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September 30, 1998

Dr. Jon Jordan  
Federal Air Surgeon  
Federal Aviation Administration  
US Department of Transportation  
800 Independence Avenue SW  
Washington, DC 20591

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OFFICE OF THE  
CHIEF COUNSEL  
FILES DOCKET

Dear Dr. Jordan:

I appreciate the opportunity you afforded to my staff and the staff of other members of the Coalition of Flight Attendant Unions to discuss the potential implications of the Aviation Medical Assistance Act of 1998. At the time of that meeting, only one US carrier - American Airlines - had defibrillators on board. The Association of Flight Attendants (AFA), AFL-CIO represents more than 42,000 flight attendants at 27 US airlines but does not represent the flight attendants at that airline. We were not part of the program development process with Heartstream, the equipment vendor.

Now, however, six airlines where we do represent the flight attendants are moving toward placing defibrillators on board. The airlines are Alaska Airlines, Aloha Airlines, American Trans Air, Hawaiian, United Airlines and US Airways. Where equipment choices are being made, the airlines are choosing or leaning toward using the Heartstream model. From our understanding of the equipment available, the model appears to meet the most desirable criteria for inflight first responder use and, in fact, is one of the few models to be certified by the Food and Drug Administration (FDA). Thus our concern is not with the model being chosen but how the flight attendant training decisions are made.

Cabin safety is the primary responsibility of flight attendants. As you know, they are obligated to enforce numerous Federal Aviation Regulations (FARs). They are responsible for handling all cabin emergencies, from fire fighting and the emergency evacuation of passengers to negotiating in a hostage situation and coordinating cabin safety crises with the cockpit (CRM or Crew Resource Management, recently mandated by the FAA). Training for health care emergencies involving individual passengers is woefully inadequate if the primary responsibilities of flight attendants - and the expectations of unruly passengers - are to be expanded, either by individual carrier decisions or by Federal mandate.

Training on defibrillator use cannot be separated from cardiopulmonary resuscitation (CPR) and bloodborne pathogen training. To the extent the public and or individual carriers perceive flight attendants in a first responder role, flight attendants must have both the training and protection to take on those responsibilities. We are not asking you to mandate training for all carriers. But we are asking you to ensure that, when a carrier places its flight attendant workforce in a first responder role, they meet minimum training and retraining standards. It is the responsibility of the Federal government to set such standards, rather than leaving all aspects of the relevant decisionmaking to the private sector.



These training standards must be developed to ensure consistency with the experience of the traditional accrediting entities such as the American Heart Association and the American Red Cross, which have ~~been the leaders in setting the~~ standards for training in this area as well as providing the training. We urge you to convene a meeting of these and other appropriate entities, along with representatives of the aviation industry, to pursue these issues in depth.

Secondly, the training must be at least as comprehensive as that provided to other first responders such as the police and firefighters, whose primary responsibility is not emergency health care either. This is true with defibrillator training but especially true with CPR. Performance of CPR at most of AFA's carriers is considered optional. Thus training can be **infrequent** and cursory. But one of the defibrillator commands is "Now do CPR". Thus proficiency in both is essential. Any unique responsibilities for cabin first responders - who may not be able to call on emergency care specialists for hands-on assistance - must be fully explored. Finally, the Occupational Safety and Health (OSHA) bloodborne pathogen standards must be applied to flight attendants working in the cabin environment. The FAA has already advised carriers that they "should" follow OSHA bloodborne pathogen standards but, without a mandate, it is not being done. The overall inadequacy of current carrier training is demonstrated by the attached chart of standards at carriers where AFA represents the flight attendants (Attachment A).

We are not suggesting a specific number of hours of training. On the contrary, AFA has long advocated performance-based training and encouraged our carriers to enter the Advanced Qualification Program (AQP). The Department of Transportation has developed notable performance-based standards for other positions of responsibility such as the Breath Alcohol Technician (BAT) in Section 40.51 of Subpart C - Alcohol Testing in the February 15, 1994 Federal Register. I attach these standards for your consideration in order that you can review the approach we are seeking (Attachment B).

