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DEPT OF TRANSPORTATION

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Department of Transportation, Dockets

Docket #FAA-2000-7119 -21

Sirs:

As an occasional flyer, taking vacations abroad once a year, and as a physician, I have been called upon to make medical decisions involving inflight emergencies. I am in enthusiastic support of required upgrade of both training of crew, and of available materials. On my last flight, the cabin staff claimed not to know where the medical supplies were located, did not know the contents of the kit, and the chief pilot was not notified until 20minutes into the apparent emergency. These are basic structural problems that should not have occurred even at the current level of training.

In support, the good thing was that the airline was able to patch through to their emergency medical service at the University of Pittsburgh, so that the chief pilot and the on ground consultant could actually make the decision to divert the flight, relieving the passenger/physician of that onus. However, the university consultant did not have an accurate list of the emergency materials on board. There was no breathing bag, that he was certain was on board.

The oral airways are adequate only if a suction device and Ambu (breathing) bag is aboard. However, endotracheal tubes should not be considered, as they are more dangerous than useful. All medications should be in pre-loaded, unit dose syringes. Oxygen should be in a container adequate for at least 4hours, in an over-water flight, with a flow regulator. An AED is a life saving tool, for which there is no other alternative.

The cabin staff should have several Basic Life Support certified members. Their training should be by a company, and certification process outside the individual airlines control

Sincerely,

