

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

Implementing Standard

(Issued under Section 120 Civil Aviation Act No. 14 of 2010)

Title: Requirements for Medical Examination of Cabin Crew members

Reference No. : CA-IS-2018-OPS-097

SLCAIS: 097

Date: 25th January 2019

Pursuant to Section 120 of the Civil Aviation Act No.14 of 2010, Director General of Civil Aviation shall have the power to issue, such Implementing Standards for the purpose of giving effect to stated provisions of the Civil Aviation Act, any regulations or rules made thereunder including the Articles of the Convention on International Civil Aviation which are specified in the Schedule to the Act.

Accordingly, the undersigned being the Director General of Civil Aviation do hereby issue the Implementing Standard as mentioned in the Attachment hereto (Ref: CA-IS-2018-OPS-097-Att.01], for the purpose of giving effect to the provisions in the aforementioned Act, Standards & Procedures described under Article 37 of the Convention and Section 4.2.1 of Implementing Standard 036 which is published in compliance with Annex 1 “Personnel Licensing” to the convention, which are specified in the Attachment.

This Implementing Standard shall be effective on 25th January 2019 and will be applicable from 30th January 2019. This Implementing Standard shall replace and supersede Directive 007.

Attention is also drawn to section 103 of the Act, which states inter alia that failure to comply with Any Implementing Standard is an offence.

H.M.C. Nimalsiri
Director General of Civil Aviation and
Chief Executive Officer

Civil Aviation Authority of Sri Lanka
No. 152/1, Minuwangoda Road,
Katunayake

Enclosure: Attachment No. CA-IS-2018-OPS-097-Att.01

Implementing Standards

Title: Medical Requirements for Examination of Cabin Crew Members

1. INTRODUCTION

The operator shall ensure that each cabin crew member remains medically fit to discharge the duties specified in the “Job Description of the Cabin Crew Member and other internal and regulatory manuals which governs their profession”. For this purpose this Implementing Standard is issued to lay down uniform requirements for medical fitness of cabin crew to be ensured by the operators. This Implementing Standard is issued under the legal provisions in Personnel Licensing & Training Organizations Regulation No. 01 of 2017, section 6 (4), section 7 (1), (6), (7), (8), (9), (10), (11), section 8 (1), (2), section 9 (1), Implementing Standards 036, section 4.2.1, Implementing Standard 021, Chapter 12, para 4 (d) and ICAO Doc 10002, para 1.4.4. (e) & (g).

When conducting aero-medical examination and/or assessments of cabin crew, their medical fitness should be assessed with particular emphasis on their physical and mental ability to:

- (a) Handle and efficiently operate the aircraft systems and emergency equipment in the cabin which are used for safety and emergency procedures e.g. cabin management systems, doors/exits, escape devices, fire extinguishers, taking also into account the type of aircraft operated e.g. narrow-bodied or wide-bodied, single/multi deck, single/multi-crew operation;
- (b) Sustain continuously the aircraft environment whilst performing duties, e.g. altitude, pressure, re-circulated air, noise; and the type of operations such as short/medium/long haul; where applicable and / or when called upon to do so.
- (c) Perform the required duties and responsibilities efficiently during normal and abnormal operations, and in emergency situations and psychologically demanding circumstances e.g. assistance to crew members and passengers in case of decompression; stress management, decision-making, crowd control and effective crew coordination, management of disruptive passengers and of security threats. When relevant, operating with minimum crew should also be taken into account when assessing the medical fitness of cabin crew; and
- (d) Create a good image, impression and also confidence to average passengers that they are in the safe hand of professional crew who are dynamic and agile enough to respond to any unlikely event of an emergency.

2. Frequency of Medical Examination.

The Initial Medical Examination shall be conducted upon induction and every 05 years at CAASL till the age of 50 years and every 12 months thereafter. Subsequently, cabin crew shall undergo renewal medical examination once a year facilitated by the Airline operator. The frequency of medical examination may be increased in case of specific cabin crew where a disease/condition has been detected and a more frequent follow up is required.

