

ATCO Recruitment Standard Medical Clearance



NATS

ATCO RECRUITMENT STANDARD- MEDICAL CLEARANCE

Medical clearance of Air Traffic Controllers (ATCOs) in NATS is critical to the selection of candidates who meet all aspects of the company ATCO selection standard and are capable of training to discharge the ATCO responsibilities. NATS is committed to equality of opportunity and aims to reflect the diversity of society throughout its workforce. The company also recognises and actively addresses its responsibility for duty of care towards employees, its paramount responsibility for public safety, and its operational and business responsibilities for efficient and effective air traffic services provision to its customers.

Equally, ATCO selection represents a significant investment from both candidate and company. Those selected for training for a career in Air Traffic Control will invest their own time and effort in the training and also benefit from a high level of company investment in their selection, training and development for a long term career in Air Traffic Control with NATS.

This paper sets out the company selection standard for ATCO medical fitness and the roles of OHS, HR and NATS management in establishing and assessing candidates against that standard.

1) MEDICAL CLEARANCE – ROLES

NATS Management

The decision over whether a candidate is medically fit to undertake the role of an operational ATCO is that of the company, taking into account medical advice provided by the NATS Occupational Health Service (OHS). NATS management through the TATC Medical Review Group (TMRG) set the overall medical standard required of ATCOs in the light of OHS advice provided to them. The TMRG may also review and decide the outcome on individual "Exception" cases.

The NATS Occupational Health Service (OHS)

OHS provides professional expertise and advice to assist NATS to set the medical standard and to support the company when making decisions over suitability of individuals for employment and training.

The medical requirements applied by NATS are those shown in the left hand column of the Eurocontrol "Requirement for European Class 3 Medical Certification of Air Traffic Controllers" (Appendix A) with exception to eyesight(Appendix B), Psychiatric (Appendix C) Alcohol & Drugs abuse (Appendix D), and Human Factors (Appendix E) where a higher standard is applied. The right hand column of the Eurocontrol requirement document will not be applied.

The OHS medical assessment will include the individual's medical ability to operate effectively in the light of:

- The Training College requirements
- Medical requirements for Medical Certification – OHS
- Health + Safety requirements

- Operational requirements in all areas likely to be worked throughout their career.

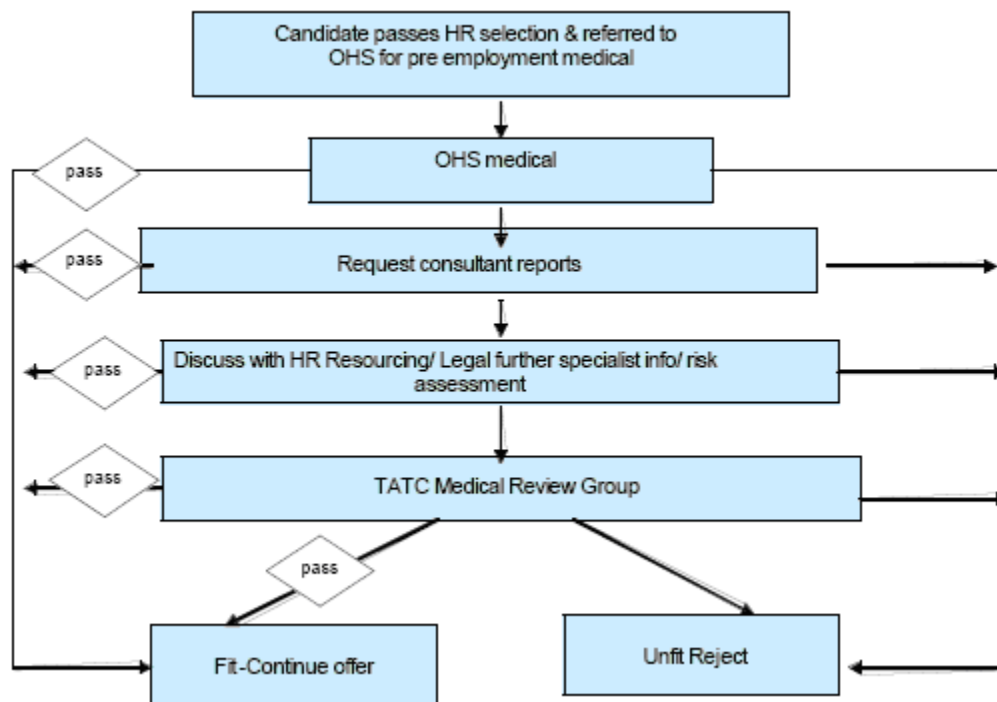
HR

HR Resourcing (HRR) owns the recruitment standard for all roles in NATS. As stakeholders within the TMRG they work with others to enable the company to set the medical standard and to manage exceptional cases through the medical certification process.

