



Liverpool Archdiocesan
Lourdes Pilgrimage
Association

Pilgrimage Flight Policy and Procedures

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Introduction

The Liverpool Archdiocese Lourdes Pilgrimage Association (LALPA) aims to travel with their assisted 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 assisted pilgrims.

This policy outlines the requirements for the safe assessment, preparation and transport of pilgrims travelling by air as part of the Lourdes pilgrimage.

LALPA is committed to ensuring, as far as reasonably practicable, the health, safety, dignity and wellbeing of all pilgrims and volunteers in accordance with relevant UK legislation and aviation standards.

Scope

This policy applies to Hospitalité volunteers including Health Care Team as well as assisted and able pilgrims who may be involved in the Lourdes pilgrimage flights.

Legal and Regulatory Framework

This policy operates in accordance with:

- Health and Safety at Work Act 1974
- Equality Act 2010 (reasonable adjustments)
- Mental Capacity Act 2005 (best interest decision-making)
- Data Protection Act 2018 and UK GDPR
- Civil Aviation Authority (CAA) guidance and airline policies

Definitions

- Assisted Pilgrim: A pilgrim requiring medical, physical, or psychological support
- Able Pilgrim: A pilgrim travelling independently without additional support
- Health Care Team: Registered clinical staff responsible for medical care
- SMO (Senior Medical Officer): Clinician with overall responsibility for medical decisions
- RMN: Registered Mental Health Nurse
- Fit to Fly: Certified as medically suitable for air travel

Policy Principles

- All assisted pilgrims must be assessed prior to travel
- Safety takes precedence over participation
- Decisions are made based on individual risk assessment
- The final decision on fitness to fly rests with the SMO

Flight Considerations

Whilst we aim to accept as many assisted 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 Health Care Team. The ultimate decision to transport an assisted pilgrim by air will be made by the Senior Medical Officer (SMO) in collaboration with the Health Care Lead. This decision is final and not subject to appeal during the pilgrimage.

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.

Key risks include:

- Reduced oxygen levels
- Gas expansion (ear, sinus, abdominal discomfort)
- Dehydration
- Increased fatigue

These effects may significantly impact frail or unwell pilgrims.

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.

Risk Assessment

A documented risk assessment must be completed for all assisted pilgrims, considering:

- Medical condition
- Mobility
- Psychological wellbeing
- In-flight risks

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 Health Care Team, and the Senior Medical Officer's decision is final. Appendix B provides further information relating to specific conditions.

Dependency

The Health Care Team will assess each assisted pilgrim prior to the Pilgrimage at the assessment day or by appointment. The information from the assessment will then be used by the team 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 team. Travelling by Jumbulance may be deemed more appropriate.

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 team. 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 assisted pilgrims, their clinical condition, and the duration of the proposed flight.

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

- Each charter flight should have at least one doctor or one nurse.

- For every ten assisted 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 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 Journey Group, following discussion with the Senior Medical Officer/ Health Care Lead as appropriate re: seating preferences. They will complete the flight seating plan (Appendix C) for Assisted Pilgrims prior to the flight. These will then remain in the flight folder.

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

Pilgrims must carry essential medication in hand luggage with prescriptions

Emergency Care

- The Health Care Team does not provide full emergency response capability
- In-flight emergencies are managed according to airline protocols

Oxygen Provision

- Oxygen needs must be identified before travel
- Arrangements must comply with airline requirements

Hospitalité Duties

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

Hospitalité members should encourage assisted pilgrims to use the toilet prior to boarding as toileting on the aircraft is difficult. Members of the lounge team are specifically allocated to toileting duties and a ratio of 2:1 is needed for all intimate personal care.

During flight helpers sitting near assisted pilgrims should check them regularly for comfort and reassure them if needed. Any concerns should be raised to one of the Health Care Team.

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 a member of the Health Care team.