2.1 All cabin crew shall undergo the following investigations/ records using form CAA/PEL/E/01.

<p>Initial Medical Examination</p>	<ul style="list-style-type: none"> ➤ Record of height, weight & Body Mass Index (BMI) ➤ Blood Pressure ➤ Complete Ophthalmic Examination (visual fields, distance and near visual acuity with and without correction, colour vision, ocular muscle balance) ➤ Complete Ear Nose and Throat (ENT) Examination including Pure Tone Audiogram ➤ Haemogram (Complete Blood Counts) ➤ Urine routine & microscopic examination ➤ Blood Group & Rh type ➤ Electrocardiogram (ECG) – Standard 12 lead with Rhythm strip & with reporting. ➤ Radiograph Chest PA view and reporting. ➤ Blood Sugar Fasting ➤ Lipid Profile ➤ Thyroid Function Test (T3, T4 & TSH) ➤ Any other test deemed fit based on history/ clinical examination
<p>Renewal Medical Examination</p>	<ul style="list-style-type: none"> ➤ Haemogram (Complete Blood Counts) ➤ Urine routine & microscopic examination ➤ Record of height, weight, BMI ➤ Audiogram ➤ ECG* ➤ Blood Sugar Fasting ➤ Any other test deemed fit based on history/ clinical examination <p style="text-align: center;"><i>* ECG to be done only if clinically indicated in renewal medical examinations till the age of 50 years. After 50, it is to be done yearly.</i></p>
<p>BMI/ BF%</p>	<ul style="list-style-type: none"> ❖ Procedure for disposal for high BMI/ BF percentage cases is given in Appendix 1

2.2 The provision of application for Class 2 Medical Examinations as brought out in ICAO Annex 1 chapter 6 para 6.2.3,6.2.4,6.2.5,6.4.1,6.4.3,6.4.4 and 6.4.5 read in conjunction with ICAO document 8984 “Manual of Civil Aviation Medicine” as amended from time to time shall be followed.

2.3 No cabin crew shall be accepted for rostering unless they have a valid medical examination report.

3. PROCEDURE AND GENERAL REQUIREMENTS FOR MEDICAL EXAMINATION

- 3.1 The medical departments of scheduled airlines and the Operator of non-scheduled airlines shall maintain the individual medical records of all their cabin crew. A yearly summary of the total number of renewal medical examinations conducted and their outcome shall be forwarded to DGCA for scrutiny and retention. Any abnormal cases shall be reported to CAASL for further medical assessment and recommendations.
- 3.2 The medical department of scheduled airlines and the Operator of non-scheduled airlines shall be responsible for maintaining a schedule to ensure timely conduct of medical examinations of all cabin crew.
- 3.3 Disposal of Cases. Cabin crew shall be handed over a medical report at the end of the medical examination. The following disposals may be granted:
- (a) Fit
 - (b) Temporary Unfit
 - (c) Permanent Unfit
- 3.4 Disposal of Temporary Unfit Cases – Cases may be declared Temporary Unfit for a specified duration for a disease/ condition with specific annotation regarding the next review and guidance on the investigations/ opinion/ treatment required before next review.
- 3.5 Disposal of Permanent Unfit Cases - Cases requiring to be placed “Permanently Unfit” shall be referred to SCAI-AMED and Medical Board at CAASL with full justification and supporting medical documents.
- 3.6 Disposal of contentious cases & arbitration – the first level of dealing with such cases would be the Airline Medical Department itself. In cases where the matter is not resolved, the same shall be referred to SCAI-AMED of CAASL, for further investigations/ opinions/ fresh medicals at before finalizing the case.
- 3.7 If the medical standards prescribed for Class 2 Medical Examination and those laid down by DGCA are not met, the Medical Fitness shall not be issued or renewed unless the following conditions are fulfilled:
- (a) Accredited medical conclusion indicates that in special circumstances the applicant’s failure to meet any requirements, whether numerical or otherwise, is such that exercise of the duties is not likely to jeopardize flight safety;
 - (b) Relevant ability, skill and experience of the applicant and operational conditions have been given due consideration; and
 - (c) The medical fitness is endorsed with any special limitation or limitations when the safe performance of the cabin crew duties is dependent on compliance with such limitation or limitations.