HR Services manage the candidate application, assessment and selection process. As a part of this role they advise the candidate to arrange their medical with OHS and only proceed with recruitment once clearance has been provided by OHS.

The broad outline of the medical clearance process is shown here.

2) MEDICAL CLEARANCE PROCESS



Failure to disclose medical details

Prior to attending the medical examination the candidate will sign a medical form confirming the answers provided are an accurate and complete medical history. If it is subsequently discovered that the applicant has wilfully withheld information or deliberately falsified information then the offer of employment will automatically be withdrawn. If the discovery takes place after an individual has commenced employment with NATS then this will be deemed to be "gross misconduct" and the individual will be subject to summary dismissal without notice.

Applicants will be reminded at various stages of recruitment that it is their responsibility to advise NATS of any material changes to their medical status. Failure by the candidate to do so will be regarded as deliberately withholding information and will be treated as "gross misconduct" as described above.

Once the applicant has commenced training, the responsibility for reminding the students of their responsibilities under their medical licence passes to the relevant team manager and the manager trainee development.

Appendix A Requirement for European Class 3 Medical Certification of Air Traffic Controllers

NATS TRAINEE ATCO MEDICAL REQUIREMENTS

REQUIREMENTS

General

Trainee ATCOs must fulfil both the requirements for a European Class 3 Medical Certificate and the NATS Trainee ATCO medical requirements set out in this document. NATS Requirements cannot be set at a lower level than those acceptable for a European Class 3 Medical Certificate. Some medical requirements identified by NATS will require applicants to achieve a higher standard. This is to ensure they remain fit to work in those areas of very busy airspace controlled by NATS.

Cardiovascular System

An applicant shall not possess any abnormality of the cardiovascular system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

Blood pressure

When the blood pressure exceeds 160 mmHg systolic and/or 95 mmHg diastolic consistently, on a minimum of three occasions, each separated by at least 24 hours, with or without treatment, the applicant shall be assessed as unfit.

Treatment for the control of blood pressure shall be compatible with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence (as laid down by the regulatory authority). The initiation of drug therapy requires a period of temporary suspension of the medical certificate to establish the absence of significant side-effects.

Applicants with symptomatic hypotension shall be assessed as unfit.

Coronary artery disease

An applicant with suspected coronary artery disease shall be investigated. An applicant with asymptomatic, minor, coronary artery disease may be considered acceptable subject to the opinion of a cardiologist acceptable to NATS, with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with symptomatic coronary artery disease shall be assessed as unfit.

Applicants shall be assessed as unfit following myocardial infarction. A fit assessment may be considered subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants demonstrating satisfactory recovery six months following coronary bypass surgery or angioplasty may be assessed as fit subject to the opinion of a cardiologist

acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Rhythm/conduction disturbances

Applicants with clinically significant disturbance of atrial rhythm, whether paroxysmal or established, shall be assessed as unacceptable pending cardiological evaluation and subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with asymptomatic sinus bradycardia or sinus tachycardia may be assessed as acceptable in the absence of significant underlying abnormality.

Applicants with evidence of sinoatrial disease require cardiological assessment and may be assessed as acceptable subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with asymptomatic isolated uniform ventricular ectopic complexes need not be assessed as unacceptable but frequent or complex forms require full cardiological evaluation and be subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

In the absence of other abnormality, applicants with incomplete bundle branch block or stable left axis deviation may be assessed as acceptable. Applicants with complete right or left bundle branch block require cardiological evaluation on first presentation should be subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with ventricular pre-excitation, e.g. Wolf-Parkinson-White syndrome, shall be assessed as unfit unless cardiological evaluation confirms that the applicant may be acceptable subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with an endocardial pacemaker shall be assessed as unfit unless cardiological evaluation confirms that the applicant may be acceptable subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with peripheral vascular disease shall be assessed as unfit, before or after surgery. If, however, there is no sign of significant coronary artery disease, or evidence of significant atheroma elsewhere, and no functional impairment, as demonstrated by a satisfactory exercise ECG into Stage 4 of the Bruce protocol, or equivalent, an applicant may be assessed as acceptable. Applicants with aneurysm of the aorta, before or after surgery, shall be assessed as unacceptable. Minor venous disease shall not entail unfitness. Significant venous disease requires individual evaluation by the appropriate specialist in consultation with NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with clinically significant abnormality of any of the heart valves shall be assessed as unfit.

