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**MEDICAL SUPPORT OF FLIGHTS IN THE CONTRACTING STATES
OF THE CIVIL AVIATION AND AIR SPACE USE AGREEMENT**

(Presented by the Interstate Aviation Committee)

SUMMARY

This document contains information on the organization of medical support of flights in the Contracting States of the Civil Aviation and Air Space Use Agreement.

1. INTRODUCTION

1.1 The system of medical support of flights in the Contracting States of the Civil Aviation and Air Space Use Agreement was developed in the period of the USSR existence and has shown its efficiency.

1.2 Taking into account the urgency of the problem and necessity to improve the level of medical support of civil flight operations to meet the modern requirements, the Contracting States of the Agreement have accepted aviation rules on medical support of civil aviation flights.

**2. MEDICAL SUPPORT OF FLIGHTS IN THE
CONTRACTING STATES OF THE CIVIL AVIATION
AND AIR SPACE USE AGREEMENT**

2.1 The medical support of flights in the Contracting States of the Civil Aviation Agreement is a system of measures aimed at preservation and strengthening of health, increasing work efficiency of

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aviation personnel and prevention of aviation accidents and incidents associated with health conditions of flight crew members or air traffic controllers.

2.2 Medical support of flights includes:

- a) the medical support of flights in the Contracting States of the Civil Aviation Agreement is a system of measures aimed at preservation and strengthening of health, increasing work efficiency of aviation personnel and prevention of aviation accidents and incidents associated with health conditions of flight crew members or air traffic controllers;
- b) periodical medical examination of aviation specialists by the doctor (quarterly) and medical preventive actions;
- c) preflight medical examination of flight crew members and pre-shift examination of air traffic controllers;
- d) aircraft manufacturers in close interaction with the aviation administrations shall carry out effective following of aircraft operations;
- e) organization and rendering medical aid to the passengers at the airport; and
- f) maintaining airborne passenger first aid kits to render medical assistance to the passengers during the flight.

2.3 Medical support of flights in the Contracting States of the Civil Aviation Agreement is carried out by the civil aviation medical establishments of these countries.

2.4 The civil aviation medical establishments, which are directly carrying out the medical support, correspond to the medical establishment of the Ministry of Public Health or appropriate State body on public health service of the Contracting States of the Agreement.

2.4.1 These establishments include:

- a) aviation medical centers (preventive treatment establishment);
- b) medical unit or polyclinic of an aviation enterprise;
- c) aviation out-patients department; and
- d) first aid station for preflight (pre-shift) medical examination and rendering medical aid to the passengers.

2.5 The structure of the Civil Aviation Authority of the Contracting-States of the Agreement includes an aviation medical department or medical service which works on behalf of the Civil Aviation Authority in the part of their concern.

2.6 The civil aviation medical establishments subordinate on medical questions to the Department of Aviation Medicine (aviation medical service) of the Civil Aviation Authority and cooperate with other divisions of the Civil Aviation Authority in the part of their concern.

2.7 The civil aviation medical establishment has the Regulation which was worked out in accordance with valid legislative and normative legal documents of the International Civil Aviation Organization (ICAO), Joint Aviation Regulations (JAR), Interstate Aviation Committee (IAC), Civil Aviation Authority, the Ministry of Public Health or appropriate State body of public health, the State Sanitary Epidemiological Control of the Agreement in the part of its concern. The out-patients department of the aviation enterprise carries out measures connected with medical support.

2.8 The airport medical service is established for preflight medical examination of flight crew members, pre-shift examination of air traffic controllers (ATC) and includes rendering medical aid to the passengers of aircraft in case of accident in the territory of the Contracting States of the Agreement.

2.9 Aviation medical arrangements will be carried out by the heads of medical establishments of civil aviation, ATEC experts-doctors, doctors of the aviation enterprise (airport, airline, ATC, etc.), airport medical service to render aid to passengers and to render preflight (pre-shift) medical examination including nursing medical personnel as well.