4. PROCEDURE FOR APPEAL MEDICAL EXAMINATION

- 4.1 In the event of a cabin crew being declared “Temporary Unfit”, for more than six months at a stretch or in aggregate or Permanently Unfit, the applicant may appeal to the SCAI-AMED at CAASL for a review of the medical assessment within a period of 90 days from the date of applicant having been declared unfit.
- 4.2 The appeal shall be addressed to Director General of Civil Aviation, No. 152/1, Minuwangoda Road, Katunayake. The appeal shall be sent by registered post with acknowledgement due or by speed post or through a reputed courier company or may be delivered in person to DGCA’s office. The appeal must be accompanied by the following documents;
- (a) All documents in original obtained by the applicant from reputed medical institutions/ specialists clearly certifying that the applicant is fit for duties as cabin crew, with specific reference to the cause of unfitness stated in the medical assessment issued by the CAASL. The medical practitioner/ specialist certifying the fitness in such a case should give sound reasons justifying their opinions.
 - (b) Reports of the medical examination and results of investigations, in original, conducted by the medical practitioner/ specialist giving the aforesaid certificate.
- 4.3 The appeal shall be considered by DGCA, and if found justified, it may be referred to SCAI-AMED. Medical records of the concerned cabin crew shall be summoned by SCAI-AMED. If adequate medical evidence is provided for medical review, SCAI-AMED may recommend to DGCA and appeal/ review medical examination at any place and may also ask for any such investigation/ report or opinion of any specialist to determine the fitness of the applicant. In case the appeal for medical review is not found justified, SCAI-AMED will inform DGCA about the same giving the reasons and the cabin crew shall be informed accordingly.
- 4.4 If the medical review is accepted, it shall be carried out at the centre specified for the purpose. The fresh medical examination reports will be considered to assess the medical fitness. The decision of the SCAI-AMED on behalf of DGCA shall be final. The result therefore shall be intimated by the Medical Board of the CAASL and final assessment shall be issued accordingly by DGCA.
- 4.5 The DGCA would afford an opportunity to the operator’s opinion and concerns considering the appeal of a crew member before, a ruling is given.

5. Maintenance of records

The records of the medical examination of cabin crew shall be maintained by the airline medical Centre/ operators. These would be examined during CAASL inspections.

APPENDIX 1

DISPOSAL OF HIGH BMI CASES

1. Body Mass Index (BMI) can be calculated by the following formula:

$$\text{BMI} = \frac{\text{Weight (in kilograms)}}{\text{Height in meters squared}}$$

2. The range of BMI is as follows:

BMI	NORMAL	OVERWEIGHT	OBESE
Male	18.5-24.99	≥25	≥30
Female	18.5-24.99	≥25	≥30

3. Cabin crew with weight above normal range will undergo clinical examination to look for features of secondary obesity due to endocrine diseases (hypothyroidism, Cushing's disease, insulin resistance, hypothalamic dysfunction) and associated lipid abnormalities (xanthema/xanthelesma) or any other medical ailment. Presence of non-communicable diseases should be carefully looked for any disease suspected or detected is to be evaluated to conclusion and treated. Evaluation of cases of overweight will include the following investigations:

- (a) Biochemical screening:
- i. Blood Glucose (Fasting & 2hur after 75g glucose stress, HbA1c),
 - ii. Lipid Profile
 - iii. LFT
 - iv. TSH and
 - v. Ultra Sound Scan of Abdomen
- (b) ECG – Resting
- (c) Screening for Endocrine disorders, including thyroid function, if indicated
- (d) For Obese cases, sleep studies shall be done.
- (e) Or any other investigation prescribed by SCAI-AM if indicated.

4. DISPOSAL OF CASES OF HIGH BMI

- (a) A cabin crew who is found to be overweight (based on BMI), the cabin crew shall be examined and investigated.
- (i) If the investigations are normal, Body fat percentage (BF %) of said Cabin Crew member shall be done at Airline medical Centre. If the BF% is higher than the average level (refer to **Figure 1 & 2**) the cabin crew member shall be given a period of 03 months to reduce weight to acceptable levels (Average normal BF%), failing which the cabin crew would be declared

“Temporary Unfit” for cabin crew duties and his/her Cabin Crewmember Certificate suspended.

- (ii) If the investigations are abnormal, the cabin crew shall be declared “Temporary Unfit” for cabin crew duties for a period of 03 months and Cabin crew member shall refer to a relevant Designated Consultant for further investigations/ diagnosis of the ailment and shall get the recommendation on his or her fitness. After the 03 months is over, the cabin crew shall be re-assessed. If BF% and investigation have normalized and the medical ailment is cured or controlled, cabin crew can be made “Fit” for duty. If not, the cabin crew would be declared “Temporary Unfit” for cabin crew duties for another period of 03 months.

After the additional 3 months are over, if BF% is within the average normal range, cabin crew can be made “Fit” for duty. If not, cabin crew member shall be referred to SCAI-AMED for assessment and further management.

