

Pilot incapacitation

Applies to: All pilots

Bulletin Number: 21-260

Effective: September 14 – December 3, 2021

Revision: 1

Why: Pilot incapacitation can occur during any phase of flight and may be obvious or subtle. Incapacitation events require an IOR, an FODM verbal debrief and may be NTSB-reportable.

Policy/Procedure: Pilot incapacitation is the inability of a pilot to safely operate the aircraft or perform assigned duties as the result of an injury, illness or other medical issue. All pilot incapacitation events must be reported, even if symptoms appear to have subsided or improved over the course of the flight. Incapacitation can be a temporary or prolonged event and can manifest itself with subtle or obvious symptoms. Below are just a few examples of pilot incapacitation events:

- Persistent chest discomfort
- Severe pain
- Loss of consciousness, confusion, difficulty speaking, difficulty walking
- Seizures
- Any injury, illness or medical issue which renders the pilot unable to safely operate the aircraft or perform assigned duties

Obvious incapacitation is generally easily detectable and more likely to be of a prolonged nature. Subtle incapacitation may occur due to undetected physiological events, such as a stroke, or take the form of a cognitive incapacitation, where the pilot becomes overly focused on an item or event. A procedural deviation might just be the first indication of a pilot incapacitation event. The most concern is when this incapacitation occurs to the pilot flying (PF), but the hazards associated with an incapacitated pilot monitoring (PM) also presents risk.

Incapacitated pilots will be removed from the schedule until medical support can be provided and/or the cause of the incapacitation can be determined. The incapacitation event may be NTSB-reportable. The incapacitated pilot must receive authorization from Corporate Medical (corpmed@united.com) prior to their return to schedule.

Pilot actions for incapacitation events:

1. Ensure a safe condition of flight:
 - Take control of the aircraft, if necessary, and use the autopilot.
 - Check position of controls/switches of the incapacitated pilot.

- Restrain the pilot in the seat and slide the seat aft, if necessary.
- Declare an emergency, explaining the situation to ATC.
- Call the relief/deadheading pilot(s) or flight attendants and request assistance.
Remove the incapacitated pilot from the control seat.

Note: *If the incapacitated pilot is an FFDO and is being removed from the flight deck, carefully remove the weapon, keeping it in its holster and store it on the flight deck. Do not remove the weapon from its holster.*

2. Provide aid to the incapacitated pilot:
 - This responsibility should be assigned to the flight attendants and, if possible, any prolonged first aid should be administered outside the flight deck.
 - Contact Medlink if time and flight duties permit. Medlink can also arrange ground medical support.
3. Prepare the flight deck for landing.
 - Organize the flight deck, using relief/deadheading pilots, if available.
 - Perform checklists earlier than normal.
 - Fly the aircraft from assigned control seat; do not change seats.
 - If necessary, request assistance from ATC and, if possible, make a coupled approach.
4. Plan procedure for after landing.
 - After the aircraft is stopped on the runway and brakes are set, change seats to taxi if necessary.
 - Proceeding directly to the gate may be the quickest method to access medical assistance and offload the pilot.

Post-flight requirements

- An IOR and FODM verbal debrief is required and an FSAP report is highly encouraged.
- The FAA Regional Flight Surgeon (RFS) will be notified of all incapacitation events. Incapacitated pilots will be removed from schedule until medical support can be provided and/or the cause of the incapacitation event can be determined. The RFS may have additional guidance for the pilot.
- The incapacitated pilot must receive authorization from Corporate Medical (corpmed@united.com) prior to return to schedule. Corporate Medical will coordinate with the RFS and the CPO. Pilot incapacitation events may also be NTSB-reportable.

Reference: *FOM > Emergencies/Non-Normals > Pilot Incapacitation*

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