



The Safety Beacon is for informational purposes. Unit safety officers are encouraged to use the articles in the Beacon as topics for their monthly safety briefings and discussions. Members may also go to LMS, read the current Beacon, and take a quiz to receive credit for monthly safety education.

January 2020

Annual Safety & Risk Management Day

The New Year means **it is time for the Annual Safety & Risk Management Day**. According to CAPR 160-1, every unit in CAP must set aside one full meeting, sometime in January, February or March, **totally** devoted to the discussion of Safety & Risk Management. Check out the CAP Safety Pages for more information on this requirement on the [Annual Safety Risk Management Day – 2020](#) webpage. There are a couple required briefings, including an overview of risk assessments and an exercise to get everyone more familiar with the CAPF 160. Like it says on the webpage, please provide us with feedback on the program so we can continue to improve.

safety@capnhq.gov

Where's the Safety Homepage?

Here: <https://www.gocivilairpatrol.com/members/cap-national-hq/safety>

SIRS may be the Safety gateway to eServices, but the CAP Safety Program homepages are on gocivilairpatrol.com!!!!

All the tools, and links to training, are on these Safety Pages as a one-stop shop to make it easy for all your safety needs... let them be your guide!

Doing a risk assessment? Go here: [Risk Assessments and RA Worksheets](#)

Planning a large cadet activity? Go here: [NCSA/Encampment/Activity Safety](#)

Doing a mishap review? Go here: [Mishap Reviews](#)

Annual Safety Day Resources? Go here: [Annual Safety Risk Management Day](#)

AXIS? LMS?

[How do I find the new Safety Training??](#)

We received a little feedback that some of the new safety training courses were a bit hard to find. THANK YOU for letting us know! We truly appreciate it when we get that kind of feedback so we can improve what we offer, and how we offer it. There is a National Staff team of employees and volunteers working hard to make it as easy as possible to access the tools and training we provide, so *gently* let us know when there's something we can improve.

The Safety Homepage The [Safety Pages](#) on gocivilairpatrol.com should be everyone's first stop if they need safety information (See the front page of this Beacon for more info). SIRS is the place to go for specific eServices tasks (mishap reporting, reports, etc.) but the CAP safety pages are where we will put program updates, tools, and instructions to help you navigate through CAP safety. Go there first and let us know if there is anything you can't find ... we will be updating those pages regularly.

What is "AXIS?" AXIS is the new leaning management program that will be gradually taking the place of the Learning Management System (LMS) that we have all been used to in CAP. The new AXIS system will have a lot of great features that will improve the learning experience throughout CAP, but it will take a little time to transition and get used to it. For a while, some safety training will be on the old LMS, and some will be on the new AXIS.

The New Training is on AXIS The new 160-1 Safety courses are on AXIS. That includes the new *Mishap Reviews* course, the new *Activity Safety Officer* course, and the new *Intermediate Risk Management* course that includes some "how to" information on Risk Assessments. Go to the safety pages and you'll find a step by step guide on how to find that training.

- Click [HERE](#) for *Intermediate Risk Management* and risk assessment training
- Click [HERE](#) for tools and training on *Mishap Reviews*
- Click [HERE](#) for the *Activity Safety Officer* training

What is on the old LMS Everything else is still on the LMS. That is where you will find the monthly safety education offerings, the Beacon quizzes, and other already-existing training. We will begin to update and add to some of those courses so there are more, and more updated, offerings. Got a topic you'd like to see? Let us know!

As always ... let us know if you think of anything else you would like to see, or ways we can improve the pages, and we'll do our best to keep improving.

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Risk Management and the CAPF 160S

How do I use the “Short Form?”

George Vogt, CAP/SE

Members are becoming more familiar with the CAPF 160, *Deliberate Risk Assessment Worksheet*, as it is used for encampments, NCSAs, and other large events. When Deliberate RM is required (see [CAPR 160-1, para 3.3.1.](#)), then the CAPF 160 is the form you are required to use.