Applicants with minor cardiac valvular abnormalities may be assessed as fit NATS following cardiological evaluation subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with cardiac valve replacement/repair shall be assessed as unfit. Favourable cases may be assessed as fit by the AMS following cardiological evaluation subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Oral anticoagulant therapy is disqualifying. After completion of treatment, applicants may be considered fit by the NATS subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with any abnormality of the pericardium, myocardium or endocardium shall be assessed as unfit until complete resolution has occurred or following cardiological evaluation subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with congenital heart conditions, before or after corrective surgery, shall generally be assessed as unfit. Applicants with minor abnormalities may be assessed as fit by the AMS following cardiological investigation subject to the opinion of a cardiologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant having undergone cardiac transplantation shall be assessed as unfit.

Respiratory System

General

An applicant shall not possess any abnormality of the respiratory system, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

Posterior/anterior chest radiography is required at the initial examination. It may be required at revalidation or renewal examinations when indicated.

Any significant abnormality shall require further evaluation by a specialist in respiratory diseases and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Disorders

Applicants with significant chronic obstructive airway disease shall be assessed as unfit. Where appropriate, applicants should be referred to a specialist in respiratory diseases for assessment and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with reactive airway disease (bronchial asthma) requiring medication shall be assessed and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with active inflammatory diseases of the respiratory system shall be assessed as temporarily unfit.

Applicants with sarcoidosis are likely to be unacceptable but should be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with spontaneous pneumothorax shall be assessed as unfit pending full evaluation and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants requiring major chest surgery shall be assessed as unfit following operation and until such time as the effects of the operation are no longer likely to interfere with the safe exercise of the privileges of the applicable licences / certificates of competence and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Cases of pulmonary emphysema should be assessed as unfit only if the condition is causing significant symptoms.

Cases of active pulmonary tuberculosis, duly diagnosed, shall be assessed as unfit.

Cases of quiescent or healed lesions which are known to be tuberculous, or are presumably tuberculous in origin, may be assessed as fit.

Initial applicants suffering from sleep apnoea syndrome are likely to be assessed as unacceptable but should be investigated and be subject to the opinion of a respiratory physician acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Digestive System

General

An applicant shall not possess any functional or structural disease of the gastrointestinal tract or its adnexae which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

Disorders

Applicants with recurrent dyspeptic disorders requiring medication or with pancreatitis are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants exhibiting symptomatic multiple gallstones or a single large gallstone shall be assessed as unfit until effective treatment has been applied.

An initial applicant who has an established medical history or clinical diagnosis of acute or chronic inflammatory bowel disease (regional ileitis, ulcerative colitis, diverticulitis) are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant with herniae that may give rise to complications leading to incapacitation shall be assessed as unfit.

Any sequela of disease or surgical intervention in any part of the digestive tract or its adnexae likely to cause incapacitation, in particular any obstruction due to stricture or compression shall be assessed as unfit.

An applicant who has undergone a surgical operation on the digestive tract or its adnexae, involving a total or partial excision or a diversion of any of these organs, are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Metabolic, Nutritional and Endocrine Diseases

An applicant shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

An applicant with metabolic, nutritional or endocrine dysfunction are likely to be unacceptable but may be investigated and subject to the opinion of a specialist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with diabetes mellitus are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Applicants with diabetes requiring insulin shall be assessed as unfit.

The use of antidiabetic medications are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Haematology

An applicant shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

An applicant with significant localised and generalised enlargement of the lymphatic glands and of diseases of the blood are likely to be unacceptable but may be investigated and subject to the opinion of a haematologist acceptable to NATS with

the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant with acute leukaemia shall be assessed as unfit. Initial applicants with chronic leukaemias shall be assessed as unfit.

An applicant with significant enlargement of the spleen are likely to be unacceptable but may be investigated and subject to the opinion of a haematologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant with significant polycythaemia are likely to be unacceptable but may be investigated and subject to the opinion of a haematologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant with a coagulation defect are likely to be unacceptable but may be investigated and subject to the opinion of a gastroenterologist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Urinary System

An applicant shall not possess any functional or structural disease of the urinary system or its adnexae which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

An applicant presenting any signs of organic disease of the kidney shall be assessed as unfit.

An applicant presenting with urinary calculi is likely to be unacceptable but may be investigated and subject to the opinion of a specialist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

An applicant with any sequela of disease or surgical procedures on the kidneys and the urinary tract likely to cause incapacitation shall be assessed as unfit. An applicant with compensated nephrectomy without hypertension or uraemia may be considered fit.

An applicant who has undergone a major surgical operation in the urinary tract or the urinary apparatus involving a total or partial excision or a diversion of any of its organs shall be assessed as unfit until such time as the effects of the operation are no longer likely to cause incapacity.

Sexually Transmitted Diseases and Other Infections

An applicant shall have no established medical history or clinical diagnosis of any sexually transmitted disease or other infection which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

An applicant having HIV infection involving symptoms of active disease such as AIDS, AIDS Related Complex, or Central Nervous System involvement shall be assessed as unfit.

