Diocese of Middlesbrough
Lourdes Pilgrimage

# Pilgrimage Flight Policy and Procedures

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# Introduction

The Diocese of Middlesbrough Lourdes Pilgrimage aims to travel with their supported pilgrims in the safest and most effective mode of transport practicable. For many pilgrims, air travel is the quickest, easiest and most comfortable mode of travel to get to Lourdes.

The aim of this policy is to highlight:

- the challenges involved in air travel;
- the restrictions related to air travel;
- the practicalities involved in escorting our supported pilgrims.

# Scope

This policy applies to hospitality volunteers as well as assisted and able pilgrims who may be involved in the Lourdes pilgrimage flights.

# Flight Considerations

Whilst we aim to accept as many supported pilgrims as possible there are a few pilgrims who cannot be transported by air. The benefit of air transfer must be balanced against the ability of the pilgrim to withstand the anticipated environmental conditions of flight. Air movement must be balanced against the logistics of air travel, availability of appropriate escorts and medical equipment, and the constraints of the airframe.

# Aircraft Considerations

As we charter commercial aircraft, there is very limited stretcher capability on the flights. All supported pilgrims must be able to sit in an aircraft seat for the duration of the journey in order to travel by air.

# Medical Considerations

All supported pilgrims must be certified as “fit to fly” by their usual doctor or consultant in charge of their care, and assessed as suitable by the Clinical team. The ultimate decision to transport an assisted pilgrim by air will be made by the Chief Doctor in collaboration with the Head Nurse.

# Flight Restrictions

The pilgrimage flight has the same flight restrictions as any other flight. To that end all pilgrims should be made aware this (Appendix A).

# Physiological Effects of Flying

The act of flying puts additional stresses on the body. These stresses can be uncomfortable for young, fit, healthy individuals and will have an even greater effect on our frail, sick or elderly pilgrims. All pilgrimage helpers involved in the pilgrimage flight should be aware of the stresses that flight will have on them as well as on the pilgrims they are escorting.

## Effects of Altitude

Atmospheric pressure and temperature decrease with altitude. Pressure is maintained within the cabin by controlling the flow of compressed gas out of the cabin to the atmosphere. “Cabin altitude” therefore describes the ambient environment within the aircraft cabin during flight.

Pressurised aircrafts cruising at 33,000ft usually have a cabin altitude of between 6,000 and 8,000ft. While this rarely poses a problem for healthy passengers, the physiological effects on pilgrims with pathological conditions may be considerable. The main effects are due to the reduction of oxygen in the bloodstream. This may worsen some clinical conditions.

## Pressure and Volume

Gas expands with altitude as the atmospheric pressure decreases. This can be up to 30% at 6,000ft which can cause great discomfort. The most common problems are with the ears, sinuses and abdomen.

## Clinical Criteria

Due to the physiological effects of flying there are certain pilgrims who are not considered safe to fly due to their underlying medical conditions. Pilgrims will be considered on a case by case basis by the Clinical Team, and the Head Doctor’s decision is final. Appendix B provides further information relating to specific conditions.

## Dependency

The MIDDLESBROUGH LOURDES PILGRIMAGE visitors will assess each assisted pilgrim. The information from the visit form will then be used by the MLT to determine each pilgrim’s dependency. Pilgrims may have both medical and psychological needs. Both dependencies should therefore be considered when deciding on their suitability to fly.

## Medical Dependency

There are 4 recognised levels of medical dependency for flights:

- **High Dependency:** Pilgrims who require intensive support during flight i.e. ventilation, central venous pressure monitoring, or cardiac monitoring
- **Medium Dependency:** Pilgrims whose condition may deteriorate in flight and requires regular monitoring
- **Low Dependency:** Pilgrims whose condition is not expected to deteriorate during flight but may require nursing care i.e. attention to a urinary catheter or colostomy, administration of medications, or enteral/parenteral feeding
- **Minimal Dependency:** Pilgrims who do not require nursing attention in flight but might need assistance with mobility or activities of daily living (ADLs).

We do not have the medical capability to transport high dependency patients. Medium dependency patients will be considered on a case by case basis by the MLT.