2.10 A doctor must have a diploma confirming graduation from the State Medical Institute, the medical faculty, certificate of the specialist on a certain profile (therapy, surgery, neurology, ophthalmology, otolaryngology), certificate of training for aviation medicine issued by the medical educational institution, having the license to conduct educational activities and State accreditation. The training of the doctor on the basis of medical specialty and aviation medicine is carried out not less than one time every five years.

2.11 The medical nursing personnel (doctor's assistant, medical nurse) should have a diploma about finishing the State secondary medical educational institution and preparation on aviation medicine (under the special program).

2.12 Certification of the civil aviation medical personnel qualifications is carried out in conformity with the valid normative documents of the Ministry of Public Health of the appropriate State public health body of the Contracting States of the Agreement or by the Interstate Aviation Committee.

2.13 The doctors, carrying out medical support flights, are familiar practically with the conditions of professional activities of aviation specialists, meals, rest of the flight crew members, behavior of work and working hours of flight crew members, air traffic controllers and cabin crew. They study and analyze the condition of their health, the reasons for accidents and incidents connected with the condition of flight crew members or air traffic controllers health.

2.14 The basis of medical support is medical examination of the health of aviation personnel which is carried out with the purpose to reveal persons with some declinations connected with their health or reduction of work capacity performance which prevents or makes it difficult to fulfill their professional duties and may lead to decreasing aviation safety. The determination of health – curative and rehabilitation – is necessary. The medical examination of students' health at the educational institution of civil aviation is carried out on the basis of the valid normative documents.

2.15 The State Sanitary Epidemiological Control of the Contracting States of the Agreement has under its control working conditions, rest, feeding of aeronautical personnel and development of legislative sanitary - hygienic documents on air transport.

2.16 In case of accidents, the participation of the Civil Aviation Medical Department in organizing and conducting search and rescue work is determined by the ICAO Recommendation and by the normative documents which are valid in the Contracting States of the Agreement.

2.17 Certification of aviation medical personnel, requirements on the conditions of health and issuance of a Medical Certificate/Medical Conclusion are determined either by national normative documents of the Contracting States of the Agreement, agreed with the Ministry of Public Health or by a corresponding State body of public health and Ministry of Justice, approved and put into effect by the Civil Aviation Authority of the Contracting-States of the Agreement, or by ICAO, JAR, IAC normative documents entered into force in the prescribed manner of the Contracting-States of the Agreement.

2.18 The Aviation Medical Expert Commission and Central Aviation Medical Expert Commission carry out medical examinations of aviation personnel in accordance with the status approved by the Civil Aviation Authority of the Contracting States of the Agreement.

2.19 The main task of the medical examination for the inter-commission period is to control aviation specialists' health conditions and realize measures directed to preservation and strengthening of their health and increase their professional capabilities. The medical examination provides periodic (clinical examination) and extraordinary medical examinations. The schedule and scope of extraordinary medical examinations are determined by the requirements stated on the documents which are approved by the Contracting States of the Agreement.

2.20 The dynamic examination (clinical examination) will be carried out in accordance with normative documents of the Ministry of Public Health or the appropriate State body of public health and/or by the requirements which are developed by medical establishments of civil aviation of the Contracting-States of the Agreement and approved in the prescribed manner.

2.21 Medical examination of aviation specialists and also cabin crew whose work is connected with dangerous, harmful and adverse production factors includes additional measures which are regulated by the normative documents of the Ministry of Public Health/appropriate State body of public health and the State Aviation Epidemiological Control of the Contracting-States of the Agreement for those who are doctors in monitoring.

2.22 The preflight (pre-shift) medical examination will be carried out in order to duly reveal the persons of the flight personnel, cabin crew and air traffic controllers suffering from sharp diseases or aggravation of chronic illnesses, reduced activity, disruption of labor and rest conditions and other reasons preventing them from fulfilling their professional duties and decreasing flight safety levels. The preflight medical examination of flight crew members and the pre-shift medical examination of air traffic controllers are carried out in accordance with the valid normative documents.

