

10,000 feet during the day, and above 5,000 feet at night. The CFRs require that at the minimum, flight crew be provided with and use supplemental oxygen after 30 minutes of exposure to cabin pressure altitudes between 12,500 and 14,000 feet and immediately on exposure to cabin pressure altitudes above 14,000 feet. Every occupant of the aircraft must be provided with supplemental oxygen at cabin pressure altitudes above 15,000 feet.

b. Ear Block.

1. As the aircraft cabin pressure decreases during ascent, the expanding air in the middle ear pushes the eustachian tube open, and by escaping down it to the nasal passages, equalizes in pressure with the cabin pressure. But during descent, the pilot must periodically open the eustachian tube to equalize pressure. This can be accomplished by swallowing, yawning, tensing muscles in the throat, or if these do not work, by a combination of closing the mouth, pinching the nose closed, and attempting to blow through the nostrils (Valsalva maneuver).

2. Either an upper respiratory infection, such as a cold or sore throat, or a nasal allergic condition can produce enough congestion around the eustachian tube to make equalization difficult. Consequently, the difference in pressure between the middle ear and aircraft cabin can build up to a level that will hold the eustachian tube closed, making equalization difficult if not impossible. The problem is commonly referred to as an “ear block.”

3. An ear block produces severe ear pain and loss of hearing that can last from several hours to several days. Rupture of the ear drum can occur in flight or after landing. Fluid can accumulate in the middle ear and become infected.

4. An ear block is prevented by not flying with an upper respiratory infection or nasal allergic condition. Adequate protection is usually not provided by decongestant sprays or drops to reduce congestion around the eustachian tubes. Oral decongestants have side effects that can significantly impair pilot performance.

5. If an ear block does not clear shortly after landing, a physician should be consulted.

c. Sinus Block.

1. During ascent and descent, air pressure in the sinuses equalizes with the aircraft cabin pressure through small openings that connect the sinuses to the nasal passages. Either an upper respiratory infection, such as a cold or sinusitis, or a nasal allergic condition can produce enough congestion around an opening to slow equalization, and as the difference in pressure between the sinus and cabin mounts, eventually plug the opening. This “sinus block” occurs most frequently during descent.

2. A sinus block can occur in the frontal sinuses, located above each eyebrow, or in the maxillary sinuses, located in each upper cheek. It will usually produce excruciating pain over the sinus area. A maxillary sinus block can also make the upper teeth ache. Bloody mucus may discharge from the nasal passages.

3. A sinus block is prevented by not flying with an upper respiratory infection or nasal allergic condition. Adequate protection is usually not provided by decongestant sprays or drops to reduce congestion around the sinus openings. Oral decongestants have side effects that can impair pilot performance.

4. If a sinus block does not clear shortly after landing, a physician should be consulted.

d. Decompression Sickness After Scuba Diving.

1. A pilot or passenger who intends to fly after scuba diving should allow the body sufficient time to rid itself of excess nitrogen absorbed during diving. If not, decompression sickness due to evolved gas can occur during exposure to low altitude and create a serious inflight emergency.

2. The recommended waiting time before going to flight altitudes of up to 8,000 feet is at least 12 hours after diving which has not required controlled ascent (nondecompression stop diving), and at least 24 hours after diving which has required controlled ascent (decompression stop diving). The waiting time before going to flight altitudes above 8,000 feet should be at least 24 hours after any SCUBA dive. These recommended altitudes are actual flight altitudes above mean sea level (AMSL) and not pressurized cabin altitudes. This takes into consideration the risk of decompression of the aircraft during flight.