But what about those smaller events or activities when a full Deliberate Risk Assessment isn't required by the regulation?

First, let's make one thing very clear. One of the four principals of risk management in Civil Air Patrol (see [CAPR 160-1, para 3.2.3.](#)) is that RM will be integrated into all operations, activities and planning. As it says in that paragraph, **“RM does not always need to be a formal process, but all steps must be accomplished, even in a time-constrained environment.”**

That “time-constrained environment” is what paragraph 3.3.2. means when it refers to “Real Time RM.” We need a way to make sure we are performing every important step of the RM process whenever we prepare for an activity. [The CAPF 160S \(the “Short Form”\)](#) is the tool you should use. You can fill it out just as you would if you were doing a more formal risk assessment. It will make sure you don't skip any steps. Or, you can just refer to the form to help you think through the process. It can guide you as you work with your team to do a quick risk assessment.

Are you working with cadets? If so, you know that Risk management is considered one of the special emphasis topics in the **Character Element** of the CAP Cadet Program. **As a leader of cadets, you are part of the effort to ensure “CAP equips cadets with risk management skills so they can fulfill their goals while keeping risk as low as reasonably possible”** (CAPR 60-1, para 1.9.4.3). New cadets learn about risk management by watching senior members and cadet officers set the example. You can set that example by using the form to ensure all the proper steps of risk management are accomplished. Are you setting that example?

As an example, if I were planning a long drive in a CAP vehicle, with multiple stops, changing road conditions, and numerous passengers, **I would most certainly do a formal risk assessment!** I'd even get someone else to check it over for me. The [“Short Form”](#) is the tool.

Another example... if my unit's cadets were assembling for drill practice on a hot evening, after a full day of school, I would pull out a [“Short Form”](#) and lead them in a short risk assessment, letting them brainstorm all the things that could go wrong. Together we'd figure out how to reduce the risk. And, we'd reinforce that risk management is necessary and the Short Form is a great tool to **help them “fulfill their goals while keeping risk as low as reasonably possible.”**

Questions?

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Safety Shorts

George Vogt, CAP/SE

How can I tell if someone took the Activity Safety Officer course?

[CAPR 160-1](#), paragraph 2.6.7.1.2., requires the designated safety officer for all large events (e.g., encampments, NCSAs, etc. ... refer to regulation) to complete the Activity Safety Officer course. A few leaders have asked how to verify someone has taken the course. As a commander or safety officer, you may want to check how many members in your unit have taken the course.

Here's how to check... Go to SIRS. Click on the link for "[Safety Reports](#)." Then, from the dropdown menu, select the report entitled, "Safety Briefings Training Report." Enter the name or CAPID of the member you're verifying and click "submit." You'll get a report that tells you every safety course that member has ever taken, and you can check to make sure the Activity Safety Officer Course was accomplished, and when it was accomplished.

Likewise, if you want to see who else in your unit has taken the course, you can select the report entitled "Online Safety Education Report (By Title)." Make sure your correct organization is selected, then select the title of the course (in this case, Activity Safety Officer Course) and hit "submit." The report you get will tell you everyone in your unit that has taken (or hasn't taken) that course.

Note that these reports will work for any of the other courses listed in the dropdown menu, like the new Mishap Reviews course or the new Intermediate Risk Management course!

As a safety officer, you should be familiar with using those reports. Check them out and see what information each one gives you.

IMPORTANT!!! Mishap Review Tools!

Very important note here for commanders, safety officers and review officers... become *very* familiar with the [Mishap Reviews](#) page on [gocivilairpatrol.com](#) and begin using the mishap review worksheets and [mishap review template](#) to "get to the bottom" of every mishap. The new tools have been available online since 1 October. **When we go into SIRS to close a mishap, if we see that there is information missing, and the new tools have not been used, we will begin to send mishaps back to the wing or region commander, asking them to send the review back to the review officer for more information. Let us know if you need help!**

Old Tube with a New Tire?