2.23 The medical first aid to passengers of air transport will be carried out at the first aid station of the terminal. The airborne passengers' first aid kits are intended for rendering first aid to the crew members and passengers of air transport during the flight which is carried out by the trained personnel.

2.24 The civil aviation aircraft are completed with airborne first aid kits and airborne emergency medical first aid kits.

2.25 The number of the first aid kits on different types of aircraft, a list of medical remedies included and the requirements on how to use them are regulated by the normative documents approved in the prescribed manner.

3. MEDICAL SUPPORT FOR VARIOUS KINDS OF CIVIL AVIATION FLIGHTS

3.1 Civil aviation personnel carry out various types of flying during their professional activities, which depend on destination, piloting, altitude, area, climatic and geographical conditions day and night (24 hours).

3.1.1 Medical support is especially important for the following types of flight:

- a) high-altitude flights and night flights in low weather, trans-meridian flights in conditions of hot and cold climate, international flights and also flights on performance, aerial work; and
- b) each of the specified flights has the features which can influence efficiency of the flight crew members and their health.

3.1.2 The realization of measures connected with medical support of different kinds of flights is aimed at the prevention of possible adversities above-mentioned which can influence the health condition of the flight crew members, their professional efficiency and, finally, on the increase of flight safety.

3.1.3 The general measures on medical support of various kinds of flights include:

- a) the medical monitoring for fixing working hours and time of rest for flight crew members and air traffic controllers;
- b) the monitoring for ensuring of valuable preflight (pre-shift) rest;
- c) the rational and balanced food together with vitamins for the flight personnel;
- d) the medical examination of aviation personnel for the purpose of obtaining a Medical Certificate/Medical Conclusion which gives permission to fulfill their professional duties; and
- e) the medical examination of aviation personnel.

3.1.4 Regular medical examinations of aviation personnel conducted by airline doctors which result in issuing a permission for conducting professional duties. The permission should be put in the Medical Certificate/Conclusion.

3.1.5 Conducting preflight (pre-shift) medical checks marking permission in the appropriate documents. Suspending crew members and ATC controllers from their duties in case of insufficient/poor preflight (pre-shift) rest, exhaustion, chronic illness aggravation, alcohol and other intoxications, or expired Medical Certificates.

3.1.6 Exposure of early forms of illnesses, risk factors, reduction of functional recourses and professional capacity for work of aviation specialists for the purpose of conducting timely cure, rehabilitation and permanent monitoring of the staff.

3.1.7 Medical monitoring for the uniform of cockpit/cabin crew flying in different climate zones.

3.1.8 Physical and psycho physiological readiness of the aviation personnel.

3.1.9 Carrying out aviation medicine training for crews and ATC personnel.

3.1.10 Side-by-side with the activities mentioned above, medical support includes other depended on particularities of different types of flights.

3.2 High-altitude flights

3.2.1 At the present time, the practical importance of high-altitude flights are of great importance for civil aviation (high-altitude flights).

3.2.2 Main factors influencing the organism of the crew members and passengers at flights at high altitudes are the lowered atmospheric pressure in the cockpit and in the passenger cabin of aircraft, which leads to the low partial pressure of oxygen in inhaled air. And to the decrease of saturation of oxygen in the blood.

3.2.3 The degree of influence of these factors at various altitudes on the human body depends on the pressure supported in aircraft cabins of various classes, environmental control systems, and also conditions of health of the flight crew and passengers.

3.2.4 The influence of high-altitude factors for normal flight manifests itself in high-altitude meteorism, barometrical trauma of the middle ear or accessory cavity of the nose, high-altitude toothache and, in case of depressurization - sharp hypoid and high decompression sickness.