- (b) A cabin crew who is found to be Obese (based on BMI) BF % of the said cabin Crew member shall be done and if it is over the average normal range he/she shall be examined and investigated. The cabin crew shall be declared “Temporary Unfit” for cabin crew duties for a period of 03 months and if the investigation results are abnormal, shall refer to a relevant Designated Consultant for further investigations/ diagnosis of the ailment and shall get the recommendation on his or her fitness. After the 03 months of unfitness is over, the cabin crew shall be re-assessed.
 - (i) If the BF% is within the normal average range and the investigations are also normal, the cabin crew shall be declared “Fit” for duties.
 - (ii) If the BF% is above the average range, cabin crew shall be declared “Temporary Unfit” for cabin crew duties for another period of 06 months and shall be referred to SCAI-AMED, CAASL for further assessment and management of the condition.
- (c) Unfitness beyond 12 months would merit “Permanent Unfit” and the crew certificate will be cancelled. This decision shall be taken by DGCA with the recommendations of SCAI-AMED, CAASL after considering Cabin Crew member’s medical history and the improvements made according to the schedule given to the Cabin Crew member.
- (d) Cabin crew declared unfit should undergo a gradual reduction of weight by a combination of diet, exercise and life-style modification under periodic monitoring by the Medical Officer of Airline/ Operator. Drastic weight reduction plans, medication and surgery for weight reduction have drawbacks which may affect the cabin crew adversely and to be avoided.
- (e) BMI is used as a screening tool to select the Cabin Crew members who need reduction of weight but not as a diagnostic criteria to confirm fitness of Cabin Crew members to perform their duties.
- (f) BF% shall be used in all cases as the diagnostic tool to confirm the fitness of Cabin Crew members if the other medical ailments are excluded.

BODY FAT % MEASUREMENT CHART FOR MEN

AGE	18-20	2.0	3.9	6.2	8.5	10.5	12.5	14.3	16.0	17.5	18.9	20.2	21.3	22.3	23.1	23.8	24.3	24.9
	21-25	2.5	4.9	7.3	9.5	11.6	13.6	15.4	17.0	18.6	20.0	21.2	22.3	23.3	24.2	24.9	25.4	25.8
	26-30	3.5	6.0	8.4	10.6	12.7	14.6	16.4	18.1	19.6	21.0	22.3	23.4	24.4	25.2	25.9	26.5	26.9
	31-35	4.5	7.1	9.4	11.7	13.7	15.7	17.5	19.2	20.7	22.1	23.4	24.5	25.5	26.3	27.0	27.5	28.0
	36-40	5.6	8.1	10.5	12.7	14.8	16.8	18.6	20.2	21.8	23.2	24.4	25.6	26.5	27.4	28.1	28.6	29.0
	41-45	6.7	9.2	11.5	13.8	15.9	17.8	19.6	21.3	22.8	24.7	25.5	26.6	27.6	28.4	29.1	29.7	30.1
	46-50	7.7	10.2	12.6	14.8	16.9	18.9	20.7	22.4	23.9	25.3	26.6	27.7	28.7	29.5	30.2	30.7	31.2
	51-55	8.8	11.3	13.7	15.9	18.0	20.0	21.8	23.4	25.0	26.4	27.6	28.7	29.7	30.6	31.2	31.8	32.2
	56 & UP	9.9	12.4	14.7	17.0	19.1	21.0	22.8	24.5	26.0	27.4	28.7	29.8	30.8	31.6	32.3	32.9	33.3
		LEAN				IDEAL				AVERAGE				ABOVE AVERAGE				

Figure 1

BODY FAT % MEASUREMENT CHART FOR WOMEN

AGE	18-20	11.3	13.5	15.7	17.7	19.7	21.5	23.2	24.8	26.3	27.7	29.0	30.2	31.3	32.3	33.1	33.9	34.6
	21-25	11.9	14.2	16.3	18.4	20.3	22.1	23.8	25.5	27.0	28.4	29.6	30.8	31.9	32.9	33.8	34.5	35.2
	26-30	12.5	14.8	16.9	19.0	20.9	22.7	24.5	26.1	27.6	29.0	30.3	31.5	32.5	33.5	34.4	35.2	35.8
	31-35	13.2	15.4	17.6	19.6	21.5	23.4	25.1	26.7	28.2	29.6	30.9	32.1	33.2	34.1	35.0	35.8	36.4
	36-40	13.8	16.0	18.2	20.2	22.2	24.0	25.7	27.3	28.8	30.2	31.5	32.7	33.8	34.8	35.6	36.4	37.0
	41-45	14.4	16.7	18.8	20.8	22.8	24.6	26.3	27.9	29.4	30.8	32.1	33.3	34.4	35.4	36.3	37.0	37.7
	46-50	15.0	17.3	19.4	21.5	23.4	25.2	26.9	28.6	30.1	31.5	32.8	34.0	35.0	36.0	36.9	37.6	38.3
	51-55	15.6	17.9	20.0	22.1	24.0	25.9	27.6	29.2	30.7	32.1	33.4	34.6	35.6	36.6	37.5	38.3	38.9
	56 & UP	16.3	18.5	20.7	22.7	24.6	26.5	28.2	29.8	31.3	32.7	34.0	35.2	36.3	37.2	38.1	38.9	39.5
		LEAN				IDEAL				AVERAGE				ABOVE AVERAGE				

Figure 2