All care must:

- Maintain dignity
- Respect privacy
- Follow safeguarding principles

All volunteers must:

- Follow LALPA safeguarding policies
- Protect vulnerable adults
- Report concerns immediately

Incident Reporting

All incidents or concerns must:

- Be recorded
- Be reported within 24 hours
- Follow LALPA reporting procedures

Equipment

Minimal medical equipment is permitted on the flight.

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

Uniform

All helpers, including Health Care Team, must wear their name badge clearly displayed.

All Health Care Team must wear their uniforms during the flight.

Doctors can be identified by their pilgrimage name badge.

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

Loading/Unloading

An experienced loading team is chosen in advance by the Journey Co-ordinator. They will have manual handling training and be experienced or supervised by someone experienced in manual handling. 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, Pilgrims will be safely transferred to onward transport.

Good communication among co-ordinators is paramount to ensure everyone is accounted for.

Health Care Team support continues where required

Training and Awareness

Information about journey protocols is included within the Pilgrimage Preparation Day and the final meeting where duty rotas are distributed.

All volunteers must:

- Attend preparation sessions
- Understand their roles
- Raise any concerns prior to travel

Data Protection

All personal and medical information must be:

- Securely handled
- Used appropriately
- Managed in line with UK GDPR

Disclaimer

This policy provides guidance and does not override:

- Clinical judgement
- Airline safety requirements

Appendix A: Restricted Items for Flight Passengers

Liquids (*This guidance may currently still in use at JLA and Tarbes*)

- 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 SMO.
- 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 termination of pregnancy 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

- Assisted pilgrims will be assessed as to their requirements by the Health Care Team at the assessment day or before the pilgrimage.
- The seating plan for assisted pilgrims will be determined in advance. Seating will be determined by pilgrim mobility and clinical need.
- The seating plan is to be adhered to as far as reasonably practicable. It may be amended once loading has begun due for clinical or practical reasons. Any amendments must be noted on the seating plan.
- All personnel involved in loading the plane / apron team must wear a high vis vest, which is fastened.
- At Liverpool Airport, only those allocated to the apron team by the journey co-ordinator are allowed to go back and forth from the airport to the aircraft. (access to the apron is restricted)
- The apron team co-ordinator will direct the order that assisted pilgrims move from the airport to the aircraft.
- Assisted pilgrims should be moved as carefully and with as much dignity as possible.
- Wheelchair users need to travel in manual wheelchairs to the aircraft. Wheelchairs are dismantled by the airport staff due to restrictions on the apron. Personal wheelchair that require dismantling are labelled by the check-in team.
- 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.
- Experienced members of the Health Care Team should be present on the flight during the loading process to ensure each pilgrim's needs are attended to.
- Accompanying able pilgrims and other helpers who are not part of the loading team, will be asked to remain off the aircraft until all assisted pilgrims are loaded, for safety reasons.

Flight Unloading

- On arrival, Hospitalité members who are not part of the loading team should leave the aircraft first followed by able pilgrims and relatives.
- Unloading will be co-ordinated by the pilgrimage loading team, and assisted pilgrims supported to disembark.
- In Lourdes, disembarkation is supported by HNDL. In Liverpool, the loading team and apron team will assist the pilgrims in disembarkation.
- Wheelchairs will be made available either by HNDL in Lourdes or by FoLA in Liverpool for the assisted 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.
- All Hospitalité will be allocated to a team to assist pilgrims through the airport and do not need to collect their own suitcase from the carousel as this will be done for them by the equipment and baggage teams. Blue labels are provided a blue label for this purpose. Suitcases will be delivered to the St. Frai in Lourdes or taken through to arrivals at JLA.
- Hospitalité members should remain at their positions until they are instructed to go to the next zone by their team leader.
- St. Frai assisted pilgrims will travel to the St. Frai via Fourgons. They should be allowed the use the toilet facilities at the airport if they are required before embarkation of the fourgons. Members of the Health Care Team should travel with the assisted pilgrims on the fourgons.
- In Lourdes, all other helpers will travel to the St. Frai by coach to the St. Frai.