3.2.5 The measures of medical support connected with high altitude flight include the following:

- a) the control for hygienic quick-donning masks and oxygen respiratory equipment for flight crew members and passengers on board the aircraft;
- b) participation in training of flight crew members on the rules of duly and rational use of the oxygen respiratory equipment for flight crew members and passengers on board the aircraft;
- c) participation in training of flight crew members on the rules of duly and rational use of the oxygen respiratory equipment in case of emergency and, also on long flights (breath by oxygen for ten minutes in every two hours of flight and repeat breath by oxygen fifteen minutes before descent of aircraft);
- d) participation in training of cabin attendants on how to use oxygen devices to render assistance to the passengers at normal flight and in case of emergency;

- e) high altitude performance recommendations for air crews (physical training, rest-in mountain conditions, etc.);
- f) due treatment of flight crew members and cabin attendants against sharp and worsening chronic diseases of the organs such as top respiratory ways, breath organs and gastric diseases;
- g) flight crew members before and during flight are not recommended to eat products causing fermentation and gas-generation;
- h) recommendations for catering taking into account the influence of the factors of high altitude flight; and
- i) inclusion in airborne medical first aid kits of remedies in order to render assistance to passengers with symptoms of high altitude meteorism, barotraumas of the middle ear and other diseases.

3.3 Night flights

3.3.1 The night flight is the flight between sunset and sunrise including twilight.

3.3.2 The challenges of night flight are specified by:

- a) low lighting of objects;
- b) decrease of eye sight and disruption of pilot's color sight;
- c) difficulty to see the object in proper perspective out of the aircraft cockpit and illusions; and
- d) change of a daily biological rhythm of the pilot's organism.

3.3.3 The night sight has an important meaning during the performance of night flights, the reasons of its decrease can be:

- a) bad lightening in the rooms, where the crew members are before flight and at the aerodrome;
- b) lowered partial pressure of oxygen in inhaled air of the aircraft cabin; and
- c) exhaustion, intoxication, diseases, lack of vitamins A, C and group B in the pilot's organism.

3.3.4 In order to maintain optimum light conditions during night flight the following is necessary:

- a) absence of open sources of bright light at night time in premises where the crew members work and rest;

- b) uniform illumination of devices in the aircraft cockpit at different levels, of illumination but in light night and in twilight the illumination should be higher than in dark night;
- c) absence of patches of light and mirror reflections on the windows of the cockpit in the field of the pilot's sight; and
- d) exclusion of direct beams of bright lights from aerodrome sources into the pilots' eyes.

3.3.5 The measures of medical support during night flights include:

- a) fixed flying working hours providing a certain number of night flights in the total flight schedule;
- b) strict observance of working hours and rest by the members of the crew with the purpose of prophylaxis not to upset a biological rhythm (desynchronism);
- c) medical examination of the pilots with reduced, darkish adaptation conducted by the oculists;
- d) the periodic control realizing by the doctor of an airline in respect of maintenance of a light regimen in premises, where the crew members are before flight and illumination in the cockpit of the aircraft;
- e) checking during the medical control of the availability and use of spectacles for work and goggles recommended to the crew members; and
- f) realization of aviation medical propagation among flight personnel to take vitamins A, C and group B as well products containing the mentioned vitamins in order to improve night sight.

3.4 **Flight in complicated meteorological conditions**

3.4.1 Instrument flights are flights with limited visibility of ground cues. Piloting of aircraft in complicated meteorological conditions is carried out according to the rules of flight with the help of instruments.

3.4.2 Flight by instruments without visibility of the natural horizon and ground cues (in cloud, fog, during rain and snowfall) is characterized by the following basic features:

- a) average nature information about a spatial situation of the aircraft in flight conditions;
- b) complication of spatial orientation and high nervous emotional efforts;
- c) disruption of spatial orientation can lead to illusions; and
- d) danger of quick change of meteorological conditions.

