



SAFETY DECISION 2020-07

Issue 02

Date of Issue: April 23, 2020

SUBJECT:

FLEXIBILITY PROVISIONS RELATED TO AERO-MEDICAL DOMAIN

REFERENCE PUBLICATIONS:

CAR-MED

APPLICABILITY:

The following is applicable for a period of 4 months from the date of issue of this Safety Decision, unless specified otherwise.

Towards the end of the 4-month period, the GCAA will reassess the situation and decide if the validity of this SAFETY DECISION may be further extended.

INTRODUCTION:

The economic impact of the novel coronavirus is yet to be assessed. The GCAA therefore presents today an immediate response to mitigate the socio-economic impact of the COVID-19 outbreak while assuring an acceptable level of safety.

This Safety Decision is issued to:

- Adopt different provisions to reduce the number of visits to the AMEs or to defer administrative tests which does not have a direct impact on safety, without repealing required medical fitness tests (Requirement No.1);
- Adopt provisions for extension of Medical Certificate, and Designation for AME or deferment of Medical Examination (Requirement No.2);
- Guide Medical Certificate Holders and AME with regards to COVID-19 suspected cases (Requirement No.3);
- Reinstatement process for positive COVID-19 license holder and additional medical evaluation for initial applicant with history of COVID-19 infection(Requirement No.4);
- defer the GCAA fee payments up to 1st July 2020 (requirement No. 5); and
- allow issuance of approval or other authorisations by email, without signature or stamp (requirement No.6).

This SAFETY DECISION cancels and supersedes Safety Decision 2020-04 with regards to Medical requirements and flexibilities, however any extension and flexibility given based on Safety Decision 2020-04 FLEXIBILITY PROVISIONS DUE TO NOVEL CORONAVIRUS – ISSUE 01 shall remain valid if extended before the entry into force of this SAFETY DECISION.

DISCLAIMER:

- Due to COVID-19, the GCAA may not process any initial AME, Specialist, or facility applications.
- If any other flexibility provision is sought, organisations/individuals shall communicate the same to their principal inspector for future consideration.
- This SAFETY DISCISION has been approved electronically by HE the Director General of the GCAA – hence it does not bear any stamp or signature. To verify its authenticity, anyone can check on GCAA website: [https://www.gcaa.gov.ae/en/ePublication/Pages/OperationalDirectives.aspx?CertID=\(DIR\)](https://www.gcaa.gov.ae/en/ePublication/Pages/OperationalDirectives.aspx?CertID=(DIR))



REQUIREMENTS:

REQUIREMENT No. 1:

- a) Obstructive Sleep Apnoea (OSA) (MED.B.015 Respiratory System (d)(5) - ATCO.MED.B.015 Respiratory system (4)):
 - i) If the aviation personnel is found symptomatic (i.e. hyper somnolence and /or ESS > 10), the AME shall declare the aviation personnel as medically unfit and refer him/her for an OSA assessment by sleep specialist.
 - ii) However, if the applicant is asymptomatic with stop-bang score between 3 and 4, the AME shall declare the aviation personnel as medically fit for a period of 90 days from the date of assessment. The AME shall require in writing the aviation personnel to carry out an OSA assessment by a Sleep Specialist and, if required by the AME, CPAP and sleep study and provide those results to the AME and the GCAA.
- b) Follow up Action (MED.A.040 Issue, Revalidation and Renewal of Medical Certificates (4)): To minimize the number of clinic visit, the AME shall:
 - i) prior to determine if a follow-up action is required, ensure that the follow-up action is essential to assess the medical fitness of the aviation personnel;
 - ii) facilitating the follow-up tests on behalf of the applicant;
 - iii) use emails to follow up and monitor the clinical status (Blood Pressure documentation, blood sugar, Laboratory reports ,OSA follow up reports); and
 - iv) Upload lab test in the E-medical.
- c) Sickness Reports and Temporary Suspension (MED.A.020 Decrease in medical fitness):
 - i) The aviation personnel may inform the AME of any decrease in medical fitness via a phone call or an email, without the need to visit the AME. However, all supporting documents and medical reports from the treating professionals shall be forwarded to the AME.
 - ii) The AME shall evaluate any decrease in medical fitness due to sickness without seeing the aviation personnel.
- d) BMI protocol (MED.B.025 Metabolic and endocrine systems (2)):
 - i) Obese with incapacitation risk of >1% assessed shall be assessed as unfit.
 - ii) Aviation personnel assessed with obese condition other than the latter can exercise their privileges provided they comply with prescribed follow up regimen.
- e) Over 60 assessment (MED.A.045 Validity, revalidation and renewal of medical certificates):
 - i) Within 6 months period from the date of issue of over 60 medical, the applicant shall complete:
 - A. Neurocognitive assessment conducted by Approved Senior Psychologist
 - B. Extended eye examination by GCAA approved Ophthalmologist.
 - C. Comprehensive cardiac evaluation by GCAA approved Cardiologist, in case of high index of suspicion for cardiac event, Comprehensive cardiac evaluation shall be done immediately.
 - ii) SAME shall be responsible for uploading all relevant documents before issuing any MC to over 60, and any evidence of cognitive decline, or a concern on cardiac health or visual examination the applicant shall be immediately referred to appropriate specialist.
 - iii) Alcohol screening tests: an elevated Carbohydrate-deficient transferrin (CDT) test shall only be evaluated by a SAME after gathering all relevant information related to alcohol consumptions (History/physical examination/ other blood test /presence of medical conditions may be attributed to excess alcohol /use of validated tools -AUDIT). However, in the presence of high index of suspicion, the SAME shall refer the case to the Substance Abuse Specialist and the aviation personnel assessed as medically unfit.



