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Aviation First Aid for Flight Attendants

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References:

Being dedicated and loving my job as a Cabin Manager with Ansett Australia as well as completing my commercial pilot's license, much of the enclosed, where not directly referenced, is from my working history, passengerial working notes of our flight attendant manuals supplied by Ansett Australia, and my own recreational pursuits.

Further, having a Diploma of Work Place Assessment and Training, I taught First Aid to the general community through a First Aid training supplier. I also worked with Ansett International and then with a low-cost carrier and again with another international/domestic carrier.

Having also been through the interview process several times, I can state that as of 2010, while some things change, much stays the same. This and all my manuals have been updated and added to where necessary.

Printed books: Australian First Aid – St. John

Note: Ansett Australia, a once premier Airline of the Australian sky no longer operates.

Disclaimer

The contents of this manual provide suggestions and information as a guide only. While every effort has been made to ensure accuracy and completeness at the time of publication, accuracy cannot be guaranteed, as medical information is constantly changing and evolving. Information has been gathered from responsible and creditable sources and is supplied in good faith. Information is subject to change without notice. Travel Quest, its employees and associates do not accept liability for any actions taken or not taken on the bases of the information contained within or for any negligent misstatements, errors and omissions.

Welcome to your Flight Attendant Careers Information manual '**Aviation First Aid for Flight Attendants'**

Hi, I'm Tom Reincke

(Author with nearly 20 years experience in the Aviation game)

This is a Flight Attendant Career related FREEBIE from my web site www.Flight-Attendant-Careers.com complimentary to…

Airline Flight Attendant Application 3-step system [AFAA]

Discover the tips, tricks and secrets of the Airline Interview System from a Flight Attendant Manager with 18 years of flying and interview experience – and now with a fourth airline!

Being a former Ansett Australia Flight Attendant/Cabin Manager for 16 years and now flying with my fourth 'new' airline, I have been through the resume application and interview process successfully four different times. In doing so, I have been privy to much of how the airline selection and recruitment system for flight attendants works and can now share my experiences with you from a 'hands on' perspective.

Operating in the positions of both Cabin Manager and Fight Attendant, both domestically and internationally, and having been either the subject of or participant in the interview system many times as recently as early 2010, I look forward to passing on what I have to share with you in the **Airline Flight Attendant Application 3-step system [AFAA]**.

I also know that landing an airline job has been, is and always will be a fiercely competitive industry to break into. Many very good people have missed the chance to secure a flight attendant career because of a naivety with respect to how the system works. While I have seen some very *unprepared* people secure a job, I have seen and heard of far more applicants missing their chance due to a lack of preparation and knowledge.

Interviewers are not machines; and unfortunately, they do not always spot the best in an applicant. It is up to you to you bring it out of yourself and you'll gain enormously by knowing how the system works. Ironically, airline interviewers don't want you to know much about the system of interviews either, because knowing *how* they select only serves to make their job that much harder. They count on applicant ignorance of the system to make the process work for them.

The interview system is not foolproof and is open to gaps of opportunity. When you gain understanding and know how the system works, you can with preparation, take advantage of any opportunity that comes your way.

For example, the interview system of questions is not about rote learning every possible question that they could ever ask you at an interview, but rather learning the criteria to cover and the system to use when providing your answer. By being aware of what the interviewers' areas of interest are in asking a particular question, you can then give the answer sought, and most correctly from your experience.

Relating this to airline operations and job descriptions can only enhance and reflect favourably on you. Therefore, you will also read information in the **Airline Flight Attendant Application 3-step system [AFAA]** that will raise your awareness and give you a greater appreciation of the Flight Attendant Role and Aviation Industry.

Further, the application system is unique to the airline industry. Because most flight attendant interviews attract thousands of applicants, the airlines have the luxury of being very selective about who works for them. This again places a great responsibility on *you* to know as much as you can about their requirements.

Researching their company, the type of staff they have working for them, the culture that they have developed and their employment requirements is paramount study fodder before any interview.

A good surf of my web site www.Flight-Attendant-Careers.com will give you much of this information and all of it for FREE.

Knowing what I now know having spent nearly 20 years in the industry and having spoken to many flight attendant hopefuls who were exactly that, 'hopeful' about becoming a flight attendant, I set about creating a solution to the very problem of flight attendant interviews. It was also apparent that everyone wanted to Blitz their interview because that meant their world was about to change.

However, there is more to getting a job as a flight attendant than the final interview. It's a process that can be broken down into simple 3 steps. Certainly it's involved but it's so worth it.

The result of my efforts is the **Airline Flight Attendant Application 3-step system [AFAA]**. It was an incredible amount of work to put together but I wanted to give you the foundation work and resources you need in total so that you know how to become a flight attendant.

The **Airline Flight Attendant Application 3-step system [AFAA]** shows you how to write and submit your application, how to survive the interview cull process at your group interview and how to literally *blitz* your personal one-on-one interview. Yes it's the X Factor you're looking for. Your personal 3 step guide to success involves three specific steps and it really is as easy as 1, 2, 3!

STEP 1: You'll discover in 'Flight Attendant Interviews Made Easy' the secrets of the Airline application process - This covers the A-Z of what you will need to know and how to successfully submit your resume to an Airline of your choice and it gives you extensive background information and preparation tips to then proceed to Steps 2 and 3.

STEP 2: Avoid the interview 'cull' process – Airlines have 100's even 1000's of applicants for comparatively few jobs. Your competition is hot so Step 2 of the **Airline Flight Attendant Application 3-step system [AFAA]** reveals what to do in your Group interviews to avoid being diplomatically told that, 'You have failed on this occasion but please come back in 12 months for another try'!

> *'Too many good applicants are culled from the process at this stage and they shouldn't be. Basic fundamental steps along with some excellent tips are revealed and there really is no excuse to fail step 2 when you have discovered this gem.*

STEP 3: Literally 'Blitz' your one–on-one interview – The background information that you receive in this manual (Step 1), sets the foundation to the fundamentals of your interview preparation in grooming, presentation, communication and body language. It also provides a great overview of aviation and introduces you to information you must either be familiar with or know intimately at your personal one-on-one interview stage.

> Step 3 reveals the proven formula in detail for answering any interview question. No lists, no rote learning, no memorization, just a tried and true proven formula that works every time. Steps 1 and 2 have prepared you to now capitalize on what you now know and to literally *Blitz* your interview!

My mission was to make the Airline Flight Attendant Application 3-step system [AFAA] the best value information package that I could so I included bonuses to compliment what you will learn in steps 1, 2, and 3 to get a leg up on your competition and to become the 'best' flight attendant that you could be.

Aviation First Aid for Flight Attendants is one such bonus. I trust you will study and use this bonus to its fullest.

Flying, whilst not for everybody, really is a unique world. If you love people, living out of a suit-case, and you possess a strange penchant for the smell of Avtur, then flying is for you.

I should also note that this manual as is the **Airline Flight Attendant Application 3-step system [AFAA]** is as dynamic as I can possibly make it. Since I first put pen to paper, a lot of things have happened in the aviation industry like the influx of many low-cost airlines. Another big change is how airlines advertise and accept resumes. Once it was all about advertising in the paper and sending in a hard copy resume. While you

still need a hard copy resume to take with you to your interview, more and more is done via the internet, and less and less by post. The formula for success when submitting a resume by e-mail or post, however, still remains the same.

The result of all this is that the **Airline Flight Attendant Application 3-step system [AFAA]** is dynamic and I update it as required. If you are a subscriber to my Airline News Ezine, you will always receive any of those updates as they are generated.

I truly hope that I am able to be the help, catalyst, information source or motivation factor that you need to literally make your dreams take flight.

Regards,

Tom Reincke

June 2010

Hello and welcome from the work horse sitting at the web desk of

www.Flight-Attendant-Careers.com

My name is Tom, and I want to thank you for reading **'Aviation First Aid for Flight Attendants'.** I hope this, my web site and the contents of the **Airline Flight Attendant Application 3-step system [AFAA]** will give you all the information, confidence and required get-up-n-go to follow your desires and make your dreams take flight.

As far as I'm concerned, when you finally fly for the airline that you want to fly for, you're set for life!

And if you've been knocked back by an airline before and continue to put yourself out there then I promise you that you will really value the position of flight attendant when you are finally successful.

By-the-way... it took my original line trainer four interviews before she landed the job and she went on to fly for over 20 years. - Another applicant, who I have not met personally but heard about just recently, applied **17 times over 12 years**! He's now flying internationally and loving it. How's that for perseverance?

This should tell you three things:

1) The airlines are very competitive to get into;
2) Never give up; and
3) Learn what you need to get the job and don't waste 12 years trying!

This is the very reason why I spent more than three years learning how to build websites and gathering information to mix with my 18+ years of firsthand experience to share with you via my web site and the **Airline Flight Attendant Application 3-step system [AFAA]**. It is my goal to help you succeed in obtaining your dream job as much I possibly can. You are about to embark on a journey that will enfold you into a career that I want to continue doing until I die or retire! For me, being a flight attendant is more than a job; it's a way of life. I want to share that life with you and give you all the help you need to help your dreams take flight.

This job isn't for everyone. However, if you want a career where you can travel the world visiting places that your friends and neighbours can only ever dream about, work a flexible roster of 12 to 18 days a month, receive a list of perks and benefits that you couldn't hand pick any better, then a flight attendant career just may be for you.

If you're tired of the job you're in now, or perhaps unemployed, a first-time job seeker, a retired passenger looking for a second career, or even someone of my vintage age thinking that you want to spread your wings before you slow down in life, then I think you'll get a lot of value, motivation and information from the **Airline Flight Attendant Application 3-step system [AFAA]**.

Enjoy!

Tom Reincke

Contents

Introduction

Hello and welcome to Aviation First Aid for Flight Attendants. Having flown for nearly 20 years, I think I've had to perform first aid or CPR close to 20 times now. First aid training was done at revalidation time by the airline in-house every 12 months when I first started flying, and while we still do it every year – be it first aid or a refresher of CPR – often it is now outsourced to specialist training providers. In addition to taking it as a 'must-do reval day' during my flying years, I also taught Senior First Aid with one of those training providers – day in day out, 5 days a week. You could say I'm first-aided out!

However, that's no excuse for me or anyone else who's been flying for some time, or even newbies to first aid training to become complacent. Not only does first aid treatment change and evolve as we learn more about this vital first-response procedure neither you nor I may ever know when we will be called upon to provide that first response.

One thing you must know about this manual is that although I used to teach First Aid class through a registered training organisation (RTO), this is not an authorised course as I no longer train and I am not an RTO. However, while I have seen first aid change quite a lot over the last 20-odd years, much of it, including the intent, remains the same – especially the role of a first response first aider which is "to provide basic medical care given in good faith to a sick or injured passenger, to maintain life and prevent further injury until professional medical care becomes available and takes over."

Any information that you can absorb to assist you in this first response role may very well save someone's life, and even after all these years, I think it's good to revisit this skill often.

The content of this manual will be similar to most other First Aid courses that you could take, but it differs in presentation. It will also expose you to peculiar circumstances and conditions needing your flight attendant first aid training and prepare you exceptionally well for when have to participate in the two-day Senior First Aid course with an RTO.

So let's get started...

AVIATION FIRST AID FOR FLIGHT ATTENDANTS

Senior First Aid Certificate

It is now common practice that before you attend any airline interview, you must have a valid Senior First Aid Certificate (SFA).

For Australian residents, the period of validity of SFA certificates is 36-months from the original date of issue, and you must update this certificate with a 3- to 4-hour CPR refresher course annually.

While this is at the applicant's expense initially, once you have successfully joined an airline as a flight attendant, this becomes a company expense.

So What is the Definition of First Aid?

