

General Directions Exceptions for Temporary Medical Conditions

Reference: GD/TMC/01/04 01

Issued pursuant to Clause 25(1)(b) of Schedule 2, Civil Aviation Act 2023

Effective from 29 August 2025

General Directions Consultation Response Sheet

Exceptions for Temporary Medical Conditions General Directions Notice 2024

Please return this response sheet by the **12 January 2025** to the GD Consultation Coordinator:

Email - GD-Consultation@caa.govt.nz; Post – PO Box 3555, Wellington 6140.

Please indicate your acceptance or otherwise of the proposal by ticking [4] the appropriate box below. Any additional constructive comments, suggested amendments or alternative action will be welcome and may be provided on this response sheet or by separate correspondence.

☐ The proposal is acceptable without change.

☐ The proposal is acceptable but would be improved if the following changes were made:

☐ The proposal is not acceptable but would be acceptable if the following changes were made: (Please provide explanatory comment and use additional pages if required)

☐ The proposal is not acceptable under any circumstance.

(Explanatory comment must be provided using additional pages if required)

Civil Aviation Exceptions for Temporary Medical Conditions General Directions Notice 2025

Pursuant to Clause 25(1)(b) of Schedule 2, Civil Aviation Act 2023, the Director, after having consulted the persons, health professionals with aviation medical experience, representative groups within the aviation industry or elsewhere. Government departments, and Crown agencies that the Director considers appropriate, gives the following notice.

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1. Introduction

- (a) The Director of Civil Aviation has the authority under clause 25(1)(b) of Schedule 2 of the Civil Aviation Act 2023 (the Act) to issue general directions in relation to various aspects of medical certification.
- (b) These general directions are issued under clause 25(1)(b) of Schedule 2 of the Act. They replace the existing **General Directions Exceptions for Temporary Medical Conditions 2019** ref GD/TMC/01/04, which came into effect on 19 April 2019 .

1.1 Purpose

- (a) Clause 8 of Schedule 2 of the Act requires licence holders, aviation examiners, medical examiners, operators, and medical practitioners to report changes in medical conditions or the existence of any previously undetected medical condition of a licence holder under certain circumstances.

- (b) The purpose of these general directions is to provide exceptions for temporary medical conditions to the reporting requirements set out in clause 8 of Schedule 2 of the Act.
- (c) These general directions do not in any way affect the requirements for disclosure that must be made at the time of applying for a medical certificate.

1.2 Commencement and Period of Validity

In accordance with clause 25 of Schedule 2 of the Act, notice is hereby given that the Director signed these general directions on 29 August 2025 which will come into force on 29 August 2025 and remain effective until they are replaced or withdrawn by the Director.

1. Definitions:

- (a) **Act** means the Civil Aviation Act 2023.
- (b) **Director** means the person who is for the time being the Director of Civil Aviation or the delegate under 31 of the Act.
- (c) **ground trial** means, unless specified otherwise in the Advisory Appendix, the trial use of a drug, medicine, or pharmaceutical preparation by a medical certificate holder for a period of no less than 3 consecutive days, or as determined in this GD, such that the medical certificate holder is satisfied that he or she suffers no side effects.
- (d) **medical certificate holder** means a person who holds a current medical certificate issued by the Director in accordance with clause 5 of Schedule 2 of the Act.
- (e) **medical examiner** means a registered medical practitioner to whom the Director has issued an aviation document under clause 29 of Schedule 2 of the Act or Schedule 1 of the Act to conduct examinations under clause 2(3) of Schedule 2 of the Act.
- (f) **Safe Haven** is the registered charitable trust that oversees the governance and operation of Safe Haven, in accordance with the obligations of the Trusts Act 2019 and the Charitable Trusts Act 1957 (or successor legislation)
- (g) **medical examiner Safe Haven (MESH)** means a Civil Aviation Authority Medical Examiner designated as a Safe Haven medical examiner
- (h) **medical director Safe Haven (Medical Director)** means an aviation medicine specialist appointed by Safe Haven to manage the medical aspects of the operation of the Safe Haven programme

