

Cobalt Medical Travel Clearance Guidelines

Airline travel has some unique features which must be considered by passengers with medical conditions to ensure a safe and comfortable flight.

Key features that a passenger and their treating medical practitioner must consider are:

1. **Oxygen:** The commercial aircraft cabin is pressurized to a level that is equivalent to being up to 8,000 ft. altitude reducing the amount of oxygen available to breathe. Healthy people have no problems at these altitudes but passengers with anemia, or heart and lung conditions may be at risk and supplemental oxygen may be required or travel delayed until their condition has improved. Severe or complex cases may need to have altitude simulation studies to ensure their safety during the flight.
2. **Advanced medical care:** The aircraft cabin is a closed environment where access to advanced medical care may not be possible for many hours depending on the flight path. Cobalt flight attendants are trained in first aid and our aircraft carry doctor's medical kits and heart defibrillators but complex medical assessment and treatment is not possible on board. If a passenger is at risk of an illness or complication in flight, they should consider delaying their flight or flying with a medical escort.

Detailed guidance for both passengers and their doctors is provided below. In developing these guidelines Cobalt has considered the IATA Medical Manual and consulted with specialists in the relevant fields.

Diagnosis/ Condition	Not suitable for travel	Travel Clearance Form Required	Comments for treating Doctor
Group 1 – Cardiovascular and related conditions including blood conditions			
Angina	Unstable angina	Control achieved only recently (within 14 days)	Must be stable and no angina at rest. Must be able to ambulate at a moderate pace 50m on flat ground without chest pain or breathlessness
Myocardial infarction (heart attack)	Within last 7 days	Within 8 -21 days or if complications	Must be stable with no complications
Cardiac failure (congestive cardiac failure)	Uncontrolled heart failure or required ventilatory support within the last 14 days	Not required if controlled *	*Controlled - must be able to ambulate at a moderate pace 50m on flat ground without chest pain or breathlessness
Serious cardiac arrhythmia	Within 7 days	Within 8-21 days	Does not include benign arrhythmias
Pacemakers and internal (implanted) defibrillators	Within 24 hours	Within 7 days	No evidence of pneumothorax on chest x-ray
Coronary Angiogram	Less than 24 hours	21 days	A myocardial infarction (heart attack) within 21 days overrides these provisions. . Hb>8.5g/L
Angioplasty with or without stent	2 days or less	21 days	Good outcome with no complications. No significant anaemia
Cardiac Surgery – where the chest cavity is opened`	9 days or less	10-21 days (CABG and Valve surgery)	In assessing fitness to fly, the treating surgeon must in addition to any other assessment; view a chest x-ray to confirm that there is no air in the pleural space.
Pulmonary Hypertension	<ul style="list-style-type: none"> • WHO Class IV • Significant right heart failure 	<ul style="list-style-type: none"> • WHO Class I, II, III 	Oxygen is recommended in most cases or consider specialist assessment.

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DVT / Pulmonary embolism or at risk of DVT	Onset 4 days or less	5-21 days	Anticoagulation stable and PAO2 normal on room air. Prophylaxis as indicated.
Anaemia	Hb less than 8.5 g/dl Active bleeding	Chronic disease Hb <8.5g/l chronic stable disease	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased. Consider oxygen requirements
Sickle cell disease	Sickling crisis in previous 9 days	10 days and over	Always require supplemental oxygen
Group 2 – Respiratory Conditions			
Pneumothorax Haemo- pneumothorax (As a result of chest trauma or occurring spontaneously)	7 days or less after full lung expansion	8 - 21 days after full lung expansion	Lung expansion should be assessed by chest x-ray, ensuring no air in pleural space
Open chest surgery (non-cardiac)	14 days or less	15 - 28 days, experiencing symptoms or complications	e.g. lobectomy, pleurectomy, open lung biopsy. No evidence of pneumothorax on Chest xray
Pneumonia	Acute, with symptoms	Within 7 days of resolution - complications or ongoing symptoms	Fully resolved or, if X ray signs persist, must be symptom free
COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax	Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation/ or required ventilatory support within the last 14 days	If unstable or poor exercise tolerance of less than 50 metres. Recent exacerbation (7 days)	Supplementary oxygen may be required in flight. Altitude simulation studies may be needed
Asthma	Recent severe attack within 48 hours (requiring hospitalisation)	Severe episode or recent hospitalisation discharge (within 48 hrs.) , recent deterioration or instability	Must be stable and have medication with them
Group 3 – Neurological Conditions			
TIA (transient Ischaemic Attack)	Within 2 days	3 – 7 days	Must be stabilised
Stroke (cerebro-vascular accident)	Within 3 days	4 - 14 days	Must be self sufficient otherwise escort/carer required Supplemental oxygen should be considered within 2 wks. of CVA
Epliepsy / Fitting/ Seizures	Less than 24 hours or unstable	Within 7 days of last fit.	In case of ongoing seizure risk, travel may be approved with escort and treatment plan.
Cranial surgery	9 days or less	10 - 21 days	Air travel should not occur if there is any residual air within the cranial cavity. Imaging may be required for early travel