Occasionally we see a mishap involving a flat tire on an aircraft. Sometimes we'll look at a picture of the tire and it looks relatively new. It then surprises us when we see a picture of the inner tube, and it looks worn and older than the tire. In one recent case, the mishap review officer did a fine job of checking the maintenance records to find out when the tire was replaced, but there was no record of when the tube was last replaced.

Replace the inner tube every time you replace the tire! If an aircraft tire is worn to the point of needing to be replaced, it means the tube has had just as much "wear" by moving slightly inside the tire. This inner tube wear is worse in cases where the tire isn't fully inflated. Rubber gets old. All these factors reduce the reliability of the inner tube, which increases the risk of a flat tire due to tube failure or leakage. CAP/LG has a policy of paying for and sending a new tube with every tire replacement. There is no reason why units shouldn't take advantage of this and make it their practice to replace the tube EVERY time the tire is replaced.

15 Minute Briefing?

We've received a few questions about how long unit safety education briefings need to be. If you recall, the old CAPR 62-1 said that each safety education briefing needed to be at least 15 minutes long. That specific guidance is not in CAPR 160-1. The focus should be on the *content* of the briefing. Everyone has seen awful briefings that lasted 20 minutes and wonderful briefings that lasted 10. Time is not the measure of a great safety education topic. It should cover an interesting topic. It should include a discussion of that topic in the context of risk management. It should include discussion and participation. It should result in each member (including the presenter) having a better appreciation of how they are personally involved in the risk management effort. If you're doing that, you're giving a darn good safety education briefing regardless of how long it lasts.

Mishap Reviews ... Training? Worksheets? Templates?

It's nice to see some of our review officers trying to use the new mishap review templates offered on the [Safety Mishap Reviews](#) webpage. Let me take give a couple quick tips on how to use the tools on that page.

If you are assigned to be a mishap review officer, you definitely need to take the Mishap Review Course that's linked on that page. Hit the link and it will take you to LMS. In the LMS you hit the link to AXIS (upper left corner of the page). Review the briefing and take the quiz, and you'll even get monthly safety education credit for it!

The 5 M worksheets on the Mishap Reviews page are specifically set up to help you with the types of questions you should be asking for various common types of mishaps. Remember that no two mishaps are the same and you need to ask the questions that will help you determine what contributed to *your* mishap.

The [mishap review template](#) is what you use to actually write your mishap review. Follow the template, with some help from CAPR 160-2, and you'll end up with a nice review that includes a description of what happened, your conclusions about what contributed to the mishap (from your worksheets) and your recommendations on what improvements can be made to address those contributing factors. They don't have to be long, and most won't be too complicated, but they should all follow the same format.

Take the training and use the tools, so you can let us know what you think about them and how we can improve them.

National Safety Officer College Update

NSOC is still planned for 2020; in fact, it is part of the CAP Strategic Plan to ensure it is available to members. The curriculum is being developed and will be approved by the National Commander. The goal is to have a robust online school that will kick-off sometime around the National Conference in the summer. Stay tuned for more updates.

Activity Safety Officer Training

This is just a reminder about the new requirement in CAPR 160-1 that all Activity Safety Officers, for activities lasting longer than 48 hours, or spanning 2 nights, MUST take the Activity Safety Officer course. In order to show you have taken the course, you will need to go to eServices and enter the Learning Management System. Then follow the link at the top of the LMS page to enter "AXIS." That's where you'll find the Activity Safety Officer Course in the Course Catalog. Passing the quiz that goes with the course will give you credit in eServices and commanders will be able to verify you have taken the Activity Safety Officer course.

This course is open to all members and will provide a refresher on risk management for activities and give a quick review of how to work with the CAPF 160. It will also help activity staff members with understand the requirements for active real-time risk management throughout the activity.

