

INFORMATION FOR PASSENGERS WITH SPECIAL NEEDS



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PASSENGERS WITH SPECIAL NEEDS

To improve the accessibility of air travel to passengers with reduced mobility, KM Malta Airlines has set a number of guidelines to ensure that such needs are understood and provided accordingly. Passengers with reduced mobility as defined by AEA (Association of European Airlines), are understood to be those persons whose mobility is reduced due to any physical disability (sensory or locomotory), an intellectual impairment, age, or any other cause of disability when using transport, and whose situation needs special attention and the adaptation to the person's needs of the services made available to all passengers.

Depending on the passenger's condition, it may be necessary that passengers with reduced mobility prepare a medical information form (MEDIF) and submit it in advance for review and approval by KM Malta Airlines. Passengers with any one of the following conditions are requested to prepare a medical information form (MEDIF) :

1. Passengers who need a stretcher or incubator on board the aircraft.
2. Passengers whose medical condition requires oxygen supply on board the aircraft.
3. Passengers who require an extra seat to accommodate leg elevation.
4. Passengers with serious sickness or injuries.
5. Passengers who cannot take care of themselves on the ground or during the flight.
6. Expectant mothers over/including their 36th week of pregnancy.
7. Passengers who require the carriage and use of medical equipment on board the aircraft.
8. Passengers whose fitness for air travel is in doubt.

ACCEPTANCE OF PASSENGERS WITH SPECIAL NEEDS

Care must be taken when accepting a passenger with special needs for air travel as certain diseases or physical conditions can have an adverse effect on the welfare and comfort of other passengers and/or crew members. There are some fundamental rules that apply to every airline although each airline has its own rules.

1. Airlines shall refuse to carry any passenger whose presence on an aircraft, because of their physical or medical conditions (based on established facts, medical or other evidence, etc), could pose a threat to the safety of other passengers and their property, the aircraft and/or crewmembers.
2. Airlines shall also refuse to carry passengers who do not or refuse to submit themselves to the specific conditions required by the airline.
3. Airlines may refuse to accept a passenger who may be source of infection or discomfort to other passengers.
4. Airlines may refuse to carry passengers if their conduct, status, physical or mental condition is known to be such that they are incapable of caring for themselves without assistance, or prevents them from using the standard airline seat, either in a sitting or reclining position. In these circumstances, the airline may request that the passenger accepts travel at a higher class of service and/or is accompanied by a qualified escort who will provide the additional attention and assistance required by passengers.

The principal factors to be considered when assessing a patient's fitness for air travel are the effects of reduced atmospheric pressure and consequent reduction in oxygen tension. Even in pressurised aircraft, the cabin may be at a pressure equivalent to an altitude of 5,000 to 7,000 feet.

LIMITATIONS

An airline, in order to meet safety, technical or operational requirements, may limit the number of passengers it will accept on any flights, even though any special arrangements are met by the passenger.

Following are clinical contra-indications for transportation of passengers requiring special assistance, which are usually considered UNACCEPTABLE for air travel:

1. Anemia of severe degree.
2. Severe cases of otitis media and sinusitis.
3. Acute contagious or communicable disease. (e.g. open Tuberculosis)
4. Uncomplicated Myocardial Infarction within 2 weeks of onset; uncomplicated Congestive Cardiac Failure within 2 weeks of onset.
5. Hypertensive disease with severe complications.
6. Peptic ulceration with recent hemorrhage within 3 weeks.
7. Post-operative cases a) within 10 days of simple abdominal operations b) within 21 days of chest surgery.
8. Skin diseases which are contagious or repulsive in appearance.
9. Fractures of the mandible with fixed wiring of the jaw.
10. Mental illness without escort and sedation.
11. Pregnancies beyond the end of the 35th week for long international journeys and beyond the 36th week for short journeys.
12. Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.
13. Cerebral Vascular Accidents within 3 weeks.

Although these are suggested limiting factors, each individual case must be considered on its merits and dependent on whether or not the passenger is accompanied by a professional escort.

