



International
Civil Aviation
Organization

Organisation
de l'aviation civile
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Organización
de Aviación Civil
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Международная
организация
гражданской
авиации

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Ref.: AN 5/22-08/33

5 May 2008

Subject: Proposals for the amendment of medical provisions contained in Annexes 1 and 6

Action required: Comments to reach Montreal by 15 August 2008

Sir/Madam,

1. I have the honour to inform you that the Air Navigation Commission, at the seventh meeting of its 176th Session held on 20 November 2007 considered proposals developed by the Secretariat, with the assistance of the Medical Provisions Study Group (MPSG), to amend the Standards and Recommended Practices (SARPs) in Annex 1 — *Personnel Licensing* relating to medical provisions and Annex 6 — *Operation of Aircraft, Part I — International Commercial Air Transport — Aeroplanes* relating to medical supplies.

2. Additionally, on 17 March 2008, the Commission agreed to a consequential amendment to Annex 6, Part III — *International Operations — Helicopters* relating to instruments, equipment and flight documents in order to maintain consistency between Parts I and III of the Annex.

3. The Commission authorized transmission of all the proposals to Contracting States and selected international organizations for comments.

4. The amendment proposals to Annex 1 introduce some new concepts in the field of aviation medicine to better address current aeromedical risks to flight safety. Guidance material has been developed in order to assist you in the evaluation of the proposed changes. The material, in draft form, is available on the ICAO-NET at www.icao.int/icaonet under “electronic publications”. Once the proposed amendments to the SARPs have been adopted, the draft guidance material will be finalized and incorporated into the *Manual of Civil Aviation Medicine* (Doc 8984), which is currently undergoing a complete revision. An unedited English version of this manual should be available in electronic format on the ICAO website by mid-2008.

5. The following paragraphs summarize the proposed amendments to Annex 1.

- a) **Medical assessor.** An adjustment to the definition is proposed, with the addition of two Notes. The proposal clarifies the different roles of the medical assessor and medical examiner. Medical assessors play a more senior role than medical examiners, and also have a role to play in the training of medical examiners. An additional Recommendation 1.2.4.4.3 is proposed together with minor changes to the wording of Recommendation 1.2.4.7.1 and its Note.
- b) **Reporting of medical conditions.** The Commission agreed that the current Recommended Practice (paragraph 1.2.6.1.1), which states that licence holders should inform the Licensing Authority of confirmed pregnancy or a decrease in medical fitness of duration in excess of 20 days, was not sufficiently flexible for modern medical practice, since many medical conditions which are relatively serious may be treated in under 20 days. A new text is proposed. The draft guidance material on this subject is available on the ICAO-NET.
- c) **Content of regulatory medical examinations.** The incidence of many pathological conditions increases with increasing age, yet the content of the medical assessment changes little as the applicant ages. Whilst the Commission believed that the frequency of a Class 1 assessment should remain unchanged, there should be a change in emphasis with respect to the content of the assessment in view of the low incidence of physical illness in pilots under 40 years of age. Accordingly, at the discretion of the Licensing Authority, the medical assessment need only include a full physical examination every two years in this age group and a Recommended Practice (paragraph 6.3.1.2.1) and Note has been added. However, during the assessments at which a full physical examination is not undertaken, the medical examiner should concentrate on the mental aspects of fitness and on health education. These latter aspects should not, however, be viewed as pass/fail items, but as opportunities to assist the pilot in avoiding medical problems in the future, which will improve flight safety as well as benefit the health of the individual. Note that although the frequency of a full physical examination may be reduced, the level of fitness to be met should a relevant medical condition be apparent in applicant remains the same. Paragraph 6.1.4 has been adjusted to reflect this. Draft guidance material to support this change is available on the ICAO-NET.
- d) **Treatment of depression.** The proposed amendment to the SARPs (paragraph 6.3.2.2.1 and its Notes, repeated for Class 2 and Class 3), should benefit flight safety by reducing the number of licence holders continuing to exercise licence privileges when depressed, or whilst taking antidepressants without adequate aeromedical supervision. WHO indicated that the incidence of depression is increasing and that treatment has improved greatly with the introduction of effective medications that have fewer side effects of aeromedical significance when compared to their predecessors. Certain States, notably Australia and Canada have, for some years, permitted antidepressant usage by licence holders, including professional pilots, and their experience supports continued use.

