



# Update for MEs

No. 1/2022

A brief update from the Civil Aviation Authority  
Aviation Medicine Team

January 2022

Dear Colleague,

Welcome to this newsletter which contains important information.

We hope you had a safe and restful break over the holiday period.

## COVID-19

**Emergency Directives:** There is a recent ED giving relief from requirements of the General Directions – Examination Procedures and Timetable of Routine Examinations, under the red and orange lights - Covid restrictions:

<https://www.aviation.govt.nz/assets/licensing-and-certification/medical/2022-01-13-Emergency-Directive-Ear-Nose-Throat.pdf>

The Emergency Directive relating to spirometry referred to the alert levels:

<https://www.aviation.govt.nz/assets/licensing-and-certification/medical/2021-10-20-emergency-directive-covid-19spirometry.pdf>

**You may consider red and orange lights levels as being similar to the alert levels 2, 3 and 4 for the purpose of this ED interpretation.**

## Return to flying or ATC duty post Covid

The General Directions Exceptions for Temporary Medical Conditions do not cover Covid infection well because this condition does not only affect the respiratory tract and may result in lasting symptoms.

Anyone sick with Covid must declare their condition as required by section 27C of the Civil Aviation Act, and ground self. A return to duty requires formal clearance by their ME or CAA.

However, some Certificate Holders may test positive with no symptoms or only a minimal short-lived illness that they may consider not requiring reporting.

CASA has proposed a self-assessment protocol for such cases. They have kindly shared this with CAA, and we have edited the document for NZ.

We enclose at the end of this newsletter a draft guidance document should you wish to comment. We intend to promulgate such guidance on the CAA website once agreed to.

## Hoya MiyoSmart lenses

*Hoya MiyoSmart* lenses (spectacle lenses) are a new type of lenses that have proved effective in reducing myopia progression.

CAA has taken a position on this new technology. These lenses are **not permitted** for use by Medical Certificate holders while exercising their privileges.

<https://www.hoyavision.com/my/discover-products/for-spectacle-wearers/special-lenses/miyosmart/>

## ME training session

We are planning a short webinar late March. A Teams invitation will follow. Kindly advise your day of the week and time preference to [andrea.keenan@caa.govt.nz](mailto:andrea.keenan@caa.govt.nz)

## Applying Conditions under 271

When applying conditions to an existing medical certificate, under section 271 of the Act, please ensure to provide the applicant with a new certificate, reflecting those conditions, as well as a letter/notice of conditions, as relevant.

*Kindly send a copy of all documents to CAA within 5 working days.*

## Exposition

Thanks for ensuring you update your Exposition if your details have changed. This includes changes of address, equipment, calibration and nursing or administration staff.

If you forget your password you can now reset it yourself by accessing the exposition site. Your username is now your email address:

<https://exposition.caa.govt.nz/MedicalAudits/Logon.aspx?ReturnUrl=%2fmedicalaudits%2fdefault.aspx>

With best regards from

**The Aviation Medicine Team**

## Approach to medical certification and return to aviation duties.

### Asymptomatic or mild initial COVID-19 illness (full recovery in 7 days, not hospitalised)

- Certificate-holder to complete their self-assessment checklist (below) and answer NO to all questions (even if now asymptomatic / recovered). If any YES answer, arrange to see GP or CAA ME.
- GP or ME should confirm absence of cardiac, respiratory, neurological or another organ involvement – please refer below and to [NICE guidelines](#)
- Reports and investigations undertaken via GP / ME will be dependent upon the medical history and results of any investigations. The following should be considered by the medical practitioner reviewing:
  - Cardiorespiratory exam with normal vitals – BP, HR, SpO2 >95% in all cases
  - Neurological history and examination including:
    - evaluation for anosmia [consideration of sense of smell](#) – discussion regarding operational safety considerations and ability to reliably smell solvents, fumes and gasoline (petrol and/or JetA1) and consider appropriate testing if required.
    - assessment of [cognitive function](#) (MOCA, RUDAS, MMSE or TMT)

Consider the following tests:

- Spirometry
- ECG
- Exertional pulse oximetry e.g. [1-min sit-to-stand test](#), [6-minute walk test](#) where respiratory symptoms were prominent during the acute phase (please note exertional pulse oximetry should only be conducted where emergency medical care is immediately available)

Further guidance on assessment and management is available from:

NZ MOH advice for health professionals:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-advice-all-health-professionals>

Australian guidelines for clinical care of people with COVID19 (NHMRC):

[MAGICapp - Making GRADE the Irresistible Choice - Guidelines and Evidence summaries](#)

NICE guidelines:

[Published guidance, NICE advice and quality standards | Guidance | NICE](#)

## Self-assessment check list for return to normal flying or ATC duties (with or without GP/ME review)

Below is a *Self-assessment check list* to assist you, as a CAA Medical Certificate holder, in assessing your fitness to return to flying or ATC duties after an asymptomatic or mild COVID-19 illness. You can resume aviation duties without CAA Medical Examiner (ME) review if you answer **NO** to all questions (even if now asymptomatic / recovered).

- Duration of symptoms 7 days or longer
- Required hospital-based care at home or hospital admission (this DOES NOT include home care provided by your GP)
- Required treatment with antiviral medication
- Required treatment with steroid medication (inhaled, oral or IV)
- Required oxygen support to breathe
- Experienced disease affecting major organs such as heart and lung (symptoms include shortness of breath, cough, dizziness, palpitations and chest pain), brain (symptoms include dizziness, disorientation and 'brain fog') or kidney function (symptoms include abdominal pain and nausea)
- Other medical conditions have been made worse by their COVID19 illness
- Ongoing impairment (see explanatory notes) of:
  - sense of smell
  - breathlessness with exertion
  - memory
  - foggy head, difficulties concentrating

**If you have answered YES to any of the above, you will need ME review to resume a return to flying or ATC duties.**

### ***Explanatory notes for COVID19 self-assessment checklist:***

1. Some people experience mild fatigue, muscle aches and headache for some weeks after recovery from their acute COVID19 illness. If there is no impact on breathing, sleep or cognitive function, and they do not require medications (other than simple analgesia / anti-inflammatory medications) these residual symptoms are acceptable for a return to aviation duties if cleared by public health and or GP/ME. However, if these residual symptoms last for more than 4 weeks after the certificate holder has de-isolated, they must seek ME review. The certificate holder is expected to use their own good judgment regarding whether they continue with aviation duties in this case.
2. Sense of smell: for pilots the ability to recognise a fuel leak (Petrol or Jet A1) or smoke/fumes is important. Self-assessment of sense of smell can be done using common household products such as household solvents e.g. acetone or turpentine, smoke from a suitable source and kerosene Jet A1 should be able to be detected easily as these are pungent odours of great importance to safety.
3. An occasional or very mild cough is not likely to be of significance if the duration is a few weeks only. A very mild or occasional cough lasting longer than 2 weeks needs ME review.