A diagnosis of syphilis is not disqualifying. However, symptoms and complications of the disease which impair the safe exercise of the privileges of the licence / certificate of competence are disqualifying.

Gynaecology and Obstetrics

An applicant shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

If obstetric evaluation indicates a normal pregnancy, the applicant may be assessed as fit until not later than the end of the 34th week of gestation.

An applicant who has undergone a major gynaecological operation are likely to be unacceptable but may be investigated and subject to the opinion of a specialist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

Musculoskeletal Requirements

An applicant shall not possess any abnormality of the bones, joints, muscles and tendons, congenital or acquired which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

Locomotor dysfunction, amputations, malformations, loss of function and progressive osteoarthritic disorders will be assessed on an individual basis.

A candidate suffering from severe obesity shall be assessed as unfit.

Osteo-arthritic or muscular tendon progressive conditions resulting in functional upset are disqualifying.

Neurological Requirements

An applicant shall have no established medical history or clinical diagnosis of any neurological condition which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

The following conditions are disqualifying:

- (1) progressive disease of the nervous system.
- (2) epilepsy.
- (3) conditions with a high propensity for cerebral dysfunction.

The following may be acceptable subject to full investigation by a specialist acceptable to NATS with the final decision on acceptability being made by TATC Medical Review Group (TRMG):

- (1) disturbance or loss of consciousness.

(2) head injury.

Ophthalmological Requirements

An applicant shall not possess any abnormality of the function of the eyes or their adnexae or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) /certificate(s) of competence.

Visual Requirements

You must have normal colour vision and your visual acuity must be 6/9 or better in each eye. This visual acuity can be achieved using correction but there are limits on the amount of correction required.

Correction shall not exceed + 5 or –6 dioptres equivalent spherical error in each eye. Cylindrical correction shall not exceed 2 dioptres in each eye. The difference between the amount of correction required for each eye shall not exceed 2 dioptres.

If you have had any form of eye surgery including squint correction or laser visual correction, than please be aware of the following:

- Even if the pre-operative correction is within the acceptable range, applicants will be referred to a specialist appointed by the CAA for further examination.
- However, if the pre-operative correction is outside of the CAA limits of + 5 or – 6 dioptres, then a Class 1 certificate will not be granted even if the post-operative ~ correction is normal.

Please see Annex B for detailed visual requirements.

Colour Perception

Normal colour perception is defined as the ability to pass the Ishihara test or to pass Nagel's anomaloscope as a normal trichromate.

An initial applicant with less than perfect colour vision shall be classed as unfit.

Otorhinolaryngological System

An applicant shall not possess any abnormality of the function of the ears, nose, sinuses or throat (including oral cavity, teeth and larynx), or any active pathological condition, congenital or acquired, acute or chronic, or any sequela of surgery and trauma which is likely to interfere with the safe exercise of the privileges of the applicable licence(s) / certificate(s) of competence.

An applicant with any of the following disorders shall be assessed as unfit:

- (1) Active pathological process, acute or chronic, of the internal or middle ear.
- (2) Unhealed perforation or dysfunction of the tympanic membranes.
- (3) Disturbances of vestibular function.

- (4) Significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract.
- (5) Significant disorder of speech or voice. Particular attention shall be paid to significant restriction of the nasal air passage on either side, or of any dysfunction of the sinuses. These should not necessarily entail unfitness provided exercise of the licensed function is not impaired.

Any speech or voice disorder that reduces intelligibility shall be referred to a speech specialist.

Hearing Requirements

At the initial examination for a European Class 3 Medical Certificate there shall be no hearing loss in either ear, when tested separately, of more than 20 dB(HL) at any of the frequencies 500, 1000 and 2000 Hz, or of more than 35 dB(HL) at 3000 Hz.

At initial application, the use of a hearing aid is disqualifying.

Dermatological Requirements

An applicant who suffers from any dermatological pathology likely to interfere with the safe exercise of the privileges of the applicable licence(s) /certificate(s) of competence shall be assessed as unfit.

Malignant melanoma, squamous cell epithelioma, Bowens disease and Pagets disease are disqualifying; however cases may be considered on merit subject to the opinion of a specialist acceptable to with the final decision on acceptability being made by TATC Medical Review Group (TRMG).

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Appendix B Eyesight Requirements for Initial ATCO Applicants

NATS Visual Standards

Distance Vision

Your visual acuity (measured by your ability to see, in this case, lines of letters on a chart at 6 metres) must be at least 6/9 in each eye separately and 6/6 using both eyes together, with or without glasses or contact lenses (correction). If you need correction the refractive error (the amount of correction) must not exceed +5.00 dioptres of long sight or -6.00 dioptres of short sight. This is in the most ametropic meridian (taking into account any astigmatism). Astigmatism must not exceed 2.00 dioptres. The difference in correction between each eye (anisometropia) must not be more than 2.00 dioptres. Your optometrist will be able to explain these terms.