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Group 3 – Neurological Conditions			
Spinal surgery- minimally invasive (ie microdisectomy)	≤ 3days after surgery	≥4 days with surgeon clearance	Wound should be stable and able to tolerate unexpected turbulence and vibration associated with flight
Spinal surgery-(major surgery i.e. open decompression)	≤ 8 days after surgery	≥9 days up to 12 weeks of injury or surgery	Wound should be stable and able to tolerate unexpected turbulence and vibration associated with flight. Standard aircraft fitted life jackets may not fit patients who are wearing a HALO brace. Carriage of own device should be considered.
Significant psychiatric conditions (i.e. mania, schizophrenia, drug induced psychosis)	If unstable or likely to deteriorate during flight/ result in harm to self/ crew or other passengers OR if sedated that self-care is not possible OR that the condition would require active medical intervention during the flight	Currently stable but where there has been a instability, non-compliance, deterioration or hospitalisation within 14 days* Risk assessment if any history of aggression or violence may be required.	The certifying medical practitioner should consider the possible stress of travel on the individual. Travel may be approved with a suitable medical escort/ carer and/or security escort. Risk assessment if any history of aggression or violence may be required.
Head injury associated with loss of consciousness or skull fracture	Within 2 days if there have been seizures	Within 14 days of last injury or last seizure or any penetrating injury	No evidence of pneumocranium
Group 4 – Gastro-intestinal conditions			
Open abdominal surgery (i.e. Laparotomy, Hysterectomy, Cholecystectomy, Hepatectomy, Colectomy, Caesarean, Radical Prostatectomy)	10 days or less	11 - 14 days or if complications persist	Open surgery means through a full incision not 'keyhole' or laparoscopic Passenger must be able to open bowels / pass flatus.
Laparoscopic surgery (Keyhole ie Appendectomy)	4 days or less	Only if there are complications	e.g. tubal surgery. All gas must be absorbed.
Investigative laparoscopy	Less than 24 hours	Procedure within 1 -4 days	All gas must be absorbed
GIT Bleed	Less than 24 hours following a bleed	Up to 14 days following bleed	Endoscopic or clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) Hb level must be sufficient for air travel

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Group 5 – Ear, nose and throat			
Otitis media and sinusitis	Acute illness or with loss of Eustachian function		Must be able to clear ears
Inner or Middle ear surgery	9 days or less	10 - 14 days with medical clearance from treating ENT (Otolaryngologist)	Must be able to clear ears Includes cochlear implant insertion
Insertion of Grommets			Refer Anaesthetics
Fractured jaw (surgically wired)	Without an escort carrying appropriate cutters	Travel can be permitted without an escort or cutters, if quick self-release wiring has been used	
Tonsillectomy •Flights less than 2 hours	< 24 hours, any bleeding or complications	1-10 days with ENT clearance	Bleeding secondary to wound infection should be considered
Tonsillectomy •Flights greater than 2 hours	21 days or less	not applicable	Bleeding secondary to wound infection should be considered
Group 6 – Eye conditions			
Intra-ocular surgery • with gas	<7 days	8-42 days requires specialist clearance	Any gas injected into globe must be re-absorbed (may be up to 6 weeks)
Intra-ocular surgery • without gas	<24 hours	2-14 days requires specialist clearance	
15D0018 08/16 Hyphaema (bleeding into front of the eye)		Ophthalmologist (Eye Surgeon)	a a. All gas in globe must be reabsorbed.
Cataract surgery	Less than 24 hours	1 – 3 days and must be provided by an Ophthalmologist (Eye Surgeon)	
Corneal laser surgery	Less than 24 hours	1 – 3 days	
Group 7 – Pregnancy and Newborn			
Pregnancy	after the 36th week for single and after 32 for multiple pregnancy	Any pregnancy with complications will require a medical clearance	Risk of labour must be minimal. High risk pregnancies or where no antenatal care has been provided should have a dedicated air ambulance transport.
After delivery		If you are travelling within 7 days of your delivery date, will require a medical clearance	
Miscarriage (threatened or complete), ectopic	With active bleeding and/or pain	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 Hours. Must be haemodynamically stable. Hb not less than 8.5 g/dl.
New born/ Infant	Less than 48 hours old OR requires a ventilator or incubator	3 - 7 days or history of complications or premature birth	Risk of hypoxia if respiratory system not fully developed