While each teaching facility will have their own phraseology in defining First Aid, they pretty much all mean the same thing:

First Aid is basic medical care given in good faith to a sick or injured passenger to maintain life and prevent further injury until professional medical care becomes available and takes over.

And that is it. It is not about conducting tracheotomies, major surgery, or using needles or even giving so much as a headache tablet.

First Aiders are not doctors or nurses. Basically you are for the most part, the first caregiver on the scene and after assessment, you fulfil your duties under the above definition.

What are the Principles of First Aid?

In keeping with the definition of First Aid, the three main principles of first aid are:

- Preserve life
- Prevent the condition from worsening
- Promote recovery

In keeping with the Principles of First Aid, the steps to applying it follow a well worn First Aid acronym of DRABCD:

D — DANGER

R — RESPONSE

A — AIRWAY

B — BREATHING

C — COMPRESSIONS – Perform CPR

D – DEFRIBRILLATION

What ACTIONS does the acronym DRABCD dictate you should take as a first aider?

DANGER: This means DANGER to you and the passenger who may need your first aid.

This might be dangerous gas or liquid in the vicinity, a hole in the fuselage, a hysterical partner of the passenger who is panicking, or perhaps the passenger themselves have become violent. If possible, remove the danger from the passenger, or alternatively, the passenger from the danger.

RESPONSE: Before giving first aid, you must seek a RESPONSE from the passenger.

You need to establish whether a passenger is conscious or not and create a communication channel with them, if at all possible. A passenger who has suffered a heart attack, for example, may not be able to verbalise or even look at you, but they are still conscious. So first up, let them know you are there by clapping your hands and asking, 'Can you hear me?' If you receive no reaction, touch/stroke their leg with your foot or outstretched hand at a safe distance in case they react negatively. If you still get no reaction, approach and shake their shoulders, and gently but firmly push your thumbs into their shoulder/neck area. You're not trying to hurt them, but you <u>are</u> trying to get a reaction here. If you don't get a reaction from the pain stimulus, get into the seat beside them or bend down in the aisle while trying to verbalise with them, put your hands in theirs (both hands in case they have had a stroke with paralysis to one side of the body) and ask them to squeeze each of your hands. If you get a response, you must ask for permission before providing any further assistance.

If a passenger is unconscious, you have 'implied permission' to help them, following the definition and principles of First Aid.

NOTE 1: Tell another crew member to inform the captain. Obviously, you can only give partial information at this stage, but information such as, 'We have a non-responsive, collapsed passenger in row 28," will be enough for the captain to initiate a course of action. One of the crew will then be responsible for keeping the captain updated on the progress of the situation.

NOTE 2: At this stage, you or one of the crew would make a Public Announcement (PA) seeking qualified medical assistance from the other passengers. Calm the ill or injured passenger if conscious, and then assess and treat any life-threatening injuries or conditions pursuant to your first aid training.

AIRWAY: Means to ensure the passenger's airway is open and clear by correctly positioning them if required. You do this by lifting the chin and tilting the head back. This action lifts the tongue from the entrance to the air passage, allowing the passenger to breathe.

TOM'S COMMENT 1: ***An aircraft seat is a confined place and very restricting, so if you need to (i.e. they are unconscious and not breathing) try lifting their head if they are slumped forward, and if you don't succeed in re-establishing an open airway, get them out of the seat quickly and into the aisle where you can continue your first aid response. This will normally take at least two people, and ideally, you would take the affected person to the galley where you will have the most room in which to provide first aid to this passenger. If this is not possible, you will just have to lay them in the aisle and do the best you can.***

TOM'S COMMENT 2: ***If you need to conduct CPR, this also very probably will require two first aiders to accomplish; however, even this could be difficult to do, as is described in the cookie cutter training you will receive from an RTO. Think about it: The pitch of some aircraft economy seats (the distance from the front of one seat to the back of another) doesn't even allow a person to stand straight up between them, so how on Earth are you going to kneel between them to conduct CPR. And if you can't move them to a galley, you're going to have to start thinking outside the box if you have any hope of saving a passenger who just suffered a recoverable heart attack.***

So what do you do to be able to get to the centre of the passenger's chest and start compressions in such a confined area? Let me stress that you put your pride, 'ladyness' or mind in your cabin bag, straddle the person's face if need be, and just start compressions. The time for discussion is later, and I can bet that if you bring this passenger back, they are not going to care that you had your bum in their face, only that you just saved their life!

> *To check for a clear airway, you have to physically look into their mouth to ensure there is no blockage (typically this is vomit, although possibly food or a foreign object). If necessary, tilt their head to one side and scoop out the obstruction. Then, tilt the head backwards again to ensure an open and clear airway.*

BREATHING: Ensure the passenger is breathing.

> *Look, listen, and feel. You want to look to see if the passenger's chest rises. You listen to hear if they are actually breathing by putting your ear right next to their mouth and nose. This may be difficult amid the normal engine noise of the aircraft. This can be complicated further from the noise of excited passengers. Just do your best. You feel to establish whether the passenger's chest is rising and falling. This is very important because many conditions will cause a person to experience shallow breathing, where the rise and fall of the chest is only barely perceptible. You* ***do not*** *want to start resuscitation efforts on a passenger who is already breathing on his or her own.*
>
> *This assessment procedure should take you at least 10 seconds. Remember, the normal adult breathing rate is about once every three seconds. In a state of unconsciousness, it may fall way below this and you want to give yourself sufficient time to make an accurate assessment. If the passenger is breathing, place him or her into the recovery position and update the captain and ensure medical help has been arranged. Continue to monitor for signs of life, manage injuries and shock. If you find no sign of breathing, commence CPR with two quick breaths, as outlined below.*

To give two rescue breaths:

1. Wearing gloves, tilt the head back to ensure the airway is open and that the mouth is clear of any debris.
2. Place the Laderal mask or pocket mask over the passenger's mouth to prevent contamination.
3. Hold the forehead steady with the palm of one hand while ensuring the jaw is opened with a pistol-grip of your other hand (being careful not to push on the throat area or Adam's Apple), and ensure a correct placement and seal of the mask.
4. Take a full breath in and breathe into the mask/mouth and watch to ensure that the passenger's chest rises slightly in response.
5. Remove your mouth from the mask and allow the chest to fall.
6. Repeat one time.
7. Commence compressions if you cannot detect a heartbeat.

COMPRESSIONS – Perform CPR: If no signs of life are present after having just given the two quick breathes, commence CPR.

Give 30 chest compressions at a rate of 100 per minute, followed by two more breaths. This should see you complete approximately 5 cycles per 2 minutes.

- **Compression Rate** = 30 to 2 (5 cycles in 2 minutes)
- **Depth of compressions** should be 1/3 of the chest depth for all passengers, including infants.
- **Chest location of your hands** are in the centre of the rib cage on the centre chest bone (sternum) halfway between the base of the neck and the start of the lower rib cage (just above the stomach).

Continue CPR at until 1 of 4 things happen or there is an exception:

1. The passenger recovers.
2. Professional medical care becomes available and takes over.

   NOTE: This may be to pronounce that the passenger is dead.
3. You are physically exhausted.
4. The captain advises the Cabin Crew to take their seats for landing due to safety reasons.

   NOTE: The exception to the above is if a medical patient, who is accompanied by a qualified nurse escort, collapses and the escort advises that resuscitation is not to take place.

DEFRIBRILLATION: If CPR is commenced, it means you have done so because they are not breathing. A passenger who is not breathing is considered to either have no heart beat or will soon have no heart beat, and the heart is or is about to enter a state of fibrillation.

> *Fibrillation, in layman's terms, is where the heart is quivering. It is possible, with the help of a defibrillator, to restart the heart in normal beat pattern.*

Obtain the defibrillator and apply the pads to the passenger according to the device maker's instructions. Follow the voice prompt instructions.

If the passenger recovers, place them in the recovery position.

The recovery position, injuries permitting, means to lay the passenger on their side with the knee of the top side leg bent out in front of them to prevent them from rolling onto their stomach. Their underside leg is placed straight and in-line with their body.

Next, place the underside arm straight, at a right angle to their body, while their top side arm is bent at the elbow with their palm facing down, under and supporting their face so that their mouth is facing down and away for optimal fluid drain. Their head is then tilted back from their chest and down. Continue to monitor for signs of life and shock.

Remember – Never leave a passenger to whom you are providing first aid!

In keeping with the Principles of First Aid, you will now be mindful of trying to...

- Prevent the condition from worsening;
- Control bleeding;
- Dress wounds; and/or
- Immobilise large wounds and fractures.

TOM'S COMMENT: ***It is important to work down the hierarchy of the most important first aid needs of this passenger. That means a passenger could die from a bleeding wound but is unlikely to do so from a broken finger. So, address their bleeding issue before their broken finger.***

Promote Recovery

- Protect the passenger from their surrounds: This means to provide warmth or heat protection as required and shield them from danger, be it from themselves or others.
- Reassure them and promote confidence.
- Relieve them of pain and discomfort if you can.

  NOTE: Do not administer drugs. You are a first aider only and are not authorised to give any drug, including headache tablets.

- Handle all passengers gently.
- Place passenger in the correct and most comfortable position for their condition.
- Ensure the unconscious passenger is positioned correctly (in the recovery position) and never left unattended.

  NOTE: First aid does not stop until professional medical care becomes available and takes over!

- It is important that you remain calm and confident.
- Continue to ensure your safety and that of your passenger and provide reassurance to them.
- Enlist the aid of to help you.
- If necessary, get medical help whenever the situation calls for it.

TOM'S COMMENT: ***When you are on an aircraft, your help will come by way of the passengers, if any are suitably qualified. A PA requesting this help should be made a top priority.***

As a first aider, try to obtain information up front that will help those that will relieve you when the time comes. It may be the only time that the passenger you are giving first aid to can provide you or answer your questions.

Try to collect a history and look for signs and symptoms

- Do they have a history of previous illness?
- Have they had any previous attacks?
- Did they have an accident?
- Do they have any allergies?
- Ask how it happened or when the onset of symptoms began.
- Are they complaining of headache, nausea, sweating or pain?
- Do they look pale and clammy?
- Have they got difficulty with breathing?
- Do they look as though they are in pain?
- Ask for a complete list of their symptoms.
- Ask if they are carrying and need medication for any health conditions previously diagnosed by a doctor.
- Check for signs that may help signify a condition: i.e., they are grasping their left chest area.
- Make a first aid decision, give first aid treatment and arrange for any medical help necessary.

NOTE: The Captain will radio ahead if medical assistance is required upon landing.

UNCONSCIOUS PASSENGERS

You can save lives simply by opening a passenger's airway. When a passenger is unconscious, they can very easily choke on their own vomit or simply block their own airway with their tongue and die of oxygen starvation. Unfortunately, they do not realise they are not breathing and do not have the capacity to open their own airway. A simple head tilt that opens the airway is all that is needed in some cases to maintain someone's life.

Remember the A, B, C of

D — DANGER
R — RESPONSE
A — AIRWAY
B — BREATHING
C — COMPRESSIONS
D – DEFRIBRILLATION

Oxygen is vital to support life, and our most sensitive organ – our brain – can only survive undamaged for 2 to 3 minutes without a supply of O_2. Therefore, fast, immediate action is critical to your passenger's survival.

Respiration

Respiration is the act of breathing whereby air is taken into our lungs via our windpipe (trachea), and on into our smaller passages (bronchi) until it reaches our air sacs (alveoli) where some of the oxygen is diffused into our blood stream and transferred around our body to feed our organs. On its journey, blood distributes life sustaining O_2 molecules and collects waste products such as carbon dioxide and other matter to be rid from the body by exhaling.

The air we breathe is only about 21% O_2, about 78% nitrogen and 1% other gases. Curiously enough, we only use about 5% of the O_2 that we breathe in during normal breathing activities, which means that the air we breathe out contains adequate O_2 to resuscitate another passenger.

