



ASSEMBLY — 40TH SESSION

TECHNICAL COMMISSION

Agenda Item 30: Other Issues to be considered by the Technical Commission

PASSENGER HEALTH IN THE AIR

(Presented by the United Arab Emirates)

EXECUTIVE SUMMARY

Nowadays, people are travelling longer journeys, to more and more destination, and at 35 000 ft when emergency situation happened, it require aircrew to act decisively in order to treat an injured or ill, conscious or unconscious passenger, client or crew member. The situation can occur with or without warning that requires immediate or prolonged assessment and treatment, especially if the aircraft cannot land for a period of time.

Passenger health is crucial to air transport and such medical assistance must be adequate to all type of medical emergency.

<i>Strategic Objectives:</i>	This working paper relates to Strategic Objectives: Safety, Air Navigation Capacity and Efficiency, and Economic Development of Air Transport.
<i>Financial implications:</i>	
<i>References:</i>	

1. INTRODUCTION

1.1 Nowadays, people are travelling longer journeys, to more and more destination, and at 35 000 ft when emergency situation happened, it require aircrew to act decisively in order to treat an injured or ill, conscious or unconscious passenger, client or crew member. The situation can occur with or without warning that requires immediate or prolonged assessment and treatment, especially if the aircraft cannot land for a period of time.

1.2 Some airlines believes that their cabin crew are required to have an in-depth knowledge of what to do, then apply that knowledge by giving the correct treatment in a timely manner, therefore giving the casualty the best chances of survival.

1.3 Some airlines also have a direct link to telemedicine company, where a crew can seek advice from them whenever required.

1.4 Each airlines has its own training manual, training requirements, equipment and other facilities which give assistance for inflight emergencies such as telemedicine. Some of the practices are evidence-based and others are adopting from the ground training on basic life support and first aid training. Globally no consistent and standards training syllabus currently does exist to training cabin crew on delivering emergency medical services on board of aircraft. There are some topics not covered by basic life support or advance life support course

2. DISCUSSION

2.1 ICAO requirements on medical aspect and first aid training is broad, the skills and competencies which the crew should acquire to deliver the service is not defined. The instructors' qualification is not defined.

2.2 Some of the training is not evidence based and overall the program is not standardize across the airlines in one country and the practice most of the time not based on international recognized program. Some of the training is based on instructor's experience.

2.3 This absence of standardization and inconsistency in the training complicate the approval granted by the regulator and waste the regulator resources

2.4 Developing a regulation looking purely at the regulator and airlines immediate and future needs is the main point, this will be achieved by blending a number of national authority regulation on the subject of first aid and number of international best practices and the available valid statistical data into one acceptable set of regulations and guidance material which are evidence based and deliver the best quality of care to the passengers.

2.5 The regular will establish basic training content requirements, basic qualification required for Instructors and will produce one standards guidance material for training manuals. The regulator will maintain its oversight function.

3. CONCLUSION

3.1 The Assembly is invited to:

3.1.1 Acknowledge that health issue of passengers is growing and it is disturbing safely and economical the air transport industry.

3.1.2 Develop and agree on a legal and working framework to identify non-functional States.

3.1.3 Cooperate with the internationally aviation community to work with those States to ensure that they can maintain acceptable air navigation services.

3.1.4 Take advance step by establishing a working group of subject matter experts to develop a new framework of standards, polices or procedures for the aviation industry to allow a higher survival like help of passengers under health issue while on board. Such working group should be data-driven conducted (i.e. gather as much as possible data to the medical aspect and first aid services and the outcome of the managements of these medical condition to support the changes) and should collected and share with aviation community best practices collected among the reputed airlines and identify the best international practices on particular medical topics of first aid.

3.1.5 Consider standards for instructor qualification, and minimum standards for competency based first aid training for cabin crew. The working group will propose also structure of competency framework for the cabin crew first aid training (well defined performance criteria /required knowledge /skills to support the competencies); this will enable the airline to prepare the cabin crew for on-job requirements.

3.1.6 Establish a consistent program to address the need of aviation first aiders and first aid training program which is evidence based, meets business needs and suit most of the Contracting State.

3.1.7 Revise the current content of first-aid kit and emergency medical kit and equipment's required; as for example all the evidence support the use of automated external defibrillator in case of cardiac emergency and the content of the kits must be based on risk assessment of each airlines as the need is not the same amongst all.

— END —