## Psychological Dependency

Flying can be a disturbing experience. The noise, vibration, confined conditions, changes to time zone and disruption to normal routine can be very unsettling for our pilgrims. Psychiatric patients require special consideration and a thorough risk assessment prior to acceptance on the flight.

There are 3 levels of psychological dependency:

- **Severe:** Pilgrims identified as having severe mental health needs should be assessed by an appropriately trained Registered Mental health Nurse (RMN) prior to transfer. Any pilgrim assessed as acutely disturbed as a result of mental ill health (regardless of cause) is not a suitable candidate to fly, as we do not have the facilities to restrain or sedate a pilgrim during flight if required.
- **Intermediate:** Pilgrims identified as having an intermediate mental health need may be considered for air travel on a case by case basis in conjunction with the assessing RMN and the MLT. To be considered they should not be displaying any acute signs or symptoms of mental ill health and should not be requiring any medication over and above that already prescribed. The unpredictability of the pilgrim's condition justifies close supervision and an ongoing assessment in flight by an RMN. To ensure the safety of the pilgrim, other passengers and the aircraft the pilgrim should not be seated next to an emergency exit.
- **Mild:** Pilgrims identified as having mild mental health needs, who are assessed as co-operative and unlikely to deteriorate during the flight, are generally considered fit to fly. They do not require an RMN escort but should be accompanied by an appropriately trained helper.

## Flight Composition

The number and type of escorts required is dependent on the number of supported pilgrims, their clinical condition, and the duration of the proposed flight.

The Pilgrimage Team has decided on the following minimum requirements for charter flights with significant numbers of supported pilgrims:

- Every hotel assisted pilgrim requiring assistance should have a carer.
- Every Accueil supported pilgrim should have at least one helper seated near or next to them.
- Each charter flight should have at least one doctor or one nurse.
- For every ten supported pilgrims on a charter flight there should be at least one registered nurse.
- Where there are pilgrims with specific needs, e.g. signing, plans must be in place to meet them during the journey, and preferably they should be accompanied by someone who is familiar with them and able to communicate with them effectively.
- The flight will have a specially trained loading team who will co-ordinate and lead the loading process.

## Nursing Process and Documentation

The flight seating plan will be arranged and completed by the Head Brancardier, following discussion with the Head Nurse re: seating preferences. They will complete the flight seating plan (Appendix C) for Supported Pilgrims prior to the flight (this may be done in advance where seat-assigned boarding passes are pre-issued). These will then remain in the flight folder.

All nurses travelling on the pilgrimage flight may be allocated responsibility for specific supported pilgrims, but normally a group of nurses are "on duty" during the flight and will take care of supported pilgrims.

Nurses should ensure all medications are given at the appropriate time. If there are any concerns about the pilgrim's condition, a repeat set of observations should be completed once the aircraft is at cruising height, once the seatbelt sign is off). Any abnormalities should be reported to the doctor and documented on the care plan.

## Helper Duties

Helpers will be allocated to specific roles for the journey. Duties may include loading team, baggage team, wheelchair team. Those who require wheelchairs through the airport will have been pre-identified.

Helpers should encourage their supported pilgrims to use the toilet prior to boarding as toileting on the aircraft is difficult.

During flight helpers sitting near supported pilgrims should check them regularly for comfort and reassure them if needed. Any concerns should be raised to the nurse who is allocated to the pilgrim.

During the flight it may be necessary to assist the pilgrim with food, drink, the toilet and repositioning. This may require the assistance or guidance of team leaders, or a member of the clinical team.

## Equipment

Minimal medical equipment is permitted on the flight.

Each flight will carry a flight box, a manual handling bag and the Accueil flight will also carry a comfort bag.

Emergency medical equipment will not be carried by the Pilgrimage Team. Any in-flight emergencies will be directed by the flight crew.

## Uniform

All helpers, including clinicians, must wear their name badge clearly displayed.

All nurses must wear their uniforms during the flight.

Doctors can be identified by their Credo badges if they have one, and their pilgrimage name badge.

All other helpers on the charter flight will wear blue pilgrimage polo shirts during the journey for easy identification.

## Loading/Unloading

An experienced loading team is chosen in advance by the Head Brancardier. They will have additional manual handling training specific to manual handling in a confined space. The principles of flight loading and unloading are covered in Appendix D.

