

Medical Services

Temporary Flying Restrictions Due to Exogenous Factors

Headquarters
Department of the Army
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SUMMARY of CHANGE

AR 40-8

Temporary Flying Restrictions Due to Exogenous Factors

Medical Services

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By Order of the Secretary of the Army:

FRED C. WEYAND
General, United States Army
Chief of Staff

Official:

PAUL T. SMITH
Major General, United States Army
The Adjutant General

History. This UPDATE issue is a reprint of the original form of this regulation that was published on 17 August 1976. Since that time, no changes have been issued to amend the original.

Summary. This is a complete revision of AR 40–8 and changes are made throughout.

Applicability. See paragraph 1.

Army management control process. Not applicable

Supplementation. Local limited supplementation of this regulation is permitted, but is not required. If supplements are issued, Army Staff agencies and major Army commands will furnish one copy of each to HQDA(DASG–HCH–O) WASH DC 20310; other commands will furnish one copy of each to the next higher headquarters.

Interim changes. Not applicable

Suggested Improvements. The proponent agency of this regulation is the Office of the Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes

to Publications and Blank Forms) direct to HQDA(DASG–HCH–O) WASH DC 20310.

International standardization agreements. Provisions of this regulation are the subject of international standardization agreements (NATO and CENTO STANAG 3474 and SEASTAG 3474). When amendment, revision, or cancellation of this publication is proposed which will affect or violate the international agreement concerned, the preparing activity will take appropriate reconciliation action through international standardization channels, including departmental standardization offices, if required.

Distribution. To be distributed in accordance with DA Form 12–9A requirements for AR, Medical Services—Applicable to All Army Elements: Active Army: A; ARNG: B; USAR: B.

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*This regulation supersedes AR 40–8, 2 August 1973.

RESERVED

1. Purpose and applicability

a. This regulation implements NATO and CENTO STANAG 3474 and SEASTAG 3474. "Temporary Flying Restrictions Due to Exogenous Factors Affecting Aircrew Efficiency."

b. This regulation applies to the Active Army and members of the Reserve Components.

2. General

a. Army aircrew members must have optional physiological and psychological fitness in order to perform their duties. (The term "aircrew members" applies here to any individual involved in the flight operation of aircraft, including, when medically appropriate, air traffic controllers.)

b. Apart from pathological conditions, fitness may be adversely affected by variety of exogenous factors, the effects of which may be hardly perceptible and therefore negligible in everyday activities; however, these same factors may have a considerable effect on aircrew efficiency.

c. The return to flight duty of aircrew members by a flight surgeon may be accomplished telephonically in those instances where a flight surgeon is not assigned to any unit at a given installation. This clearance will be recorded in the medical record and on DA Form 4186 (Medical Recommendation for Flying Duty).

3. Responsibility

a. Flight safety requires that medical treatment of all aircrew members be under the supervision of a flight surgeon who is aware of the exogenous factors affecting flying and the appropriate preventive measures.

b. Aircrew members will inform their flight surgeon when they have participated in activities or received treatment following which flying restrictions may be appropriate.

c. The flight surgeon will keep the aviation unit commander informed of the health of the command, recommend flight restrictions, when applicable, and insure that aviation unit personnel are familiar with the physiological limitations of flying and will participate in the unit safety program.

4. Exogenous factors

Aircrew members receiving any substance or procedure likely to provoke an adverse systemic reaction shall be restricted from flying duties until declared fit by a flight surgeon. Factors to consider and appropriate medical restrictions to flying activities are—

a. *Administration of drugs.* Aircrew members taking drugs which have a systemic effect will be restricted from flying duties until convalescence and/or rehabilitation is completed. This will not, however, be construed as prohibiting aircrew members use of chemoprophylactic agents recommended after aeromedical evaluation by the appropriate medical authority. All drugs and medications will be dispensed by or with the knowledge of a flight surgeon. Individuals receiving the following drugs or types of drugs will be restricted from flying duties as indicated:

(1) Alcohol—12 hours after last drink consumed and until no residual effects remain.

(2) Antihistamines or barbiturates—for the period taken and for 24 hours after discontinued or after any sequelae, whichever is longer.

(3) Mood ameliorating, tranquilizing, or ataraxic drugs—for the period they are used and for 4 weeks after the drug has been discontinued. When medications are utilized for nonpsychotropic reasons, such as for symptomatic relief of vomiting or muscle spasm, the period of disability will last only for the duration of the acute illness and for 72 hours after cessation of medication.

b. *Immunizations.* Medical restriction from flying will be for a minimum period of 12 hours following all immunizations except smallpox and for the duration of any systemic or severe local reactions.

c. *Blood donation.* Aircrew members will not be regular blood donors. Following blood donation (200cc or more), aircrew members will be restricted from flying duty for a period of 72 hours.

d. Decompression experience.

(1) An aircrew member will be restricted from flying duty until fully evaluated and released for flying duty by a flight surgeon when symptoms or reactions occur during or after a decompression.

(2) Aircrew members engaging in low pressure altitude chamber flights, regardless of altitude reached, will be restricted from heavy exercise and flying for prolonged duty for twelve (12) hours following the flight.

e. *Diving.* This incidence of decompression sickness during flight is considerably increased after exposure to any environment above atmosphere pressure, such as SCUBA diving.

(1) Aircrew members will not fly or perform low pressure chamber "runs" within 24 hours following SCUBA diving, compressed air dives, or high pressure runs. When urgent operational requirement dictates, aviation personnel may fly within 24 hours of SCUBA diving, provided no symptoms of dysbarism have developed and the aircrew members are examined and cleared to perform flying duties by a flight surgeon.

(2) Decompression sickness symptoms occurring during or after diving imposes a ban on flying until cleared for duty by a flight surgeon.

f. *Tobacco smoking.* Aircrew members are discouraged from smoking tobacco at all times. They should especially refrain from smoking before flights at night and during all flights because smoking, with its increased carbon monoxide in the blood, results in greater detrimental physiological effects than would normally result from the altitude of the aircraft.

g. *Strenuous sporting activities.* The fitness of aircrew members should be considered following participation in strenuous sporting activities.

5. Vision

Aircrew members requiring corrective lenses in order to achieve 20/20 vision shall be restricted from flying duties unless they are wearing corrective spectacle lenses which provide 20/20, or better, near and far vision bilaterally. Aircrew members will not wear contact lenses at any time.

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