Civil Aviation Authority

UNITED KINGDOM

AERONAUTICAL INFORMATION CIRCULAR

AIC 98/2004
(Pink 71)
14 October

National Air Traffic Services Ltd
Aeronautical Information Service
Control Tower Building, London Heathrow Airport
Hounslow, Middlesex TW6 1JJ
Editorial: 020-8745 3458
Distribution: 0870-8871410 (Documedia Solutions Ltd)
Content: 01293-573700 (Medical Division)
Web site: www.ais.org.uk

Cancels AIC 143/1998 (Pink 183)

MEDICATION AND AIR TRAFFIC CONTROL

1 There is evidence that flying accidents and incidents have occurred as a result of pilots flying whilst medically unfit and we can draw a parallel in Air Traffic Control. Although common ailments such as colds, sore throats, abdominal pain and diarrhoea may be relatively unimportant in occupations which are not safety-critical, they can cause operational problems when associated with air traffic work. Further, even non-prescription medicines which might be taken for minor ailments can have side-effects which are unacceptable in Air Traffic Control Officers. For this reason, all Air Traffic Control Officers should have an understanding of the possible risks to operational performance when taking medication.

2 Any medication, whether prescribed by a doctor or not, and particularly if being taken for the first time, may have serious consequences in the aviation environment. The response to a particular drug may be subtle and varies widely between individuals. A lack of side-effects in one person does not necessarily predict the lack of such effects in another and individuals may not themselves be aware of a decrease in their performance, therefore, before taking any medication and operating as a controller, three basic questions need to be satisfactorily answered:

(a) Do I really feel fit for work?

(b) Must I take medicines at all?

(c) Have I given this particular medication a personal trial for at least 24 hours before going on duty, to ensure that it will not have any adverse effects on my ability to work?

3 Confirming the absence of adverse effects may need expert advice and Medical Examiners authorised by the Civil Aviation Authority, both in the United Kingdom and Overseas, Royal Air Force Medical Officers, Company Medical Officers and the Medical Department of the Civil Aviation Authority are all available to assist in this matter.

4 There are some well known types of medicine which may impair work performance. Examples are:

(a) **Sleeping tablets -** these dull the senses, cause mental confusion and slow reaction times. The duration of effect is variable from person to person and may be unduly prolonged. Controllers should have expert medical advice before using them;

(b) Fear is normal and provides a very effective alerting system, enhancing the arousal state. Many **tranquillisers, anti-depressants** and **sedatives** depress this alerting system and have been a contributory cause of fatal accidents. You should not, therefore, work when taking them;

(c) **Antibiotics** may have short-term or delayed effects which affect work performance. Their use indicates that a fairly severe infection must be present and apart from the effects of these substances themselves, the effects of the infection will usually render a controller unfit for work;

(d) **Anti-histamine** drugs are widely used in 'cold cures' and in the treatment of hay fever, asthma and allergic skin conditions. Many easily obtainable nasal spray and drop preparations contain anti-histamines. Most of this group of medicines tend to make you feel drowsy and even the 'non-sedating' types can have significant side-effects on some people. Their effect, combined with that of the condition, will often prevent you from answering the basic three questions satisfactorily. When controllers are affected by allergic conditions which require more than the absolute minimum of treatment, and in all cases of asthma, one of the above mentioned sources of advice should be consulted;

(e) **'Pep' pills** (eg containing Caffeine, Dexedrine, Benzedrine) used to maintain wakefulness are often habit forming. Susceptibility to each drug varies from one individual to another, but all of them can create dangerous over-confidence. Over-dosage may cause headaches, dizziness and mental disturbances. The use of 'pep' pills whilst working cannot be permitted. If coffee is insufficient, you are not fit for work;

(f) Drugs for the relief of **high blood pressure** are proving to be very effective in controlling this condition. However, anti-hypertensive agents all have some side-effects and should not be administered to Air Traffic Controllers before there has been adequate assessment of the need for treatment, and approval of medication by the Civil Aviation Authority Medical Department;

(g) **Most anti-malarial drugs** in normally recommended doses do not usually have significant side-effects. However, ensure that the drug is taken in good time so that paragraph 2 (c) can be satisfactorily answered. With the advent of drug resistance, an appropriate risk assessment must be undertaken on the individual, taking account of the area to which travel is planned. This is best done by seeking specialist medical opinion. For further information regarding malaria protection see AIC 97/2000 (Pink 10);

(h) **Oral contraceptive tablets** and **hormone replacement therapy** in the standard dose do not usually have adverse effects, although regular supervision is required;

(i) **Sudafed** is the trade name of a preparation containing pseudo-ephedrine hydrochloride. This may be prescribed by GP's for relief of nasal congestion. Side-effects reported are anxiety, tremor, rapid pulse and headaches. The preparation does not contain anti-histamines but its effects can nevertheless affect skilled performance. Sudafed, therefore, is not a preparation to be taken when performing licensed duties;

(j) **Cough medicines -** simple linctus is preferred to other cough medicines which may contain codeine, pseudo-ephedrine or similar drugs. Please read the contents of all over the counter medicines as many of them contain a mixture of drugs, and you may be **exceeding** the recommended dosage of certain items;

(k) **Pain killers -** if you have previously taken paracetamol, aspirin or ibuprofen without ill effect, these drugs are suitable;

(l) **Slimming pills** should not be taken;

(m) **Melatonin** is a naturally occurring hormone, which has now been synthesized. It is classed as a dietary supplement in the USA and, therefore, not closely regulated by the Food and Drugs Administration, tests have found some preparations contained no melatonin at all and those derived from bovine brains are associated with risk of transmission of diseases. There is no information available on the long term safety of this product.

5 Although the above are common groups of drugs which may have adverse effects on performance, many other forms of medication, which are not usually expected to affect efficiency, may do so if the person concerned is unduly sensitive to the particular drug. You are, therefore, urged not to take any drugs or medicines before or during duty unless you are completely familiar with the effects of the medication on yourself. Again, the medical sources of advice mentioned earlier in this Circular should be consulted in cases of doubt.

6 **Alcohol** has similar effects to tranquillisers and sleeping tablets and may remain circulating in the blood for a considerable time, especially if taken with food. With the introduction of the Railways and Transport Safety Bill 2003 it is an offence for a person performing an aviation function (Air Traffic Controllers fall within this definition) when his/her ability to perform the function is impaired because of drink or drugs. The prescribed limit for alcohol is 20 mg of alcohol in 100 ml of blood. It should be borne in mind that you may not be fit to go on duty even eight or more hours after drinking large amounts of alcohol. Special note should be taken of the fact that alcohol and sleeping tablets or anti-histamines can form a highly dangerous combination if taken at a similar time.

7 In situations where there is a need for general surgical or dental procedures if a local, general or **other type of anaesthetic** is administered, a period of time should elapse before returning to duty. This period will vary depending on individual circumstances but as a general guide 12 hours should elapse following a local anaesthetic and 48 hours following a general anaesthetic before a return to duty. Any doubts should be resolved by seeking appropriate medical advice.

8 To sum up, the effects of medication on work performance are the direct responsibility of the individual. This Circular gives some guidance, but it cannot be fully comprehensive. If you are in doubt, please consult the medical sources mentioned previously for advice and should there be any further problem, contact the Civil Aviation Medical Department at Aviation House, Gatwick, Tel: 01293-573665.

This Circular is issued for information, guidance and necessary action.

Printed and distributed by Documedia Solutions Ltd, Cheltenham, Glos.