

FSG 100-04

TEMPORARY CHANGES TO TRAINED AIRCREW PHA DURING COVID-19 CRISIS

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References:

- A. FOM – 4.1.1 - PART 1 – [AIRCREW MEDICAL](#)
- B. AMA Directive 100-01 [Medical Standards for CAF Aircrew](#)
- C. AIG - DSG 02/20- [Use of Virtual Care by CAF Health Care Providers.](#)
- D. DCOMD COMMUNIQUE #025/20 (27 MAR 2020): *Direction on Clinical Priorities during Op Laser*
- E. AUMB recommendations (21 May 2020 RODs)
- F. Comd RCAF Decision Brief; *Aircrew Medicals during a Pandemic* (22 May 2020)

Record of Amendments:

yyyy-mm-dd	Amendment
2020-05-25	Initial Issue. Contingency Aircrew PHA arrangements and Ophthalmological extensions/conditions.
2021-03-18	Review. Minor editorial changes only.

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INTRODUCTION

1. The COVID-19 crisis has resulted in major disruptions to medical systems globally and to society writ large. This has led to an environment whereby the timely access to investigations and appointments traditionally required for the administration of CAF routine aircrew PHAs can no longer be assured. Additionally, while effective use of PPE and other public health measures can greatly mitigate risk to aircrew and staff, the requirement for in-person medical testing and procedures need to be more closely scrutinized, especially in regions with a higher prevalence of infection. In response to these challenges, many National Regulatory Bodies and the CFHS have embraced the deliberate use of virtual healthcare in appropriately selected circumstances, ensuring the essential conduct of occupational health assessments (Refs C, D). The measures recommended by AUMB (Ref E) were endorsed, in full, by the Comd RCAF at Ref F, enabling the adoption of specific adaptive measures permitting the safe and efficient conduct of routine PHAs for trained aircrew during this period of physical distancing and resource constraints. As such, this FSG details those changes to the established aircrew PHA periodicity and process which will be permitted in order to provide sufficient flexibility to ensure sustained operations, while also fully mitigating potential aeromedical risk.

INITIAL MEDICAL EXTENSION FOR COVID-19 CRISIS

2. On 19 Mar 2020 a single 60 day extension for all routine aircrew PHAs was authorized by the AMA. No further blanket extensions beyond this duration were issued, as it was imperative to avoid unnecessary aeromedical risk or the further exacerbation of the ensuing PHA backlog faced by understaffed clinics. Commencing 1 June 2020, these 60 day extensions were no longer be granted for medicals originally set to expire after that date. Of note, extensions for trained aircrew may still be granted for up to 30 days by senior Wing / Base Flight Surgeons, or up to 56 days by 1 Canadian Air Div surgeon, as per the enduring policy established Ref A.

CONTINGENCY AIRCREW PHA

3. The following guidance for the conduct of contingency aircrew PHAs has been in effect commencing 26 May 2020. It will cease to be in effect once the CDS declares Op Laser Phase 4 has been attained, or earlier if revised or rescinded by the AMA. This FSG was reviewed in Mar 2021 with no substantive changes, and remains in effect due to the continuing COVID related restrictions. If not rescinded it will be reviewed again no later than end Mar 2022. This contingency assessment may be used in lieu of either Type I or Type II aircrew PHAs as described in AMA 100-01.

4. A summary of PHA requirements for trained aircrew is found in Table 1. For members who are less than 40 years old and have no significant current medical conditions, the Part I screening tests (including aircrew eye exam, cardiovascular risk assessment, and laboratory investigations) may be deferred at the discretion of the Aviation Medicine provider. Part II will consist of a review of the DND 2552 PHA patient questionnaire, the DND 2452 Aircrew/Diver questionnaire and a history conducted either in person, or virtually, by an Aviation Medicine provider (IE; the physical exam may be deferred at the discretion of the Aviation Medical provider). Additionally, aircrew who are less than 40 with any significant pre-existing medical conditions are to have labs and investigations relevant to the condition performed and they may also require a focused physical exam at the discretion of the Aviation Medicine provider. If a physical exam is deemed not to be required, Part II may be done virtually.

5. Members who are more than 40 years old without any active pre-existing medical conditions require cardiovascular screening (every 2 years), audiogram, visual acuity; distance, intermediate, and near vision, colour vision, height, weight, waist circumference, and BP to be completed (Part I). Manifest refraction, near and distant ocular muscle balance, intraocular pressures, dilated fundoscopy, and visual fields by confrontation may be deferred if optometry / ophthalmology is not regionally available. Part II will consist of a review of DND 2552 PHA patient questionnaire, DND 2452 Aircrew/Diver questionnaire and a history done either in person, or virtually, by an Aviation Medicine provider (IE; the physical exam may be deferred). Additionally, if the member is greater than 40 years of age has active pre-existing medical conditions, they shall have a standard aircrew PHA, including a general aeromedical physical exam, as per AMA 100-01 in addition to any supplementary labs and investigations as indicated.

Table 1. Contingency Aircrew PHA Investigation Requirements for Trained Aircrew.

Age	No Medical Conditions	Pre-existing Medical Condition(s)
<40	No labs, audiogram, or ophthalmology exams required. Visual acuity, colour vision, height, weight, waist circumference, BP may be self-reported (Part I). History & review of questionnaires to be conducted either in person or virtually at the discretion of FSurg / BAvMed (Part II).	Labs and investigations relevant to condition(s) are to be completed (Part I). A focused exam, as clinically indicated, to be performed either in person or virtually at the discretion of FSurg / BAvMed (Part II).
>40	Cardiovascular screening, audiogram, visual acuity (IE; distance, intermediate, and near vision) are all required. Colour vision, height, weight, waist circumference and BP to be completed (Part I). History and review of questionnaires conducted either in person or virtually at discretion of FSurg / BAvMed (Part II).	Perform all labs, exams and investigations as per AMA 100-01, including any additional clinically indicated labs, investigations or focused examinations relevant to condition(s), as determined by the FSurg / BAvMed.

Notes:

1. Validity = 1 year.
2. Ophthalmology exams may not be available in all regions thus may be deferred until such time as they are once again available, barring situations with acute or known pathology.
3. Both Type I and Type II aircrew medicals will follow same Contingency Aircrew PHA process.

OPHTHALMOLOGICAL ASSESSMENT

7. Many Bases and Wings do not have access to ophthalmological assessment for routine aircrew medicals. Effective immediately, when an ophthalmological assessment is required (including dilated funduscopy), if the aircrew member has visual acuity (VA) within trade spec (or an unchanged VA from previous assessment), AND no known pathology likely to result in rapid vision degradation, they may remain fit for flying duty until the next PHA. This includes PHAs with extended or changed periodicities or process due to COVID-19. Where a member has known pathology, or a change in VA, advice should be sought from ASCS. As of Mar 2021 access to ophthalmological assessment is improving but the provisions of this para will remain in force where access remains problematical.

UNTRAINED AIRCREW

8. This guideline also applies to untrained aircrew who have been awarded an air factor by CFEME but are awaiting occupation-specific training and require a Type I or Type II aircrew PHA. For these cases, advice may be sought from CFEME as required.