Near Vision

On the standard near vision eye chart you must be able to read the N5 print between 30 and 50 cm and the N14 print at 100 cm, with or without correction.

Contact Lenses

You may wear contact lenses as an ATCO (but not to correct near vision). If you do wear contact lenses, you should bring a report from an optometrist to your initial Class 1 examination, which includes the following:

- your contact lens specification and corrected visual acuity;
- confirmation that you have worn your contact lenses constantly and successfully for over eight hours a day over a period of at least one month.

All gas permeable and hard contact lenses must be removed at least 48 hours before the initial Class 1 medical examination. Any contact lenses should be brought to the examination. Multifocal contact lenses or monovision correction are not acceptable for Class 1 certification.

Refractive Surgery

Both NATS and the CAA do not recommend refractive surgery to gain a medical certificate to become an ATCO. The decision to have this type of treatment must be between you and your eye specialist. In fact the certification limits of eye correction with glasses and the limits of refraction before surgery are the same, so it is not possible to gain a medical certificate by having refractive surgery that you would not have obtained by wearing glasses. However, if you have had refractive surgery, Class 1 certification will be considered three months after a LASIK procedure, (provided an assessment including refraction has been carried out at two months post-operatively). Certification can be considered six months after LASEK/PRK for myopia (provided an assessment is carried out at three months post-operatively by the CAA). Certification is usually possible one year after other types of operation. Please note that:

- the pre-operative refraction should not have been more than + 5.00 to -6 dioptres (applicants just outside this range should contact NATS OHS or the CAA Medical department for advice.)

- an assessment by an eye specialist at the CAA in Gatwick will be required stability of refraction must be achieved. To show this you will need to obtain a report showing your refraction about a month before your Gatwick visit.
- you must have no problems with glare.

Colour Vision

You will be tested for normal colour vision with Ishihara Test Plates (a series of numbers outlined by different coloured dots, easily seen by someone with normal colour vision). If you fail these you will need to pass an approved lantern test (a series of coloured lights that you must identify correctly) in order to gain a UK Class 1 certificate.

Eye Function

You must have normal fields of vision.

You must not suffer from double vision.

Any degree of heterophoria (eye muscle imbalance) in excess of:

8Δ exo, 10Δ eso or 2Δ hyperphoria - measured at 6 m

or

12Δ exo, 8Δ eso or 1Δ hyperphoria - measured at 33 cm

will require further evaluation by an eye specialist at Gatwick.

There must be no acute or chronic disease in either eye or surrounding structures.

CURRENT OPERATIONAL ATCOS - UNAUTHORISED SURGERY:

- NATS advise that ATCOs should not have corrective surgery.
- If an individual decides to have operative intervention against NATS advice, the following conditions apply:
 - 1) The individual must be properly counselled.
 - 2) A disclaimer must be obtained – the individual must sign a disclaimer stating that they are having the operation at their own expense and risk.
- The individual must discuss the matter with their line manager and take themselves off operational work for 3 months after the surgery i.e. there must be a 3 month gap before they can return to operational duty.

Any such cases must be referred to the CAA, for full testing before being declared fit for work.

