



THE
Flight Attendant
ACADEMY

Module 6

FIRST AID





Welcome to home study Module 6 of the Flight Attendant training program from The Flight Attendant Academy.

If you have any questions as you go through this module, please feel free to reach out to me anytime via email at: carolyn@theflightattendantacademy.com

I look forward to seeing you in person for our 5-Day hands-on portion of the program.

Carolyn Dillon
Executive Director
The Flight Attendant Academy

In Module #6 we will be teaching you the Basic First Aid that Flight Attendants are responsible to know.

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Medical Emergencies

Researches show that inflight medical emergencies are RARE, occurring at a rate of approximately 15 to 100 per million passengers, with a death rate of 0.1 to 1 per million.

But, in the event a medical emergency occurs, you will be trained AND you must be prepared.

In-flight medical emergencies can be broadly divided into two categories - injury related or health related situations.

Injuries can occur as a result of turbulence, luggage falling from an overhead bin, an onboard altercation or due to burns or scalds resulting from contact with hot liquids or galley ovens.

Health issues for a single passenger can range from fainting or shortness of breath to allergic reaction to missed medication to gastrointestinal issues to stroke or heart attack.

When an in-flight medical emergency occurs, immediate access to care is limited. Cabin crew are trained to provide first aid and limited medical assistance.

Airlines have protocols in place for actions to be taken in the event of an on-board medical emergency.

Adherence to these protocols will help to ensure the best possible outcome for the situation at hand.

Discovery

Cabin crew may become aware of a passenger in medical distress by direct observation or the situation is brought to their attention by the individual, a travelling companion or another nearby passenger.

The first flight attendant at the scene will normally take charge of the patient and alert other cabin crew members who in turn will provide any required assistance, retrieving any required emergency equipment and advising the Captain of the situation and progressively keeping him/her informed of any changes in patient status.

Flight Crew Response

Flight crew response to an onboard medical emergency will depend on the nature of the problem, the degree of urgency for medical intervention and the location and phase of flight in which the situation occurs.

Unless the situation is considered immediately life threatening, it is normal that no decisions will be taken until more information is available through assessment.

Assessment

The attending flight attendant will immediately do a preliminary assessment of the patient. If the patient is conscious, the flight attendant will use a question and answer protocol to determine why the patient is in distress.

If the patient is not conscious, the preliminary assessment will include the A, B,C's of first aid:

- Airway (does the patient have an open airway?)
- Breathing (is the patient breathing)
- Circulation (is there a detectable heartbeat)

For anything other than a very minor medical complaint, the Purser or In-Charge Flight Attendant will normally make a PA announcement asking if there is a doctor or other qualified medical professional (nurse, paramedic etc.) on board.

If there is a positive response, the medical professional will be asked to assess the patient and to advise the crew of the best course of action.

In the absence of a medical professional (or as a concurrent protocol), many air carriers have a standing arrangement with emergency medical service providers such as Med Link, Stat MD or Med Aire.

These service providers can be used both pre-flight and in-flight and can be contacted via satellite phone, Aircraft Communications, Addressing and Reporting System (ACARS) equipment. By one of these methods, direct communication with an emergency room/trauma center physician is possible.

Decision

Based on the information provided by the flight attendants or a medical professional, the Captain will make the decision to either continue the flight to the planned destination or to divert to a closer airport.

Recap

Flight Attendants are not responsible for diagnosing illness, they are to support life.

The Captain must be informed of all inflight **emergencies** and completion of incident forms will be required.

As a FA, you will **encounter** a medical situation **during your career**. It is rare that a medical problem leads to the flight crew declaring a medical emergency. In most cases the crew are able to successfully resolve the situation.

Contributing Factors for Passenger Medical Emergencies

The following factors, individually and in combination, can exacerbate a health problem that a person might already have:

- Air travel is a source of **stress** and anxiety for some people;
- Cabin pressure.
- Low air humidity and alcohol/caffeine drinks can contribute to dehydration;
- People usually sit, with minimal movement, for long periods of time.

