTRIAN Airlines*

Comment:

The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

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Proposal:

Delete MED.E.070

comment

531

comment by: KLM

Comment:

The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots

Proposal:

Delete MED.E.070

comment

605

comment by: Deutsche Lufthansa AG

Comment:

The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision.

As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.

Furthermore, the UK CAA has recently published research

<http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 707 comment by: *Swiss International Airlines / Bruno Pfister*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision. As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 778 comment by: *TAP Portugal*

Comment:
The proposed medical standards for colour vision are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:
There is no current requirement for colour vision assessment of cabin crew and no safety critical tasks that are reliant on normal colour vision. As crew with defective colour vision are not currently identified, there must inevitably be a proportion of crew who do have defective colour vision. Despite this, there is no evidence of a risk to safety arising from cabin crew with deficient colour vision. In the absence of a safety risk, there is no justification for a regulatory colour vision requirement.
Furthermore, the UK CAA has recently published research <http://www.caa.co.uk/default.aspx?catid=49&pagetype=87&gid=246> which suggests a better way of assessing pilots. It would therefore seem even more unreasonable to place standards on cabin crew which exceed those for pilots
Proposal:
Delete MED.E.070

comment 866 comment by: *IATA*

Remove or require practical test in the aircraft.

comment 924 comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Comment:

This requirement is identical to the proposal for Leisure Pilot License. However, this is not any accepted examination and is of no value. The colour vision requirements are not necessary for CC and can be deleted.

Proposal:

Delete MED.E.070.

comment	946 <input type="checkbox"/>	comment by: <i>Air Berlin PLC & Co. Luftverkehrs KG</i>
<p><i>Air Berlin proposes that the specific requirements are not stipulated in too much detail.</i></p> <p><i>In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.</i></p>		

<p>E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for p. 22-23 medical fitness of cabin crew - MED.E.075: Otorhino-laryngology</p>
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comment	22	comment by: <i>British Airways</i>
<p>Comment: The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.</p> <p>Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.</p> <p>The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.</p> <p>Proposed text: Delete paragraphs a. b.c and d. Replace with: Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</p>		

comment	58	comment by: <i>Virgin Atlantic Airways Ltd</i>
<p>Comment and justification Such in depth requirements are unnecessary. If a crew member can do their job without problems, then there is no need for further evaluation. Those who develop any problems are likely to be due to</p>		

acute self limiting conditions such as respiratory infections.

Proposal These and any others can be assessed according to good Occupational Health practice without specifying specific conditions or investigations

comment 93 comment by: *Dr.Beiderwellen, Secretary of GAAME*

c) ein (hier zudem nicht definierter) Sprachtest ermöglicht keine ausreichende Beurteilung des Höhrorgans.

Vorschlag: Reintonaudiometrie bei 500, 1000, 2000, 3000, 4000 und 8000 Hz bei jeder Untersuchung.

comment 126 comment by: *Thomas Cook Airlines UK*

MED.E.075 Otorhinolaryngology

Comment:

The requirements in this paragraph are far in excess of the medical standards that are necessary for the safe performance of cabin crew duties. Detailed clinical examination and audiometry is not required except in cabin crew with a history of acute or chronic otorhinolaryngeal problems.

Justification:

Flight safety has never been compromised because of otorhinolaryngeal problems.

Proposed text:

Delete paragraph (c) entirely. Paragraph (d) is acceptable.

comment 142 comment by: *bmi*

MED.E.075(c)

Comment: Requirements far in excess of those necessary for cabin crew duties. Audiometry is not required for cabin crew.

Justification: JAA class 2 private pilots require only a conversational speech test prior to issue of a full instrument Rating. Cabin crew hearing standards should not be more demanding than that of a private pilot.

Proposal: Remove paragraph (c) entirely.

comment 143 comment by: *Virgin Atlantic Airways Ltd*

General Comment.

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

219

comment by: *Virgin Atlantic Airways*

Comment and justification Such in depth requirements are unnecessary. If a crew member can do their job without problems, then there is no need for further evaluation. Those who develop any problems are likely to be due to acute self limiting conditions such as respiratory infections.

Proposal These and any others can be assessed according to good Occupational Health practice without specifying specific conditions or investigations

comment

346

comment by: *AEA***Comment:**

The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:

Delete paragraphs a. b.c and d.

Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have*

their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment

347

comment by: AEA

Relevant text:

(c) Examination

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.

(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.

(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.

Comment:

These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.

Proposal:

Delete requirement (c)(1) in favour of (c)(2).

comment

446

comment by: AUSTRIAN Airlines

Comment:

The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:

Delete paragraphs a. b.c and d.

Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment	447	comment by: <i>AUSTRIAN Airlines</i>
<p>Relevant text: <i>(c) Examination</i> <i>(1) Hearing shall be tested at all examinations with at least a conversational speech test; and</i> <i>(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.</i> <i>(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.</i> <i>(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.</i> <i>(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.</i></p> <p>Comment: These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.</p> <p>Proposal: Delete requirement (c)(1) in favour of (c)(2).</p>		
comment	532	comment by: <i>KLM</i>
<p>Comment: The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.</p> <p>Justification: There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.</p> <p>Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.</p> <p>The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.</p> <p>Proposal: Delete paragraphs a. b.c and d. Replace with: <i>Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.</i></p>		
comment	533	comment by: <i>KLM</i>

Relevant text:*(c) Examination**(1) Hearing shall be tested at all examinations with at least a conversational speech test; and**(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.**(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.**(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.**(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.***Comment:**

These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.

Proposal:

Delete requirement (c)(1) in favour of (c)(2).

comment

606

comment by: Deutsche Lufthansa AG

Comment:

The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:

Delete paragraphs a. b.c and d.

Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice*

comment

607

comment by: Deutsche Lufthansa AG

Relevant text:*(c) Examination*

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and
 (i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.
 (ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.
 (iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.
 (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.

Comment:

These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.

Proposal:

Delete requirement (c)(1) in favour of (c)(2).

comment

708

comment by: Swiss International Airlines / Bruno Pfister

Comment:

The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:

Delete paragraphs a. b.c and d.

Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

709

comment by: Swiss International Airlines / Bruno Pfister

Relevant text:

(c) Examination

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.

(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.

(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.

Comment:

These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.

Proposal:

Delete requirement (c)(1) in favour of (c)(2).

comment

779

comment by: TAP Portugal

Comment:

The proposed otorhinolaryngological medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety which would justify such detailed ORL requirements. The ability to satisfactorily complete the initial and recurrent safety training and to perform the role of cabin crew on a daily basis is sufficient evidence of adequate hearing and speech.

Those who have a previous medical history of chronic ORL disease, particularly if indicating a liability to sinus or middle ear barotrauma, or who develop such problems in service, should be assessed and managed appropriately.

The majority of instances of sudden incapacitation arising from ORL conditions are due to acute upper respiratory infections, not amenable to mitigation by periodic medical examination.

Proposal:

Delete paragraphs a. b.c and d.

Replace with: *Cabin crew who have pre-existing ear, nose or throat disease or who develop ear, nose or throat disease which could result in their being unable to safely perform their assigned duties and responsibilities should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

780

comment by: TAP Portugal

Relevant text:

(c) Examination

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

(i) with pure tone audiometry at the initial examination and thereafter when clinically indicated.

(ii) when tested on a puretone audiometer, cabin crew members shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.

(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.

Comment:

These two requirements are opposite. (c)(1) is requiring a hearing test at all examinations while (c)(2) is requiring an hearing examination at the initial exam and thereafter when clinically indicated. This assumes a test is only necessary if clinically indicated and not at all examinations.

Proposal:

Delete requirement (c)(1) in favour of (c)(2).

comment

868

comment by: IATA

(c) Examination

(1) Any OL examination, including pure tone audiometry, and report shall be completed on clinical indication.

(i) when tested on a pure tone audiometer, cabin crew member shall not have at initial examination a hearing loss of more than 35 db at any of the frequencies 500, 1000 or 2000Hz, or more than 50 db at 3000Hz, in either ear separately. Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.

(ii) (ii) **Remove**

(iii) (ii) **Remove**

(2) **Remove**

comment

926

comment by: Swedish Transport Agency, Civil Aviation Department
(Transportstyrelsen, Luftfartsavdelningen)

Relevant Text:

(c) Examination

(1) Hearing shall be tested at all examinations with at least a conversational speech test; and

Comment:

The subparagraph only requests the test to be made, not any requirement for a fit assessment. A better approach would be to use the same text as in AMC B to MED.B.075 for a class 2 medical certificate: 'The applicant should understand correctly conversational speech when tested with each ear at a distance of 2 metres from and with the applicant's back turned towards the AME.'

