



Prescription

By LCdr. William Alex

Without a single point of contact between medical and the command, a squadron unknowingly can place members at higher risk.

When you're feeling sick and go to a Navy doctor for treatment, you wouldn't think it could end up being hazardous to your health. However, three incidents in VAQ-137 changed my opinion on this subject. I'm not talking about bad care, just the need for caution when medicine and maintenance mix.

As patients, we trust the treatment prescribed by doctors because we know they have our best interests at heart. However, aircrew and maintainers assigned to aviation squadrons bring a different set of rules to the table. Naval aviation breeds a level of trust and teamwork throughout all levels of the squadron.

The normal doctor-patient confidentiality rules do not apply in the military, especially when it comes to flying and maintaining naval aircraft. A diagnosis for one Sailor easily could affect the lives of fellow command members. Therefore, leaders must know when a Sailor's medical condition may interfere with the operational capabilities of the squadron. A prescribed medication may have

Meds Make Maintenance Dangerous

drastic results for aircrew or maintainers working on the flight deck. A Sailor's work environment must be taken into account when medication is prescribed.

My squadron had three incidents where medical personnel treated our Sailors after they sought medical care. They were given

meds to solve their problems, but the command was unaware of the potential impact of these medical conditions and the drugs given for treatment. We unknowingly allowed maintainers to work on the flight deck and placed them in a position that might have created a safety hazard.

One member was assigned to duty while diagnosed with asthma, and working on the flight deck aggravated the condition. Two Sailors, one who handled ordnance and the other who took care of flight gear, took a potentially sedating medication. In the PR's case, it caused significant side effects.

Some squadrons are lucky: The air-wing flight surgeon works at their home base, treats their Sailors, and is in a position to watch their special cases for signs of trouble. They would and should be able to notify the command of any health problems and to advise the CO on the right course to take.

Without a single point of contact between medical and the command, a squadron unknowingly can place members at higher risk. Yes, Sailors still are responsible for telling their command about a medical problem and the doctor's recommended treatment, and we should be able to rely on this 100 percent of the time. But hard-charging, can-do maintainers or aircrew often do not want to admit they can't work on aircraft or the flight deck.

Carrier ops require a person's full concentration, all the time. Maintainers who take prescription meds need to know whether the drug deprives them of decision-making capability and can place them or others in a dangerous situation. The command must fill high-risk and high-trust billets with people they consider responsible and not under treatment for a work-limiting medical problem. When a command considers a Sailor for such a position, the squadron needs the whole picture to make a sound decision. We discovered our three cases and took appropriate action before a mishap occurred.



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The medical community has looked at the issue of potentially sedating drugs and suit-

ability for flight-deck work. I didn't want this article to focus on a specific medical condition or treatment. The point is some prescribed medicines make people clumsy, cause drowsiness, or reduce a Sailor's ability to think clearly. When a doc prescribes medicine and gives a maintainer a limited or no-duty chit, it means that person is not able to work at full capacity. Supervisors must discuss two important factors with the Sailor: the doctor's diagnosis and the effects of any prescribed drugs. I've asked the command surgeon at the Naval Safety Center to respond to this article. His comments follow.—Ed.

Because of the possibility of adverse side effects and unpredictable reactions, taking prescribed or over-the-counter medications should be considered sufficient cause for limited or no duty, unless the medication's use specifically is approved by a flight surgeon. This apparently was not the case in the article described above.

It is the physician's responsibility to ask about the work environment of his patients and to counsel them on potential side effects or adverse reactions when working in hazardous situations. In the case of aircrew or maintainers, if the physician is not a flight surgeon, he should consult with one to make sure the patient safely can return to work while taking medication.

When aircrew or maintainers receive a recommendation for grounding, no duty, or limited duty, it is their responsibility to notify their supervisor. If the supervisor or the command has any questions regarding the patient's status, the physician should be contacted by use-of-contact instructions on the limited or no-duty chit.

In a perfect world, physicians also would talk to the command when they treat patients. This usually is the case in squadrons with their own flight surgeon; however, as the article points out, this isn't always possible. In these cases, we have to depend on the physician to consult with a flight surgeon. If no flight surgeon is available, we must depend on the physician to make the appropriate recommendations, and, in all cases, the patient must make the command aware of what the physician has recommended.—Capt. James Fraser is the command surgeon at the Naval Safety Center.