A study by the United States Air Line Pilots' Association (ALPA) indicated that most pilots diagnosed with depression and prescribed antidepressants by their physician, when advised of the current United States policy that precludes antidepressant use

(similar to policies applied in most Contracting States), intended to continue flying and not take the prescribed medication. The situation of a depressed individual failing to take prescribed medication but continuing to exercise licence privileges is detrimental to flight safety.

The Aerospace Medical Association (AsMA) published a position paper supporting the use of modern antidepressant medication by aviators, which includes a protocol for determining individuals who might pose an acceptably low flight safety risk whilst taking such medication.

Accordingly, the Commission agreed that the proposed SARPs should better reflect the possibility that an applicant with a depressive disorder and taking prescribed treatment with adequate supervision and follow-up, may be assessed as fit if, in the opinion of a medical assessor having access to the details of the case, such a decision would be unlikely to jeopardize flight safety. Draft guidance material to support this change is also available on the ICAO-NET.

- e) **Insulin-treated diabetes.** The treatment and monitoring of diabetic patients has greatly improved in recent years. Five Contracting States are known to permit certain licence applicants who require insulin treatment for diabetes to exercise licence privileges, and these States feel that any increased risk can be adequately mitigated. Guidance material for use by States that may wish to assess some of such applicants as fit should be available and attention should be drawn to this in the SARPs (see Note to paragraph 6.3.2.16, repeated for Class 2 and Class 3). Draft guidance material on this topic is available on the ICAO-NET, as well.
- f) **Human immunodeficiency virus (HIV).** During its preliminary review, the Commission considered advice from the World Health Organization (WHO), which indicated that nowadays HIV disease can be more effectively treated than previously, and that the key to longevity after infection is early diagnosis and treatment. WHO believed that treatment need not have significant side-effects, and that the division of those infected into “HIV positive” and “acquired immunodeficiency syndrome” (AIDS) is not an appropriate classification. The use of the term “HIV disease” for all types of related illness was encouraged by WHO and it recommended that the present Standard, “applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit” be revised. WHO believed that there was insufficient evidence to make a specific reference in the SARPs to psychological symptoms in an individual diagnosed as HIV positive.

The proposed revision to the current SARPs (paragraphs 6.3.2.20, 6.3.2.21 and the associated Note, repeated for Class 2 and Class 3) removes the reference to AIDS and to psychological symptoms, whilst emphasizing the importance of early diagnosis and management of HIV disease. This change is needed to reflect a contemporary approach to HIV infection and to encourage applicants to declare such infection early. The current guidance material has been revised and a new draft is available on the ICAO-NET.

- g) **Gynaecological issues.** The Commission believed that gynaecological issues are adequately addressed by paragraphs 6.3.2.18 and 6.3.2.19 in Annex 1 (repeated for Class 2 and Class 3 in paragraphs 6.4.2.18 and 6.4.2.19, 6.5.2.18 and 6.5.2.19

respectively) and that flight safety would not be adversely affected by the deletion of paragraph 6.3.2.21 (and 6.4.2.21 and 6.5.2.21). This change was required in order to remove unnecessary Standards from the Annex.

6. The amendment proposals to Annex 6 adjust the provisions to reflect contemporary changes in first aid and medical practice as follows:

On board medical supplies. The proposed amendment to Annex 6 introduces provisions to meet the contemporary needs for on-board medical supplies. A Recommendation, paragraph 6.2.2 (Part I) and 4.2.2 (Part III) to carry a universal precaution kit has been added, for use by cabin crew, in order to reduce the risk of disease from travelers suffering a communicable disease. Guidance material relating to the contents of the first-aid, universal precaution and medical kits is provided in Attachments B and D to Annex 6, Parts I and III, respectively, whilst guidance concerning the carriage of an automated external defibrillator on aeroplanes has been included in Attachment B.

7. May I request that any comments you wish to make on the amendment proposals be dispatched to reach me not later than 15 August 2008. The Air Navigation Commission has asked me to specifically indicate that comments received after the due date may not be considered by the Commission and the Council. In this connection, should you anticipate a delay in the receipt of your reply, please let me know in advance of the due date.

8. For your information, the proposed amendments to Annexes 1 and 6 (Parts I and III) are envisaged for applicability on 19 November 2009. Any comments you may have thereon would be appreciated.