- f) Psychoactive substances management programme (CAR Part II, chapter 1): Random testing may be withheld until further notice with the exception of the following types: pre-employment and reasonable suspicion. The decision to withhold other types shall be made on a comprehensive assessment of the hazard within organisation's system.
- g) Additionally it is reminded that as per MED.A.055 Deferral of Medical examination. The prescribed re-examination of a licence holder requiring medical assessment operating in an area, which is outside UAE and distant from designated medical examination facilities may be deferred at the discretion of the GCAA, provided that such deferment shall not exceed:
- i) a single period of six months in the case of a flight crew member of an aircraft engaged in non-commercial operations;
 - ii) two consecutive periods each of three months in the case of a flight and cabin crew member of an aircraft engaged in commercial operations provided that in each case a favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practice medicine in that area. A report of the medical examination shall be sent to the GCAA;
 - iii) in the case of a private pilot, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated under this regulation, by the ICAO Contracting State in which the licence holder is temporarily located. A report of the medical examination shall be submitted to the GCAA before flying activities are conducted by the licence holder.
- h) Designated Aeromedical Examiners currency requirements: (Ref CAR-MED SUBPART D)
- i) CME hours from reading for maintaining currency of the AMEs may be credited;
 - ii) Such reading may include:
 - A. Reading articles – it should be related to Civil Aviation medicine or /Military Aviation medicine
 - B. Reading ICAO manual.
 - C. Reading EASA regulations.
 - D. Review CAR MED and recommend updates aligned with evidence based medicine (Applies to AME and Specialists)
 - E. Online courses and provide certificates.
 - iii) All such activities shall be recorded and uploaded in the GCAA E-Medical.

REQUIREMENT No. 2:

- a) The procedure to obtain extension of the Medical Certificate shall be adhered to:
- i) The applicant for extension shall fill form and sign it (refer to appendix A);
 - ii) Upon receiving the request of MC extension from the license holder /or organization through email to aeromedical@gcaa.gov.ae, the GCAA will review the medical record of the applicant;
 - iii) In case of no significant medical issue/concern from the declaration provided and records, the applicant will be issued an extension letter for a 4 months period;
 - iv) The extension will not be reflected in the E-system, however the GCAA will coordinate work to ensure that any reminder for examination due date are not sent until the date specified in the letter of extension;
- b) Following expiry of the extension:
- i) The Applicant shall visit the AME for a revalidation examination; AME shall review the extension letter and conduct the necessary examination;
 - ii) The validity period of a medical certificate, including any associated examination or special investigation, shall remain the same as the expiry date of the previous medical certificate in the case of revalidation;



- c) The prescribed re-examination of a licence holder requiring medical assessment operating in an area, which is outside UAE and distant from designated medical examination facilities may be deferred at the discretion of the GCAA (by email to aeromedical@gcaa.gov.ae), provided that such deferment shall not exceed:
- a single period of six months in the case of a flight crew member of an aircraft engaged in non-commercial operations;
 - two consecutive periods each of three months in the case of a flight and cabin crew member of an aircraft engaged in commercial operations provided that in each case a favourable medical report is obtained after examination by a designated medical examiner of the area concerned, or, in cases where such a designated medical examiner is not available, by a physician legally qualified to practice medicine in that area. A report of the medical examination shall be sent to the GCAA; and
 - in the case of a private pilot, a single period not exceeding 24 months where the medical examination is carried out by an examiner designated under this regulation, by the ICAO Contracting State in which the licence holder is temporarily located. A report of the medical examination shall be submitted to the GCAA before flying activities are conducted by the licence holder.
- d) Extension of all Designated Aeromedical Examiners shall be given on individual case and submission shall be through E-Medical.