- (i) **mild pain killer** means a drug, medication, substance, or preparation that contains only paracetamol, aspirin, or non-steroidal anti-inflammatory drugs.
- (j) **Safe Haven Framework** means the Manual intended to provide key information for the operation of the Safe Haven programme.
- (k) **temporary medical condition** means a condition listed in the Table in Schedule A of these general directions and is a temporary medical condition for the purpose of clause 25 of Schedule 2 of the Act.
- (l) **temporary medical condition Safe Haven** means a medical condition or potential temporary medical condition defined in Schedule B

2. Applicability of these general directions –

These general directions apply to the following people:

- (a) persons required to hold a medical certificate;
- (b) aviation examiners;
- (c) medical examiners;
- (d) operators;
- (e) medical practitioners; and
- (f) medical examiners with a Safe Haven delegation from the Director;
- (g) Medical Director of Safe Haven

1) Medical conditions to which these general directions apply

These general directions apply to:

- a) temporary medical conditions listed in the Table contained in Schedule A.
Under these general directions, a person required to report medical conditions under clause 8 of Schedule 2 of the Act, is not required to report a temporary medical condition specified in the table if characteristics for non-reporting are present. The acceptable characteristics for non-reporting are set out in the table; or
 - b) A temporary medical condition or potential temporary medical condition defined in Schedule B and identified by a MESH who is acting in accordance with all Safe Haven requirements and Protocols. Where the MESH accepts a person has a temporary medical condition qualifying under Schedule B, or while the MESH is assessing whether the person has such a qualifying temporary medical condition, the person is not required to report the condition to the Director so long as the person complies with all directions given to them by the MESH or the Safe Haven medical director or both; and the MESH's and medical director's reporting obligations are limited as set out in these General Directions and in accordance with the relevant Safe Haven Protocol.
- 2) If a medical condition falls outside the scope of the temporary medical conditions specified in Schedule A the reporting obligations of clause 8 of Schedule 2 of the Act apply.
 - 3) If a medical condition, or suspected medical condition, falls outside the scope of temporary medical conditions Safe Haven specified in Schedule B then section 4 Reporting obligations of MESHs to the Medical Director Safe Haven, and of the Safe Haven Medical Director to CAA apply.

3. Exercise of privileges

If a licence holder is not required to report a temporary medical condition under these general directions, the licence holder may still be prohibited from exercising the privileges to which his or her medical certificate relates while suffering from a medical condition (clause 8 of Schedule 2 of the Act). Such prohibition includes but is not limited to where a MESH imposes conditions on a medical certificate, suspends a medical certificate or imposes a period of disqualification in respect of a medical certificate.

4. Protocol for MESHs and Safe Haven Medical Director

- a) This is the escalation pathway when a person's medical condition represents or may represent a risk to aviation safety.
- b) Medical conditions meeting the criteria in Appendix A do not require reporting to the Director.
- c) Reporting obligations for Safe Haven to the Director in accordance with clause 8 of Schedule 2 of the Act are undertaken by the Safe Haven Medical Director.
- d) When a MESH has reasonable grounds to believe that an individual's health issue may be an aeromedically significant risk to aviation safety they will escalate this to the Safe Haven Medical Director.
- e) The MESH should discuss, with the informed consent from the individual where possible, that they are taking such action. When the aeromedical risk to aviation safety risk is immediate the MESH will escalate concerns immediately to the Medical Director with or without the consent of the individual.
- f) The Medical Director and the MESH will discuss the identified risks and potential mitigations available to modify the risks to an acceptable level of safety. Where practical safety mitigations are identified, the MESH may continue management with the individual, with oversight from the Medical Director.
- g) Where the Medical Director concludes that an acceptable level of safety cannot be achieved, the Medical Director will advise the individual that the CAA Chief Medical Officer will be contacted to discuss their situation. This ideally will be with the individual's consent. The discussion must initially be anonymous without identification of the individual. Where the aeromedically significant risk to aviation safety is immediate, the Medical Director will escalate concerns to the CAA Chief Medical Officer, with or without the consent of the individual, in accordance with the requirements of clause 8 of Schedule 2 of the Act.