9. The subsequent work of the Air Navigation Commission and the Council would be greatly facilitated by specific statements on the acceptability or otherwise of the proposals. Please note that for the review of your comments by the Air Navigation Commission and the Council, replies are normally classified as “agreement with or without comments”, “disagreement with or without comments” or “no indication of position”. If in your reply the expressions “no objections” or “no comments” are used, they will be taken to mean “agreement without comment” and “no indication of position”, respectively. In order to facilitate proper classification of your response, a form has been included in Attachment C which may be completed and returned together with your comments, if any, on the proposals in Attachments A and B.

Accept, Sir/Madam, the assurances of my highest consideration.

Taïeb Chérif
Secretary General

Enclosures:

- A — Proposed amendment to Annex 1
- B — Proposed amendment to Annex 6 (Parts I and III)
- C — Response form

ATTACHMENT A to State letter AN 5/22-08/33

**PROPOSED AMENDMENT TO
INTERNATIONAL STANDARDS
AND RECOMMENDED PRACTICES**

PERSONNEL LICENSING

**ANNEX 1
TO THE CONVENTION ON INTERNATIONAL CIVIL AVIATION**

NOTES ON THE PRESENTATION OF THE PROPOSED AMENDMENT

The text of the amendment is arranged to show deleted text with a line through it and new text highlighted with grey shading, as shown below:

1. ~~Text to be deleted is shown with a line through it.~~ text to be deleted
2. **New text to be inserted is highlighted with grey shading.** new text to be inserted
3. ~~Text to be deleted is shown with a line through it~~ followed by the replacement text which is highlighted with grey shading. new text to replace existing text

CHAPTER 1. DEFINITIONS AND GENERAL RULES CONCERNING LICENCES

1.1 Definitions

...

Medical assessor. A physician, appointed by the Licensing Authority, qualified and experienced in the practice of aviation medicine ~~who evaluates medical reports submitted to the Licensing Authority by medical examiners~~ and competent in evaluating and assessing medical conditions of flight safety significance.

Note 1.— Medical assessors evaluate medical reports submitted to the Licensing Authority by medical examiners.

Note 2.— Medical assessors are expected to maintain the currency of their professional knowledge.

...

1.2 General rules concerning licences

...

1.2.4.4.3 Recommendation.— *The competence of a medical examiner should be audited periodically by the medical assessor.*

...

1.2.4.7.1 The medical examiner shall be required to submit sufficient medical information to the Licensing Authority to enable ~~the~~ that Authority to audit ~~their~~ Medical Assessments.

Note.— The purpose of such auditing is to ensure that medical examiners meet applicable standards for good ~~practice~~ medical practice and aeromedical risk assessment.

...

1.2.6.1 Holders of licences provided for in this Annex shall not exercise the privileges of their licences and related ratings at any time when they are aware of any decrease in their medical fitness which might render them unable to safely and properly exercise these privileges.

1.2.6.1.1 Recommendation.— ~~Licence holders should inform the Licensing Authority of confirmed pregnancy or any decrease in medical fitness of a duration of more than 20 days or which requires continued treatment with prescribed medication or which has required hospital treatment.~~ States should ensure that licence holders are aware of physical and mental conditions and treatments that are relevant to flight safety. They should provide guidance concerning those circumstances when medically related information should be forwarded to the Licensing Authority.

Note.— Guidance on physical and mental conditions and treatments that are relevant to flight safety and which may need to be forwarded to the Licensing Authority, is contained in the Manual of Civil Aviation Medicine (Doc 8984).

...

CHAPTER 6. MEDICAL PROVISIONS FOR LICENSING

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6.1.4 The ~~requirements~~ level of fitness to be met for the renewal of a Medical Assessment ~~are~~ is the same as ~~those for that of~~ the initial assessment except where otherwise specifically stated.

...

6.3.1.2 Except where otherwise stated in this section, holders of commercial pilot licences — aeroplane, airship, helicopter or powered-lift, multi-crew pilot licences — aeroplane, or airline transport pilot licences — aeroplane, helicopter or powered-lift shall have their Class 1 Medical Assessments renewed at intervals not exceeding those specified in 1.2.5.2.