In addition, we believe carriers who choose to enter this arena should be required to provide a Certificate of Proficiency for First Responders to flight attendants asked to undertake such duties. To the extent they follow the standards set by OSHA for bloodborne pathogens and by the qualifying agencies mentioned above for First Responder training, this concept should not be controversial. But to the extent they choose separate standards, they should be required to provide an intellectually sustainable defense for the decision and a Certificate of Proficiency to demonstrate their confidence in the level of training provided.

The Association of Flight Attendants (AFA) has already raised the issue of OSHA coverage for flight attendants with Secretary **Slater**, FAA Administrator **Garvey** and Assistant Secretary for OSHA **Jeffress**. Full coverage under OSHA standards for bloodborne pathogens is one of our highest priorities. Our members are exposed when blood is spilled in the cabin environment and resuscitation can be required - with or without the use of **defibrillators**.

Finally, **onboard** enhanced medical kits should accompany **onboard defibrillators**, because best practices assume the administration of medication following the initial shocks from a defibrillator. Flight attendants, of course, would not have access to these kits because first responder training does not extend to **expertise** in giving medications. But it would be in the best interests of the carriers, their passengers and their crew if the largest possible group of professional emergency care personnel - from emergency medical technicians and emergency nurses to other **emergency-specialized professionals** - were certified to use these kits.

Thank you in advance for considering these suggestions. I look forward to being able to pursue these issues with you at your earliest convenience.

Sincerely,



Patricia A. Friend  
International President

PAF:gw

Attachments

cc: The Honorable Rodney Slater  
The Honorable Jane Garvey  
The Honorable Charles Jeffress

The Honorable Bud Shuster  
The Honorable Jim Oberstar  
The Honorable John Duncan  
The Honorable William Lipinski

## CPR and First Aid Training AFA Member Survey

Carrier A	<p><b>CPR</b> training once every three or four years. No mention in the years in between during recurrent. <b>FAs</b> are not required to perform <b>CPR</b> if they do not feel comfortable.</p> <p>First aid training is about ½ hour during recurrent if any. Then every three or four years have a more thorough training.</p> <p>No <b>bloodborne</b> pathogen training.</p>
Carrier B	<p>They receive no <b>CPR</b> training.</p> <p>First aid training is <b>30 to 45</b> minutes maximum during their recurrent training.</p>
Carrier C	<p>No <b>CPR</b> training.</p> <p>30 minutes of first aid training usually on oxygen etc.</p> <p>No official <b>bloodborne</b> pathogen policy.</p>
Carrier D	<p><b>CPR</b> trained but not certified. They spend about 2 hours during their recurrent training on <b>CPR</b>. They do use the dummies.</p>
Carrier E	<p>No <b>CPR</b> training at all. Not even addressed in the flight attendant manual.</p> <p>First aid training not addressed at all during <b>1998</b> training.</p> <p><b>Bloodborne</b> pathogen this year they were taught how to put on and take off the protective gloves. Told to exercise caution.</p>
Carrier F	<p><b>CPR</b> training is every year. <b>One</b> year the carrier will do a hands-on training and the next year it will be a book review. They also do their emergency equipment hands-on review on a rotating basis.</p> <p>The company theory regarding performing <b>CPR</b> is, "Flight attendants are not required to perform <b>CPR</b> but why wouldn't they."</p> <p>Each flight attendant has a <b>CPR</b> mask and there is also a mask in the biohazard kit in the first aid kit.</p>