Typical Medical Problems on Board

While there are a variety of medical issues that can arise during a flight, researches have shown that the most common problems are:

- Fainting;
- Heart attack;
- Dehydration;
- Nausea / vomiting.

Fainting:

SYMPTOMS

- Dizziness.
- Weakness.
- Sweating.
- Blurred vision, seeing spots.
- Headache.
- Sensation that the room is moving.
- Ringing in the ears (see tinnitus)
- Nausea, vomiting.

TREATMENT

- Position the person on his or her back.
- If there are no injuries and the person is breathing, raise the person's legs above heart level — about 12 inches (30 centimeters) — if possible.
- Loosen belts, collars or other constrictive clothing.
- To reduce the chance of fainting again, don't get the person up too quickly.
- Administer Oxygen (O2)

Heart Attacks:

SYMPTOMS

- Severe or dull chest pain or pressure, possibly radiating to arms, neck and/or jaw
- Agitated, fearful OR can be in denial
- Difficulty breathing
- Skin cold, clammy
- Nausea/vomiting
- Unconsciousness

TREATMENT

- Keep patient comfortable, loosen clothing, assist with medication if necessary.
- Administer O2.

- Administer CPR/AED if indicated.
- Keep Captain informed, as an unscheduled landing will be necessary.

Dehydration

SYMPTOMS

Signs of severe dehydration include:

- Not peeing or having very dark yellow pee.
- Very dry skin.
- Feeling dizzy.
- Rapid heartbeat.
- Rapid breathing.
- Sunken eyes.
- Sleepiness, lack of energy, confusion or irritability.
- Fainting.

Symptoms of dehydration

- Dizziness or light-headedness.
- Headache.
- Tiredness.
- Dry mouth, lips and eyes.
- Passing small amounts of urine infrequently (less than three or four times a day)

TREATMENT

- Sip small amounts of water.
- Drink carbohydrate/electrolyte-containing drinks. Good choices are sports drinks such as Gatorade.
- Sip on watered down fruit juices.
- Suck on ice chips.
- Administer O2.

Nausea/Vomiting

CAUSES

- motion sickness
- emotional stress
- indigestion

- food poisoning
- viruses
- exposure to chemical toxins

TREATMENT

- Consume bread or crackers if available.
- Avoid any foods that have strong flavors, are very sweet, or are greasy or fried.
- Drink cold liquids.
- Drink Ginger Ale or flat Coke.
- Cold compress.
- Lie down, if space is available.
- Administer O2.

Bleeding:

TREATMENT

- Apply direct pressure. Feminine hygiene products available
- Elevate bleeding area if possible

Burns:

TREATMENT

- Cold Compresses
- Monitor for symptoms of shock

Hypoglycemia or Insulin Shock: Low level of blood sugar

SYMPTOMS

- Extreme hunger
- Sweating; cold, clammy feeling to skin
- Paleness
- Shakiness
- Weakness, lightheadedness
- Irritability
- Loss of consciousness

TREATMENT

- Feed the person a source of quickly absorbed sugar. If the person is conscious, table sugar, orange juice, honey, a non-diet soft drink, or any other available sugar source will do. Some diabetics carry a special capsule (such as D-glucose) containing concentrated sugar; they can administer this to themselves.
- If the person is unconscious, do not try to force sugar or liquid down the throat, but a packet of granulated sugar can be carefully placed under the tongue where it is absorbed into the body.
- Keep Captain informed, as an unscheduled landing may be necessary.

Hyperglycemia or Diabetic Coma: High level of blood sugar

SYMPTOMS

- Increased thirst
- Headache
- Blurred Vision
- Trouble concentrating
- Feeling of weakness or fatigue
- Dry mouth and skin, sunken eyes
- Breath smells fruity

TREATMENT

- This person needs insulin. If person is unable to give it to him or herself, have someone who is traveling with the PAX and authorized to give the insulin.

You may need to call for a physician or paramedic to administer the insulin.