ALL safety officers, commanders, activity staffs, and leaders at every level are encouraged to take the short course so everyone has the same common understanding of the expectations for activity safety. It also provides some insights that will help with the planning of unit outings or activities.

And remember, you get monthly safety education credit when you take the quiz!

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IMSAFE!

Are you Really???

George Vogt, CAP/SE

IMSAFE is a common tool used by all types of pilots. For those who aren't familiar with this mnemonic memory aid, the idea is for pilots to use it to assess their own physical and mental condition as they determine whether they are "fit to fly." Here is what each letter stands for:

Illness: Do you have any illnesses? Cold? Flu? Allergies? Ear block? Long-term medical conditions? Has a pre-existing condition been acting up? Anything getting *gradually* worse?

Medication: Have you been taking any medication for those conditions listed above? Over the counter? Prescription? Side effects? New medications? Changed dosage? When did you take it? Mixing medications? Are you sure they're safe? Do they make you drowsy? Dizzy?

Stress: Stress can come from a lot of things ... bad OR good. Lots going on at work? Trouble at home? Anxiety? Financial Issues? Got a big promotion at work? Got fired? Holiday planning? Perhaps you have that non-specific feeling that there is *just – too – much – going - on!*?

Alcohol: 8 hours? .04? 24 hours? Beyond just knowing and abiding by the FAA rules, are you really truly comfortable that you are not under the influence of the alcohol or the physical and mental after effects that linger?

Fatigue: This one is different for everyone. It can come from one bad night with little sleep or it can be cumulative. It can be brought on by all the other issues we've discussed. What are your personal symptoms of just being too darned tired to be at your best?

Emotion: Emotions can get in the way of rational decision making ... plain and simple. Angry? Sad? Or on-top-of-the-world happy? Feeling bullet-proof? They can all guide (or misguide) our decisions. How well do you personally operate when you're emotional?

Some people refer to the "IMSAFE" checklist as "risk management for pilots." Let me make this very clear... it is *not* risk management. It is a simple *tool* to help with one or two steps of the risk management process. It helps you identify a hazard, so you can assess the risk that hazard brings, so you can then act to reduce that risk. Like other risk management tools, you need to take the time to truly think through each step rather than just reciting the six words. Like other risk management tools, it helps if you "phone a friend" or chat with a wingman for another perspective ... **the same six things that can impair our flying ability can impair our ability to even recognize that they are there.**

Finally, **IMSAFE is NOT just a tool for flying.** If you are **getting ready to get behind the wheel** of a CAP vehicle as part of a CAP activity, or your own vehicle on the way into town, you need to stop and seriously take the time to ask yourself **IMSAFE?** Then ask someone else to check your plan.

Comments?

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The Effects of Medication on Flying (and Driving)

FAA Perspective and Guidance

George Vogt, CAP/SE

The following was written by CAP Capt Corey Stephens, the West Virginia Wing Director of Safety and Safety Officer for the Martinsburg Composite Squadron in Martinsburg, WV. He shared it with his Wing and offered it to me to share with CAP at large. Corey, in his "day job," is an Operations Research Analyst in the FAA's Office of Accident Investigation and Prevention. Among a lot of other things that keep him working overtime, he is the government co-chair of the Safety Analysis Team of the General Aviation Joint Steering Committee. Corey has been a mentor, confidant, teacher, and friend and our close working relationship will help pave the way for a lot of advances in CAP aviation safety. Thanks, Capt Stephens, for all your help!

This month's safety topic deals with an issue that is targeted at our pilots and vehicle drivers but is also applicable to everyone. Impairment from medication, particularly over the counter (OTC) medication, has been cited in a number of accidents in general aviation (GA). In a 2011 study from the FAA's Civil Aviation Medical Institute (CAMI) Toxicology Lab, drugs/medications were found in 570 pilots (42%) from 1,353 total fatal pilots tested. Most of the pilots with positive drug results, 511 (90%) were flying under CFR part 91.