TOM'S COMMENT: ***Most of the world normally follows the First Aid guidelines that emanate from the USA, which means that changes made in the USA can take 3, 4 or 5 years to take hold as a procedure or recommendation in other parts of the world. A classic example of this is chest compressions. The recommendations for chest compressions in performing CPR have changed several times over the last 20 years. These changes were not made because previous decisions were necessarily wrong, but because new developments and evidence proves that some decisions or first aid treatments are more appropriate than others made in the past. The result of this is that things change and First Aid is about doing the best thing within our capacity as first aiders that is possible at the time. For example, one possible current change that is being discussed in the first aid field at the moment is the need to supply air to someone receiving CPR treatment.***

The reasoning to this is threefold:

- Because we only take a small amount of O_2 out of any given breath;
- We have a certain amount of O_2 (or concentration thereof) circulating in our blood that can still support life without additional input; and
- The act of CPR depresses the chest, and in effect, sets up a slight venturi affect of sucking some air into our lung system without the use of a human or mechanical ventilator.

It's important to note that our brain's respiratory centre determines the rate and depth of breathing we require, considering the demands we place on our system. Hence, we puff and pant walking or running up stairs, but wouldn't blow out a candle out watching TV.

- An average adult, under normal conditions, breathes 16-18 times per minute.
- An average child or infant breathes 20-30 times per minute.

Apart from exercise, our respiration rate can increases during stress, injury, illness or while under the effect of a drug. Simultaneously, our heart rate will increase accordingly to carry the extra oxygen around the body.

Circulation

When oxygen-rich blood is carried from the lungs to the heart, our heart pumps it to the rest of the body in blood vessels called arteries.

The collection of waste occurs via blood vessels called veins, which bring deoxygenated blood back from the tissues to the heart. The heart then (continuously) pumps this blood, via the pulmonary arteries, to our lungs, where it is re-oxygenated and carbon dioxide and other waste is removed.

Without a pulse you are in trouble

While first aiders can sustain someone's life through CPR until recovery, personal exhaustion or professional help takes over, only a self-generated pulse will maintain one's own life. A normal, healthy pulse rate at rest for men is in the 60 to 70 beats per minute range, while women are slightly higher and children and infants higher again.

It's not uncommon for a healthy heart to have a lower heartbeat than average, and in some elite athletes, a heartbeat in the 30s is not unheard of. First aiders need not check for the presence of a pulse during CPR, because if the passenger is not breathing, they either have no heart beat or soon won't have one. Hence, we need to initiate immediate CPR to ensure we don't waste time in getting critical O_2 to our most important organ, our brain. It is of importance, however, to know where a heart beat is most likely to be felt in a healthy individual.

Your pulse points are:

- The Radial pulse: Wrist
- The Carotid pulse: Neck
- The Brachial pulse: Upper Arm
- The Femoral pulse: Groin

NOTE: The pulse is best felt using the tips of your 1st and 2nd fingers.

Resuscitation

What do you do with someone who is unconscious?

First, remember the acronym of DRABCD and the actions you should take:

D — DANGER
R — RESPONSE
A — AIRWAY
B — BREATHING
C — COMPRESSIONS
D – DEFRIBRILLATION

If the passenger is breathing, place them in the recovery position and monitor.

Remember – never leave a passenger to whom you are providing first aid.

General Rules for Treatment of an Unconscious Passenger on an Aircraft

- Open airway.
- Clear mouth of food, vomit or foreign bodies.
- Loosen tight clothing around neck and waist.
- If breathing stops, give two quick breaths and commence CPR.
- Control any serious bleeding.
- If breathing returns, place in recovery position.

- Place on O_2 at 4 lts/min and check breathing regularly.
- Keep the captain informed.

NOTE 1: Do not place anything in the mouth of an unconscious passenger.

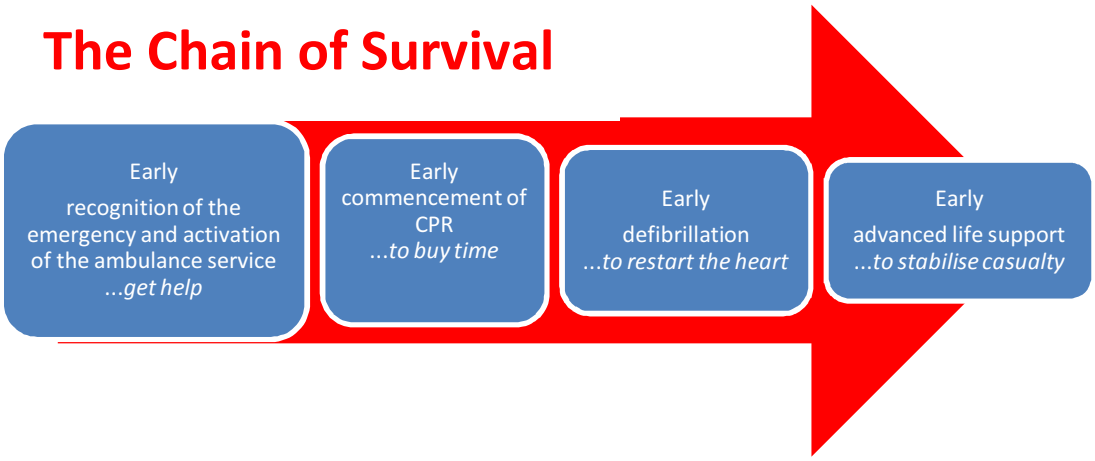
NOTE 2: Never leave the passenger receiving first aid unattended.

Resuscitation of Children and Infants
Resuscitation is the same except for the following pointers.

Remember the lungs of infants and children are smaller and the chest area far more fragile. When giving air and performing chest compressions remember these two points:

- **For babies up to 1 year:** Give puffs of air, not full breaths, and use two fingers for chest compressions, not your hands
- **For children aged 1 year to 8 years:** Give small breaths, not full breaths, and use one or two hands for chest compressions, based on frame size. Do not automatically use two.

Success in first aid is all about what they refer to as the "The Chain of Survival":



<u>Some Common Causes of Unconsciousness</u>

- Asphyxia
- Choking
- Diabetic (hypoglycaemia)
- Epilepsy
- Fainting
- Head injuries
- Heart attack
- Infantile convulsions
- Poisoning
- Shock
- Stroke

THE CHOKING PASSENGER

Choking, for most us, happens when food doesn't go down the way it should; that is, it goes down the windpipe instead of into the stomach, and the airway becomes partially or totally obstructed. However, choking can also be caused by muscular spasm, allergic reaction, or when children put objects inside their mouths that they shouldn't.

Obviously, this is not a good condition to be in, and any obstruction should be removed as soon as possible. While this might seem self-evident at the time, the choking passenger may be in a varied state of panic, which will make your job more difficult. Before any physical action is taken, the passenger first should be encouraged to try to cough the obstruction out.

Signs and Symptoms of Choking

- The passenger will be in an obvious state of distress, possibly gasping and noisy;
- Possibly unable to breathe or speak and may be gripping at the throat;
- Congestion of face and neck with veins becoming prominent; and/or
- Blueness of lips and mouth; may become unconscious.

Treatment for Partial Airway Obstruction

- Reassure and encourage the passenger to cough and expel the foreign body.
- Give tepid water, if requested.
- Stay with the passenger until full recovery has occurred.

Treatment for Total Airway Obstruction (Conscious Passenger)

- Give the conscious passenger up to five glancing blows to the upper back area between the shoulder blades with your open palm. Check for success after each back blow.
- With an adult or child, stand them against a flat surface (aircraft door) and put your palm in the centre of their chest and give a short, sharp compression or chest thrust. The idea is to compress the chest area two or three inches (5 to 8cms) to force the obstruction out. Repeat 2 or 3 times.
- For a baby, lay them face down across your lap for the glancing back blows, but be careful to adjust the amount of force that you use.
- If unsuccessful, give the infant up to 5 chest thrusts by either laying them face up on your lap, on a flat surface or holding them upright and supporting their back and head and putting the ends of your fingers in the centre of their chest, and give a short, sharp compression or chest thrust. Again, be mindful to adjust the force that you use.
- Call for medical help and arrange for an ambulance to meet the plane upon landing.

Total Airway Obstruction (Unconscious Passenger)

- When the passenger is unconscious, go straight into DRABCD quickly.
- When you give the two rescue breaths, remember that there may be some resistance to inflations due to a possible object that is lodged down the wind pipe that you can't see.

  TOM'S COMMENT: ***Don't worry about blowing this into a lung – this can always be removed by a professional after breathing has been restored. The important thing at this stage is that the passenger regains the ability to breathe. Removal of the object later will be a small inconvenience that the passenger will live to talk about later because of your first aid response.***

- Continue first aid until medical assistance arrives.

NOTE: Use caution when removing any obstruction from the throat of infants to avoid pushing the obstruction further down their throat.

BURNS AND SCALDS

Burns and scalds to skin and body are caused by various means such as:

- Alkalis such as caustic soda, quick lime
- Chemicals such as sulphuric and hydrochloric acids
- Dry heat such as fire and hot metals
- Electrical such as aircraft power supply or lightning strike

  TOM'S COMMENT: ***While I have never heard of a passenger on an aircraft being struck by lightning, aircraft are regularly struck by it.***

- Radiation such as sunburn *(spending a tad too long around the hotel pool before catching their flight home!)*
- Friction such as that from skidding on carpet or using an aircraft slide
- Hot liquids such as tea, coffee, soups
- Steam

Signs and Symptoms

- Burns and scalds of any sort are painful and can range from being classed as superficial, which may be a slight reddening to the skin, right through to a full-thickness skin burn or may even involve deep tissue and nerve ending damage.
- Loss of plasma.
- Shock – the degree of shock is dependent on the degree of the burn and the size of area burned.
- Dehydration.
- Infection.
- Scarring and deformity may subsequently occur.

Treatment for Minor Burns and Scalds

- Remove the passenger from any further danger and cool the burn as quickly as possible with cool running water or a cold wet towel for at least 10 minutes, or as long as necessary to cool the area and reduce pain.
- Remove any rings, watches, belts, shoes and clothing to prevent further burning and to relieve any constriction, especially before the injured area starts to swell.
- Do not break blisters, as they are the body's own defence system and very important to the healing process.
- Do not apply burn creams, fats, lotions, ointments, butter or anything else to the injured area.
- Do not apply adhesive dressings.
- Apply a sterile dressing.

Treatment for Severe Burns and Scalds

Treat the area the same as for minor burns and scalds and then:

- Immobilise a badly burned limb.
- Treat for shock and arrange for medical assistance upon landing.

NOTE: Do not remove any charred clothing from the burned area, as this may remove skin and tissue as well.

BLEEDING AND WOUNDS

The average adult has six litres (ten pints) of blood circulating in the body. Blood is made up of red cells that carry oxygen, white cells that fight infection, blood clotting agents called platelets, and plasma that is the fluid that blood cells travel in around the body.

The heart is the pump that makes blood circulate around the body at pressure, and this pressure varies dependant on the strength of the heartbeat and the condition of the blood vessels. Blood pressure can be lost through a loss of blood volume and can cause failure of the vital organs to function properly, and the signs and symptoms of shock may develop.

Blood pressure can also become too high (common as age increases) due to hardening of the arteries, or a rupture of a blood vessel may occur with possible internal bleeding (e.g., cerebral haemorrhage, which is a form of stroke).

Controlling Blood Loss

- Immediately apply pressure and elevation (injuries permitting). Pressure restricts and minimises blood loss and assists in blood clotting; elevation reduces the local blood pressure and blood flow.
- It is preferable to apply pressure directly to the wound, but if it is difficult to do so because of protruding bone or an impaled item, apply pressure around or above the injury for at least 10 minutes, as it takes time to halt the flow of blood and for the process of clotting to begin.
- Do not remove a foreign body if it is not easy to do, as this could cause further damage. Simply apply pressure around the object and raise and support the affected area.