6.3.1.2.1 **Recommendation.**— *In alternate years, for Class 1 applicants under 40 years of age, the Licensing Authority may, at its discretion, allow medical examiners to omit certain routine examination items related to the assessment of physical fitness, whilst increasing the emphasis on health education and prevention of ill health.*

Note.— *Guidance for Licensing Authorities wishing to reduce the emphasis on detection of physical disease, whilst increasing the emphasis on health education and prevention of ill health, in applicants under 40 years of age, is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

...

6.3.2.2 The applicant shall have no established medical history or clinical diagnosis of:

...

6.3.2.2.1 **Recommendation.**— *An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.*

Note 1.— *Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

Note 2.— *Mental and behavioural disorders are defined in accordance with the clinical ...*

...

6.3.2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

Note.— *Guidance on assessment of insulin treated diabetic applicants under the provisions of 1.2.4.8 is contained in the Manual of Civil Aviation Medicine (Doc 8984).*

...

6.3.2.20 Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit.

6.3.2.20.1—Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation provides no evidence of ~~clinical disease~~ HIV-associated diseases that might give rise to incapacitating symptoms.

Note 1.— *Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis. Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and*

improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

~~6.3.2.21—Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.~~

Editorial note.— Renumber subsequent paragraphs accordingly.

...

6.4.2.2 The applicant shall have no established medical history or clinical diagnosis of:

...

6.4.2.2.1 Recommendation.— *An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.*

Note 1.— Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 2.— Mental and behavioural disorders are defined in accordance with the clinical

...

6.4.2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

Note.— Guidance on assessment of insulin treated diabetic applicants under the provisions of 1.2.4.8 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

...

~~6.4.2.20 Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit.~~

~~6.4.2.20.1—Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation provides no evidence of clinical disease~~ **HIV-associated diseases that might give rise to incapacitating symptoms.**

~~*Note 1.— Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis. Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.*~~

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

~~6.4.2.21—Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.~~

Editorial note.— Renumber subsequent paragraphs accordingly.

...

6.5.2.2 The applicant shall have no established medical history or clinical diagnosis of:

...

6.5.2.2.1 **Recommendation.**— *An applicant with depression, being treated with antidepressant medication, should be assessed as unfit unless the medical assessor, having access to the details of the case concerned, considers the applicant's condition as unlikely to interfere with the safe exercise of the applicant's licence and rating privileges.*

Note 1.— Guidance on assessment of applicants treated with antidepressant medication is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 2.— Mental and behavioural disorders are defined in accordance with the clinical ...

...

6.5.2.16 Applicants with insulin-treated diabetes mellitus shall be assessed as unfit.

Note.— Guidance on assessment of insulin treated diabetic applicants under the provisions of 1.2.4.8 is contained in the Manual of Civil Aviation Medicine (Doc 8984).

...

6.5.2.20 ~~Applicants with acquired immunodeficiency syndrome (AIDS) shall be assessed as unfit.~~

6.5.2.20.1—Applicants who are seropositive for human immunodeficiency virus (HIV) shall be assessed as unfit unless full investigation provides no evidence of ~~clinical disease~~ HIV-associated diseases that might give rise to incapacitating symptoms.

Note 1.— ~~Evaluation of applicants who are seropositive for human immunodeficiency virus (HIV) requires particular attention to their mental state, including the psychological effects of the diagnosis.~~ Early diagnosis and active management of HIV disease with antiretroviral therapy reduces morbidity and improves prognosis and thus increases the likelihood of a fit assessment.

Note 2.— Guidance on the assessment of applicants who are seropositive for human immunodeficiency virus (HIV) is contained in the Manual of Civil Aviation Medicine (Doc 8984).

6.5.2.21—~~Applicants with gynaecological disorders that are likely to interfere with the safe exercise of their licence and rating privileges shall be assessed as unfit.~~

Editorial note.— Renumber subsequent paragraphs accordingly.

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**PROPOSED AMENDMENT TO
INTERNATIONAL STANDARDS
AND RECOMMENDED PRACTICES**

OPERATION OF AIRCRAFT

**ANNEX 6
TO THE CONVENTION ON INTERNATIONAL CIVIL AVIATION**

NOTES ON THE PRESENTATION OF THE PROPOSED AMENDMENT

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PART I — INTERNATIONAL COMMERCIAL AIR TRANSPORT — AEROPLANES

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CHAPTER 6. AEROPLANE INSTRUMENTS, EQUIPMENT
AND FLIGHT DOCUMENTS

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6.2 All aeroplanes on all flights

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6.2.2 An aeroplane shall be equipped with:

- a) accessible and adequate medical supplies ~~appropriate to the number of passengers the aeroplane is authorized to carry;~~

Recommendation.— *Medical supplies should comprise:*

- 1) *one or more first-aid kits for the use of cabin crew in managing incidents of ill health; and*
- 2) ~~*a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies for aeroplanes authorized to carry more than 250 passengers.*~~ *one or more universal precaution kits, for the use of cabin crew in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids; and*
- 3) *for aeroplanes authorized to carry more than 100 passengers, on a sector length of more than two hours, a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies.*

Note.— *Guidance on the types, number, location and contents of the medical supplies is given in Attachment B.*

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CHAPTER 12. CABIN CREW

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12.4 Training

An operator shall establish and maintain a training programme, approved by the State of the Operator, to be completed by all persons before being assigned as a cabin crew member. Cabin crew shall complete a recurrent training programme annually. These training programmes shall ensure that each person is:

- a) competent to execute those safety duties and functions which the cabin crew member is assigned to perform in the event of an emergency or in a situation requiring emergency evacuation;
- b) drilled and capable in the use of emergency and life-saving equipment required to be carried, such as life jackets, life rafts, evacuation slides, emergency exits, portable fire extinguishers, oxygen equipment, universal precaution and first-aid kits;

...

ATTACHMENT B. ~~FIRST-AID~~ MEDICAL SUPPLIES

Supplementary to Chapter 6, 6.2.2 a)

TYPES, NUMBER, LOCATION AND CONTENTS OF MEDICAL SUPPLIES

1. Types

~~Two types of medical supplies should be provided: first aid kit(s) for carriage in all aeroplanes and a medical kit for carriage where the aeroplane is authorized to carry more than 250 passengers.~~

1.1 The different types of medical supplies should be provided as follows: first-aid kit(s) for carriage on all aeroplanes, universal precaution kit(s) for carriage on all aeroplanes that require a cabin crew member, and a medical kit for carriage where the aeroplane is authorized to carry more than 100 passengers, on a sector length of more than two hours. Where national regulations allow it, operators may elect to carry the recommended medication in the first aid kit. They may elect to place the contents of the first aid kit and the universal precaution kit in the same container.

1.2 Based on the limited available evidence, only a very small number of passengers are likely to benefit from the carriage of automated external defibrillators (AED) on aeroplanes. However, many operators carry them because they offer the only effective treatment for cardiac fibrillation. The likelihood of benefit is greatest in aircraft carrying a large number of passengers, over long duration sector lengths. The carriage of AEDs should be determined by operators on the basis of a risk assessment taking into account the particular needs of the operation.

2. Number of first-aid and universal precaution kits

2.1 *First-aid kits*

The number of first-aid kits should be appropriate to the number of passengers which the aeroplane is authorized to carry:

<i>Passenger</i>	<i>First-aid kits</i>
0 – 50	1
51 – 100	2
101 – 200	3
201 – 300	4
301 – 400	5
401 – 500	6
More than 500	

2.2 *Universal precaution kits*

For routine operations, one or two universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member. Additional kit(s) should be made available at times of increased public health risk, such as during an outbreak of a serious communicable disease having pandemic potential. Such kits may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew who are assisting potentially infectious cases of suspected communicable disease.

3. Location

3.1 It is essential that the required first aid kits be distributed as evenly as practicable throughout the passenger cabin. They should be readily accessible to cabin crew, and, in view of the possible use of medical supplies outside the aeroplane in an emergency situation, they should be located near an exit. First-aid and universal precaution kits should be distributed as evenly as practicable throughout the passenger cabins. They should be readily accessible to cabin crew.

3.2 The medical kit, when carried, should be stored in an appropriate secure location.

4. Contents

4.1 Different factors must be taken into consideration in deciding the contents of first aid kits and medical kits. The following provides guidance on typical contents of first aid and medical kits for carriage aboard an aeroplane of first-aid, universal precaution and medical kits.