- h) The Medical Director and CAA Chief Medical Officer will undertake a discussion to have a clear understanding of the risks to aviation safety and the identification of any practical mitigations to achieve an acceptable level of safety. If the CAA Chief Medical Officer is satisfied that the relevant condition is a temporary medical condition for which risks can be reduced to an acceptable level by anticipated defences, treatment and management, then identification of the individual to the CAA Chief Medical Officer will not be required.
- i) Where the CAA Chief Medical Officer is satisfied that an acceptable level of safety can be achieved while the temporary medical condition is treated, the MESH may continue management, with oversight from the Medical Director.
- j) Identification of the individual will be required if the Medical Director or the CAA Chief Medical Officer considers that an acceptable level of safety cannot be achieved, or the condition is not a temporary medical condition, or both
- k) In these circumstances, the Medical Director and the CAA Chief Medical Officer will contact the individual to discuss the aviation safety related concerns and the reasons for the disclosure to the Director, in accordance with the requirements of clause 8 of Schedule 2 of the Act.
- l) Documentation will be maintained by MESHs, the Medical Director and the CAA Chief Medical Officer, regarding discussions with the individual, identified risks and their management, as well any decisions/actions taken.
- m) MESHs and the Medical Director are indemnified by clause 9 of Schedule 2 of the Act when taking escalation actions in good faith in accordance with this clause.

n) The Medical Director, or MESH following review with the Medical Director, is not required to report to the Director in accordance with clause 8 of Schedule 2 of the Act only because:

i a person has been assessed as having and/or is being treated through Safe Haven for a temporary medical condition defined in Schedule B; or

ii a person is being assessed to determine whether they have such a condition and there are no immediate risks to aviation safety, or

iii where the Medical Director, or MESH following review with the Medical Director, in accordance with clause 12 of Schedule 2 of the Act temporarily suspends or imposes temporary conditions on the medical certificate of a person being treated or assessed for a Schedule B temporary medical condition, this is limited to not more than 10 working days.

o) The Medical Director, or MESH following review with the Medical Director, must report any period of suspension under clause 12 of Schedule 2 of the Act, if the suspension extends more than 10 working days; or any period of disqualification in accordance with clause 15 of Schedule 2 of the Act they decide must be imposed in respect of a person being treated for a Schedule B temporary medical condition; but are not required to disclose the nature of the condition.

p) If for any reason the Medical Director determines that a person cannot continue to be treated by Safe Haven, and their medical condition remains aeromedically significant, then the Medical Director must report the person's condition to the Director in accordance with clause 8 of Schedule 2 of the Act.

q) The medical condition of a person who is being managed under Safe Haven must be reported to the Director, either by the Medical Director or by the person, if the person advises the MESH or Medical Director they wish their case to be reviewed by a convener under clauses 19 and 20 of Schedule 2 of the Act or the person wishes to appeal any matter to the District Court under clause 22 of Schedule 2 of the Act.

5. Privacy and confidentiality

The management of the confidentiality, privacy and ethics is outlined in the "Safe Haven Client Confidentiality, Privacy and Ethics Policy". This policy sets out Safe Haven's expectations in relation to the collection, protection, use and disclosure of health information about licence holders who participate in the programme.

Schedule A - Applicable Temporary Medical Conditions

1.1 Hay fever
1.2 Headaches
1.3 Upper Respiratory Tract Infection
1.4 Lower Respiratory Tract Infection
1.5 Acid Reflux- Heartburn
1.6 Intestinal conditions
1.7 Anal Conditions
1.8 Abdominal surgery
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1.20 Skin conditions
1.21 Pain medication
1.22 Antibiotics
1.23 Cardiovascular and cerebrovascular prevention
1.24 Contraception
1.25 Malaria Prophylaxis
1.25 Vitamins

Advisory Appendix Temporary Medical Conditions

The Advisory Appendix includes guidance material to facilitate compliance with the rule requirements and these General Directions. The Advisory Appendix describes the circumstances:

- (a) when a licence holder may be considered to no longer be suffering from the temporary medical condition; and
- (b) acceptable medication that may be taken while exercising privileges to which their medical certificate relates.

Licence holders are reminded that even though they are not required to report certain temporary medical conditions under these General Directions, they may still be prohibited from exercising the privileges to which the medical certificate relates while suffering from a temporary medical condition.