NOTE: Never apply a tourniquet.

Types of bleeding:

We bleed in two ways: via our arteries and via our veins. When we have an arterial bleed, our blood will be full of oxygen and appear bright red in colour and spurt in time with our heartbeat. When we have a venous bleed, our blood will be depleted of oxygen and appear dark red or purplish in colour. Both types of bleeding are treated in the same manner.

NOTE: Ruptured capillaries under our skin can cause bruising

Nose Bleeds

Signs and Symptoms

The common nose bleed is pretty obvious to spot and can be caused by a forceful external hit, forceful exhaling blow, small rupture of weak-walled blood vessels in the nose or even the humble nose pick for the elusive boogy. If, however, the passenger has suffered a skull fracture, this is obviously more serious and there may be a mixture of blood and a clear watery substance that could be cerebral spinal fluid.

Treatment of a normal 'run of the mill' nose bleed

- Instruct the passenger to lean their head forward.
- Wearing gloves, loosen any tight clothing around the neck and chest for comfort.
- Open overhead air vents.
- Supply tissues or napkins and advise the passenger to breathe through the mouth and then pinch the end of their nose for 10 minutes.
- Check for bleed stoppage after 10 minutes and reapply pressure if required, in 10 minute intervals.
- Advise the passenger when the bleeding stops not to blow their nose for as long as they can to avoid disturbing the blood clot that has stopped the bleeding.

NOTE: If nose continues to bleed after 30 minutes seek further medical aid.

Major External Bleeding

Signs and Symptoms

- Visible evidence of major external blood loss and signs and symptoms of shock.
- The passenger's face and lips become pale and they will begin to feel faint and giddy.
- They will feel cold and clammy and their pulse begins to beat faster but weaker.
- They may complain of thirst and may become restless and talkative.
- Their breathing may become shallow, sometimes accompanied by yawning and sighing with eventual possible unconsciousness.

Treatment

- Using gloves and a clean cloth (preferably a sterile dressing), apply direct pressure on bleed and around foreign bodies to control bleeding (do not remove foreign bodies).
- Elevate and support the wound, if possible.
- Add additional padding as required to stop the flow of blood, but not the circulation, and firmly

secure with a bandage.

- If bleeding continues or seeps through the first bandage, apply a second bandage over the original, ensuring pressure is being applied to the bleed.

  NOTE: Do not remove original dressing

- Seek medical assistance as immediately as possible.

SOFT TISSUE INJURY – DUE TO A SEVERE BLOW OR FALL

Not all soft tissue injuries are obvious. Severe injuries may swell and bruise.

Treatment

For treatment of a soft tissue injury, just remember **RICE**:

Rest the passenger or immobilise the injury

Ice the area to minimise swelling

Compression bandage to immobilise and compress the injury to minimise swelling

Elevate the injury to lessen blood flow and swelling to the area

Sprains

A sprain is damage to a joint most often caused by wrenching or tearing of its ligaments and tissues.

Signs and Symptoms

- Obvious pain at the joint
- Swelling, possible dislocation and later bruising
- Inability to use the joint as normal due to great pain

Treatment

RICE

Rest the passenger or immobilise the injury

Ice the area to minimise swelling

Compression bandage to immobilise and compress the injury to minimise swelling

Elevate the injury to lessen blood flow and swelling to the area

FRACTURES

There are two main types of fracture: open and closed.

Open Fracture

Open fractures are fractures that break through the surface of the skin, exposing the fractured bone or bones to possible infection from the surrounding environment. Bleeding may be evident.

Signs and Symptoms

- The snap of the bone may have been felt or heard by the passenger, or you may witness possible deformity at the site of the fracture.
- Pain at or near the site of injury increased by movement.
- Swelling and later bruising of the injured part.
- Signs and symptoms of shock.

Treatment of Open Fracture

- If bleeding, first apply pressure as best you can around the protruding fracture.
- Place ring pad over protruding bone and bandage around fracture.
- Immobilise fracture.
- Arrange for the passenger to be transported to medical treatment upon landing.

Closed Fracture

- Closed fractures are fractures that don't break the skin, but damage may be done to surrounding muscles, tendons and blood vessels causing the affected part to swell due to internal bleeding.
- Signs and symptoms of shock.

Treatment of Closed Fracture

- Minimise any movement of the injury.
- Passenger should not be moved until the affected part has been properly immobilised.
- Arrange for passenger to be transported to a medical treatment facility.

NOTE: Treat any breathing difficulties or unconsciousness before you treat fractures.

Upper Arm Fracture

- Immobilise passenger and sit them down in the most comfortable position possible.
- Gently support the forearm of the injured limb with a broad-fold arm sling and rest over the chest with padding between it and the arm.
- If transporting the passenger in other than an ambulance and he or she is in obvious pain, secure the limb to the chest with a broad-fold bandage over the sling, close to the elbow (but not over the site of the fracture) to prevent further movement. Tie the knot in front of the uninjured side.
- Check circulation.
- Arrange for passenger to be transported to a medical treatment facility.

Treatment of a Fractured Arm (Elbow Not Involved)

- Gently support the forearm of the injured limb with a broad-fold arm sling and rest over the chest with padding between it and the arm.
- If the wrist or forearm is injured, place in fold of soft padding.
- If further support is necessary, secure the upper limb to the chest by broad bandage applied over

the sling and tied in front on uninjured side.

Treatment of a Fracture of the Hand and Fingers

- Support and elevate limb in sling.
- Protect injured hand by placing in fold of soft padding.
- If further support is necessary, secure the upper limb to the chest by broad bandage applied over sling and tied in front on uninjured side.

Lower Leg Fracture

Treatment of a Lower Leg Fracture

- Lay the passenger down gently and allow him or her to adopt the most comfortable position.
- Immobilise and support fracture with padding.
- If necessary, gently expose the injured leg to identify open or closed fracture.
- If further support is necessary, move the uninjured limb next to the injured limb and strap both limbs together below and above the fracture with padding between the limbs.
- Monitor for shock.
- Check vital signs.
- Arrange for passenger to be transported to a medical treatment facility.

HEAD INJURIES

All head injuries should be treated as serious and seen to by a medically qualified passenger or suitably qualified person as soon as possible after landing.

A passenger who has suffered a head injury cannot properly self-diagnose, and while it may appear that they are 'normal,' concussion can only be safely diagnosed by a medical professional.

Signs and Symptoms

- Brief or partial loss of consciousness following a blow to the head.
- Dizziness or nausea upon recovery.
- Loss of memory of events at the time of or immediately before the injury.
- A mild to severe headache.

Treatment

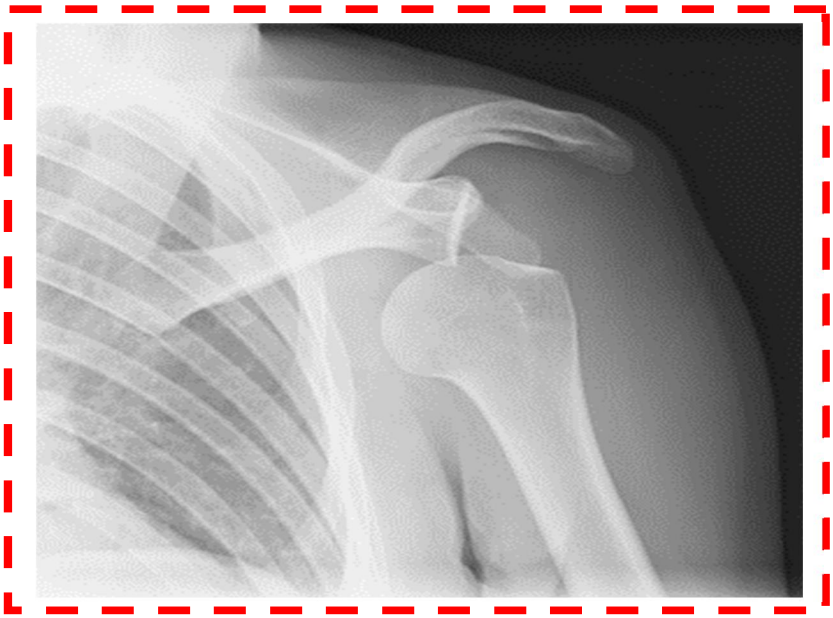
- Commence DRABCD.
- If the passenger regains consciousness within three minutes, watch closely for any deterioration in their level of response.

DISLOCATION

Definition - A dislocation is the displacement of one or more bones at a joint.

Joints subject to dislocation:

- Elbows
- Knees
- Wrists
- Hips
- Fingers
- Shoulders
- Thumbs
- Lower Jaw



Signs and Symptoms

- Often, severe pain at or near the joint, and the passenger is unable to move the limb.
- Malformed in character to the look, with deformity and abnormal appearance of joint.
- Swelling and bruising usually happens quickly.

Treatment

- Treat the same as a closed fracture.
- Support and secure dislocated part in the most comfortable position using cushions, bandages or slings as appropriate.
- Arrange for passenger to be transported to a medical treatment facility.

NOTE: Do not attempt to put dislocation back into position

ASTHMA

Asthma is a condition in which the muscles of the air passages go into spasm, constricting the passenger's ability to breath, particularly exhaling. Asthma attacks can be triggered by nervous tension, allergy or for no particular reason. Asthma sufferers usually carry their own inhaler medication to ease breathing, and as a rule, generally know how to cope with an attack.

Treatment

- Calm and reassure and asthma suffer to reduce their stress.
- Advise the passenger to sit down and lean slightly forward to ensure a good air supply.
- Allow the passenger to take his or her own medication.
- Give O_2 at 4 litres/min if required.

HIGH BLOOD PRESSURE

High blood pressure is the gateway to heart trouble and is caused by the heart working harder than it should have to in squeezing blood through less than perfect blood vessels throughout the body.

The causes of high blood pressure include:

- Being overweight
- Smoking
- Drinking too much
- Lack of exercise
- Stress and heredity factors

TOM'S COMMENT: ***Flying avails you of a great lifestyle, and you can be tempted to lead the high life for way too long. Don't let your health and fitness slide. You can and should have a good time, and while you must not drink 8 hours prior to working ("8 hours bottle to throttle"), you will quickly find that flying after a hang-over is not fun.***

NOTE 1: You must not have any alcohol in your system at any moment you are at work. All workers are subject to random drug and alcohol checks. A point to remember also is that the operational environment that you work in at altitude will severely affect your performance if you are dealing the effects of a hang-over. Don't do it to yourself or your work mates.

NOTE 2: International flying can play havoc with your circadian rhythms. A circadian rhythm is roughly the 24-hour cycle of your body clock that includes your biochemical, physiological, eating, sleeping and behavioural processes. Your circadian rhythm is linked to the light–dark cycle, which in turn governs core body temperature (CBT) and melatonin secretion. While it is recognised that CBT has a regulating affect on our sleep process, melatonin, a hormone produced naturally in the pineal gland at the base of your brain, is also important in regulating your sleep, or more importantly, the depth, length and quality of sleep you get.

Flying internationally, particularly in an easterly or westerly direction where you fight the clock, can play havoc on how you feel. When you make or lose too much time, it disrupts your natural circadian rhythm. Personally, I find more than about 3 hours either east or west of your home time clock gets hard to manage and adjust to. Any disruption to rhythms, however, usually has a negative effect; many travellers and crew alike will experience the condition known as jet lag, with its associated symptoms of fatigue, disorientation and insomnia.

While a 3 hour time change is small in international travel speak, 6 hours is a handful to manage, and 12 hours, of course, is the maximum you can get away from your normal 24-hour routine, and it can cause mayhem to any sense of 'normality' in your day. You'll find you'll be eating eggs and cereal for the evening meal and having a beer for breakfast, and many variations in between.