- Inform Captain – an unscheduled landing may be necessary - may be fatal.

***Note:** *A customer may bring Insulin and syringes on the aircraft provided a prescription insulin bottle is included and is labeled with an appropriate pharmaceutical label. Do not accept medicine for storage on the aircraft!*

Ear Discomfort – Blocked Eustachian Tubes/Pain in Ears:

TREATMENT:

- Valsalva Maneuver (close mouth, hold the nose and blow out to clear ears)
- Nasal Spray
- Chew gum
- For infants – have them suck on pacifier or take formula
- Styrofoam cup with paper towel and hot water to create steam

Hyperventilation:

SYMPTOMS

- Rapid breathing/panting
- Nervous, excited
- Weak, dizzy
- Numbness in fingers and lips
- Flushed looking
- May have stabbing chest pain

TREATMENT

- Breathe into air sick bag.
- Administer O2.
- Encourage customer to relax and slow down breathing.
- Give reassurance; distract.

Seizures:

SYMPTOMS

- Temporary confusion
- A staring spell
- Uncontrollable jerking movement of the arms and legs
- Loss of consciousness

TREATMENT

- Clear area of pax.
- Cushion area to protect person from injury.
- Monitor AB's (airway and breathing).
- Do not put anything into mouth – you can get your finger bitten off!
- Administer O2.

Shock:

Shock can be caused by cardiac arrest, respiratory arrest, allergic reaction, diabetes, loss of blood or fluid, infections or strokes.

SYMPTOMS

- Vacant stare
- Skin pale, cold and clammy
- May be tense or anxious
- Partial or complete unconsciousness

TREATMENT

- Keep person lying down and elevate feet unless possibility of spinal or head injury
- Keep warm
- Give reassurance
- Administer oxygen
- Monitor AB's (airway and breathing)
- May need epinephrine from EEMK if allergic reaction (anaphylactic shock).

Stroke:

SYMPTOMS

- Severe headache
- Numbness or paralysis – usually in extremities and/or face
- Difficulty with speech/vision
- Confusion; altered state of consciousness
- Unequal pupils

*Note: To determine if someone might be having a stroke, there is a test you can do that will give you a good indication:

***F acial drooping – ask them to smile.**

***A rm – Arm numbness/weakness – ask them to raise both arms.**

***S peech – slurred, difficulty speaking or understanding**

***T ime – This needs immediate attention, may facilitate a flagstop.**

Inability to perform any one of these tasks can indicate a cerebral event.

TREATMENT

- Maintain airway – be prepared to do CPR
- Keep person at rest
- Provide reassurance
- Nothing by mouth
- Keep Captain informed – Unscheduled landing.

Asthma Attack:

SYMPTOMS

- Difficulty breathing, excessive coughing, wheezing, cyanosis

TREATMENT

- Assist with medication; ask for medical help onboard aircraft.
- May be critical and require an unscheduled landing.
- Keep Captain informed.

Choking – Universal Sign for choking is 2 hands holding the neck.

SYMPTOMS

- Gasp for air
- Coughing and gagging
- Bluish lips

TREATMENT

- Heimlich maneuver- abdominal thrusts

First Aid Kit

Contents of First Aid Kit:

1. Band-Aids
2. Arm and leg splints
3. Antiseptic swabs
4. Gauze bandages
5. Ammonia Inhalants
6. Adhesive tape



7. Bandage Compresses
8. Latex gloves
9. Triangular bandages
10. Diagram of pressure points

There are **NO MEDICINES** in the first aid kit. The only “medicine” on board is aspirin or ibuprofen.

EEMK

There is an Enhanced Emergency Medical Kit (EEMK) located in the cockpit on most a/c (but can be in the cabin) for use only by medical personnel who may be onboard. Medical professionals include physicians, nurses (RN’s & LPN’s), nurse practitioners, physician’s assistants and paramedics. They must provide credentials to use the EEMK.