Advisory Appendix – Schedule A Temporary Medical Conditions

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.1 Hay fever	<ul style="list-style-type: none"> there are no distracting nasal or eye symptoms; and there is only occasional sneezing; and there is no nasal, sinus or Eustachian tube blockage or pain; and there is no history of nasal polyps, nasal or sinus surgery; and there is no wheezing or shortness of breath. 	<ul style="list-style-type: none"> the symptoms have resolved; or the symptoms are controlled while taking acceptable medication. 	<p>The acceptable medication must have had a ground trial.</p> <ul style="list-style-type: none"> Tablets Loratadine, Desloratadine, Fexofenadine, not combined with other preparations. <p>For clarification: All other antihistamines are not acceptable for use within 48 hours prior to flying.</p> <ul style="list-style-type: none"> Nasal spray: Steroid nasal spray Antihistaminic nasal sprays <p>For clarification: Nasal sprays containing a vasoconstrictor such as Drixine are not acceptable.</p>

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.2 Headaches	<ul style="list-style-type: none"> the headaches are occurring no more frequently than four times per year; and the headaches are not distracting or incapacitating; and there are no visual disturbance, nausea, or vomiting; and there is no weakness or alteration in sensations (i.e. numbness, tingling, pins-and-needles, pain) anywhere in the body; and the headaches have not been diagnosed or suspected to be migraines; and the headaches do not require medication other than <i>occasional</i> acceptable medication; and the headaches resolve quickly (e.g. within 20 minutes when taking acceptable medication; and no flying or ATC duty is initiated while having a headache. 	<ul style="list-style-type: none"> when headache has resolved; and when headache does not require any medication other than <i>occasional</i> acceptable medication. 	<ul style="list-style-type: none"> Paracetamol or Non – Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen); the medication gives rapid and complete relief of any headache; and the medication has been previously trialled on the ground on at least three occasions and no side effects have been experienced.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.3 Upper Respiratory Tract Infection	<ul style="list-style-type: none"> only ears, nose, sinus, throat, and/or conjunctiva are affected; and there is no wheezing or shortness of breath; and the condition lasts no more than two weeks. 	<ul style="list-style-type: none"> there are no ongoing symptoms, e.g. blocked nose or sinuses, throat pain, difficulties with speech or clearing the ears (normal Eustachian tube function); and symptomatic medication, other than acceptable medication is no longer required (notwithstanding, nose drops may be kept readily available in case of unexpected difficulties with venting the sinuses or middle ear cavities during flight). 	<ul style="list-style-type: none"> oral antibiotics to complete treatment of an upper respiratory tract infection (the licence holder must not have experienced any side effects after first taking the antibiotics).

