Understanding the New DUI Policy

The Federal Aviation Administration has a new policy on a single DUI (driving under the influence, or driving while intoxicated) offense. You should be aware that when an airman obtains an FAA medical examination and signs Block 20, it is an affirmation that everything is true and correct, and it gives the FAA permission to make a single search on the National Driver Registry. Each week, the FAA Security Division E-mails several thousand airmen-identifying features to the database. If they receive a "hit," they check the airman's medical examination records to see if the airman informed the FAA of the offense.

Airmen must now report arrests, convictions, and administrative actions by checking "yes" at line 18.v of FAA Form 8500-8. There is also a requirement to report within 60 days any of the previously mentioned actions to FAA Security, per Title 14 Code of Federal Regulations part 61.15 (e). If airmen do not report such occurrences within 60 days, they are risking a suspension of their airman and airman medical certificates. They must also report the DUI on the very next FAA medical examination! In the past, we gave the airman a "free pass" on the first DUI offense. You were supposed to obtain the court documents and question the airman about alcohol or drug use but were permitted to issue if you determined that the airman did not have a substance abuse problem.

Well, now you must obtain the court documents and question the airman, and if the airman had a blood alcohol level of $\geq$ 0.15 or a positive alcohol test, you must defer the airman's medical certification to us. If the airman refused to allow the police to take a sample, you are required also to defer. We will then insist that the airman obtain a substance abuse evaluation from a recognized counselor as a condition of further consideration of issuance of a medical certificate.

Dr. Silberman manages the Aerospace Medical Certification Division.

Certification Update

Information About Current Issues

By Warren S. Silberman, DO, MPH

What Would the FAA Want?

I have decided to try a new approach with these articles and call them *What Would the FAA Want?* I plan to choose several medical conditions and tell you what medical records, consultations, and lab testing we require to make a determination about applicants' eligibility to fly.

Amputation of an extremity. The main issue here: Does the airman have a prosthesis that is functional and would be equivalent, as much as can be expected, to the lost body part? We, of course, would want to know how the accident occurred and whether the airman actually wears the prosthesis. In the case of a lower-extremity amputation, we need to know if the airman can effectively push on the rudder pedals. In the case of an upper extremity, can the airman manipulate the controls, flip switches, and so on?

Amputation of an extremity will likely result in our having to request a medical flight test from an FAA Flight Standards inspector. If successful, the airman will receive a Statement of Demonstrated Ability (SODA). Should the applicant require a modification of the aircraft, he/she must take the test in the aircraft that was modified, and the applicant will receive a revised Airman Certificate that limits flying to only that particular aircraft type. If the airman wants to move into another aircraft, another flight test will be required. In that case, we will issue a restricted medical certificate (called a VSPPO or Valid for Student Pilot Purposes Only). This will allow the airman to fly, but prior to soloing, the flight instructor should send the applicant to the Flight Standards District Office for a flight test. If the applicant passes, then he can be issued an unrestricted medical certificate and the Statement of Demonstrated Ability.

Osteoarthritis. This is the type of arthritis we older folks must deal with. Another name might be degenerative arthritis. The FAA wants to know what limitations, if any, one has with the arthritis. Which joints are involved? Is there any restriction in motion? Would the pain or restriction affect the flying safety? In the case of degenerative arthritis of the spine, does rotation restrictions interfere with the ability to see out of the windscreen? How much pain does the airman have? Is there any nerve root impingement? In most of these cases, while there isn't any chance of sudden incapacitation, we are most concerned about the applicant's ability to fly the aircraft (manipulate the controls, move rudder pedals, etc.).

We are also interested in prescribed medications. We accept all of the nonsteroidal anti-inflammatory agents. Also still acceptable is the Cox-2 inhibitor, Celebrex (celecoxib). We do not accept any narcotic or synthetic narcotic analgesics. This includes tramadol! We will allow airmen to take an occasional analgesic, but less than twice a week, and they must "ground" themselves for five half-lives after taking the medication. Airmen who develop a chronic pain type syndrome will probably not be permitted to fly. In most cases of osteoarthritis with treatment, we will not even place the airman on a Special Authorization.