The statistics are from aviation fatal accidents, but the risk is there for everyone. Anyone who pilots an aircraft, or drives a CAP or personal vehicle, should take this information into consideration. The dangers of sedating medications are seen across all modes of transportation.

The PDF at this link ([CLICK HERE](#)) is a guide for pilots that was prepared as part of the work of the General Aviation Joint Steering Committee (GA JSC) in its efforts to mitigate the risks that contribute to fatal GA accidents. Sedating medications, found at levels that are considered impairing, were found in several accidents that were studied by the GA JSC. In a 2014 study conducted by the National Transportation Safety Board (NTSB), the Board found that the antihistamine Diphenhydramine was the most common sedating medication found in toxicology tests in fatal GA accidents. Diphenhydramine is found in many products, including: Benadryl, OTC sleep aids (such as Zzzquil), most "PM" ache/pain medications (such as Advil PM and Tylenol PM) and most "night-time" or "PM" cough/cold medications. These medications can cause drowsiness and impaired thinking and judgement.

The information in the FAA document (also reprinted on the following pages) will help you understand what you should look for in the "Drug Facts" label on OTC medications. This includes identifying the active ingredients, any warnings that are given by the manufacturer, and dosing information. On the second page of the document is a guide to wait times if you have taken any of the "NO GO" medications listed in red in the table that begins on page three. **REMEMBER: This information should not be considered all-inclusive; these are general guidelines. If you have significant underlying health conditions, it is recommended that the use of any medication be discussed with your physician PRIOR to taking the medication.**

Again, this information is intended for our pilots but is applicable for everyone. Please distribute to the pilots as well as any vehicle drivers in your squadrons.



Federal Aviation Administration

What Over-the-Counter (OTC) medications can I take and still be safe to fly?

First, ask yourself “Do I have a condition that makes me unsafe to fly?” Title 14 CFR 61.53 is the regulation, which prohibits flight with a known medical deficiency [unless cleared by the FAA] and requires that you determine that you are fit to fly prior to each flight.

- Am I sick?
 - Am I having trouble clearing my ears at ground level?
 - Do I feel bad enough that I keep thinking about how I feel?
 - Are others asking me if I am ok?
 - Do I feel good enough to fly ONLY if I take medication?
 - Am I getting worse?

Next, consider these issues before operating an aircraft:

- In the last five days, have you taken or do you plan to take any medications before flying?
- If currently taking a medication only for symptom relief, would you be safe to fly without it?
- Do you have any other underlying health conditions?
 - o Discuss these conditions with your AME or family physician to determine if you are safe to fly.
 - o Specifically ask about your ability “to operate machinery” (including any aircraft).
 - o Discuss if the medication, OTC or otherwise, will pose a problem with the underlying condition or other health conditions and/or other medications that you are taking.

If you answered to any of the above questions: YES---STOP. You might not be fit to fly!

When choosing an OTC medication:

#1. IDENTIFY the active ingredient(s).
 Verify you have taken this medication in the past with no side effects.
 Note: Single ingredient products are preferred over combination products (because it is easier to spot disqualifying ingredients).

#2. READ the label.
 If there is a warning that it “**May cause drowsiness**” or if it advises the user to “**be careful when driving a motor vehicle or operating machinery,**” then this medication is NOT safe for flying.

#3. READ carefully.
 If this is the first time you are taking a new medication, wait at least (5) dosage intervals and ensure that you suffer no adverse effects from it before flying while on the medication. (see the table below for the recommended observation period).

