

Equipment carried on SriLankan Airlines cabin crew training to deal with public health and medical emergencies

Presented by
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SriLankan Airlines Ltd

- National carrier of Sri Lanka, launched in 1979
- The airline's hubs are located at Bandaranaike International Airport in Colombo and Mattala Rajapaksa International Airport, Hambantota providing convenient connections to its global route network
- SriLankan Airlines joined **oneworld**, world's leading airline alliance on 01st May 2014, which allows our passengers to fly to almost 1000 destinations in 150 countries and access to hundreds of exclusive airport lounges around the world.



SriLankan Airlines Ltd., Contd..



SriLankan Airlines Ltd., Contd..

Aircraft Fleet:

SriLankan operates a fleet of 22 aircraft – including wide-bodied A340 and A330 aircraft, A321 aircraft and mid-range A320s

- Airbus A340-300 6 aircraft
- Airbus A330-200 7 aircraft
- Airbus A320-200 8 aircraft
- Airbus A321-200 1 aircraft



SriLankan Airlines Ltd., Contd..

Workforce

- SriLankan Airlines has a global workforce of approximately **6600 employees** in Sri Lanka and overseas, out of which **Cabin crew cadre is 1,119.**
- The airline has strong training programmes in all aviation related fields.



Equipment

Cockpit Medical Box (A10)

Daily use First Aid Box

AED

Ambu Bag

RVAK

Oxygen Cylinder

Cockpit Medical Box (A10)



Instruments

Sphygmomanometer	- 01	Flash light	-01
Stethoscope	- 01	Tourniquet	-01
Tongue Depressor	- 01	Airway– Small/ Medium/Large	-01
Foleys Catheter	- 01	AIDS Protection mask	-01
Glucometer	- 01		

Dressing items

Surgical spirits swabs	-04	Surgical gloves – pairs	-02
Crepe bandage	-01		
Gauze pack large	-01		
Cotton wool pack large	-01		

Dressings – sterile

Sterile Surgical Pack	-01	Cotton pack	-02
Skin Closure strips	-01	Dressing packs	-05
Antibiotic tulle	-01		
Gauze pack	-02		

Injections

Pethidine – 50 mg	-02	Diazepam – 10mg	-02
Morphine 15 mg	-02	Chlopheneramine Maleate [Priton]	-01
Adrenalin	-10	Haloperidol	-02
Atropine	-02	Lanoxin	-02
Buscopan (Hyocine Bromide 20mg)	-02	Lasix (Frusamid)	-02
Deriphyllin	-02	Hydrocortisone vials	-04
Promethazine [Phenagan]	-02	Dopamine	-02
Stematil	-02	Dormicum	-02
2% Lignocane of L/A	-01	Water for injections	-04

TABLETS/INHALERS

Diazepam 5mg	-10	Voltaren (Diclofenac Sodium)	-01
Glyceryl Trinitrate spray	-01	Sodium Bicarbonate IV	-01
2% Lignocane gel L/A	-01	Salbutamol 4 mg (Ventolin)	-10
Phenergan 125ml (Promethazine)	-02	Nifedipine 10mg	-10
Piriton (Chlophenamine)	-02	Salbutamol inhaler	-01
Motilium / Voltaren Suppositories	-02		
Stemetil (Prochlorperazine)	-02		

Sterile surgical equipment

Scalpel blade & B P Handle	-01	Catch	-01
Artery Forceps	-02	Needle holder	-01
Mosquito Forceps	-01	Pair of scissors	-01
Cloth towels			

IV infusions sets

5% Dextrose	-01	25% Dextrose 25 ml	-04
N. Saline	- 01	Intravenous Infusion sets	-02

Suture material/syringes/catheter

Disposable Syringes 3ml	-02	Sterile Needle with Suture materials	-02 pkts
5ml	-02		
10ml	-02		
IV cannula gage 2	-02	Foley Catheter	-01
Scalp vein set Gage 24	-02	Lubrication Jelly	

Stationery

Usage of drug Form	Drugs list /expiry form/drug indication form
Medical Examination Form	Public Health Passenger Locator Form
Physician's Thank you letter.	