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.4 Lower Respiratory Tract Infection Such as bronchitis, viral or bacterial:	<ul style="list-style-type: none"> not requiring admission to hospital; and there is no wheezing or shortness of breath; and administration of injectable or oral steroids and administration of bronchodilators are not required; and the condition lasts no more than two weeks. <p>For clarification: Pneumonia (all forms) must be reported.</p>	<ul style="list-style-type: none"> there are no ongoing symptoms, such as distracting cough and fatigue; and symptomatic medication, other than acceptable medication, is no longer required. 	<ul style="list-style-type: none"> oral antibiotics to complete treatment of a lower respiratory tract infection (the licence holder must not have experienced any side effects after first taking the antibiotics).
1.5 Acid Reflux-Heartburn	<ul style="list-style-type: none"> the condition has been confirmed by a Medical Practitioner; and the Medical Practitioner is confident that the symptoms are not of cardiac origin. 	<ul style="list-style-type: none"> the condition has resolved, or the symptoms are controlled by acceptable medication. 	<ul style="list-style-type: none"> Antacid medication such as Gaviscon, Quick-Eze, Titralac, Mylanta that has been prescribed by a medical practitioner and has had a ground trial. Proton pump inhibitors that have been prescribed by a medical practitioner and have had a ground trial.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.6 Intestinal conditions	<ul style="list-style-type: none"> gastro-intestinal upset, including gastro-enteritis or "food poisoning"; or infestation, including worms; or constipation. 	<ul style="list-style-type: none"> nausea, vomiting, diarrhoea and dehydration have completely resolved; and any parasite infestation has been treated; and any constipation is no longer problematic. 	<ul style="list-style-type: none"> oral antibiotics to complete the treatment (the licence holder must not have experienced any side effects after first taking the antibiotics). treatment for internal parasites. mild laxative for relief of constipation. the licence holder has not or is not experiencing any side effects.
1.7 Anal Conditions	<ul style="list-style-type: none"> haemorrhoids; or peri-anal fissure, if not accompanied by bowel disturbance such as frequent or irregular bowel motions, abdominal and/or anal cramps; or anal bleeding limited to spotting that has been confidently attributed to haemorrhoids by a medical practitioner. 	<ul style="list-style-type: none"> pain, discomfort or frequency of bowel motions is controlled. there are no abdominal or anal cramps. 	<ul style="list-style-type: none"> Paracetamol or Non-Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen). the medication has been trialled on the ground on at least three occasions and no side effects have been experienced.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
	<ul style="list-style-type: none"> inflammatory bowel disease is not present or suspected. 		<ul style="list-style-type: none"> topical preparations such as cream ointments, which may contain steroids (no ground trial is necessary).
1.8 Abdominal surgery	<ul style="list-style-type: none"> appendix removal if uncomplicated, i.e. not perforated, no peritonitis; or hernia operation (inguinal or umbilical), if not a recurrence; or uncomplicated gall bladder removal (cholecystectomy) performed entirely by laparoscopy. there have been no post-operative complications. 	<ul style="list-style-type: none"> at least three weeks have lapsed since the appendectomy or hernia operation; or four weeks following cholecystectomy; and the licence holder feels well and is free of pain; and medication is no longer required; and the treating surgeon or GP allows a return to work. (Notwithstanding, an earlier return may be permitted, but only on the advice of a Medical Examiner). 	<ul style="list-style-type: none"> no medication permitted unless approved by a Medical Examiner or CAA.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.9 Female urinary infection	<ul style="list-style-type: none"> the infection does not affect the kidneys; and occurs no more than twice in a six month period; and resolves within 5 days; and there is no known or suspected abnormality causing the infection. 	<ul style="list-style-type: none"> absence of fever; and absence of pain; and absence of urinary frequency or other symptoms. 	<ul style="list-style-type: none"> oral antibiotics to complete the treatment (the licence holder must not have experienced any side effects after first taking the antibiotics). urinary alkaliniser, such as Citravescent or Ural.
1.10 Male urinary infection	<ul style="list-style-type: none"> the infection is a first episode only; and does not affect the kidneys; and resolves within 5 days; and there is no known or suspected abnormality causing the infection; and there is no known or suspected renal or bladder calculi. <p>For clarification: any recurrent infection or any abnormal finding causing the infection must be reported.</p>	<ul style="list-style-type: none"> absence of fever; and absence of pain; and absence of urinary frequency or other symptoms. 	<ul style="list-style-type: none"> oral antibiotics to complete the treatment (the licence holder must not have experienced any side effects after first taking the antibiotics). urinary alkaliniser, such as Citravescent or Ural.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.11 – Sprain and Strain	<ul style="list-style-type: none"> • sprain or strain of any limb or the back that does not involve a bone fracture; and • any loss of function is likely to have fully resolved within 14 days; and • no immobilisation by cast is required. 	<ul style="list-style-type: none"> • the condition has fully resolved; or • any pain is controlled with acceptable medication; and • there is no functional impairment. 	<ul style="list-style-type: none"> • Paracetamol or Non-Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen), the medication must have been trialled on at least three occasions and no side effects have been experienced.
1.12 Office procedures (Excluding eye laser surgery)	<ul style="list-style-type: none"> • procedures and operations carried out at the medical practitioner's office, such as: <ul style="list-style-type: none"> ○ excision of skin lesions; ○ biopsies; ○ endoscopies not requiring sedation (e.g. rhinoscopy, laryngoscopy). 	<ul style="list-style-type: none"> • absence of pain or distraction, (from suturing for instance); and • absence of any functional impairment; and • the lesion excised is not thought to be melanoma, or other malignancy with potential for dissemination. 	<ul style="list-style-type: none"> • Paracetamol or Non-Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen). • The acceptable medication must have been trialled on at least three occasions and no side effects have been experienced.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.13 Day procedures (excluding eye procedures)	<ul style="list-style-type: none"> procedures limited to the following: <ul style="list-style-type: none"> gastroscopy; or colonoscopy; or bronchoscopy. 	<ul style="list-style-type: none"> 48 hours have passed since the procedure; and there are no symptoms; and there is no bleeding or risk of bleeding; and there is no suspicion of malignancy or potentially disabling condition. 	<ul style="list-style-type: none"> not applicable.
1.14 Other Investigations	<ul style="list-style-type: none"> X-ray, CT scan, MRI, myocardial perfusion scan, blood tests etc. <p>Provided that the test:</p> <ul style="list-style-type: none"> is undertaken routinely in relation to any application for a medical certificate; or is undertaken in relation to any other Temporary Medical Condition specified in this GD; or is undertaken in relation to any other medical condition already considered and reported during the most recent medical certification assessment. 	<ul style="list-style-type: none"> the test has been completed; and the test does not reveal an aggravation of an existing condition or a new condition that must be reported; and if sedation has taken place, 24 hours have lapsed since the sedation. 	<ul style="list-style-type: none"> not applicable.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.15 Dental Procedures	<ul style="list-style-type: none"> tooth filling; or crown; or dental extraction; or root canal treatment. <p>For clarification: dental implantation should be reported.</p>	<ul style="list-style-type: none"> pain and discomfort have resolved or are controlled by acceptable medication; and there is no residual tooth infection; and one night has passed since tooth filling or crowning under local anaesthesia, or root canal treatment; or 48 hours have passed if the procedure was carried out under general anaesthesia or sedation three days have passed since a complicated or multiple teeth extraction. 	<ul style="list-style-type: none"> Paracetamol or Non-Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen). the medication has been trialled on the ground on at least three occasions and no side effects have been experienced. oral antibiotics to complete the treatment (the licence holder must not have experienced any side effects after first taking the antibiotics).
1.16 Blood donations	<ul style="list-style-type: none"> the donation of blood; or the collection of blood for therapeutic purpose in the case of haemochromatosis (provided the diagnosis of haemochromatosis has been previously reported). 	<ul style="list-style-type: none"> 24 hours have passed (48 hours for aerobatic flight) after the blood donation or collection; and the licence holder is free of any symptoms. 	<ul style="list-style-type: none"> not applicable.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.17 New Glasses or Contact Lenses	<ul style="list-style-type: none"> • no change in prescription; or • change of prescription, but the change is minor, the corrected and uncorrected vision are documented, preferably on a special eye report form (Q1-10) confirming that the licence holder meets the standards contained in Part 67 of the Civil Aviation Rules. The form must be brought along to the ME at the time of the next application. • no change in the type of correction used (e.g. not a change from spectacles to contact lenses); <p>For clarification: all refractive surgery such as laser surgery or a cataract operation must be reported</p>	<ul style="list-style-type: none"> • when the licence holder meets the vision standards set out in Part 67 of the Civil Aviation Rules, and • possess the new appropriate visual aid. 	<ul style="list-style-type: none"> • not applicable.