3.4.3 The measures on medical support for flights in complicated meteorological conditions include:

- a) revealing of flight personnel, suffering from illusions during the flight, in order to ascertain the reasons of their apparition and ways of elimination;
- b) qualified medical examination of optic and vestibular analyzers which fulfill spatial orientation together with other analyzers;
- c) removing from flights the crew members with severe or aggravations of chronic diseases in order to prevent disruption of spatial orientations;
- d) training of flight personnel in the programme of spatial orientation in complicated meteorological conditions and reasons of apparition of illusions during the flight and the ways of their elimination (change a pose, effort of head muscle movement etc.); and
- e) development of the quite attitude to illusions, confidence in the aviation instruments of necessity to work in complicated situations but only on the basis of the instrument indications excluding own feelings.

3.5 **Flights in conditions of hot climate**

3.5.1 The hot climate is characterized by high temperatures in summer and low temperatures – in winter. The unfavorable climatic conditions are typical for deserts, half-deserts and subtropical areas.

3.5.2 The flights in areas with hot climate can be made episodically or regularly with stays in this area during a certain period of time (under contract, business trip).

3.5.3 The process of acclimatization and re-acclimatization of pilots' organism in performance of these flights is different. This circumstance must be taken into account in their medical support.

3.5.4 The influence of high temperature leads to disruption of organism's heat regulation and may be the cause of the following:

- a) loss of water, disruption of water – electrolyte balance and superheating;
- b) decrease of professional performance in the initial period of acclimatization and re-acclimatization; and
- c) decrease of physical performance, disruption of sleep, worsening of appetite, quick tiredness.

3.5.5 The measures on medical support of flights in the conditions of hot climate include the following:

- a) realization of extraordinary medical examination of flight personnel working in conditions of hot climate for a period more than three (six) months (episodical flights to the areas with hot climate do not require ATEC's examination);

- b) determination of pilots' medical fitness to carry out professional activities in hot climate with account of the medical contra-indications approved by normative medical documents;
- c) decrease of adverse influence of hot climate to the pilots' organism (protection from intensive sun insulation during stays at the aerodrome, creation of optimum temperature conditions in the working premises and places of crews' rest equipped by air-conditions, drinking cold water, performance of flights at high temperature mainly in the morning and in the evening; and
- d) instructing the flight crew members on the rules of staying in conditions of hot climate (maintenance of drinkable conditions, taking vitamins and adaptogens and microelements wearing of clothes which protect from superfluous heat, use of water procedures and rest in premises with air conditions, in order to increase stability of the organism against unfavorable climatic factors).

3.6 Flights in cold climatic conditions

3.6.1 Regions of cold climate are characterized by low air temperature, long winter, short cool summer, change in the light regime in the course of the year (the polar night and the polar day). The most complicated climatic conditions are to be observed in the Trans-Polar and Arctic regions.

3.6.2 While providing medical support of flights under the cold climatic conditions, their episodic or regular character should be taken into account, as the flight personnel's acclimatization or re-acclimatization process depends upon this.

3.6.3 The influence of the low temperature results in contracting diseases connected with super-cooling (injuries by frost-bite, peripheral nervous system diseases, breathing organs diseases, skin and hypodermic tissue diseases) and in developing hypo-vitaminosis.

3.6.4 During the polar day pilots may suffer from snow ophthalmia and during the polar night (day) from sleep disturbances, irritability and deterioration of working capacity. A number of external conditions originates in difficulties with in-flight spatial orientation, is conducive to the appearance of illusions and complicates aircraft piloting.

