

impaired for many hours by hangover. There is simply no way of increasing the destruction of alcohol or alleviating a hangover. Alcohol also renders a pilot much more susceptible to disorientation and hypoxia.

2. A consistently high alcohol related fatal aircraft accident rate serves to emphasize that alcohol and flying are a potentially lethal combination. The CFRs prohibit pilots from performing crewmember duties within 8 hours after drinking any alcoholic beverage or while under the influence of alcohol. However, due to the slow destruction of alcohol, a pilot may still be under influence 8 hours after drinking a moderate amount of alcohol. Therefore, an excellent rule is to allow at least 12 to 24 hours between “bottle and throttle,” depending on the amount of alcoholic beverage consumed.

e. Fatigue.

1. Fatigue continues to be one of the most treacherous hazards to flight safety, as it may not be apparent to a pilot until serious errors are made. Fatigue is best described as either acute (short-term) or chronic (long-term).

2. A normal occurrence of everyday living, acute fatigue is the tiredness felt after long periods of physical and mental strain, including strenuous muscular effort, immobility, heavy mental workload, strong emotional pressure, monotony, and lack of sleep. Consequently, coordination and alertness, so vital to safe pilot performance, can be reduced. Acute fatigue is prevented by adequate rest and sleep, as well as by regular exercise and proper nutrition.

3. Chronic fatigue occurs when there is not enough time for full recovery between episodes of acute fatigue. Performance continues to fall off, and judgment becomes impaired so that unwarranted risks may be taken. Recovery from chronic fatigue requires a prolonged period of rest.

4. OBSTRUCTIVE SLEEP APNEA (OSA). OSA is now recognized as an important preventable factor identified in transportation accidents. OSA interrupts the normal restorative sleep necessary for normal functioning and is associated with chronic illnesses such as hypertension, heart attack, stroke, obesity, and diabetes. Symptoms include snoring, excessive daytime sleepiness, intermittent prolonged breathing pauses while sleeping, memory impair-

ment and lack of concentration. There are many available treatments which can reverse the day time symptoms and reduce the chance of an accident. OSA can be easily treated. Most treatments are acceptable for medical certification upon demonstrating effective treatment. If you have any symptoms described above, or neck size over 17 inches in men or 16 inches in women, or a body mass index greater than 30 you should be evaluated for sleep apnea by a sleep medicine specialist.

(https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html) With treatment you can avoid or delay the onset of these chronic illnesses and prolong a quality life.

f. Stress.

1. Stress from the pressures of everyday living can impair pilot performance, often in very subtle ways. Difficulties, particularly at work, can occupy thought processes enough to markedly decrease alertness. Distraction can so interfere with judgment that unwarranted risks are taken, such as flying into deteriorating weather conditions to keep on schedule. Stress and fatigue (see above) can be an extremely hazardous combination.

2. Most pilots do not leave stress “on the ground.” Therefore, when more than usual difficulties are being experienced, a pilot should consider delaying flight until these difficulties are satisfactorily resolved.

g. Emotion.

Certain emotionally upsetting events, including a serious argument, death of a family member, separation or divorce, loss of job, and financial catastrophe, can render a pilot unable to fly an aircraft safely. The emotions of anger, depression, and anxiety from such events not only decrease alertness but also may lead to taking risks that border on self-destruction. Any pilot who experiences an emotionally upsetting event should not fly until satisfactorily recovered from it.

h. Personal Checklist. Aircraft accident statistics show that pilots should be conducting preflight checklists on themselves as well as their aircraft for pilot impairment contributes to many more accidents than failures of aircraft systems. A personal checklist, which includes all of the categories of pilot impairment as discussed in this section, that can be