Hence, anything you do that affects the 'normal' operation of your body (circadian rhythm) has a multiplying affect on you. Alcohol (at least too much alcohol), lack of sleep, lack of exercise, and if you are silly enough to smoke or take drugs, all of these will be telling factors on how you feel and function when you travel internationally.

TOMS COMMENT: ***Everyone has their own management program, but here are some tips that I have found to cope with interruptions to my natural body clock or my circadian rhythm.***

- ***Drink plenty of water***
- ***Drink plenty of fresh fruit and vegetable juices***
- ***Avoid tea/coffee***
- ***Avoid full strength alcohol and minimise intake, particularly 24 hours before your next flight***
- ***Stick to a healthy diet, including plenty of fruit and veggies or salads***
- ***Exercise at least moderately whenever you can, preferably daily***

- ***Sleep when tired***
- ***Ensure your sleeping room is as dark as possible***
- ***Avoid mind-numbing, brain-wakening TV; sleep, read or exercise instead***
- ***Organise a hotel room wake-up call***
- ***Set your own alarm clock***

DEEP VENOUS (VEIN) THROMBOSIS (DVT)

Deep venous thrombosis is a condition in which a blood clot forms in a vein that is deep inside the body, usually in the lower legs. Prolonged immobility and reduced blood flow may lead to DVT. Movement of limbs on longer flights is recommended to combat the effects of possible DVT.

Contributing Risk Factors

- Smoking
- Overweight/varicose veins
- Elderly
- Oral contraceptives/Hormone treatment
- International travel and associated lack of movement
- Frequent aeroplane travel of any length, particularly in cramped positions
- Bed rest or too much of it in the recent past
- Surgery/Surgical recovery - Recent major surgery, injury affecting lower limbs or abdomen
- Injury recovery

- Pregnancy/Childbirth

Measures to help prevent DVT:

- Drink plenty of fluids
- Don't smoke
- Avoid alcohol and caffeine
- Avoid crossing legs when seated
- Exercise and move limbs regularly
- Wear loose fitting clothing

NOTE:

- Aspirin may aid in the prevention of DVT (doctor's approval required)
- Anti-coagulant medication prior to flying may help in the prevention of DVT (doctor's approval required)

What are the Signs and Symptoms?

- Often, DVT goes unrecognised by people with the condition, with only about half of those that do have it showing obvious signs and symptoms. These can vary with the severity of the condition.
- It is more common for DVT to cause pain and swelling in the lower body, typically in one or both legs. It is far less common in the upper limbs.
- Often, there is tenderness in the affected area and an increase in skin temperature of the affected limb.
- Possible redness in the leg and bluish skin discoloration with discomfort when the foot is pulled upward.

DVT can also mimic other medical conditions, such as:

- Muscle aches and tears
- Blood clots in arteries
- Arthritis
- Bone fracture
- Lymphedema - swelling in the hands and feet caused by excess fluid retention

Treatment

Seek medical advice, as treatment usually requires hospitalization and can involve bed rest, compression stockings and blood-thinning medications.

HEART ATTACK

A heart attack is a blood clot in one of the arteries.

Signs and Symptoms

- A sudden vice-like, crushing pain in the centre of the chest (often mistaken for severe indigestion), which can spread to the throat, jaw, arms, abdomen or back.
- Sudden dizziness or giddiness or unconsciousness, where breathing and heartbeat may stop
- Skin may be pasty, lips and extremities may become blue
- Prolific sweating
- Fast pulse, which can become weaker and irregular over time, or possibly fail completely

Treatment

- Immediate DRABC
- Do not move unnecessarily
- If the passenger is conscious, calm and reassure them
- Loosen any restrictive clothing around the neck, chest and waist
- Place the passenger in a half-sitting position and allow them to adopt a comfortable position with their head and shoulders supported and knees bent
- Administer oxygen 4 lts/min
- Check breathing regularly
- Place passenger in recovery position if they become unconscious
- Arrange for medical assistance
- Update the captain regularly about the passenger's condition

NOTE: Always seek any medical assistance on board by way of PA

Angina Pectoris

This is a disease of the heart whereby diseased coronary arteries deliver insufficient blood (oxygen) to the heart muscle. This is commonly brought on by exertion or strain and can even be bought on by the worry of flying and a pressurised aircraft cabin where the partial pressure of oxygen is reduced at altitude.

Signs and Symptoms

- Pain in the chest, often spreading down the left shoulder to arm and fingers
- Skin may be pasty and lips may be blue
- Passenger may be short of breath and feeling weak

Treatment

- Many people who suffer from angina will carry medicine for this condition
- Flight attendants should always ask the passenger if they have their medication and let them take it as required, ASAP
- Allow passenger to rest and make them as comfortable as possible
- Give oxygen at 4 lts/min
- Rest and reassure the passenger

Cardiac Arrest

This is where the heart stops beating often at as the result of extensive coronary obstruction and death is imminent without immediate intervention

Signs and Symptoms

- Passenger is 'unconscious' and/or non-responsive
- Breathing will be absent
- Skin may be pasty

Treatment

- Initiate immediate DRABC
- Seek medical advice

STROKE

A stroke occurs due to bleeding in the brain (cerebral haemorrhage or cerebral thrombosis)), which is a blood clot in the brain. When a person has a stroke, brain cells are damaged and this can result in paralysis to various parts of the body, usually on one side. Speech problems are common after a stroke, and while many people recover from having a stroke, strokes can also be fatal.

Signs and Symptoms

- More common in older people – middle-aged and above
- Flushed in appearance
- Has difficulty in talking
- Complains of headaches and dizziness
- Weakness or paralysis down one side of the body may occur
- Can quickly become unconscious with noisy breathing

- Widely dilated or unequal pupils are often seen with this condition
- Strong pulse

Treatment

- Immediate DRABC. If unconscious, place in the recovery position on the affected side.
- If conscious, rest, reassure and keep the passenger's head and shoulders slightly raised and place a towel on their shoulder to absorb any moisture emitted from the mouth.
- Give oxygen 4 lts/min.
- Seek immediate medical advice.

NOTE: Always seek any medical assistance on board by way of PA

SHOCK AND STRESS REACTIONS

Shock is used to describe two different conditions, both of which have the same signs and symptoms.

Nervous Shock

This is a condition that may be accompanied by nausea or vomiting and often results in dizziness or unconsciousness. The passenger will have a temporarily weak pulse and a dramatic fall of blood pressure, but recovery occurs within a few minutes. It can be caused by a painful injury, hearing unexpected bad news or the sight of a terrifying incident.

Traumatic Shock

This is condition that can be immediate or delayed up to several hours after an incident. Once traumatic shock sets in, it can progressively increase in its severity and can lead to a life-threatening situation and therefore requires immediate recognition and early care by the first aider.

Signs and Symptoms

- Passenger complains of weakness, dizziness and nausea.
- Skin will be cold and clammy and shivering can occur.
- Pulse and breathing rates increase.
- Passenger may appear dazed and reactions become very slow.
- May complain of being thirsty.
- May yawn.
- Condition may progress to UNCONSCIOUSNESS.

Treatment

- Immediate DRABC.
- If conscious, lie passenger down with head low and to one side, with the exception of shock from chest injuries, wherefore you should allow passenger to adopt the most comfortable sitting position.
- Elevate lower limbs if injuries permit.
- Rest and reassure passenger.

- Loosen tight clothing, cover with a blanket to keep warm, but do not overheat.
- Give oxygen at 4 lts /min.

NOTE: Elevation of the lower limbs keeps more blood around the heart to feed vital organs such as the brain, which is particularly vital when shock is accompanied by severe blood loss.

When Dealing with Shock:

- Recognise quickly and treat immediately.
- Do not give fluids – moisten lips with a wet towel if they are dry and thirsty.
- Do not allow them to eat.
- Do not allow them to smoke.
- Cover with a blanket but do not overheat.

NOTE: Always seek any medical assistance on board by way of PA.

Anaphylactic Shock

This is an allergic reaction within the body that is serious and potentially fatal. It can be the result of:

- The ingestion of a particular drug or food.
- The sting of an insect (bees are common).

Anaphylactic shock can cause:

- Substances to be released into the blood that dilate blood vessels and constrict the air passage.
- Blood pressure to fall dramatically and breathing to become labored.
- Swelling of the face and neck and the risk of suffocation.
- A reduction in the amount of oxygen reaching the vital organs.

Signs and Symptoms

- Anxiety
- Rapid pulse
- Possible difficulty with breathing, swelling of the face and neck and puffiness around the eyes
- Possible widespread red, blotchy skin eruptions

Treatment

- Immediate DRABC.
- The passenger urgently needs oxygen and a life-saving injection of adrenaline.
- There is no specific first aid treatment beyond assisting breathing and minimising shock until specialist help arrives.
- Ask the passenger if they have an “EpiPen.” Many people with severe allergies keep a special injectible Epipen on their person in case of exposure to the allergy-causing substance. The passenger should be able to self-inject if necessary.

STRESS

Stress Reactions

- Stress reactions can be many and varied, with the most common being one of emotional hysteria, demonstrated by laughing, crying, shouting, silence, vagueness or any number of reactions inappropriate to the situation.
- Passenger may lose temporary use of limbs or suffer hyperventilation.

Treatment

- Try to isolate passenger out of view of others.
- Take a firm attitude and gain control of the passenger.

NOTE: Do not slap the passenger back into reality.

FAINTING

This is a mild form of shock and can be caused by:

- Emotional upset
- Pain
- Prolonged standing
- Excessive heat
- Low blood sugar
- Low blood pressure

Signs and Symptoms

- Paleness and cold sweat
- Giddiness, nausea, yawning
- Unconsciousness

Treatment

- Immediate DRABC.
- Raise the legs.
- Monitor and reassure passenger.
- Increase air flow by adjusting air vent or fanning with a newspaper or magazine.

SEIZURES

Epileptic Seizure (Major)

An epileptic seizure is caused by an electrical disturbance in the brain and can vary in severity with each individual. Ideally, epilepsy is controlled by prescription medication.

Signs and Symptoms

- Onset is often accompanied by a warning sign such as headache, blurred vision, or strange smells.
- The passenger may shout a cry, become stiff and rigid or even stop breathing for 30-60 seconds with eyes staring and their face flushed.
- The passenger may thrash about in convulsions with possible foaming at the mouth. They may injure themselves and often pass urine.
- Passenger is often very tired after the seizure and will sleep.

Treatment

- Don't restrict movement but do prevent the passenger from injuring themselves.
- Try to ensure privacy as passenger may soil or wet themselves.
- Allow the passenger to sleep and to wake up naturally.
- Time the seizure(s).
- If a second seizure follows, seek medical assistance immediately.

NOTE: Do not put anything in a convulsing passenger's mouth.

Epileptic Seizure (Minor)

There is the mild form of epilepsy in which a brief electrical disturbance to the brain can cause a momentary blurring of consciousness that resembles daydreaming. On recovery, the passenger may simply have lost the recent memory of what they were doing. It is not uncommon for a major seizure to follow a minor one.

Signs and Symptoms

- Sudden 'switching off,' accompanied by a blank stare.
- Slight twitching movements of the lips, eyelids or head.
- Odd movements such as lip smacking, chewing, making odd noises, or fiddling with clothing.

Treatment

- Protect the passenger from any possible sources of harm until fully recovered.
- Give reassurance if the passenger does not recognise or know about their condition.
- Advise them to seek medical help.

Infantile Convulsion

Seizures caused by high body temperature, usually due to infection and while alarming in nature are rarely fatal.

Signs and Symptoms

- Twitching of muscles
- Congestion of head and neck, upturned eyes
- Stiffness and rigidity of head and spine
- Holding of breath, frothing at the mouth

Treatment

- Turn on air vents, remove all clothing and use a tepid sponge to lower temperature but don't allow the infant to become too chilled.
- When seizure has stopped place the child in the recovery position.
- Reassure the parents.