The form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort. The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. Enter a "x" cross in the appropriate "yes" or "no" boxes, and/or give precise concise answers.

MEDIF



MEDA 01	PATIENT'S NAME:	SEX:	DATE OF BIRTH:
A	PROPOSED ITINERARY <i>Airline(s), Flight number(s), Date(s), Segment(s)</i>		
MEDA 02	ATTENDING PHYSICIAN <i>Name, Address + Telephone</i>		
B	IS STRETCHER NEEDED ON BOARD? (All stretcher cases must be escorted)	NO <input type="checkbox"/>	YES <input type="checkbox"/>
C	INTENDED ESCORT (Specify if "Nurse", "Doctor" or "Travel companion")		
D	WHEELCHAIR NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> WCHR (Can ascend/descend steps, but requires wheelchair for distance) <input type="checkbox"/> WCHS (Can not ascend/descend steps, but able to make own way to cabin) <input type="checkbox"/> WCHC (Completely immobile and requires assistance to/from seat)	Power driven wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions.
E	AMBULANCE NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	Departure Airport: _____ Ambulance Company: _____ Vehicle Reg. _____ Contact Details: _____ Arrival Airport: _____ Ambulance Company: _____ Vehicle Reg. _____ Contact Details: _____	KM Malta Airlines will contact company for ambulance driver/assistant details. KM Malta Airlines is not responsible for airside permission for either driver or vehicle.
F	OTHER GROUND ARRANGEMENTS NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>	Arrangements for delivery at airport of DEPARTURE: Arrangements for assistance at CONNECTING POINTS: Arrangements for meeting at airport of ARRIVAL: Other requirements or relevant information:	
G	SPECIAL IN FLIGHT ARRANGEMENTS NEEDED , such as special meals or seating, extra seat, special equipment, etc.	NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 03	MEDICAL DATA: Diagnosis in detail (including vital signs) Day/Month/Year of first symptoms.	Date of operation : Date of diagnosis :	
MEDA 04	PROGNOSIS for flight(s):		
MEDA 05	Contagious AND Communicable disease?	NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 06	Would the physical and/or mental condition of patient be likely to cause distress or discomfort to other passengers?	NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required ?	NO <input type="checkbox"/> YES <input type="checkbox"/>	
MEDA 08	Can patient take care of own needs on board UNASSISTED* (including meals, visit to toilet, etc.)?	NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 09	If to be ESCORTED , is the arrangement satisfactory to you?	NO <input type="checkbox"/> YES <input type="checkbox"/>	
MEDA 10	Does patient need OXYGEN** equipment in flight? (if YES, state rate of flow)	NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify litres per minute: <input style="width:50px;" type="text"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/>
MEDA 11	Does patient need any MEDICATION(*) other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.(**)?	a) on the GROUND while at the airport(s) NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 12		b) on board the AIRCRAFT NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, specify:
MEDA 13	Does the patient need HOSPITALISATION ? (if YES, indicate arrangements made)	a) During long layover or night stop at CONNECTING POINTS en NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, action:
MEDA 14		b) upon arrival at DESTINATION: NO <input type="checkbox"/> YES <input type="checkbox"/>	If yes, action:
MEDA 15	Other remarks or information in the interest of your Patient's smooth and comfortable transportation:	NONE <input type="checkbox"/>	Specify in any (**):
MEDA 16	Other arrangements made by the attending physician:		

NOTE (*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in **FIRST AID** and are NOT PERMITTED to administer any injection or to give medication. **IMPORTANT: Fees, if any, relevant to the provision of the above information and for the carrier-provided special equipment (**) are to be paid by the passenger concerned.**

Date:	Place:	Attending Physician's Signature:
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PASSENGER'S DECLARATION (*): "I hereby authorize _____ (Name of nominated physician) to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information, and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/ tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/ tariffs. I am prepared at my own risk, to bear any consequences which the carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage."

(*) (Where needed, to be read by / to the passenger, dated and signed by him / her self on his / her behalf.)

Date:	Place:	Passenger's Signature:
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