Proposal:

Amend the requirement, or add an AMC to MED.E.075, using the text in AMC B to MED.B.075.

comment	928	comment by: <i>Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)</i>
<p>Relevant Text: (c) <i>Examination</i> (2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.</p> <p>Comment: A comprehensive ear, nose and throat examination is required also for the initial examination for a class 1 medical certificate and for the initial examination for a class 3 medical certificate for air traffic controllers, but not for the initial examination for a class 2 medical certificate. For class 1, class 2 and class 3 there is no requirement for further comprehensive ear, nose and throat examinations unless when clinically indicated.</p> <p>Proposal: Delete 'periodically thereafter'.</p>		

comment	946 <input type="checkbox"/>	comment by: <i>Air Berlin PLC & Co. Luftverkehrs KG</i>
<p><i>Air Berlin proposes that the specific requirements are not stipulated in too much detail.</i></p> <p><i>In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.</i></p>		

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.080 Dermatology	p. 23
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comment	127	comment by: <i>Thomas Cook Airlines UK</i>
<p><u>MED.E. 080 Dermatology</u></p> <p>Comment: This paragraph is acceptable but shall not require any routine clinical examination except in those cabin crew-members with an established history of a dermatological problem.</p> <p>Justification: Flight safety has never been compromised because of dermatological problems.</p> <p>Proposed text: Cabin crew-members shall not require any routine clinical examination except in those cabin crew members with an established history of a dermatological problem.</p>		

comment	143 <input type="checkbox"/>	comment by: <i>Virgin Atlantic Airways Ltd</i>
<p>General Comment.</p>		

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

201 comment by: *Virgin Atlantic Airways***General Comment.**

As stated elsewhere previously, blanket exclusion of a range of medical conditions without individual evaluation cannot be justified without clear safety benefits.

Justification Exclusions of a number of conditions is likely to contravene UK Disability legislation in the absence of a clearly defined safety risk. Assessment of whether cabin crew can work with certain conditions is a matter for Occupational Health assessment, not regulatory control. If these proposals are introduced they are likely to result in legal challenge.

Proposal As stated previously, medical assessment should be on an individual risk assessed basis.

comment

946 comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

E. X. Supplement to Draft Opinion Part-MED - NEW Subpart E: Requirements for Medical Fitness of Cabin Crew - Section 2: Specific requirements for medical fitness of cabin crew - MED.E.085: Oncology	p. 23
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comment

23

comment by: *British Airways***Comment:**

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposed text:

Delete paragraphs a, b and c.

Replace with: Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.

comment 128 comment by: Thomas Cook Airlines UK

MED.E.085 Oncology

Comment:

This paragraph is acceptable

comment 348 comment by: AEA

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 448 comment by: AUSTRIAN Airlines

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment 534 comment by: KLM

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory

requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

608

comment by: *Deutsche Lufthansa AG*

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

710

comment by: *Swiss International Airlines / Bruno Pfister*

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

781

comment by: *TAP Portugal*

Comment:

The proposed medical standards are inappropriate for the role of cabin crew and cannot be justified on the grounds of safety.

Justification:

There is no evidence of a risk to safety that would justify additional regulatory requirements for oncological and aero-medical evaluation.

Proposal:

Delete paragraphs a, b and c.

Replace with: *Cabin crew who have a history of malignant disease or who develop a malignancy during employment, should have their fitness for the role evaluated on an individual basis, in accordance with normal occupational health practice.*

comment

930

comment by: *Swedish Transport Agency, Civil Aviation Department (Transportstyrelsen, Luftfartsavdelningen)*

Relevant Text:

(b) After treatment for malignant disease, cabin crew members shall undergo satisfactory oncological and aeromedical evaluation before a fit assessment can be made.

Comment:

In (b) 'and aeromedical' has been added as compared to the requirement in MED.B.085 for a class 1 and a class 2 medical certificate.

Proposal:

Amend MED.B.085 for class 1 and class 2 medical certificates to have the same wording as proposed for MED.E.085

comment

946

comment by: *Air Berlin PLC & Co. Luftverkehrs KG*

Air Berlin proposes that the specific requirements are not stipulated in too much detail.

In most cases it is subject to "...satisfactory aeromedical evaluation..." whether a cabin crew member is regarded as "fit to fly". In the view of Air Berlin only the medical categories of an examination should be provided because, due to fast medical progress, standard manuals might soon be out-dated.

Appendix A — Attachments

 [ETF Position on CC certification 020709.pdf](#)

Attachment #1 to comment [#147](#)

 [ETF Position on CC certification.pdf](#)

Attachment #2 to comment [#373](#)

 [circular dqac curso basico tcp 961104.pdf](#)

Attachment #3 to comment [#854](#)

 [AttachToCommentFODCOM.pdf](#)

Attachment #4 to comment [#239](#)

 [2009 07 24 Opinion de la CGT sur la NPA 2009.pdf](#)

Attachment #5 to comment [#146](#)