Contents of the EEMK: (DO NOT MEMORIZE)

Minimum Contents for Medical Emergency Kits

- Sphygmomanometer
- Stethoscope
- Airways, oropharyngeal: 1 pediatric, 1 small adult, and 1 large adult or equivalent
- Self-inflating manual resuscitation device with 1 pediatric mask, 1 small adult mask, and 1 large adult or equivalent mask
- Cardiopulmonary resuscitation masks: 1 pediatric, 1 small adult, and 1 large adult or equivalent
- I.V. administration set: 1 tubing with 2 Y-site connectors, 2 alcohol-soaked sponges, 1 standard roll of 1-inch-wide adhesive tape, 1 pair of tape scissors, and 1 tourniquet
- Protective nonpermeable gloves or equivalent, 1 pair
- Needles: 2 18 gauge, 2 20 gauge, and 2 22 gauge; or 6 needles in sizes necessary to administer required medications
- Syringes: 1 5 cc and 2 10 cc; or 4 syringes in sizes necessary to administer required medications
- Analgesic, nonnarcotic, 325-mg tablets, 4
- Antihistamine, 25-mg tablets, 4

- Antihistamine injection, 50-mg single-dose ampule or equivalent, 2
- Atropine injection, 0.5-mg single-dose 5-mL ampule or equivalent, 2
- Aspirin, 325-mg tablets, 4
- Bronchodilator, metered-dose inhaler or equivalent
- 50% Dextrose injection, single-dose 50-mL ampule or equivalent
- Epinephrine injection, 1:1000 (1 mg/mL) single-dose 1-mL ampule or equivalent, 2
- Epinephrine injection, 1:10,000 (0.1 mg/mL) single-dose 2-mL ampule or equivalent, 2
- Lidocaine injection, 20-mg/mL single-dose 5-mL ampule or equivalent, 2
- Nitroglycerin, 0.4-mg tablets, 10
- 0.9% Sodium chloride injection, 500 mL
- Basic instructions for use of the drugs in the kit

Portable Oxygen Bottle



Automated External Defibrillator - AED



CREW KIT:

Band-Aids

Ibuprofen/Aspirin



Practice Test

1. What are the A, B, C's of first aid?

2. Name 3 items in the First Aid Kit.

3. What is the Heimlich Maneuver used for?

4. Are FA's responsible for diagnosing illnesses?

5. Name one contributing factor to passenger medical emergencies.

6. Name the treatment for Hyperventilation.

7. Is insulin found in the FAK?

8. What is the universal sign for choking?

9. What are the 4 typical medical problems onboard?

10. What is Hypoglycemia/ Insulin shock?

ANSWER KEY

1. What are the A, B, C's of first aid?

**Airway (does the patient have an open airway?)
Breathing (is the patient breathing)
Circulation (is there a detectable heartbeat)**

2. Name 3 items in the First Aid Kit. **See FAK section**

3. What is the Heimlich Maneuver used for? **Choking**

4. Are FA's responsible for diagnosing illnesses? **NO**

5. Name one contributing factor to passenger medical emergencies.

**Air travel is a source of stress and anxiety for some people;
Cabin pressure.
Low air humidity and alcohol/caffeine drinks can contribute to
dehydration.
People usually sit, with minimal movement, for long periods of time.**

6. Name the treatment for Hyperventilation.

**Breathe into air sick bag.
Administer O2.
Encourage customer to relax and slow down breathing.
Give reassurance; distract.**

7. Is insulin found in the FAK? **NO**
8. What is the universal sign for choking? **2 hands holding the neck**
9. What are the 4 typical medical problems onboard?

Fainting;
Heart attack;
Dehydration;
Nausea / vomiting.

10. What is Hypoglycemia/ Insulin shock? **Low blood sugar**

Summary of Module 6:

You should now understand the Basic First Aid that Flight Attendants are responsible to know.



Module 7

Module 7 has to do with the **hiring process**, this ***will not be on the written exam*** but is very important for you to learn because it's what helps you GET HIRED by an airline.

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