DIABETES

Diabetes is caused by a disorder of the pancreas. It is a condition where the body cannot produce enough of the hormone *insulin*, which regulates the absorption and storage of sugar in the body. Insulin by tablet or injection is used to control a diabetic's sugar energy needs on a daily or as needed basis.

Most diabetes suffers use a **Glucometer** to monitor their blood glucose level. Diabetics can suffer from either too much or too little insulin in the blood. The more common emergency of the two is hypoglycaemia.

Hypoglycaemia (Low Blood Sugar)

Low blood sugar is likely to occur if the passenger has not eaten enough of the correct food, has missed a meal or taken unaccustomed exercise. It can develop quickly but also remedied just as fast with rapid detection.

Signs and Symptoms

- A feeling of dizziness, weakness and hunger
- May look pale and have a rapid pulse
- Appear confused or aggressive
- Be numb around the lips and fingers

If no treatment is given, the passenger may become unconscious.

Treatment

- If a passenger is too confused to help themselves, give them something sweet, either dry like candy or in a drink, preferably a fizzy beverage like Coke, Fanta or Solo.

  CAUTION: Do not give a sugar-free or artificially sweetened drink.

- Give several teaspoons of sugar dissolved in a glass of water or orange juice.
- Give something sweet to eat like a candy bar and follow up with a small meal.

NOTE: Diabetics often wear a medic alert bracelet or carry identification cards.

Hyperglycaemia (High Blood Sugar)

High blood sugar is not an emergency situation; however, if left untreated a passenger could become unconscious within 24 to 36 hours from onset. Check when medication was last taken.

Signs and Symptoms

- Thirst
- Need to urinate
- Hot, dry skin
- Dirty breath

Treatment

- If conscious, allow the passenger to self-administer their required insulin.
- Give water or sugar-free drinks.
- Arrange for medical treatment.

NOTE 1: If a diabetic passenger becomes unconscious, treat as any unconscious passenger and arrange for medical assistance.

NOTE 2: If you are unsure if the passenger is suffering from high or low blood sugar, treat as though it is low. A sweet drink or food will not cause undue harm.

POISONING

The effects of a poisoning can range from slight sickness to unconsciousness to critical; so act quickly!

TOM'S COMMENT: ***Food poisoning is often the cause of accidental poisoning. And while you will likely be taught safe food handling as a RPT Flight Attendant, it will be a module of learning if you are looking to become a Corporate Flight Attendant. To learn more about Corporate Flight Attendants, visit my website:***

http://www.flight-attendant-careers.com/corporate-flight-attendant-training.html

Signs and Symptoms

- Stomach pain
- Feelings of being sick/vomiting
- Breathing difficulties
- Change of skin colour/jaundice
- Unconsciousness

Treatment

- Immediate DRABC.
- Obtain details of what happened and how – listen, but do not give moral advice.
- Arrange for medical treatment.

NOTE: To avoid the possibility of the flight deck becoming affected by food poisoning it is important that they have different meals to each other.

Alcohol Poisoning

Alcohol poisoning should never become an issue in flight. Certainly, alcohol can cause in-flight problems that should be immediately handled, and the service of alcohol to any intoxicated or impaired passenger should be ceased immediately.

NOTE: The effects of alcohol are increased at high altitudes.

EYE INJURY

Any eye injury is to treated delicately and only when absolutely necessary, as these organs are tender and vital to sight.

Signs and Symptoms

- Pain
- Redness or irritation
- Vision impairment

Treatment

- Keep the passenger's head still.
- Ask the passenger to try and keep eyes still.
- If irritated by fluid entry, flush with water.
- If penetrated by an object, do not remove the object.
- Dress eye and block light entry if possible.
- Arrange for medical treatment.

AIRSICKNESS

This is your most prevalent sickness on board an aircraft, despite what some people say about the food. Air sickness can be brought on by turbulence, flying motion, alcohol, confined spaces or good old fear of flying. For the most part, you can't do much other than to give care and attention and possibly find the underlying cause and provide reasoning from a flying perspective in attempt to settle the passenger's concerns or embarrassment.

Treatment

- Ensure the passenger has a sick bag and replace as often as necessary.
- Open air vent.
- Loosen tight clothing.
- Avoid any alcohol consumption.
- Give water and ice cubes to suck on.

NOTE: Wear gloves and with scarcity through your mouth!

PREGNANCY

All airlines have a carriage of pregnancy policy. Typically, a doctor's certificate for travel must be obtained after the twenty-eighth week, and pregnant women will be refused travel past 35 weeks, less if carrying more than one bub.

TOM'S COMMENT: ***Birth on onboard occurs from time to time but is quite rare. However, if this event starts to happen on your flight, act promptly. Early diversion gets medical help quicker. Birth can take minutes or hours, sometimes even more than a day, depending on many circumstances.***

Treatment

- Advise the captain immediately.
- Make a PA for medical assistance.
- Ensure as much privacy as possible.
- Allow the mother-to-be to adopt the most comfortable position and reassure her.
- Supply moisture-absorbent material (blankets, pillows, napkins, etc.).
- Arrange for medical treatment.

NOTE: Don't smack the baby! (Or anybody else!)

Miscarriage

A miscarriage is the loss of a baby (foetus) at any time before the twenty-fourth week of pregnancy. Some pregnant women experience a 'threatened miscarriage' with slight vaginal bleeding. Any miscarriage can bring on severe bleeding and shock.

TOM'S COMMENT: ***The woman will be in obvious distress and understandably frightened. She may even try to cover up her condition and reject your help. For obvious reasons, you should try to have a female flight attendant attend to this passenger.***

Signs and Symptoms

- Cramp-like pains in the lower abdomen or pelvic area
- Signs of shock
- Vaginal bleeding, possibly sudden and profuse
- Passage of the foetus and other by-products of pregnancy

Treatment

- Offer her as much help as possible without being too intrusive.
- Reassure and help her into the most comfortable position.
- Monitor and treat for shock.
- Ensure privacy.
- Advise the captain.
- Make a PA for medical assistance.
- Raise the passenger's legs and put a towel underneath.
- Find a sanitary towel to use.
- Monitor and record her condition.
- Keep any expelled material for medical services.
- Do not let the woman see expelled material if possible.

Medical Care Reminder

As a First Aider, you are not authorised to provide anything more than first aid. You are reminded that...

First Aid is basic medical care given in good faith to a sick or injured passenger to maintain life and prevent further injury until professional medical care becomes available and takes over.

This means that you are not competent, nor are you authorised, to act beyond the limits of your training. You cannot give so much as a headache tablet, and you certainly cannot play doctor. Any action that is deemed necessary further than your first aid training can provide will be given by an authorised medical expert via the aircraft company radio or by a suitably qualified passenger.

NOTE: Most airlines (check with yours) will fully cover and indemnify medical professionals who respond to a request from cabin crew to provide in-flight medical assistance.

MEDICAL EMERGENCIES

All declared medical emergencies are serious. When dealing with a medical emergency you must keep the captain informed. The passenger's condition may deteriorate, requiring a more immediate diversion to a place of landing.

Causes could be many, including:

- Progressive breathing difficulties
- Continuing unconsciousness
- Severe, uncontrolled pain or bleeding
- Major injury with shock
- Impending birth

ADMINISTRATION OF MEDICATION

As stated previously, you are not authorised to give any passenger any medication. This means that you cannot give so much as a headache tablet. To do so is a serious breach of your airline's insurance and workplace law.

TOM'S COMMENT: ***Unfortunately, litigation has brought us to the point of not being able to do what we once did without thinking. Sad but true. So, if you have this habit or think you can get away with it, think again!***

WARNING: Only a doctor of medicine can administer medication to a passenger.

FIRST AID KITS

All aircraft carry a 'Day First Aid Kit' and an 'Emergency First Aid Kit.'

First Aid Kit Contents Usage

A Day First Aid Kit is used for 'run of the mill' type first aid requirements such as paper cuts requiring a bandaid. However, when the 'Emergency First Aid Kit' is used, the Cabin Defect Log Book must be filled out, and this will generally require a report be submitted to the office within a stated time frame, usually 24 to 48 hours. This is generally submitted by the Cabin Manager.

AVIATION PHYSIOLOGY

The Atmosphere

The atmosphere that we live, breathe, and fly in is divided into five main layers. These layers extend from the Earth's surface to outer space.

These layers starting at the earth's surface are:

Troposphere

The troposphere extends to between approximately 7 km (23,000 ft) from the earth's surface at the poles and 17 km (56,000 ft) at the equator. The troposphere ends at the tropopause, which is the boundary between the troposphere and stratosphere. Temperatures in the troposphere decrease with height at a rate of approximately 1.98 degrees per thousand feet on a standard day. A standard day rarely occurs, but it is said to be 15 degrees Celsius at mean sea level and 1013hpa.

Stratosphere

The stratosphere extends from the tropopause to about 51 km (170,000 ft). Temperatures here actually increase with height. The stratosphere ends at the stratopause, which is the boundary between the stratosphere and mesosphere.

Mesosphere

The mesosphere extends from the stratopause out to about 80–85 km (260,000–280,000 ft). Temperatures change and decrease again with height in the mesosphere. At its top is the coldest place 'on' Earth at around -100 °C (−148.0 °F; 173.1 K).

As we travel further away from Earth, we move through the:

- Thermosphere, and on into the
- Exosphere, which, unless you're an astronaut or have a great interest in the atmosphere, you will never need to know about.

The temperature decreases we experience as we gain altitude while flying through the troposphere is referred to as the *lapse rate*. The lapse rate can be high or low as opposed to standard. When the lapse rate is low, the air is stable and smooth. When the lapse rate is high, the air is unstable, thus creating vertical currents of air, which in effect is turbulence. The beauty of jet aircraft is that they can fly through this area of turbulence into the relatively smooth air of the upper troposphere and lower stratosphere, making most flights free of low-level turbulence.

It's in the stratosphere that we experience the predominant westerly winds called 'jet streams' (up to 200km/hr+), which can provide far greater fuel efficiency; however, aircraft cruising at this altitude are prone to the occasional occurrence of 'Clear Air Turbulence' (CAT).

Air – Oxygen

The atmosphere is predominately made up of three gases. Oxygen, the essential element to life, makes up 21% of the atmosphere, and nitrogen constitutes about 78%. The remaining 1% consists of various inert gases, a small amount of hydrogen and some carbon dioxide for good measure.

Humans (and aircraft) need oxygen

You absorb oxygen through your lungs at normal pressure, which gets distributed through your body via your blood to all your organs where it is used to oxidise or burn food materials to generate the energy you need to live. Aircraft need oxygen to burn fuel to provide thrust that powers flight.

The atmosphere also contains water vapour. The warmer the air the more vapour it can hold in its gaseous state, up to its saturation point of 100% relative humidity. If the air is then cooled (which happens in the atmosphere everyday), it can no longer hold the same amount of moisture, and therefore, it precipitates or droplets form, which can be seen as cloud or fog, and eventually rain.

Because modern jet aircraft cruise at levels where it is common for the outside temperature to be below 50 degrees Celsius, the air is relatively dry. And because we fly at such an altitude and need to pressurise the aircraft, in part to pressurise our lungs in order to absorb oxygen, the already freezing dry air from outside the aircraft has to be heated (removing yet more moisture) and compressed, and then pumped into the aircraft. This creates a very dry atmosphere in the cabin of around 3 to 5% humidity as opposed to surface conditions of 30% and above. Certainly, the effects of dehydration can be felt on a long flight, but this can be controlled adequately with regular beverage service.

WARNING: Alcohol, tea and coffee are diuretics, which effectively induces the kidneys to lose excessive water, inducing greater dehydration.