Drug Facts	
Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: <ul style="list-style-type: none"> ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat 	
Warnings Ask a doctor before use if you have <ul style="list-style-type: none"> ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives	
When using this product <ul style="list-style-type: none"> ■ You may get drowsy ■ Alcohol, sedatives, and tranquilizers may increase drowsiness ■ Be careful when driving a motor vehicle or operating machinery ■ Excitability may occur, especially in children 	
If pregnant or breastfeeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
Adults and children 12 years and over	Take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
Children 6 years to under 12 years	Take 2 tablets every 4 to 6 hours; not more than 24 tablets in 24 hours
Children under 6 years	Ask a doctor
Other information Store at 20-25 C° (68-77° F) <ul style="list-style-type: none"> ■ Protect from excessive moisture 	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

If you take any of the “NO GO” medications (listed below in the table) or if you have had side effects from the medication before, wait at least five (5) dosage intervals after the last dose before flying see the examples below for the recommended grounding period after discontinuation of the medication).

Package Instructions	5 Times Dosage Interval	No Fly Time	Recommendation
Every 4-6 hours^ (Up to 6 times daily)	X5	30 hours	Wait at least 30 hours before flying if taking a medication directed to take every 4-6 hours.
Every 8 hours (OR three times daily)	X5	40 hours	Wait at least 40 hours before flying if taking a medication directed to take every 8 hours.
Every 12 hours (OR twice daily)	X5	60 hours	Wait at least 60 hours before flying if taking a medication directed to take every 12 hours.

^If there is a range, use the higher number

BOTTOM LINE

Review 14 CFR 61.53 if it is not familiar to you and always follow it. Not only is it a requirement, but it is for your safety and that of your passengers. When in doubt, safety first - do not fly.

- Do one more check of your condition before considering flying.
- Get well before considering return to flight status ... do not push it.
- OTC medications help reduce the symptom of an illness, but do not cure it.
- Even though a medication has been determined to be safe for use by the Food and Drug Administration (FDA), this does not mean that the medication is compatible with flying or even driving.

Some medications are not recommended (see column “NO GO” on the table below):

- If you choose to fly on medication, be certain that it will not impair safety. Do not simply hope for the best.

NOTE: This list is not all-inclusive or intended to take the place of consultation(s) with your primary care physician and/or AME (aviation medication examiner). Remember, if you have significant underlying health conditions, it is recommended that the use of any medication be discussed with your physician PRIOR to taking the medication.

Type of medication	Commonly found in	Medication or active ingredient generally safe to fly GO	Avoid these medications or ingredients* NO GO	Rationale
Antihistamines	Allergy products Cough/cold products Pain products	Non-sedating products: fexofenadine (Allegra) loratadine (Claritin)	Sedating products: brompheniramine (Dimetapp) cetirizine (Zyrtec) chlorpheniramine (Chlor-Trimeton) diphenhydramine (Benadryl) levocetirizine (Xyzal)	Histamines affect not only your allergies, but your sleep wake cycle. Sedating antihistamines can cause drowsiness, impaired thinking and judgement.
	Sleep aid products	Melatonin (not an antihistamine)	diphenhydramine (such as Zzzquil) . Same ingredient in Benadryl) Doxylamine (such as Unisom)	“Hang-over effect” morning after safety concern. NOTE: taking melatonin at the wrong time can actually worsen “jet-lag and cause daytime drowsiness.
Nasal steroid	Allergy products	fluticasone (Flonase), triamcinolone (Nasacort)	None	
Nasal decongestants	Nasal congestion Sinus pressure Cough/cold products	oxymetazoline (Afrin), phenylephrine (Sudafed PE), pseudoephedrine (Sudafed) Less convenient, but safer, are the nasal salt water lavages such as saline nasal sprays Neti-pots	(Considered safe in recommended dosages)	Caution: Sudafed-like medications can speed up your heart rate; therefore, use caution if you have an underlying heart condition. Be very cautious of an extra cup of coffee or two when feeling sub-par. This has caused more than one pilot to end up in the emergency room for a racing heart rate.
Cough	Cough/cold products	Coricidin (allowed if no chlorpheniramine) guaifenesin (found in Mucinex and Robitussin) Mucinex fast-max severe congestion and cough (liquid) Identify combo vs isolated	dextromethorphan (Delsym) Dayquil (contains dextromethorphan) Most “night-time” or “PM” medications contain a sedating antihistamine: - Coricidin HBP cough & cold (contains chlorpheniramine) - Nyquil (contains doxylamine)	Most cough medications are safe for flight, but caution for combination products with sedating antihistamines. If the label states PM (for nighttime use) or DM (containing dextromethorphan), you should not fly for at least 5 half-lives after the last dose (see above).