4.1.1 First-aid kit:

- a handbook on first aid
- “ground air visual signal code for use by survivors” as contained in Annex 12
- materials for treating injuries
- ophthalmic ointment
- a decongestant nasal spray
- insect repellent
- emollient eye drops
- sunburn cream
- water miscible antiseptic/skin cleanser
- materials for treatment of extensive burns
- oral drugs as follows: analgesic, antispasmodic, central nervous system stimulant, circulatory stimulant, coronary vasodilator, antidiarrhoeic and motion sickness medications
- an artificial plastic airway and splints.
- List of contents
- Antiseptic swabs (10/pack)
- Bandage: adhesive strips
- Bandage: gauze 7.5 cm × 4.5 m
- Bandage: triangular; safety pins
- Dressing: burn 10 cm × 10 cm
- Dressing: compress, sterile 7.5 cm × 12 cm
- Dressing: gauze, sterile 10.4 cm × 10.4 cm
- Tape: adhesive 2.5 cm (roll)
- Steri-strips (or equivalent adhesive strip)
- Hand cleanser or cleansing towelettes
- Pad with shield, or tape, for eye
- Scissors: 10 cm (if allowed by national regulations)
- Tape: Adhesive, surgical 1.2 cm × 4.6 m
- Tweezers: splinter
- Disposable gloves (pair)
- Thermometers (non-mercury)

- Mouth to mouth resuscitation mask with one-way valve
- First-aid manual, current edition
- Incident record form

The following suggested medications can be included in the first-aid kits where permitted by national regulations:

- Mild to moderate analgesic
- Antiemetic
- Nasal decongestant
- Antacid
- Antihistamine

4.1.2 Universal precaution kit

- Dry powder that can convert small liquid spill into a sterile granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)
- Gloves (disposable)
- Protective apron
- Large absorbent towel
- Pick-up scoop with scraper
- Bio-hazard disposal waste bag
- Instructions

4.1.2 4.1.3 Medical kit:

Equipment

- ~~one pair of sterile surgical gloves~~
- ~~sphygmomanometer~~
- ~~stethoscope~~
- ~~sterile scissors~~
- ~~haemostatic forceps~~
- ~~haemostatic bandages or tourniquet~~
- ~~sterile equipment for suturing wounds~~
- ~~disposable syringes and needles~~
- ~~disposable scalpel handle and blade~~
- List of contents
- Stethoscope
- Sphygmomanometer (electronic preferred)
- Airways, oropharyngeal (3 sizes)
- Syringes (appropriate range of sizes)
- Needles (appropriate range of sizes)
- Intravenous catheters (appropriate range of sizes)
- Antiseptic wipes
- Gloves (disposable)
- Needle disposal box
- Urinary catheter
- System for delivering intravenous fluids
- Venous tourniquet
- Sponge gauze

- Tape – adhesive
- Surgical mask
- Emergency tracheal catheter (or large gauge intravenous cannula)
- Umbilical cord clamp
- Thermometers (non mercury)
- Basic life support cards
- Bag-valve mask
- Flashlight and batteries

Drugs

- coronary vasodilators
- analgesics
- diuretics
- anti allergies
- steroids
- sedatives
- ergometrine
- where compatible with regulations of the appropriate authority, a narcotic drug in injectable form
- injectable broncho dilator.

Medication

- Epinephrine 1:1000
- Antihistamine – injectable
- Dextrose 50% (or equivalent) – injectable: 50ml
- Nitroglycerin tablets, or spray
- Major analgesic
- Sedative anticonvulsant – injectable
- Antiemetic – injectable
- Bronchial dilator – inhaler
- Atropine – injectable
- Adrenocortical steroid – injectable
- Diuretic – injectable
- Medication for postpartum bleeding
- Sodium chloride 0.9% (minimum 250 ml)
- Acetyl salicylic acid (aspirin) for oral use
- Oral beta blocker

If a cardiac monitor is available (with or without an AED) add to the above list:

- Epinephrine 1:10000 (can be a dilution of epinephrine 1:1000)

Note.— The United Nations Conference for Adoption of a Single Convention on Narcotic Drugs in March 1961 adopted such a Convention, Article 32 of which contains special provisions concerning the carriage of drugs in medical kits of aircraft engaged in international flight.

...

PART III — INTERNATIONAL OPERATIONS — HELICOPTERS

...

CHAPTER 4. HELICOPTER INSTRUMENTS, EQUIPMENT, AND FLIGHT DOCUMENTS

...

4.2.2 A helicopter shall be equipped with:

- a) ~~one or more first aid kits as appropriate to the number of passengers the helicopter is authorized to carry~~ accessible and adequate medical supplies;

Recommendation.—*Medical supplies should comprise:*

- 1) *a first aid kit; and*
- 2) *a universal precaution kit, for the use of cabin crew in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids.*

Note.— Guidance on the contents of first-aid ~~and universal precaution~~ kits is given in Attachment D.