Atmospheric Pressure

The gases of the atmosphere consist of molecular particles that are attracted towards the Earth by its gravitational field and become most dense near the Earth's surface. At mean sea level (MSL,) the standard atmosphere is 1,013 hpa. While rarely standard, this pressure reduces as we ascend through the atmosphere. A very rough approximation is that this air pressure halves for every 18,000 feet (5500m) of ascent.

From our physics lessons at school we learnt that as we reduce the pressure of a gas, it will expand. Our body traps pockets of various gases in various parts of the body. This includes the cavities of our teeth, our sinuses, ear canals, lungs, blood (the bends) and our bowel. Provided our body can expand to accommodate this gas expansion or we can indeed rid our bodies of this expanded gas, there is no danger.

Sinuses

The sinuses are cavities within the skull around our nose/eye region. Typically, we have less of a problem with our sinuses on ascent than we do on descent. Blocked sinuses or 'sinus barotrauma' may occur as a result and can lead to the perforation of your ear drums. This is especially true if you are suffering from a cold or flu.

Gastrointestinal Tract / Gut

The gastrointestinal tract is a tube that takes food in at one end, and after some processing and fermentation, passes it out the other. This process causes the generation of gas, and certain foods accelerate this production of gas. Typically, beer, beans, some highly spiced foods, curries and cabbage are big contributors to gas production. Again, provided we can expel this air, there is no danger... except the danger from the irritated passenger sitting next to you covering his nose!

TOM'S COMMENT: ***It may be prudent to plan your diet when you fly, considering that there are limited facilities onboard to cater to conditions requiring quick action.***

Teeth

Teeth only become a problem if you have cavities or gum disease, or if you have had recent dental treatment. A pocket of air can expand within the cavity and cause considerable pain on ascent. The pain will be relieved if the air can escape, or when you descend to a lower altitude .

Lungs

The lungs contain a very large volume of air and can easily accommodate the normal pressure changes of ascent and descent. The biggest risk arises from very rapid decompressions, but provided the individual breathes out during the decompression, which will be almost certainly automatic, lung damage is extremely rare.

The Ears

The ears have a canal from the outer ear to the inner ear called the Eustachian tube. As we ascend and descend, air moves in and out of our inner ear. However, problems can develop when there is a narrowing or blockage of this tube, because pressure is allowed to build up as we ascend and can cause great pain if we cannot relieve this pressure. This can cause serious trouble to the point of ruptured ear drums, especially if accompanied by a head cold and sinus blockages.

Normally, however, air will pass freely through the Eustachian tubes from the nose to the middle ear, equalising any pressure differences. Sometimes, manipulation of the tubes is required, such as chewing or swallowing or trying to blow air out of your ears when closing your mouth and squeezing your nostrils. This is

referred to as the VALSALVA MANOEUVRE.

Vicks or decongestant nasal sprays may also help, but these should only be used as a First Aid measure. Babies and children are encouraged to cry during descent, effectively manipulating their Eustachian tubes.

WARNING: Do not fly with severe head cold or sinusitis. If in doubt see your doctor.

HYPOXIA

Hypoxia is simply a lack of oxygen in the blood and can be present in some people even at ground level. Hypoxia is exacerbated by:

- Sickness
- Smoking
- Drinking
- Being unfit
- Lack of sleep
- Fatigue
- Old age

Hypoxia is an insidious condition in that you are often unaware you have it. It is generally accompanied by a feeling of euphoria. You can, in fact, simply fall into a state of unconsciousness or fall asleep. Left untreated, you may end up with severe brain damage. If left unattended too long without oxygen, you may never wake up. This can and has happened in high-altitude jets when the oxygen supply has failed. Individuals vary in their reaction to hypoxia, experiencing varied symptoms, often depending on the speed at which the condition occurred.

Signs and Symptoms

If you are lucky, you will actually show signs of hypoxia. Common conditions that accompany hypoxia are:

- Fatigue
- Headache
- Breathlessness
- A feeling of exhaustion and extreme tiredness
- A strange sense of well-being (a bit like being intoxicated by alcohol)
- Vision becomes narrow and dim
- Pain threshold is more accommodating
- Mental processes begin to fail
- Judgement and decision making becomes extremely poor
- Uncontrollable laughter may occur
- A loss of inhibitions
- A loss of muscle motor control
- Development of the shakes

- Eventual unconsciousness and death

NOTE: If this condition is not picked up early there is every chance that without oxygen you will die.

Treatment

- Immediate oxygen will remedy hypoxia within 10 to 15 seconds.

Decompression Sickness

Decompression sickness is a condition where nitrogen has been absorbed into the blood from the lungs, and under reduced environmental pressure, the nitrogen dissolves in our blood and may come out in the form of bubbles, similar to the bubbles in a bottle of soda water when the pressure is released. These nitrogen bubbles are carried around in the bloodstream, eventually getting held up in and clogging the small capillary blood vessels. This gives rise to great pain in the joints. This condition most frequently occurs when a diver rises to the surface of the water too quickly from a deep dive and can be further exacerbated if they then go flying, which reduces their environmental pressure further.

Other symptoms are:

- The Creeps, which refers to a crawling sensation in the skin
- The Chokes, or difficulty in breathing.
- The Staggers, or difficulty in walking
- Possible collapse

Decompression sickness, or the 'Bends,' is unlikely in normal, healthy individuals at a normal cabin cruise pressure. However, if a passenger has been scuba diving within the 24 hours immediately prior to flying, the marked change in environmental pressure may cause decompression sickness.

Treatment

- Painkillers (administered by a medical professional only!)
- Rest
- Diversion to land
- Lower cruise and subsequent cabin altitude

HYPERVENTILATION

Hyperventilation, or over breathing, is a common reaction in nervous passengers. Some may not even realise they are hyperventilating and may, in fact, complain of not being able to breathe. When we breathe, we take in oxygen and expel carbon dioxide (Co_2).

When a passenger hyperventilates by either increasing the rate or depth of breathing (likely both at the same time), they will expel too much carbon dioxide from the blood stream, which raises the blood's ph level.

Signs and Symptoms

In the early stages of hyperventilating, the passenger:

- Will become anxious
- Will start to over breathe
- Have a feeling of a shortness of breath
- Begin to feel light headed
- Have a dry mouth
- Possible blurred vision
- Have an increased pulse rate
- Experience tightness or pain across the chest

If hyperventilation continues they may:

- Become pale, flushed and sweaty
- Have tingling sensations in the face, fingers and toes
- Develop spasms in the fingers and hands
- Faint as their blood pressure falls

Treatment

- It's important to calm the person down and reassure them that everything is okay.
- Take the person's mind off the event by asking them a question or getting them to talk to you.
- Advise them to deliberately decrease the rate and depth of their breathing.

Reassure and encourage the passenger to breathe through pursed lips or through one nostril. When the passenger has recovered, continue to monitor them as hyperventilation may reoccur. Breathing into a paper bag is not recommended. Deaths have occurred in patients with heart conditions, pneumothorax, or pulmonary embolism misdiagnosed as hyperventilation and treated with paper bag breathing. So, treat as above, show care and concern, and provide a calming effect to the passenger and give OXYGEN at 4 lts/min.

TOM'S COMMENT: ***The administration of oxygen does not initially alleviate the situation, because the blood is depleted of carbon dioxide, not oxygen; but the very act of showing care and concern in giving O_2 calms and reassures the passenger, bringing their respiration down and balancing the Co_2/O_2 ratio and they quickly respond. O_2 at 4 lts/min is not harmful.***

MEDICAL PROCEDURES IN-FLIGHT

From time to time throughout your career, you or someone you know is going to have a medical emergency in flight. You already know the fundamental principle of giving first aid as a first aider:

First Aid is basic medical care given in good faith to a sick or injured passenger to maintain life and prevent further injury until professional medical care becomes available and takes over.

It is the captain, however, who is responsible for deciding if first aid management by the cabin crew can continue during landing. It may be that you continue First Aid, such as chest compressions, until the very last minute or until instructed by the captain to take your seat. You may also be asked to reseat next to the passenger who has had a stroke and provide first aid through the landing and until professional medical care becomes available and takes over on arrival.

TOM'S COMMENT: ***This is a case-by-case basis and the decision will be the captain's, considering the operating environment at the time. Personally, while my colleagues have had several such incidences over the years, I can knock on wood and say, thankfully, I have only had two such emergencies in almost 20 years.***

However, should you see a passenger in distress, ask them if they are okay or have a medical condition. Early recognition and basic treatment may prevent further problems, or at least allow for an early diversion to a nearby airport.

Illness or injury on-board an aircraft

Your Cabin Manager is well versed in the actions to take with any apparent illness, incapacitation or injury of a passenger or crew member.

Action taken

- DRABCD
- A PA will be made to identify any passengers who are medically qualified to assist
- Advise the captain of the passenger's condition as soon as possible

TOM'S COMMENT: ***When a medically qualified person volunteers their help, you must first satisfy that they are indeed so qualified. You will then act as their assistant and provide as much help to them in their care of the sick passenger. You will also ask their advice to advise and update the captain so that an operational decision can then be made as soon as possible.***

With any medical emergency, you must take contemporaneous notes. Remember:

- Time
- Date
- Place (approximation or best guess at the time)
- Details

The details will include:

- Name and address of sick passenger
- Row and seat number
- Name(s) and Address(es) of passenger(s) travelling with the injured passenger
- Signs and symptoms shown
- Details of any treatment given
- Details from medically qualified person to advise the captain
- Medically qualified person's name, contact details and seat number

DEATH ON BOARD

Death at any time is not nice and disturbing for some. Should this unfortunate event happen to you on one of your flights, further action should be to:

- Show respect to the deceased
- Move other passengers away from the deceased if possible
- Close the eyes of the deceased and cover the body with a blanket and fasten the seatbelt
- Try to keep the body as straight as possible
- Record time and location of the aircraft when death occurred (as best as can be approximated)

NOTE: You are reminded once again that you are only trained in First Aid, not as a doctor. Therefore, remember:

First Aid is basic medical care given in good faith to a sick or injured passenger to maintain life and prevent further injury until professional medical care becomes available and takes over.

A passenger can only be pronounced dead by a Doctor of Medicine or a qualified nurse who ceases resuscitation on their patient.

When do you stop cardiopulmonary resuscitation as a first aider?

Continue CPR at until 1 of 4 things happen, or there is an exception:

1. The passenger recovers.
2. Professional medical care becomes available and takes over.

   NOTE: This may be to pronounce that the passenger is dead.
3. You are physically exhausted.
4. The captain advises the Cabin Crew to be seated for landing because of safety reasons.

NOTE: The exception to the above is if a medical patient accompanied by a qualified nurse escort collapses and the escort advises that resuscitation is not to take place.

TOM'S COMMENT: ***Some people know they have a short time left, and at times, travel to do what they have to do in the time that they have left. In this condition, they travel with a nurse and provide instructions not to be resuscitated if they collapse.***

With luck, you will only rarely need to use the skills you learned in this book or from the certified class you will be required to take to become a flight attendant. However, if you do encounter a passenger who is ill, injured or otherwise incapacitated, you will need to know this information in order to properly evaluate and provide assistance in the capacity of a First Aider.

Good luck and good flying!

Tom

Aviation First Aid for Flight Attendants is just one of the FREE extra information packages that you can receive from www.Flight-Attendant-Careers.com.

If you'd like to receive the FREE '**Flight Attendant Careers – Special Report-** ***(A 6 part series)'*** simply register for my Airline News Ezine or click here and pick up some other FREEBIE's also.

If you'd like to…

Follow the Airline Flight Attendant Application 3-step system [AFAA] package from Flight Attendant Careers to Become a Flight Attendant Today

simply read on...

Follow The 3-Step AFAA *system* to an Incredible Flying Career Today!