3.6.5 Arrangements on the medical support of flights performed in cold climatic conditions include:

- a) carrying out special medical examination of the flight personnel assigned to work in cold climatic conditions for a period of more than three months (performing episodic flights to the frigid zone regions does not require special medical examination by the Medical/Flight Expert Commission);
- b) determining medical fitness of the pilots to discharge their professional functions in cold climatic conditions with account of the medical contra-indications, specified by the normative document on the medical examination of aeronautical personnel;
- c) reducing the unfavorable influence of the cold climate on the pilots' organism: providing the crew members with the appropriate winter uniform, establishing the optimum temperature conditions in the working premises and rest sites of the flight

personnel, organizing their diet accounting for energy inputs and the need to prevent hypovitaminosis, taking vitamins and adaptogenes, ensuring conditions for the normal rest of the crew members during the polar day; and

- d) instructing aircraft crew members in the rules of conduct in cold climatic conditions: rendering self-help and mutual aid in case of frost-bite injuries and supercooling of the organism, preventing snow ophthalmia on sunny days when the snow cover is present, advisability of taking vitamins, especially during winter, raising the organism's resistive capacity to the influence of unfavorable climatic factors and preventing catarrhal diseases.

3.7 **Extended-range trans-meridian flights**

3.7.1 The flights performed from West to East and back, crossing several time zones are regarded to be extended-range trans-meridian flights.

3.7.2 Essential peculiarities of such flights are:

- a) disruption of circadian biological rhythms;
- b) the necessity to perform the flight according to instrument flight rules;
- c) hypodynamia and hypokinesia;
- d) monotonia;
- e) drop of the atmospheric pressure in the aircraft cabin and passenger compartment;
- f) drop of the partial pressure in the air inhaled; and
- g) overfalls of the ambient temperature during flights to the extreme climatic/geographical regions.

3.7.3 Unfavorable influence on the pilots' organism may be diminished as a result of:

- a) strictly keeping to the work and rest regime taking into account the normal daily rhythm for the crew members;
- b) periodically performing physical exercises in flight (on the duty stations);
- c) using breathing oxygen during the flight; and
- d) wearing rational clothes depending on the climatic conditions of the airports of destination.

3.7.4 Arrangements on the medical support of the long-range trans-meridian flights include:

- a) monitoring by the air enterprise (airline) physician of the work load, the duration of the pre-flight and after-flight rest of the crew members, which are performing flights crossing several time zones;

- b) monitoring of the organization of the crews' rest at the intermediate airports in compliance with the recommendations of the bio-rhythmical support of flights;
- c) monitoring the crew's diet during long-range flights on board the aircraft as well as at the airports;
- d) assessing by the physician of the individual endurance of the long-range flights by the flight personnel and working out proposals for the airline management on flight planning; and
- e) instructing the pilots in the nature of de-synchronism, emerging as a result of biorhythms disruption, symptoms of this condition (insomnia, headache, low work capacity), methods of its prevention, the danger of taking medicinal remedies in case of sleep failure.

3.8 Flights performed to carry out aerial work

3.8.1 Aerial work is the work realized with the use of aircraft in agriculture, construction, environmental protection and conservation, to render medical aid and for other purposes.

3.8.2 Flights performed to carry out aerial chemical work are of special importance to the civil aviation of the Contracting States of the Agreement. As a rule they are carried out on low and minimum heights, with a large number of take-offs and landings during the flight day, involving highly intensive professional activity.

3.8.3 Aerial chemical work is characterized by seasonal prevalence and irregularity of the pilots' work in the course of the working day, week, month. In the majority of cases flights performed to carry out aerial chemical work are executed from the aerodromes or heliports located at a significant distance from the base aerodrome.

3.8.4 Besides the indicated peculiarities of the flights performed to carry out aerial chemical work one should additionally note the following:

- a) possible contact of the aircraft crew members with chemicals (the danger of an acute or chronic poisoning);
- b) high nervous and emotional stress;
- c) change of the functions of the nervous, cardio-vascular systems, alimentary canal; and
- d) deterioration of statokinetic (vestibular) stability, and therefore the possibility of developing air-sickness.