Appendix C Psychiatric

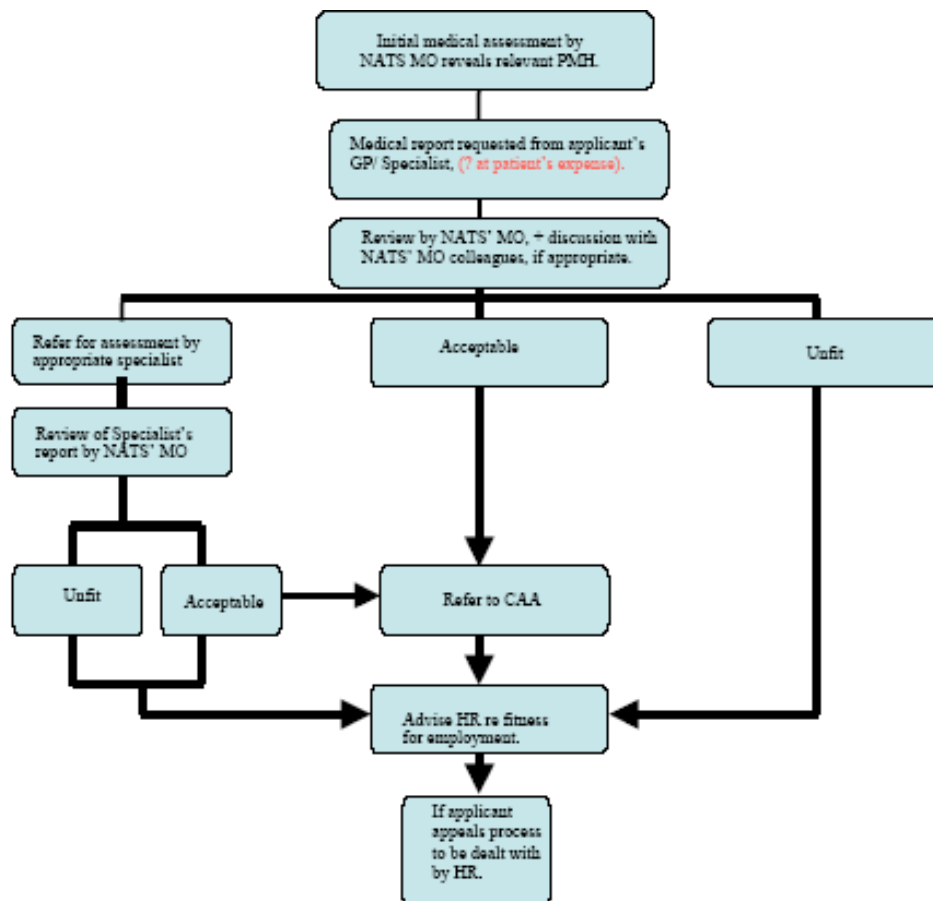
This appendix is concerned with the assessment and management of applicants who present with a history of psychiatric or psychological disorders. It is based on the European Harmonised Requirements / Variation to Requirements, the RAF medical selection policy – AP 1269A, discussion with Gp. Capt Reid (Consultant Advisor in Aviation Psychiatry to the RAF) and NATS' Medical Officers.

GENERAL ASSESSMENT AND MANAGEMENT ISSUES

MANAGEMENT OF INITIAL AIR TRAFFIC CONTROLLER APPLICANTS

Disturbances of mental state are associated with an unacceptable impairment of judgement in the execution of safety critical tasks.

The remainder of this document is concerned with the assessment and management of applicants with common and important psychiatric conditions. For advice regarding assessment and management, of these and other psychiatric conditions, an opinion should be sought from an appropriate consultant psychiatrist with relevant experience.



AFFECTIVE (MOOD) DISORDERS

Clinical Concerns. *An individual with an affective disorder (depressive illness or manic disorder) is at risk of self-harm or harm to others. The individual's judgement and cognitive performance may be seriously impaired. Even mild cases may be associated with significant loss of concentration, inattention, indecisiveness, fatigue, insomnia and loss of motivation.*

Initial applicants:

Candidates who are symptomatic or who are on treatment should be considered UNFIT.

Candidates with a history of psychotic symptoms or hypomania should be considered UNFIT.

Candidates with a history of an affective disorder requiring treatment (with or without antidepressant medication) should be referred to an appropriate consultant psychiatrist for assessment 3 years after the resolution of the problem.

SELF-HARM (INCLUDING ATTEMPTED SUICIDE AND PARASUICIDE)

Clinical Concerns. Individuals with an immediate history of self-harmful behaviour are at risk of committing further acts and may be a hazard both to themselves and other personnel. In all cases there must be a careful search for the presence of recognised psychiatric risk factors.

Initial applicants:

Candidates with a history of two or more episodes of self-harm, especially self-mutilation, are UNFIT.

Candidates with a history of one episode within the previous 2 years should be considered UNFIT.

Advice from an appropriate consultant psychiatrist should be sought for all other cases.

ANXIETY DISORDERS

Clinical Concerns. Anxiety disorders include generalised anxiety, specific phobias, agoraphobia, social phobia and panic disorder. Some anxiety problems associated with stressful circumstances may be more appropriately classified as adjustment disorder. Symptoms and signs can include palpitations, tremor, shortness of breath, chest pain, dizziness, fatigue, weakness, headaches and paraesthesia. In panic disorder there is a risk of sudden incapacitation.

Initial applicants:

Candidates giving a history of a specific anxiety disorder in the past two years are UNFIT.

Candidates with a history of a specific anxiety disorder longer than two years ago, should be referred to an appropriate consultant psychiatrist for assessment of fitness.

NB: Generalised anxiety symptomatology arising in association with particular environmental circumstances and of duration less than 6 months is best regarded as adjustment disorder.

ADJUSTMENT DISORDERS

Clinical Concerns. Minor degrees of depressive and anxiety symptomatology, arising in association with difficult psychosocial circumstances, are often classified as adjustment disorder. Judgement and cognitive performance may be impaired.

Initial applicants:

Candidates with a diagnosis of an adjustment disorder within the past year are UNFIT. Such candidates may be reconsidered after one year free of symptoms and should be referred to an appropriate consultant psychiatrist, with the relevant GP/psychiatric reports, for assessment.