Carrier G	<p>CPR - only review in the book during recurrent. No hands-on training. Listed in the home study packet.</p> <p>First aid training home study packet has about one page of questions and that is all.</p> <p>Not receive any <b>bloodborne</b> pathogen in recurrent.</p>
Carrier H	<p>Initial training the company contracts outside trainers to conduct an 8 hour course in <b>CPR</b>. They are certified. For recurrent, the company offers to pay for flight attendants to go get re-certified but they are not required to go.</p> <p>First aid training consists on questions in the homestudy packet and about ½ hour class instruction.</p> <p>No <b>bloodborne</b> pathogen training.</p>
Carrier I	<p>CPR trained but not certified.</p> <p>It is up the flight attendant to perform CPR if they feel they can do it. The company would like them to try.</p> <p>First aid training is about an hour on the most commonly needed procedures. The home study guide has about three pages of questions regarding <b>first aid</b>.</p>
Carrier J	<p>CPR training during initial. For recurrent training they just review the <b>CPR</b>. They are not certified.</p> <p>First aid training lasts about 1 hour during recurrent.</p> <p>The only thing they get for <b>bloodborne</b> pathogen training is that there is some information in their homestudy packet but nothing mentioned during the actual class.</p>
Carrier K	<p>New hires are taught CPR. They are not certified. They use the dummies, books and video training tools. They are not re-qualified after initial ground school.</p> <p>First aid training consists of a homestudy packet and about 1 hour of classroom training for recurrent.</p> <p>No bloodborne pathogen training.</p>

Carrier L	<p>CPR trained and qualified. <b>They</b> have gotten 4 hours training every year for the last 2 years.</p> <p>First aid training they just read aloud <b>from</b> the book.</p>
Carrier M	<p>CPR training during initial training lasts one day. They practice on adult and child dummies. Recurrent CPR lasts about 1 or 2 hours. They are not certified.</p> <p>They receive no <b>bloodborne</b> pathogen training.</p>
Carrier N	<p>CPR trained yearly on the dummies. 1998 had infant dummies for the first time.</p> <p>1998 also learned to take a blood pressure, pulse and respiration. Under the advisement of <b>MEDLink</b> with no trained professional on board can they open the emergency medical kit. Not required to give injections.</p> <p>No <b>bloodborne</b> pathogen training in recurrent. They do discuss universal precautions.</p>
Carrier O	<p>No current CPR training. Last received in '94 and '95.</p>
Carrier P	<p>CPR trained during initial ground school but not certified. After that it is not mentioned in recurrent training.</p> <p>First aid training they just <b>run</b> through the information in ½ hour.</p>
Carrier Q	<p>CPR trained during initial training. <b>After</b> just review in first aid training.</p>
Carrier R	<p>Initial training on CPR is extensive. During <b>recurrent</b> they do work on the dummies but are not certified. Manual states they must perform CPR even if they cannot get to a mask.</p> <p>First aid training last about ½ hour.</p> <p>No <b>bloodborne</b> pathogen training. Small section in manual regarding exercising precautions.</p>

Updated 5/13/98

Performance-based Training Standards for BATS (Breath Alcohol Technicians)  
under the DOT Alcohol Testing Program

Regulatory requirements for individuals performing alcohol tests under the DOT rules are addressed in Section 40.51 of Subpart C - Alcohol Testing which was published in the Federal Register on February 15, 1994. Qualifying devices are addressed in Sections 40.53 and 40.55. Training standards for flight attendants should be as professional and as comprehensive.

Training Required for the Breath Alcohol Technician (BAT).

- o Must be trained to proficiency in machine s/he will operate.
  - o Proficiency is demonstrated by completion of a course.
  - o Training course must cover items listed in the regulation.
  - o Instructional courses must be judged equivalent to the DOT model course as determined by DOT's National Highway Traffic Safety Administration (NHTSA), which will review a course on request.
  - o The course must provide documentation of competence.
  - o Employers must establish documentation of training and proficiency.
  - o Supplemental (recurrent) training is only necessary to establish proficiency for new devices or altered technology.
- o BATs who will perform an external calibration check, in addition to regular BAT duties, must also be trained to proficiency in conducting the check on the particular model of EBT, to include practical experience and demonstrated competence in preparing the breath alcohol simulator or alcohol standard, and in maintenance and calibration of the EBT.
  - o Law enforcement officers certified by state or local governments for the specific EBT equipment qualify to conduct a DOT test. BAT-qualified supervisors may only conduct these tests if another BAT is not available and if other DOT rules are followed.

Qualifications Required for the Testing Devices.

- o For the screening test, an EBT is required
- o For the confirmation test, the EBT must have very specific capabilities.
- o For either test, there must be a quality assurance plan developed by the manufacturer. The plan must designate the external calibration method and must use only calibration devices on the NHTSA "Conforming Products List of Calibrating Units for Breath Alcohol Tests.