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Group 8– Orthopaedics			
Fractures / Plaster casts	Must be split if applied less than 48 hours prior to departure	Within 7 days	Fractures supported by a back slab or sling are exempt. Consider DVT prophylaxis.
Arthroscopic joint surgery			Refer Anaesthetics Consider mobility requirements
Large joint replacement surgery (i.e. hip, knees, shoulders)		Within 14 days and must be provided by treating orthopaedic surgeon	Consider DVT prophylaxis
Group 9– Other Conditions and Physiological states			
Anaesthetics	≤ 24 hours of having a general anaesthetic	≥ 24 hours of having a general anaesthetic where medical condition contraindicates travel within this time	Refer to specific medical conditions guidelines to determine fitness to travel
Anaphylaxis/ allergies	Passengers must be at low risk of a reaction on board. Cobalt cannot guarantee the airline environment or food will be free of specific allergens. If a passenger is carrying an auto injector device e.g. EpiPen®, they must ensure it is in their carryon luggage and that they or an escort/carer/companion, are willing and capable of administering it if needed		
Burns	If systemically unwell (e.g. shock and/ or sepsis) or with widespread infection or greater than 20% total of body surface area	Within 7 days of burn or surgical treatment	Consideration should be given to wounds on pressure sensitive surfaces such as the buttocks, feet and back
Breast surgery (Augmentation or reduction procedures)	< 24 hours	Within 2-4 days	Ensure adequate analgesia.
Plastic surgery of superficial soft tissues, muscles and skin	< 24 hours	Within 2-4 days	Ensure adequate analgesia
Scuba diving	Not within 24 hours last dive	Not required after 24 hours unless recent decompression sickness	Consider longer period for decompression dives or extended / multiple dives.
Decompression sickness (bends)	≤3 days for the bends ≥7 days with neurological symptoms	In all cases within 10 days of completing treatment	Medical clearance must be provided by a specialist in hyperbaric medicine
Terminal illness	If aviation environment or process of travel may exacerbate condition (e.g. Hypoxic environment, tumult of travel, thrombotic risk etc.)	All cases	Medical condition may require stretcher, escorts/carers or oxygen. Will not accept passengers at high risk of complications during flight.

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Group 10– Contagious and Infectious Diseases			
Chicken Pox (including shingles)	If active lesions present	If unsure, or if non-dermal complications are present.	All lesions must be dried and crusted
Conjunctivitis (bacterial)	If eye still discharging pus, and not improving on antibiotics and/or extra-ocular involvement	If unsure	Must be treated by appropriate antibiotic drops / ointment and be responding
German Measles (Rubella)	Within 5 days after the onset of the rash	If rash persisting after 5 days	
Impetigo (“School sores”)	If not on treatment or if blisters uncovered	If unsure	Travel not recommended unless on appropriate treatment and covered in watertight dressings
Influenza	If symptomatic (eg. Fever, cough, aches and pains)	If unsure	Travel not suitable for those displaying obvious signs of influenza / unwell
Measles	Within 7 days after onset of rash	If rash is persisting after 7 Days	
Mumps	Within 9 days after onset of swelling	If swelling is still present after 9 days or unwell	
Scabies	If not treated or within 1 day of treatment starting	If on treatment for scabies	Travel not suitable until day after treatment has begun
Tuberculosis	If infectious	All cases of tuberculosis Passengers with tuberculosis will not be cleared for travel until their treating practitioner can confirm that they are not infectious.	Generally, require 3 negative sputum samples. Multidrug resistant TB may require specialist transport.
Whooping Cough (Pertussis)	Within 3 weeks from the onset of the whoop (if not on treatment) or within 5 days of effective antibiotic therapy	If on ongoing effective antibiotic therapy longer than 5 days	May travel after 5 days of effective antibiotic therapy