Frequently Used OTC Medications

*These effectively can cause incapacitation (examples are not all-inclusive)

Type of medication	Commonly found in	Medication or active ingredient generally safe to fly GO	Avoid these medications or ingredients* NO GO	Rationale
Urinary Tract Infections	Pain reliever	phenazopyridine (AZO standard)	None	Generally allowed after adequate ground trial to monitor for side effects. Symptoms should be resolved other than slight residual irritation.
Aches and Pains	NSAIDs (non-steroidal anti-inflammatory drugs) and analgesics	acetaminophen (Tylenol) aspirin (Bayer's) ibuprofen (Advil/Motrin) naproxen (Naprosyn)	Advil PM, Tylenol PM (Most "PM" medications contain diphenhydramine)	Most OTC pain meds are safe to fly as long as the underlying condition is acceptable.
	Other options for headaches	caffeine (commonly found in Excedrin)	Read the label.	Caution. Some OTC meds are combined with a sedating antihistamine, which can cause drowsiness (see above for examples).
	Topical pain relief	lidocaine patch (Lidoderm) muscle rub	(Considered safe in recommended dosages)	Lidocaine-Caution with application, avoid getting on hands or open wound as this can drop blood pressure or absorb faster.
Skin Rash	Emollients and mild corticosteroid creams	almost all are allowed	Stay within the dosage to not exceed an acceptable risk	Ensure the underlying condition is not an issue with safe flight.
Gastrointestinal Illness: nausea, vomiting, diarrhea	Anti-emetics anti-motility drugs	bismuth subsalicylate (Kaopectate, Pepto-Bismol)	loperamide (Imodium)	Loperamide can cause sedation & dizziness. Be careful not to mask the underlying symptoms. GI illness can cause dehydration, cramps & pain with increase in altitude.
Gastrointestinal Illness: indigestion	Proton Pump Inhibitors (PPI)	eomeprazole (Nexium) lansoprazole Prevacid) omeprazole (Prilosec) pantoprazole (Protonix) rabeprazole (Aciphex)	None	Be careful not to mask the underlying symptoms.
	H2 blockers	cimetidine (Tagamet) famotidine (Pepcid) nizatidine (Axid) rantidine (Zantac)	None	
	Antacids	aluminum hydroxide (Maalox) calcium carbonate (Tums) magnesium hydroxide (Milk of Magnesium)	None	

Frequently Used OTC Medications

*These effectively can cause incapacitation (examples are not all-inclusive)

Additional Resources

AAM-400 Medication Brochure

[Medication Brochure Link](#)

Erectile Dysfunction Medication

sildenafil (Viagra)

tadalafil (Cialis)

[Erectile Dysfunction Medication Link](#)

Hypertension (HTN) Medication

[Hypertension Medication Link](#)

SSRI (antidepressant) Program

[SSRI PROGRAMS LINK](#)

citalopram (Celexa)

escitalopram (Lexapro)

fluoxetine (Prozac)

sertraline (Zoloft)

Additional medication information found in the AME Guide:

[Additional Medical Information in AME Guide](#)

Do Not Issue (DNI) Do Not Fly (DNF)

[Do Not Issue Do Not Fly Link](#)

DNI—airmen should NOT take any of these medications or classes of medication and fly

DNF—airmen should NOT fly until these medications are stopped and a period of time has elapsed

Oral Diabetes Medications

[Oral Diabetic Medications Link](#)

See Item V. Acceptable Combinations of Diabetic Medications