

Managing crew health

By Jennifer Garr RN, BSN

No one wants to be sick, especially not crew members, whose lives centre around mobility.

The reality, however, is that each day approximately 1,000 crew members become sick or injured while on duty.

What happens when a crew member falls ill or is injured, especially when he or she may be the only attendant, or one of only two attendants, in the cabin? Will the other attendant know the protocol to follow? Who will determine whether the crew member should seek medical attention upon landing? How will care be determined? And where should the crew member go to receive the best and most appropriate care?

When crew members are away from home and without access to their normal avenue of medical care, they must consider even more questions. How are medical costs to be paid? Will the crew member's insurance be accepted? Once the crew member has been treated, who will determine his or her fit-to-fly status?

Act early!

Statistics derived from 5,600 crew health cases handled by MedAire in 2006 illustrate that the five most common crew member medical conditions are:

- gastrointestinal illnesses;
- ear, nose and throat (ENT) ailments, such as blocked ears;
- musculoskeletal injuries, including sprains/strains;
- dental concerns, such as broken teeth or dental pain, and;
- respiratory illnesses including upper respiratory infections.

By seeking help at the onset of such medical situations, crew members can minimise the possibility of future or escalated emergencies. Proper management of these unexpected emergencies, however, requires an effective system and a good working relationship between all of



The crew may be happy and healthy now, but what happens if something goes wrong?

the stakeholders: the crew member, the medical providers and the airline personnel.

Third-party assistance

Third-party providers can often offer airlines a seamless solution that connects all players and addresses common issues, such as duty of care, quality of care, medical privacy and fitness-to-fly considerations. Moreover, a third-party provider – through remote medical management experience and assessment skills – can resolve many situations over the telephone without involving costly outside resources that the airline might otherwise have to absorb.

The alternatives to third-party providers include direct contact with a medical provider, whereby the ill crew member arranges for his or her own medical treatment and asks the carrier to reimburse the medical expenses, and the purchase of travel insurance. Both of these options can result in a less streamlined process, and often in increased costs to the airline, because of the absence of a preventative health emphasis. Medical providers and insurance companies also may lack familiarity with common inflight and crew layover ailments.

With third-party contractors, however, crew members simply call a centralised location and consult directly with medical professionals regarding the severity of their condition and recommended treatment.

A third-party provider should:

- coordinate medical evaluations only with reliable providers in the crew member's location (when necessary);
- provide a fit-to-fly status;
- coordinate with airline scheduling and dispatch, enabling the carrier to plan accordingly for staffing;
- feature licensed medical professionals on staff who monitor every aspect of the crew member's illness: appropriate treatment modalities, rates for service and coordination with the airline, and;
- have experience dealing with crew health, including aviation physiology and drug limitations for operators in safety-sensitive positions.

Additionally, a third-party provider should be aware of languages spoken by its preferred medical providers, their locations, availability and their willingness to negotiate appropriate rates.

Understanding that crew illness and injury is inevitable and having a suitable plan in place helps an airline to ensure the health and well-being of crew members, and also allows medical professionals to focus on illness and injury while the airline focuses on operations. ■

As manager of medical operations for MedAire's Global Services divisions, Jennifer Garr has extensive experience in remote medical assistance, including critical medical evacuations, transport of passengers with special medical needs and repatriation of mortal remains. Among her many roles, she also oversees MedAire's staff of registered nurse case managers at MedAire's Global Response Center in Tempe, Arizona.

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