

Resolution by the Aerospace Medical Association

AIRCREW FATIGUE COUNTERMEASURES: PRESCRIPTION SLEEP MEDICATIONS

WHEREAS: Fatigue has been identified as the largest preventable cause of mishaps in transportation operations and specifically a causal factor in 4-7 percent of aviation accidents, and;

WHEREAS: Insufficient sleep has been identified as the primary contributor to operational fatigue; and

WHEREAS: Personnel, wage reductions, increased work pressures and current fatigue management science have made the management of aircrew fatigue a top priority for the airlines, the pilot unions, and the Federal Aviation Administration; and

WHEREAS: Although absence of sleep deprivation and low awake intervals prior to assuming flight crew duties should be assured by policy and procedures, insufficient sleep has been identified as the primary contributor to air crew operational fatigue; and

WHEREAS: Pharmacological agents (e.g., zolpidem and zaleplon) can safely mitigate sleep loss by enhancing the duration and quality of the off-duty/layover sleep, in the often less-than-optimal circumstances encountered by aircrews, without producing potentially problematic hangover effects, provided there is at least 10 hours between the time at which the agent is ingested and the time of takeoff;

THEREFORE BE IT RESOLVED: That the Aerospace Medical Association strongly recommends that regulatory agencies, in coordination with aerospace medicine experts, in addition to the established need for adequate crew rest, determine criteria for the safe adjunctive use of prescription sleep medications for off-duty/layover crew use.