Daily use First Aid Box



CONTENT	QUANTITY	AILMENT/PRESCRIPTION
AVIL (25 Mg)	10 Tablets	Cold, Allergic/rash/swelling/sneezing/ throat irritation Adult - 01 tablet Child - ½ tablet
ANTACIDS - GELUSIL	10 Tablets	Burning sensation in chest & abdomen. 2 tablets to be chewed
AVOMINE (25Mg)	10 Tablets	Travel Sickness, vomiting and nausea Adult - 01 tablet Child - ½ or ¼ tablet
ORS-JEEVANIEE (200MI)	4	For diarrhea , Vomiting and unfitness Follow the instructions given in the pkt
BUSCOPAN (10Mg)	10 Tablets	Lower Abdominal Pain

DISPRIN (324 Mg)	10 Tablets	For head ache tooth ache, Fever, Body Pain Adult - 02 tablets dissolved in water
PANADOL CAPLET(500 Mg)	36	For head ache tooth ache, Fever, Body Pain Adults - 02 tablets
CALPOL SUSPENSION AVAILABLE IN R1 FIRST AID KIT	01	For abdominal pain, Specially for infants. Read Instruction
VENTOLIN (2 Mg)	10 Tablets	For Asthmatic attack, Wheezing Adult - 02 tablets
DECLOFENAC GEL	01	For Sprains
SILVER SULPHADIAZINE	01	For Burns
BALM	01	For Headaches
EYE DROPS	01 Bot	Eye Infection
EAR DROPS	01 Bot	Ear Infection
NASIVION NASAL DROPS	01 Bot	Clear congested nostrils
POLMYCINE CREAM	01 Tube	To wash and Clean wounds
COTTON BANDAGES – 3’	02	Dressing wounds
TRAIANGULAR BANDAGE	01	Slings
PLASTER	20	Dress/Cover small wounds
H.PLASTER – ADHESIVES TAPE	01	
NON ALLERGY PLASTER	01	
EAR PLUGS	06	
EYE PAD	01	Cover an injured eye
SPLINT	01	
COTTON SWABS	10	
DRESSING PACK	03	
STERILE GLOVES PAIRS	02	
NON STERILE GLOVES	05	
MASKS	05	For protection from infection

AED



Ambu Bag



RVAK



Oxygen Cylinder



Types of First Aid Training Programmes:

- Initial Training for new recruits
 - Duration - 03 days
- Recurrent Training
 - Duration - 01 day
 - annual endorsements to keep safety training records current

Cabin Crew Training



Types of medical emergencies:

- Air Sickness
- Alcohol Intoxication
- Diabetic Passenger
- Abdominal Pain
- Asthma
- Fainting attack
- Hypoxia
- Shock
- Strokes
- Convulsions
- Food Poisoning
- Heart Attacks
- Choking
- Cramp
- Fracture
- Slings & Splints
- Back Injuries
- Head Injuries
- Eye injury
- Bandages & Dressings
- Bleeding
- Nose bleeds
- Burns
- Deep Vein Thrombosis
- Child Birth