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.18 Conjunctivitis	<ul style="list-style-type: none"> irritation, allergy, viral infection or bacterial of the lining (conjunctivae) of one or both eyes that is: <ul style="list-style-type: none"> not affecting any other part of the visual system; and not affecting vision. <p>For clarification: conditions affecting the cornea, or the iris and herpes virus infections must be reported.</p>	<ul style="list-style-type: none"> the condition has resolved; or the symptoms are controlled. 	<ul style="list-style-type: none"> oral antihistamines: Loratadine, Desloratadine, Fexofenadine, not combined with other preparations, following a ground trial; eye drops, but not topical cream or ointment; oral antibiotic to complete a treatment (the licence holder must not have experienced any side effects after first taking the antibiotics).

Condition	Acceptable Characteristics for non-reporting	When the licence holder may be considered to no longer be suffering from this temporary medical condition	Acceptable medication while exercising privileges to which medical certificate relates
1.19 Eye injury	<ul style="list-style-type: none"> • there is no reduction in vision; and • there is no reduction in visual fields; and • there has been no pain for 48 hours or more; and • there is no infection; and • there is no penetrating eye injury. 	<ul style="list-style-type: none"> • the condition has resolved; or • the symptoms are controlled. 	<ul style="list-style-type: none"> • Paracetamol or NSAIDs (such as Ibuprofen); • the medication has been trialled on the ground on at least three occasions and no side effects have been experienced; • eye drops, but no topical cream or ointment within 12 hours prior to the exercise of privileges.
1.20 Skin conditions	<ul style="list-style-type: none"> • the condition is not causing distraction or impacting sleep; and • does not require oral steroids; and • does not require Isotretinoin (e.g. Roaccutane); and • does not require immunity suppressant agents (e.g. methotrexate). 	<ul style="list-style-type: none"> • the condition has resolved; or • the symptoms are controlled; and • any skin infection has resolved and is unlikely to recur. 	<ul style="list-style-type: none"> • oral antibiotics to complete the treatment (the licence holder must not have experienced any side effects after first taking the antibiotics); • topical skin creams and ointments.