REQUIREMENT No. 3:

- Organisations employing medical certificate holders shall establish a system to detect suspected cases having symptoms compatible with COVID-19. Upon detection of a confirmed positive case¹, organisations shall immediately report it to the GCAA (by email to aeromedical@gcaa.gov.ae) and AME.
- Medical certificate holders suspected or confirmed positive of COVID-19 and related cases shall be referred to the concerned health authority for the appropriate action;
- AME shall not instruct license holder on COVID-19 precautions and shall refer the suspected or confirmed positive cases to the right channel for action.

REQUIREMENT No.4:

- Depending on the UAE Health Authority Requirement, the Medical Certificate may be suspended by the GCAA if the Medical certificate holder is found meeting the provisions of UAE Civil Aviation Law article 26(3).
- To return to duty a Medical Certificate Holder affected by COVID-19 (even if MC was not suspended) the following process shall be followed:
 - Once the Medical Certificate holder has recovered and completed Health Authority requirements², the Medical Certificate Holder shall be referred to the AME for the reinstatement or return to duty;
 - The AME shall start the reinstatement or return to duty process by completing a clinical evaluation which requires:
 - signed declaration by the applicant form (**refer to APPENDIX C**)
 - vital signs check;
 - Visual Acuity test;
 - a physical examination;
 - basic psychological testing (**refer to APPENDIX B**);

¹ This requirement shall apply retroactively.

² UAE National Guidelines for Clinical Management and Treatment of COVID-19 requires self-quarantine of 14 days after recovery.



- iii) During the clinical evaluation of the Medical Certificate holder, the AME shall determine, after consultation with the GCAA, if there is a need for referral to a specialist or any request of further evaluation (e.g. persistent symptoms of COVID 19; an SpO2 on air room is less than 96%; the history is indicating complications (such as pneumonia, SARI, DIC, Renal failure, need for ventilation)).
 - iv) Upon completion of the clinical evaluation, the AME shall submit a reinstatement application or return to duty along with the following documents :
 - A. A Declaration form signed by the license holder (**refer to APPENDIX C**)
 - B. Discharge summary with all supporting documents for the admission /or home quarantined positive cases;
 - C. An evidence of 2 consecutive negative Novel Coronavirus RNA PCR swab that are more than 24 hours apart or Serological evidence of immunity (IgG antibodies against SARS-CoV-2) – if available;
 - D. Oxygen saturation on ground;
 - E. An evidence of Normal Kidney and liver function tests;
 - F. An evidence Normal Complete Blood Counts and CRP;
 - G. An evidence Normal ECG (AME should compare with the previous record);
 - H. Documented Normal body temperature at time of examination without ingestion of fever lowering medication; and
 - I. An evidence of normal visual Acuity test.
 - v) Following above submission, the GCAA shall determine if reinstatement of the Medical Certificate can be granted or return to duty is permitted. Only Senior AME can immediately reinstate or return to duty the applicant.
- c) Requirement at point c) shall also apply to applicants for initial Medical Certificate. AME shall adapt their system to ensure compliance accordingly.

REQUIREMENT No. 5:

Payment of fees related to GCAA services for aviation safety activities shall be deferred up to 1st July 2020.

REQUIREMENT No. 6:

Due to the current unforeseen circumstance, certificates or other authorisations may be required to be processed by email and may not bear a signature and/or stamp. Operators/Individuals are required to coordinate with concerned GCAA department.