...

CHAPTER 10. CABIN CREW

...

10.3 Training

An operator shall establish and maintain a training programme, approved by the State of the Operator, to be completed by all persons being assigned as a cabin crew member. Cabin crew shall complete a recurrent training programme annually. These training programmes shall ensure that each person is:

...

- b) drilled and capable in the use of emergency and life-saving equipment required to be carried, such as life jackets, life rafts, evacuation slides, emergency exits, portable fire extinguishers, oxygen equipment, ~~and first-aid~~ ~~and universal precaution~~ kits;

...

ATTACHMENT D. MEDICAL SUPPLIES

Supplementary to Section II, Chapter 4, 4.2.2 a)

First-aid kit

The following ~~is suggested as being~~ ~~provides guidance on~~ typical contents of a first-aid kit for carriage aboard a helicopter:

- ~~— a handbook on first aid~~
- ~~— “ground air visual signal code for use by survivors” as contained in Annex 12~~
- ~~— materials for treating injuries~~
- ~~— ophthalmic ointment~~
- ~~— a decongestant nasal spray~~
- ~~— insect repellent~~

- emollient eye drops
- sunburn cream
- water miscible antiseptic/skin cleanser
- materials for treatment of extensive burns
- oral drugs as follows:
- analgesic, antispasmodic, central nervous system stimulant, circulatory stimulant, coronary vasodilator, antidiarrhoeic and motion sickness medications.
- an artificial plastic airway and splints.

- List of contents
- Antiseptic swabs (10/pack)
- Bandage: adhesive strips
- Bandage: gauze 7.5 cm × 4.5 m
- Bandage: triangular; safety pins
- Dressing: burn 10 cm × 10 cm
- Dressing: compress, sterile 7.5 cm × 12 cm
- Dressing: gauze, sterile 10.4 cm × 10.4 cm
- Tape: adhesive 2.5 cm (roll)
- Steri-strips (or equivalent adhesive strip)
- Hand cleanser or cleansing towelettes
- Pad with shield, or tape, for eye
- Scissors: 10 cm (if allowed by national regulations)
- Tape: Adhesive, surgical 1.2 cm × 4.6 m
- Tweezers: splinter
- Disposable gloves (pair)
- Thermometers (non-mercury)
- Mouth to mouth resuscitation mask with one-way valve
- First-aid manual, current edition
- Incident record form

The following suggested medications can be included in the first-aid kits where permitted by national regulations:

- Mild to moderate analgesic
- Antiemetic
- Nasal decongestant
- Antacid
- Antihistamine

Universal precaution kit

A universal precaution kit should be carried on a helicopter that is required to operate with at least one cabin crew member. Such a kit may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew who are assisting potentially infectious cases of suspected communicable disease.

Typical contents

- Dry powder that can convert small liquid spill into a sterile granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)

- Gloves (disposable)
- Protective apron
- Large absorbent towel
- Pick-up scoop with scraper
- Bio-hazard disposal waste bag
- Instructions

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ATTACHMENT C to State letter AN 5/22-08/33

**RESPONSE FORM TO BE COMPLETED AND RETURNED TO ICAO TOGETHER
WITH ANY COMMENTS YOU MAY HAVE ON THE PROPOSED AMENDMENTS**

To: The Secretary General
International Civil Aviation Organization
999 University Street
Montreal, Quebec
Canada, H3C 5H7

(State) _____

Please make a checkmark (✓) against one option for each amendment. If you choose options “agreement with comments” or “disagreement with comments”, **please provide your comments on separate sheets.**

	<i>Agreement without comments</i>	<i>Agreement with comments*</i>	<i>Disagreement without comments</i>	<i>Disagreement with comments</i>	<i>No position</i>
Amendment to Annex 1 — <i>Personnel Licensing</i> (Attachment A refers)					
Amendment to Annex 6 — <i>Operation of Aircraft</i> (Attachment B refers)					

*“Agreement with comments” indicates that your State or organization agrees with the intent and overall thrust of the amendment proposal; the comments themselves may include, as necessary, your reservations concerning certain parts of the proposal and/or offer an alternative proposal in this regard.

Signature: _____ Date: _____

— END —