3.8.5 Arrangements for the medical support of flights performed to carry out aerial chemical work include:

- a) participation of a civil aviation medical service representative from a Contracting State of the Agreement when concluding a contract for aerial chemical work, which should envisage the work and rest regime of the flight crew, living conditions, diet,

work clothes and methods of its treatment, equipment of aerodromes or heliports, rendering first aid to the flight personnel in the event of any poisoning, injury or disease;

- b) determining if the flight personnel is fit for flights with account of the contra-indications, specified by the normative document on the medical examination of the aeronautical personnel;
- c) work and rest quota setting for flight crew members on the basis of the normative document, adopted by the Civil Aviation Administration of a Contracting State of the Agreement;
- d) carrying out medical examinations of the flight personnel prior to and after completing aerial chemical work;
- e) completing first aid kits for the crew;
- f) conducting toxicology and chemical poisoning prophylaxis training for pilots, instructing them how to render first aid in case of poisoning, self-help and mutual aid;
- g) timely discovery of the early symptoms of poisoning and disease of the flight personnel during medical examination;
- h) checking pilots' provision with individual protection means and briefing them on the rules of using such means;
- i) visiting aircraft crew members base sites at the agricultural aerodromes in order to check their stationing, work, life, rest and diet conditions in accordance with the contract signed; and
- j) conducting explanatory work among the aeronautical personnel on the self-control of the state of health while performing aerial chemical works with the aim of improving flight safety, as during medical support of such flights medical control is difficult to carry out and pre-flight medical examination is not conducted.

3.9 International flights

3.9.1 International flight is the flight of an aircraft in the airspace of more than one State.

3.9.2 International flights performed to foreign States may be regular (scheduled), non-scheduled or conducted as a result of a contract signed with the flight crew to work abroad. In this connection arrangements carried out to ensure medical support of flights are different in each case.

3.9.3 The main peculiarities of international flights are the following:

- a) aircraft crew members staying in the countries, which are not safe in respect of infectious (quarantine) diseases, and there is a risk of infection, delivery and spread of infectious diseases on the territory of a Contracting State of the Agreement;

- b) long-range flights when biological rhythms are disturbed;
- c) low atmospheric pressure in the cabin and passenger compartment of the aircraft and low partial oxygen pressure in the air inhaled;
- d) different climatic conditions of the countries, to which international flights are performed; and
- e) difficulties in realizing medical monitoring of the work, rest conditions and diet of the crews working abroad.

3.9.4

Arrangements on the medical support of international flights include:

- a) conducting annual medical examination of aircraft crew members and drawing up Medical Certificates according to the international standard;
- b) special medical examination at the Flight/Medical Expert Commission of the flight personnel assigned to work abroad in the countries with torrid climate (States of the South-East Asia, Africa, South America) for the period of more than three months and giving a medical resolution with the account of the contra-indications, specified by the normative document on the medical examination of the aeronautical personnel;
- c) participation of a civil aviation medical service representative when the contract for the crews to perform flights abroad is being signed;
- d) introducing in the contract issues of work, rest conditions and diet of the aeronautical personnel, rendering medical aid and paying for it in case of a disease;
- e) instructing flight and cabin personnel in observing sanitary and hygienic norms while staying abroad and quarantine diseases' prophylaxis, as well as the preparation of booklets and written instructions for this purpose;
- f) training crew members to take actions, which are required in the event of discovering on board an aircraft a sick person suspected of having an infectious (quarantine) disease;
- g) making prophylactic vaccinations to the personnel, which is performing international flights to the countries not safe in respect of the quarantine infections; and
- h) participation of the civil aviation medical service in the registration of written requests for the treatment of aircraft according to the epidemiological indications (disinfection, fumigation, deratization) by the sanitary/epidemiological inspection bodies of a Contracting State of the Agreement.

4. **CONCLUSION**

The Conference is invited to take into consideration information on the organization of the medical support of flight safety in the Contracting States of the Agreement on Civil Aviation and Airspace Use.

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