CONTACT:

Further instructions or guidance may be obtained through:

Email: aeromedical@gcaa.gov.ae

Contact number: +971 4 2111 665



APPENDIX A: MEDICAL FITNESS DECLARATION AND CONSENT FORM

- **Name:**
- **Company Name :**
- **License Number :**
- **Medical Certificate Expiry Date:**

THE FOLLOWING TABLE TO BE COMPLETED BY THE GCAA LICENSE HOLDER, IF THE ANSWER TO ANY OF THE BELOW IS YES PLEASE INSERT DETAILS, AND ATTACH ANY DOCUMENTS IF AVAILABLE

Over the last 6 months before the expiry of your medical certificate Have you:	YES	NO	Details
Suffered any significant personal injury involving incapacity to function as a member of the flight crew, cabin crew or an ATCO.			
Received any medical, surgical or other treatment that is likely to interfere with aviation safety.			
Undergone a surgical operation or invasive procedure.			
Been aware of any decrease in your medical fitness which might render you unable to safely exercise the license privileges.			
Commenced the regular use of any medication.			
Taken or used any prescribed or non-prescribed medication which is likely to interfere with the safe exercise of the privileges of the applicable licence; (if the answer is Yes, please mention name of the medicine and dose).			
Required to use glasses or lenses because of change in your visual			



acuity.			
Been suffering from any significant illness involving incapacity to function as a member of the flight crew.			
Been admitted to hospital or medical clinic.			
been newly diagnosed to have Diabetes , or Hypertension or High lipid ,or Cardiac problem			

IF YOUR MEDICAL CERTIFICATE IS ENDORSED WITH SIC LIMITATION FOR A PARTICULAR MEDICAL CONDITION, CONFIRM THAT YOU ARE COMPLIANT WITH TREATMENT AND FOLLOW UP REQUIREMENTS

Medical condition	Medication	Follow up

Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information including any medication used by myself (prescribed or non-prescribed) or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I pledge that if I develop any new medical condition which require suspension of my medical certificate in accordance with CAR- MED.A.020 Decrease in medical fitness I will immediately inform my AME /or GCAA.

LICENCE HOLDER NAME:

DATE:

SIGNATURE:



APPENDIX B: PSYCHOLOGICAL FORM

CONSULT WITH THE AEROMEDICAL INSPECTOR



APPENDIX C: COVID 19 DECLARATION FORM

SECTION I: GENERAL INFORMATION	
Applicant details	
First Name:	Last Name:
Date of Birth: (dd/mm/yyyy)	Date of Clinic Visit: (dd/mm/yyyy)
Name of Employer:	
GCAA License No	

SECTION II: MEDICAL HISTORY	
Please indicate if you have any of the following	
<input type="checkbox"/>	Chronic respiratory disease
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Heart disease
<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	On immune suppressant medicine
<input type="checkbox"/>	Others (kindly specify if any other medical condition)

SECTION III: SMOKING	
History of current Smoking of any type of Tobacco products on daily basis	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past history of smoking on daily basis	
<input type="checkbox"/> No <input type="checkbox"/> Yes	



SECTION IV : CURRENT MEDICAL HISTORY

History of your current medical condition

Date your symptoms started (dd/mm/yyyy)

Highest recorded temperature at home / hospital (if known):

SECTION V: SYMPTOMS AT TIME OF SICKNESS (COVID -19) (TICK THE BOX IF YOUR ANSWER IS YES)

<input type="checkbox"/>	Cough	<input type="checkbox"/>	Chills
<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Headache
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Conjunctivitis
<input type="checkbox"/>	Body aches	<input type="checkbox"/>	Earache
<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	Sinus congestion
<input type="checkbox"/>	Shortness of breath/difficulty breathing	<input type="checkbox"/>	Chest pain
<input type="checkbox"/>	Nausea	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Rash

SECTION VI: OTHER CLINICAL INFORMATION

Have you had pneumonia? Yes No

Have you been hospitalized (admitted into inpatient ward of hospital) for COVID 19?

Yes No

If NO, complete "Outpatient Visit." If YES, complete "Inpatient Visit" below.

Inpatient Admission

Admission date (dd/mm/yy):

Discharge date (dd/mm/yy):

Last Negative PCR test date(dd/mm/yy):



Have you been on ventilation?	
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Outpatient Visit	
Where you were been examined? <input type="checkbox"/> Emergency room <input type="checkbox"/> Clinic	Have you been quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many days?
Did you take any medicine? please specify	Last Negative PCR test date (dd/mm/yy)

SECTION VII: Others
Currently do you still have any of the above symptoms mentioned in (SECTION V):? if yes, specify.

Declaration:

- Declaration: I hereby declare that I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information including any medication used by myself (prescribed or non-prescribed) or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I pledge that if I develop any new medical condition which require suspension of my medical certificate in accordance with CAR- MED.A.020

Decrease in medical fitness I will immediately inform my AME /or GCAA.

Signature: _____ Date: _____