Use of Medication (in relation to medical conditions that do not require reporting and are not listed in 1.1 to 1.20)

Condition	Acceptable characteristics for non-reporting	Acceptable medication while exercising the licence privileges
1.21 Use of Pain medications	<ul style="list-style-type: none"> taken for mild to moderate pain of a temporary nature; and the pain is controlled and not distracting. 	<ul style="list-style-type: none"> Paracetamol or Non-Steroid Anti-Inflammatory Drugs (NSAIDs; i.e. Nurofen); the medication has been trialled on the ground on at least three occasions and no side effects have been experienced; creams, gels and ointments applied topically. <p>For clarification: other oral and all injectable medications are not acceptable.</p>
1.22 Use of Antibiotics	<ul style="list-style-type: none"> the antibiotics are prescribed by a medical practitioner; and the licence holder has not or is not experiencing any side effects. 	<ul style="list-style-type: none"> all oral antibiotics following initial treatment on the ground (the licence holder must not have experienced any side effects after first taking the antibiotics)
1.23 Use of cerebrovascular disease prevention drugs	<ul style="list-style-type: none"> medication to reduce the risk of heart attack or cerebrovascular event in the absence of suspected or documented heart or cerebrovascular ischaemic event; and the medication is prescribed by a medical professional; and 	<ul style="list-style-type: none"> Aspirin; cholesterol lowering medication; the medication has had a ground trial.

Condition	Acceptable characteristics for non-reporting	Acceptable medication while exercising the licence privileges
1.24 Use of Contraception	<ul style="list-style-type: none"> the medication is prescribed by a medical practitioner or an authorised health professional. 	<ul style="list-style-type: none"> intra uterine devices; implantable contraceptives; injectable depo-contraceptives; oral contraceptives; in the case of oral or implants contraceptives, the licence holder has no history of migraine, deep venous thrombosis or pulmonary embolism. <p>Note: mood changes may result and not be immediately apparent. The licence holder must remain vigilant to those changes and report any suspected change.</p>
1.25 Use of Malaria Prophylaxis	<ul style="list-style-type: none"> medication prescribed by an authorised practitioner. 	<ul style="list-style-type: none"> all following a ground trial, except that Mefloquine (Lariam) is not acceptable.
1.26 Use of Vitamins	<ul style="list-style-type: none"> the use of vitamins is not for a condition that requires reporting; and there is no abnormal fatigue; and there is no established vitamins or minerals deficiency, unless the vitamins were prescribed by an authorised medical practitioner. 	<ul style="list-style-type: none"> labelled vitamins and supplements that are registered medicine under the NZ Pharmacopeia (NZ compendium of medication). <p>Non-registered preparations are not acceptable as their content cannot be ascertained.</p> <p>Anabolic and steroid preparations are not acceptable.</p>

Schedule B: Temporary medical conditions managed by a Safe Haven ME (MESH)

Temporary mental health conditions

Where a person presents to a MESH with:

- a change in mental health wellbeing, mental health symptoms, or a diagnosed mental health condition. This includes normal psychological responses to adverse life events, low grade symptoms such as low mood, anxiety or sleep problems that do not meet diagnostic criteria for a mental health condition, or a diagnosis of a mental health condition eg major depressive disorder, that the person is concerned may affect their ability to operate safely in the aviation environment and/or their wellbeing.

these may be managed as a temporary medical condition under *General Directions for Temporary Medical Conditions* where the -

- change in mental health wellbeing, symptoms or diagnosis falls within the Safe Haven Guidelines AND
- MESH and Medical Director can reasonably foresee that the person will be assessed as “not of aeromedical significance” status (and sustainably so) within 6 months of entering the Safe Haven programme.