Paraplegia. In case you are not aware, we do have a few paraplegic airmen who fly. The FAA needs to know how the condition occurred. What are the details of the airman's current condition? In other words, where is the level of paraplegia? Does the airman have any extremity function? Can they transfer themselves from their wheelchair in an aircraft? Do they have any pressure

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sores? What medications are they taking? Do they require a urinary catheter? Baclofen, a muscle relaxant that many of these individuals take, is unacceptable. In most of these cases, the aircraft will need such modifications as hand brakes, and the airman will surely require a medial flight test and SODA. Provide as much current information you can on each case. I refer you to my discussion of amputation (above), as the process to actually obtain medical certification is much the same.

Influenza. Anyone the least knowledgeable about aviation medicine should be able to figure this one out. I really hope that no airman is, let's say, short-sighted enough to attempt to obtain a flight physical while sick with influenza, but if you find out prior to initiating the examination, send them home until they become asymptomatic or, at least, have been afebrile for at least 24 hours without the use of antipyretics!

Regarding influenza vaccine, the FAA has no restrictions other than common sense. Airmen should ground themselves for one half-hour after receiving influenza vaccine, just to make sure they do not have any acute allergic reactions.

As for the use of the anti-influenza medications, Tamiflu (oseltamivir) or Relenza (zanamivir), neither medication is disqualifying, per se. When used for prophylaxis, it would be prudent to not fly for 48-72 hours after starting the medication to ensure the airman does not have any adverse reactions to the medication. When used for treatment of influenza infection, then the airman should not fly until symptoms are resolved and afebrile for at least 24 hours without the use of antipyretics. Remember, pilots must abide with the 14 CFR 61.53 prohibition against exercising the privileges of their pilot certificate during medical deficiency – symptoms of influenza or medication side-effects do constitute a medical deficiency.

Response to "ASK" Feature

Dear Editor:

I hope this feature (ASK) is respected and used. A number of new developments seem to occur which take time to get advice in the Bulletin or the Guide [to Aviation Medical Examiners]. The option of calling the RFS or Oak City is not always easy. So I have a couple of questions to ask.

1. Is there an official list of acceptable [to the FAA] drugs? The AOPA [Aircraft Owners and Pilots' Association] has a list but I cannot find a list in FAA lit.

2. I have been asked by a couple of airline pilots about Lap Band procedures. While I think that it is a good idea, how should I advise them about how long they will be unable to fly? Is a special issuance required, or will they be certified when their surgeon supplies an operative summary and current evaluation?

Thanks,
Mal Gilbert
Riverside, Calif.

Dear Dr. Gilbert,

We do not publish a list of acceptable medications, but we do provide information on medication use in the *Guide for Aviation Medicine Examiners* and the *Federal Air Surgeon's Medical Bulletin*. As you have observed, AOPA publishes a list of medications to assist its members. We do not vouch for the accuracy of the AOPA list. If you have questions regarding the use of medications, you should contact your Regional Flight Surgeon or the AMCD.

The lap band procedure is one of several procedures that we allow for weight loss. An airman who undergoes bariatric surgery should notify their regional flight surgeon or AMCD, and AMEs should defer issuance of a medical certificate. Regardless of the procedure, the FAA will need an operative report from the surgeon to include any complications that might have occurred and a current status report, including electrolyte results and a CBC. The airman should also expect to be grounded for a minimum of 60 days and to be placed on a special issuance for several years following bariatric surgery.

Warren S. Silberman, DO
Manager,
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Circadian Rhythm

Dear Editor,

I have just read the article in the Medical Bulletin 47(3), 2009, concerning the new circadian brochure. I was quite interested when I saw the article because I've worked in the field of operator fatigue in transportation for several decades. The article is accurate, well written and useful. However, I have a little concern about the second-level headline leading the article: "Of all the stressors in aviation, jet lag seems to have the greatest impact." In fact, the greatest stressors of this nature in aviation are sleep loss and sleep disruption, which often are caused by jet lag.

My colleagues and I will be ordering and using the brochure. We appreciate its publication.

Sincerely,
James C. Miller, Ph.D., CPE