## Onward Journey

Once everyone is through passport control and baggage has been collected all pilgrims will be directed to coach taxis (UK)/Forgons (France) to continue their journey.

Good communication among the leadership team is paramount to ensure everyone is accounted for. Loading lists will aid this process.

## Training and Awareness

Relevant training is included within the Pilgrimage Formation Day.

All helpers are encouraged to voice any concerns or queries they may have regarding the process or their own role.

# Appendix A: Restricted Items for Flight Passengers

## Liquids

- All liquids must be no more than 100ml in hand luggage.
- Liquids must comfortably fit in a transparent, re-sealable bag approximately 20cm x 20cm in size.
- Hand luggage may only carry 1L of liquid in total and you are limited to one plastic bag per person.
- Liquid containers larger than 100ml may only be taken through security if they are for essential medical purposes, and accompanied with a prescription for their use; special dietary requirements; or contain baby food/milk.

## Cigarettes

- Only one lighter may be taken on board by a pilgrim. It should be put in a plastic liquid bag and carried by the individual. Lighters and matches are not allowed in the hold.
- Matches are allowed in hand luggage as long as they are safety matches.
- Electronic cigarettes and their liquids are not permitted in hold baggage. They are permitted in hand luggage but are not permitted to be used during flight.

# Other items

- No sharp items such as knives or large scissors are allowed in hand luggage but they are allowed in the hold.
- Blunt ended scissors or scissors with blades less than 6cm are allowed in hand luggage as are fixed cartridge razor blades (disposable razors).
- Hypodermic needles and EpiPens are permitted if required for a medical condition and carried with the prescription for them.
- No dangerous air cargo such as explosives or dangerous chemicals is permitted on the flight.

# Appendix B: Clinical Conditions and Flying

## Cardiac and circulation

- Pilgrims may be considered for flight four weeks after a Myocardial Infarction as long as they are fully mobile and able to climb a flight of stairs.
- Pilgrims with stable angina not occurring at rest or during ADLS to be considered for the flight. They should carry their GTN medication in their hand luggage.
- The flight environment may exacerbate cardiac failure. If mobile, pilgrims should be able to climb a flight of stairs without stopping or walk 50 yards without breathlessness. Others may need consideration of supplemental oxygen provision.
- Pilgrims who have undergone cardiac surgery should not routinely travel until 4 weeks post-surgery. They should be symptom free and mobile prior to boarding. Pilgrims who have undergone a Percutaneous Coronary Angioplasty may be considered earlier than this if they are symptom free and mobile.

- Pilgrims should not routinely travel with an Hb less than 7.5g/dl. Pilgrims with chronic anaemia may be considered if it is believed they have compensated, but may need supplementary oxygen
- The flight environment can be hot and dry, leading to dehydration. Patients receiving diuretics may become hypotensive when dehydrated. Attempts should be made to keep patients cool if at all possible.
- Prolonged periods of immobility may pre-dispose people to Deep Vein Thrombosis (DVT). Pilgrims should be encouraged to perform leg exercises during the flight. "High risk" pilgrims will be identified prior to the journey and their doctor contacted regarding the need for prophylactic anticoagulation.

## Respiratory

- Due to the decrease in oxygen saturations during flight pilgrims with respiratory conditions must be assessed prior to flight to determine their baseline saturation level. They must be monitored during the flight to ensure they do not become symptomatic.
- Supplementary oxygen should be available during the flight if required.
- Those pilgrims with low baseline saturations requiring oxygen therapy may not be fit to fly, and the decision should be made in conjunction with the CMO.
- Pilgrims who have had a spontaneous pneumothorax are at high risk of recurrence. They should not fly within a month of injury as there is no facility to insert a chest drain during flight.
- Pilgrims with sickle cell disease and hyper-metabolic patients (e.g. thyroid disease) may need planned supplementary oxygen.

## Surgery

- Pilgrims should not fly after abdominal surgery until normal bowel function has returned.
- Pilgrims should not travel for 7-10 days after laparoscopy to allow the gas to absorb.
- Pilgrims may fly following ophthalmic surgery after 5 days.
- Pilgrims who have suffered from peptic ulceration with haemorrhage should not fly for 3 weeks following their bleed.