The following mental health conditions must be escalated immediately by the MESH to the Medical Director. The Medical Director will follow the section 4 escalation protocol to discuss with the Director (CAA Chief Medical Officer):

- bipolar disorder,
- psychosis,
- neuro-developmental disorder (e.g. autism, ADHD) not meeting criteria for ME medical certification in the Medical Manual,
- personality disorder,
- somatoform disorder,
- impulse control disorders,
- any diagnosis NOT listed as acceptable

- Any history of suicidal (or homicidal) ideation with active plans, or suicide/homicide attempt(s) in the preceding 2 years
- Severe and persistent self-harm behavior (such as cutting) in the preceding 2 years.
- Any history of an involuntary mental health or substance use evaluation (including involuntary transport under a Mental Health Act) and/or Court-ordered mental health treatment in the preceding 2 years
- Any history of any form of the following treatment modalities: Electroconvulsive (ECT), Transcranial Magnetic Stimulation (TMS), Ketamine, or Psychedelic therapy

Alcohol and other drugs (AOD):

Where a person presents to a MESH with:

- concerns about possible problematic AOD use, or a potential AOD use disorder, or a diagnosed AOD use disorder

the MESH has 30 days from initial presentation in which to perform the initial workup to determine whether the presentation is of aeromedical significance. A detailed clinical picture should be established, and a Safe Haven Management Plan (SH-MP) prepared for Medical Director approval.

If the Medical Director accepts the SH-MP AND it can be reasonably foreseen that the person will be assessed as “not of aeromedical significance” status (and sustainably so) within 6 months of entering the programme, the person may continue to be managed as having a temporary medical condition in accordance with the General Directions.

After the implementation of the SH-MP, the MESH must immediately escalate to the Medical Director under the following circumstances:

- Active relapse of an AOD use disorder where the person refuses to accept abstinence, recommended treatment, engage in a structured peer support programme, or follow surveillance as detailed in their SH- MP
- Where a person does not comply with the requirements of their SH-MP
- Where a person has problematic alcohol use that is deemed to be of aeromedical significance, and does not comply with their SH-MP

- Where a person continues to use substances in contravention of their SH-MP

The Medical Director will follow the section 4 escalation protocol to discuss with the Director (CAA Chief Medical Officer).

Other Medical conditions

Where a person presents to a MESH with a change in medical condition likely to be amenable to treatment as a temporary medical condition under Safe Haven Protocols, the MESH has 30 days from initial presentation in which to perform the initial workup to determine whether the presentation is of aeromedical significance or not. A detailed clinical picture should be established, and a Safe Haven Management Plan (SH-MP) prepared for Medical Director approval.

If the Medical Director accepts the SH-MP AND it can be reasonably foreseen that the person will be assessed as “not of aeromedical significance” status (and sustainably so) within 6 months of entering the programme AND no excluded condition is present or arises during treatment and management, the person may continue to be managed as having a temporary medical condition in accordance with the General Directions.

The following medical conditions must be escalated immediately by the MESH to the Medical Director. The Medical Director will follow the section 4 escalation protocol to discuss with the Director (CAA Chief Medical Officer):

- Seizure or epilepsy
- Disturbance of consciousness without satisfactory explanation of cause and/or may be recurrent
- Transient loss of control of the nervous system function(s) without satisfactory explanation of cause, and/or may relapse or progress
- Progressive degenerative neurological disease affecting cognitive and other nervous system function(s)
- Diabetes mellitus managed with insulin or other medication with aeromedically significant risks for adverse effects including hypoglycemia, or adverse neurocognitive or mood effects, or adverse cardiac effects
- New permanent cardiac pacemaker
- Complicated or symptomatic coronary artery disease

- Cardiac valve replacement since the last application for a medical certificate
- Organ replacement
- Complicated eye conditions affecting visual function not meeting CAA standards, any history of diplopia
- First diagnoses of sarcoidosis, granulomatous diseases, advanced respiratory disease requiring active specialist respiratory surveillance
- Newly diagnosed primary malignancy (excluding local dermal SCC and BCC), or any metastatic disease
- New onset unprovoked VTE
- Complex rheumatological or immune diseases requiring active specialist surveillance

Dated at Wellington this 29th day of August 2025



Keith Richard Manch, Director of Civil Aviation.