ACUTE STRESS REACTION AND POST-TRAUMATIC STRESS DISORDER

Clinical Concerns. Acute stress disorder (ASD) is a transient disorder developing in an individual without any other apparent mental disorder in response to exceptional physical and mental stress. It usually subsides within hours or days. Partial or complete amnesia for the episode may be present. Such individuals are at an increased risk of developing post-traumatic stress disorder (PTSD). PTSD arises as a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature. Typical features include episodes of reliving the traumatic event in intrusive memories, flashbacks, or nightmares. These occur against a background of a sense of 'numbness' or emotional blunting and avoidance of activities or situations reminiscent of the trauma. There is autonomic arousal, with hypervigilance, an enhanced startle reaction and insomnia. The disorder may follow a chronic course over years.

Initial applicants:

Candidates with symptoms of PTSD are UNFIT. If treated successfully and asymptomatic for more than 3 years, refer to an appropriate consultant psychiatrist for assessment.

EATING DISORDERS

Clinical Concerns. An individual with an eating disorder (anorexia nervosa or bulimia nervosa) is at risk of serious metabolic disturbance. Despite treatment, eating disorders may persist for many years.

Initial applicants:

Candidates with a history of eating disorder within the past 5 years are UNFIT. All other cases are to be referred for assessment by an appropriate consultant psychiatrist.

OBSESSIVE-COMPULSIVE DISORDERS

Clinical Concerns. Individuals with obsessive-compulsive disorder suffer from recurrent obsessional thoughts or compulsive acts. Obsessional thoughts are ideas, images or impulses that enter the individual's mind repetitively in a stereotyped form. They are almost invariably distressing and the individual generally tries, unsuccessfully, to resist them. Anxiety is almost invariably present. If compulsive acts are resisted, the anxiety deteriorates. The disorder is not the same as obsessive-compulsive personality disorder. Obsessional symptoms may develop in association with depressive disorders.

Initial applicants: Candidates with a history of obsessive – compulsive disorders should be assessed as UNFIT.

PERSONALITY DISORDER

Clinical Concerns. Personality disorders are developmental conditions that appear in late childhood or adolescence and continue into adulthood. They are not secondary to any other mental disorder or to brain disease, although they may precede and coexist with other disorders. They are frequently, but not always, associated with various degrees of subjective distress and problems of social performance.

Initial applicants:

Candidates with a psychiatric history of personality disorder should be assessed as UNFIT.

SCHIZOPHRENIA AND OTHER DELUSIONAL DISORDERS

Clinical Concerns. These disorders are severe disturbances of mental state, often with a high risk of recurrence.

Initial applicants: Candidates with a history of psychotic disorder should be assessed as UNFIT. A history of acute and self-limiting (for example, toxic) psychosis may be acceptable following assessment by an appropriate consultant psychiatrist.

ALCOHOL MISUSE/DEPENDANCY

Clinical Concerns. Excessive consumption of alcohol produces a depressive effect in the central nervous system which interferes with the individual's ability to make rational judgements and impairs psychomotor performance. In addition, the toxic effects of alcohol cause heavy drinkers to suffer a variety of illnesses including gastritis, cirrhosis, pancreatitis, cardiomyopathy, etc.

- a. *Persistent Alcohol Misuse.* A state which because of consumption of alcohol causes disturbance of behaviour, related disease or other consequences, likely to cause the patient or his family or society harm now or in the future which may or may not be associated with dependency.
- b. *Alcohol Dependency.* A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use and which include a strong desire to take alcohol, difficulties in controlling its use, persistence in its use despite harmful consequences, with evidence of increased tolerance and sometimes a physical withdrawal state.

Initial applicants:

Candidates with a diagnosed history of alcohol dependence should be assessed as UNFIT.

Candidates with a clinical history of persistent alcohol misuse within the past 2 years should also be assessed as UNFIT.

Candidates with a history of persistent alcohol misuse, longer than 2 years ago, and subsequent documented sobriety, are to be referred for assessment by an appropriate consultant psychiatrist.

All those convicted of a drink driving offence are required to undergo a medical assessment to consider the diagnosis of persistent alcohol misuse or alcohol dependency.

PSYCHOACTIVE DRUG/ SUBSTANCE ABUSE

Clinical Concern- Psychoactive drugs reduce the individual's ability to make rational judgements and impairs psychomotor performance. In addition delusional symptoms may occur in association with or following psychoactive drug misuse and dependence may occur.

Initial applicants:

Candidates with a history of drug dependence should be assessed as UNFIT.

Candidates with a history of > 1 episode of drug misuse should be assessed as UNFIT.