Situation - CPR



Situation - CPR



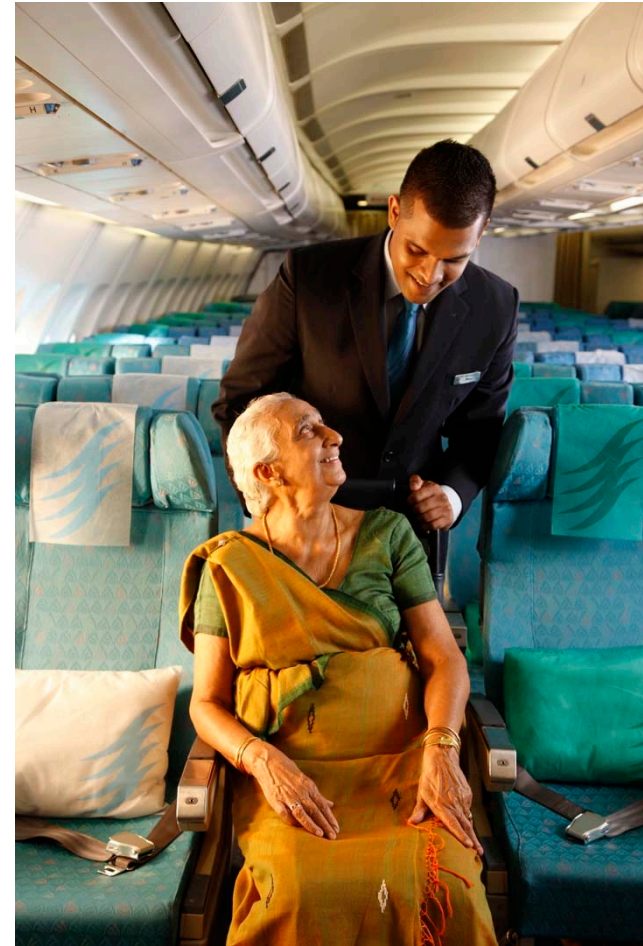
Situation - CPR





Special Handling

- Handling and assisting wheel chair passengers




Special Handling

- Handling and assisting stretcher passengers
 - Suction apparatus
 - Nebulizers



Communicable Diseases



	SAFETY AND EMERGENCY PROCEDURES MANUAL	MN/CSS/02
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FIRST AID		

9.16 SUSPECTED COMMUNICABLE DISEASE ON BOARD

The following are general guidelines for cabin crew when facing a suspected case of communicable disease on board.

During an outbreak of a specific communicable disease, the world health organization (WHO) or member states may modify or add further procedures to these general guidelines. However these general guidelines provide a basic framework of response to reassure the cabin crew and help them manage such an event.

A communicable disease is suspected when a traveller (passenger or crewmember) has a fever (temperature 38C/100F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

9.16.1 Don a mask


Disposable masks are available in the daily use and A 10 first aid kits. The passenger suspected shall be given a mask to wear covering the nose and mouth secured firmly. If the mask becomes damp/humid, it should be replaced by a new one. Ensure hands are protected by wearing surgical gloves and the mask disposed in a secure plastic bag and sealed. Wash hands thoroughly. (5 Minutes with soap/water)

If the suspected passenger cannot tolerate a face mask, the designated CCM's or passengers seated around six rows of seats shall don masks. CCM's shall not put them at risk by close contact with the passenger. (e.g. by more frequent hand-face contact or by mask adjustment, or by repeatedly putting it on and off)

9.16.2 Direct contact with body fluids

If there is a risk of direct contact with body fluids, the designated CCM shall wear disposable gloves. Bear in mind these gloves are not intended to replace hand hygiene. These gloves shall be removed and disposed in a plastic bag and sealed. Wash hands thoroughly and use an alcohol based hand rub.

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Prepared By:	Cabin Safety	Approved By :	CAASL

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9.16.3 Inform PIC

The PIC shall be informed as he has to report the case/s to the ATC in the area, according to ICAP Annex 9, Chapter 8, Paragraph 8.15. PIC shall also inform the relevant station of the requirement for cleaning and disinfection of the aircraft.

9.16.4 Guidelines for cabin crew

1. Disposing of contaminated items – All items which comes in contact with the suspected person shall be disposed in to a thick plastic bag and sealed. This bag shall be labelled as "BIOHAZARD" with a permanent marker.
2. Check with accompanying passengers if they too have similar symptoms.
3. Ensure hand carried cabin luggage of the suspected passenger shall be off loaded along with the passenger and comply with public health authorities request at the station.
4. Unless stated otherwise by ground medical support or public health officials, request the other passengers who have been occupying seats rows adjacent (2 rows in-front, back and sides) to complete the passenger locator card available in the Flight Deck folder.

A general term referring to any action of hand cleansing, performed by means of applying an antiseptic hand rub (Alcohol based hand rub) if hands are not visibly soiled, or washing one's hands with soap and flowing water for at least 15 seconds. Touching the face with hands should be avoided. Hands should be washed frequently on board.

9.16.5 Public health Passenger Locator Form

The Purser shall fill up the public health passenger locator form located in the A 10 first aid kit.

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Public health passenger locator form

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. **Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

_____ 2 0 _____

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex

_____ Male Female

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile _____ 10. Business _____

11. Home _____ 12. Other _____

13. Email address _____

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number

_____ 17. State/Province _____

16. City _____ 18. Country _____ 19. ZIP/Postal code _____

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number

_____ 24. State/Province _____

23. City _____ 25. Country _____ 26. ZIP/Postal code _____

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name 28. First (Given) Name 29. City

_____ 31. Email _____

30. Country _____ 32. Mobile phone _____ 33. Other phone _____

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	_____	_____	_____
(2)	_____	_____	_____

Thank you