## Obstetrics/Gynaecology

- Women wishing to travel with a normal singleton pregnancy may fly up to the end of the 36th week providing the gestational age has been confirmed by ultrasound, there has been no history of bleeding throughout the pregnancy and there is no history to suggest that premature onset of labour is likely.
- Women carrying twins should not routinely fly after the 22nd week of pregnancy.
- Women should be able to fly after the 3rd day following an uncomplicated vaginal delivery or 10 days following instrumental or caesarean delivery as long as they are not anaemic and heavy bleeding has ceased.
- Women suffering from complete miscarriage or following evacuation of retained products of conception should not fly until bleeding has ceased for at least 48 hours.

## Neurology

If a pilgrim is suspected of raised intracranial pressure due to a tumour or intracranial bleeding then neurosurgical opinion should be sought. If a pilgrim has obstructive hydrocephalus then a working shunt should be in situ prior to flight.

Pilgrims with epilepsy must continue with their drug regime both before and during flight. Diazepam should be available throughout the journey. Pilgrims with a history of frequent uncontrolled seizures may not be suitable for flight.

## Orthopaedics

Casts are very difficult to cut whilst in flight, with synthetic casts being almost impossible. Casts that are under 10 days old should be bi-valved prior to flight in case swelling occurs. Where seating capacity allows an additional seat should be allocated for pilgrims with lower limb casts so that the leg can be elevated in flight. Prophylactic heparin may be considered to prevent DVT.

## Ear, Nose and Throat (ENT)

Aural barotrauma is commonly seen when people fly with an upper respiratory tract infection. Pilgrims with acute otitis media should therefore not fly during the acute phase, anyone with active sinusitis should be warned this may worsen. A decongestant nasal spray should be available for symptomatic relief during flight if required.

After ENT surgery pilgrims should not fly within ten days of operation. Overt tympanic membrane rupture (burst eardrum) is not a contraindication to fly as it allows equalisation of the middle ear.

Appendix C: Exemplar Flight Seating Plan

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Pre flight Assessment to be undertaken.

# Appendix D: Flight Loading/Unloading

## Flight Loading

- Supported pilgrims will be assessed as to their requirements by the pilgrimage visiting team.
- The seating plan for supported pilgrims will be determined in advance. Seating will be determined by pilgrim mobility, and clinical need.
- Badges with seat numbers or seat-assigned boarding passes will be given to pilgrims at check-in to ease the loading process.
- Wheelchair users need to travel in manual wheelchairs to the airport and wheelchairs are dismantled at the aircraft door.
- Departure gates may also be a long way from check-in.
- Depending on the facilities at the airport pilgrims may be loaded by air-bridge, ambu-lift or stairs. Departure gates may also be a long way from check-in. Supported pilgrims need to be assessed to determine whether special assistance/high-lift is required as these need to be booked in advance.
- Accompanying able pilgrims and buddies, or other helpers who are not part of the loading team, will be asked to remain off the aircraft until all supported pilgrims are loaded, for safety reasons.
- The loading party will direct the order that supported pilgrims board the plane. Supported pilgrims should be moved as carefully and with as much dignity as possible.
- The wheelchair team will dismantle, label and bag up personal wheelchair removable items and cushions at the aircraft door. This is so that all parts remain together and nothing goes missing in the hold.
- The nursing team leader should be present on the flight during the loading process to settle each pilgrim whilst the next one is loaded.

## Flight Unloading

- On arrival the Hospitalité Notre-Dame-de-Lourdes will conduct disembarkation but un-loading will be co-ordinated by the pilgrimage loading team.
- All able pilgrims, buddies and other helpers not in the loading team should leave the aircraft first to allow space to offload the supported pilgrims.
- Buddies should wait near the aircraft as directed to take their assisted pilgrim to passport control.
- Airport wheelchairs should be collected by other helpers for the supported pilgrims that need them as personal wheelchairs, which have gone in the hold at check-in, will not be available until they have been collected and reassembled at the baggage carousels.
- Helpers need to work together in teams to ensure that all their luggage, as well as their assisted pilgrim's luggage, is collected and taken through security as volunteers will not be allowed back in to collect anything they have left behind.
- Pilgrims should be offered the chance to use the toilet facilities prior to the coach transfers if required.