Candidates with a history of 1 episode of drug misuse greater than 2 years ago, and subsequent documented freedom from drug use, should be referred for assessment by an appropriate consultant psychiatrist.

Key Points:

- All ATCOs are to be subject to pre-employment testing for drugs and alcohol.

All illegal drugs in the UK are prohibited

- Testing of employees will also be conducted where the manager **reasonably believes** that an employee, or group of employees, are on duty or intending to commence duty under the influence of drugs or alcohol in breach of the policy.
- Testing of employees will be conducted where a serious incident or accident has occurred whilst at work (this will be determined by managers).
- All staff will be tested up to 12 months post appointment. This testing will be unannounced but not random in that once an employee has been tested they will not remain in the testing pool to be selected a further time post appointment.
- All testing will be conducted through an independent process to a standard set and monitored by NATS OHS.
- All NATS premises are alcohol-free; alcohol should not be consumed on any site.

Limits:

a) Alcohol

The alcohol breath testing limits are:

- For those ATCO's already covered by the R&TSA - The limit for an alcohol breath testing result must not exceed 20 milligrams of alcohol per 100 millilitres of blood.
- All other staff including PCG or ATCOs not covered by R&TSA: The limit for an alcohol breath testing result must not exceed 80 milligram's of alcohol per 100 millilitres.

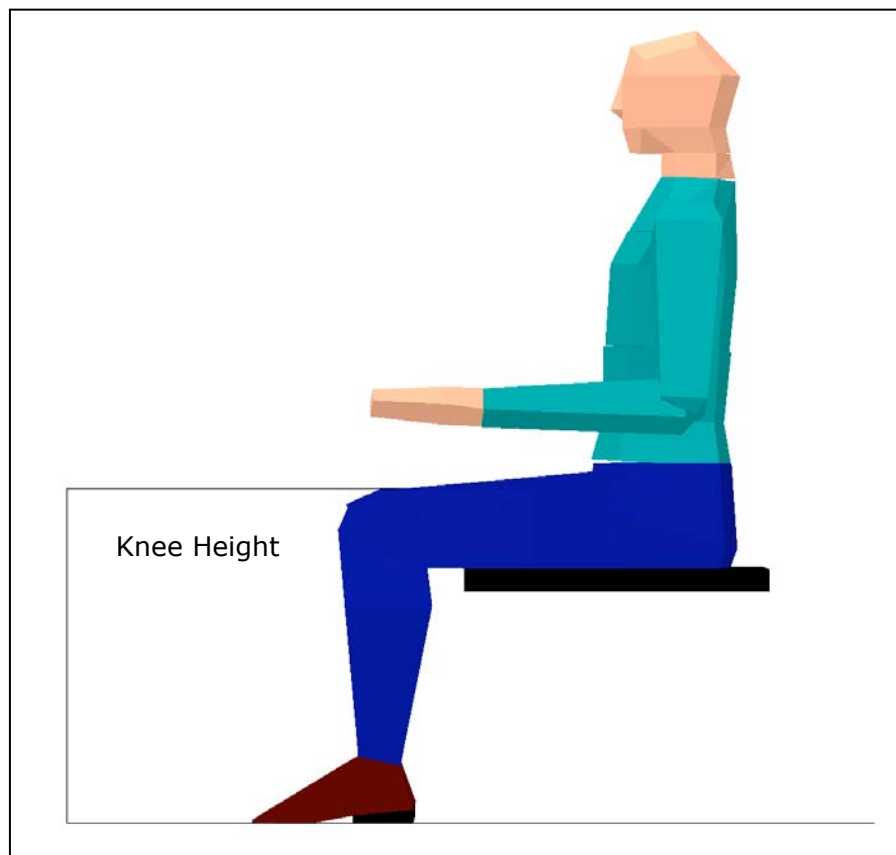
b) Drugs

No illegal drugs of any category are permissible.

Appendix E Human Factors

Ergonomic considerations are important to ensure candidates will be able to use NATS equipment safely. As some of our work positions are not adjustable, a study has been conducted (S Thomas and M Freer for N Turley, NATS, January 2006) to ascertain the safe anthropometric height measurements required. This report concluded candidates outside the 5th-95th percentile for height may have problems using the equipment. Therefore Candidates outside 5th and 95th percentiles will have a simple measurement taken of their seated knee height. The value for this dimension is: 620 mm. Any reading above this will mean that the candidate will be required to undertake a formal DSE assessment at a designated operational workstation.

The means of measurement is shown below.



Seated Knee Height:

- Measured from the floor to the top of the knee (i.e. highest point; usually the quadriceps muscle, not knee cap).
- Subject's lower leg is vertical, thigh horizontal and foot at 90°.
- Normal working shoes are worn.
- Sitting surface will need to be height adjustable to allow measurement of different sized subjects.
- Measurement device must be held vertical.