The Airline Flight Attendant Application [AFAA] *system* is the 'X-Factor' to becoming a Flight Attendant in 3 easy steps. The proven *system* reveals exactly what to expect, how to be prepared and how to turn your dream of becoming a Flight Attendant into reality.

...something that only a tiny 3% of all applicants do successfully and now you can be one of them.

Here's the real secret... it's not hard when you follow a proven system! The 3-step **AFAA *system*** shows you how to write and submit your application, how to survive the interview cull process at your group interview and how to literally *Blitz* your personal one-on-one interview. Yes it's the X Factor you're looking for. Your personal 3 step guide to success involves three specific steps and it really is as easy as 1, 2, 3!

STEP 1: Discover the secrets of the **AFAA *system*** - This covers the A-Z of what you will need to know and how to successfully submit your resume *(and cover letter if required)* to an Airline of your choice and gives you extensive background information and preparation tips to then proceed to Steps 2 and 3.

STEP 2: Avoid the interview 'cull' process – Airlines have 100's even 1000's of applicants for comparatively few jobs. Your competition is hot so Step 2 of the **AFAA *system*** reveals what to do in your Group interviews to avoid being diplomatically told that, *'You have failed on this occasion but please come back in 12 months for another try'!*

'Too many good applicants are culled from the process at this stage and they shouldn't be. Cardinal rules to follow during the interview process along with excellent communication tips are revealed here and there really is no excuse to fail step 2 when you have discovered this gem.

STEP 3: Literally 'Blitz' your one–on-one interview – The background information that you receive in Step 1 of the 3-step **AFAA *system*** sets the foundation to the fundamentals of your interview preparation in grooming, presentation, communication and body language. It also provides a great overview of aviation and introduces you to information you must either be familiar with or know intimately at your personal one-on-one interview stage.

You've heard the '6P' phrase of, 'Prior Preparation Prevents Poor Performance...' well steps 1 and 2 of the **AFAA *system*** have prepared you to now capitalize on what you now know and to literally *Blitz* step 3, your one-on-one interview. Simply follow the proven formula for answering any interview question! No lists, no rote learning, no memorization, just a tried and true proven formula that works every time.

Step 1 of the AFAA *system* is your 122 page preparation and Airline Flight Attendant Application bible. It reveals the X-Factor secrets and leaves no stone unturned. It shows you how to prepare your cover letter and resume and steps you through the airline flight attendant application and submission process and gives you the necessary background to successfully progress to Steps 2 and 3.

Flight Attendant Interviews Made Easy

Discover the secrets of the Airline Application system

Step 1 lifts the veil and reveals what you need to know to succeed... including Flight Attendant Employment Law, Role Specification, Airline Selection Criteria, Grooming Standards, Resume Construction, Target Selection Interviewing, Group Interview Rules, Team Work Assessment Criteria, Aptitude and Psychological Tests, Interview Questions and more…

...in fact every thing you need to know about 'How To Become A Flight Attendant'

*Yes, Step 1 of the **AFAA *system*** contains the A-Z of becoming a flight attendant. It reveals the X-Factor secrets of what the airlines are looking for and the standards they expect. The failure rate of applicants that apply to an airline is greater than 97%! Don't be one of them, step 1 fully prepares you to submit your application and then perfectly readies you for steps 2 and 3.*

Let me ask you a question. Do you really dream of becoming a flight attendant flying to foreign countries and iconic cities leading a lifestyle that most people can only dream about? And do tax free allowances, great hotels, fantastic travel discounts and a flexible work roster with heaps of days off excite you?

Would you... value the help of some one that has now successfully negotiated the interview system 4 times with 4 different airlines and who has personally interviewed flight attendants for a previous international employer?

And do you think it would help if... The process of the airline flight attendant application and interview system was peeled back to uncover the tips, tricks and secrets of the airline application process?

And would it help to have an easy step-by-step guide that showed you what and how to prepare and submit your flight attendant application to an airline?

Yes? Then Step 1 of the AFAA *system* could have you ready right now to submit your application and be ready to move onto Steps 2 and 3!

Imagine getting your hands on the proven **AFAA *system***, your comprehensive yet simple 1, 2, 3 step guide to success that is written in plain English from an insider of the industry. If you don't know where to start, or maybe you're not sure of how to complete your targeted resume or how to negotiate the airline application system and processes, step 1 will literally take you by the hand show you the way.

Step 1 automatically leads you to step 2 because when you make a successful application you will be invited to attend a Group interview. Now the airlines always receive an abundance of applications.
Southwest for example received over 93,000 applications for airline jobs in 2009! This means that after sifting through to find the best applications you may be joined by literally hundreds of other people who are invited to your same group interview.

NOTE: Less then 1% of those 93,000 applicants got a job!

You have to complete Step 2, 'Group Interviews' successfully before you can go on to *Blitz* your one-on-one interview in Step 3.

Don't worry however because the veil is lifted with the AFAA *system* and its right here! It has been written by someone now flying with their 4th airline in 18 years having been employed with a new airline at the age of 23, 35, 46 and again at 47 years of age using the proven AFAA system.

Hello, I'm Tom Reincke, a tragically committed Flyer and absolute convert of the proven AFAA system.

I might add that I am totally bias about how good my job as a flight attendant is and plan to fly until I die or retire. (Whichever is the sooner I guess although I do hope I get the chance to make a decision on that!)

My obvious passion is flying and of course this website aimed at helping you to become a Flight Attendant too. Yes your dreams can take flight and it doesn't matter if you live in the USA, Canada, UK, Australia, UAE. If your looking to be employed by any of the world's recognized Airlines then the AFAA system can help you. Let me add... it really is the best job in the world!

And while you can choose not to accept my help, can I say that you'll knock back almost 20 years of experience in the industry. I reveal tested and proven information in the **AFAA *system*** that I've personally now used successfully with 4 different airlines to get a flight attendant job. Unfortunately some people make small mistakes and will never know and I guess their dream to become a flight attendant also dies because they refused to accept the right help.

And remember, if you are unsuccessful with your airline application you will have to wait in many cases a minimum of 6 and more often 12 months before you can reapply... only to guess at getting it right on your next attempt!

Can you imagine doing your current job for another 6-12 months or longer!

Personally I think this job is just way too good to risk losing that sort of time! The **AFAA *system*** gives you insider knowledge and **Knowledge is Power and Power equals Confidence and Confidence equals SUCCESS!**

Let's assume that you have followed Step 1 and have now already submitted your application to an airline of your choice.

Step 2 of the AFAA *system* is...

Your Guide To Group Interviews

...and how to avoid the interview cull process

Step 2 reveals an inside look at group interviews and the activities that the Airlines use to expose your initiative, team work and communication abilities.

Your Guide to Group Interviews discloses the cardinal rules for any group activity or group interview process and you'll gain the inside scoop on the 'Core Assessment Criteria' that you will be assessed against.

Step 2 also reveals some basic fundamental human activity and body language that we all display and that many applicants are apparently unaware to their detriment.

Did you know that how we say what we say is more important than what we say? And did you know that 55% of our message has nothing to do with what we say but rather the body language we use when we say what we say!

And did you also know that the outcomes of group interview exercises are absolutely totally irrelevant. You are not assessed on the outcome. Rather, it's the 'process' that is of ALL importance.
You are assessed on your team work, your communication abilities and your initiative among other core values and skills considered necessary for a potential flight attendant to have. 'Your Guide to Group Interviews' really is your secret to avoid being culled at your group interview. When you absorb this gem there really is no excuse to fail Step 2.

And by the way, I guarantee the AFAA *system* because I've now personally used it four times to get myself a Flight Attendant job with four different airlines!

Step 3 of the **AFAA *system*** comes because you have successfully negotiated the airline application process through Steps 1 and 2, something that many many applicants fail to do so never underestimate the danger of being culled at the Group Interviews!
'As I just said, become aware, know what to expect, absorb the tips and secrets in this manual and there really is no excuse to fail Step 2'.

Now this is where the rubber meets the road, where you go on to become one of the tiny 3% of applicants that become flight attendants.

Imagine for a moment how good you could be feeling right now. Go on, dare to dream for just a moment. You've chosen to fast track your way to a flight attendant career simply by accepting help that comes with nearly 20 years of experience.

The thought of working another 6 to 12 months in your current job plus the fantastic lifestyle you are about to enter is all the motivation you have really needed to get to here. With your motivation and Steps 1 and 2 out of the way you are now ready for Step 3.

Remember too that you haven't had to fork out 100's if not 1000's of dollars to attend a 'Flight Attendant preparation school', neither have you had to do a day or a weekend class or an online Airline Diploma or certificate course for a ridiculous $200 and more.

You also have not had to become a paid member of any web site to find out all the information you have got so far and now you are about to complete the last step!

Step 1 saw you submit your application to an airline and become prepared for steps 2 and 3

Step 2 saw you successfully through the group interview process and now you're fully prepared and ready for step 3

Step 3 of the AFAA *system* will now see you literally *Blitz* your one–on-one interview

How to Answer Every Interview Question Perfectly

Discover the proven formula – Plus heaps of example answers

Step 3 reveals what an airline will be looking for in you in your interview. It includes the type of Interview Questions you will be asked including Ice Breaker Questions.

These can be as important as your interview questions proper because you are under constant assessment whether the interviewer tells you so or not. They are mentally assessing you, absorbing who you are and creating their own opinion rightly or wrongly. *Yes, you, I, we all do this when we meet someone new.*

Remember, a part of creating a great first impression also includes everything you say. You are also briefed about what you need to ensure effective communication because you have to sell yourself. This is your gig but the proven formula for answering any interview questions will make it super easy for you to *blitz* this.

Step 3 takes you through the question and answer process and gives you valuable tips along the way. And it's super easy. No memorization, no forgetting

ridiculously long lists of questions because it's a formula. Get the formula right and presto, you're good for absolutely any question that you could ever be asked at your interview.

But again, don't worry because, 'How to Answer Every Interview Question' gives you heaps of practice questions and gives you the best answers for them too as great examples when using the PROVEN formula!

You'll quickly realize the super value that the **AFAA *system*** gives you with the insider knowledge that you get in this step. And remember, **Knowledge is Power and Power equals Confidence and Confidence equals SUCCESS!**

And at what cost? While the motivation to accept help and follow the three easy steps of the **AFAA *system*** might have come from your desire to avoid working your current job for another 6,12 months or longer, or maybe it's that the lifestyle that comes with being a flight attendant that is your real goal, it pays to remember the statistics of flight attendant applicants.

Statistically more than 97% of applicants that apply for a career with the airlines are sadly not successful!

NOTE: *'In fact Southwest airlines actually employed less than 1% of the 93,000 applications they received for all jobs in 2009!*

You don't have to be one that misses out as an owner of the **AFAA *system***

Read what Nicole Lea kindly (eventually) wrote me…

Dear Tom,

I don't know if you still remember me, Tom but I think I need to write this letter to you to say thanks for your book (Flight Attendant Interviews Made Easy and the whole AFAA System).

Because of you and your ebooks I had the confidence to attend a Flight Attendant interview and now have a chance to start my new career which was what I had dreamed about all this time. Yes I am a Flight Attendant now, (well I start training in under a week).

A thousand thanks!

Nicole Lea, Hong Kong

Step 1 of the **AFAA *system*** is your foundation learning to steps 2 and 3 and provides all the tips and information to have your application completed and submitted to your airline of choice.

Step 2 of the **AFAA *system*** saw you successfully through the group interview process

Step 3 of the **AFAA *system*** now gives you absolutely everything to *Blitz* your one–on-one interview

There's now no holding you back. Do it today, remember, being a flight attendant is more than a job, it's a lifestyle.

The **AFAA *system*** is your first step to enjoying all the trappings of that champagne lifestyle where you travel to places that most people can only dream about, enjoy industry travel discounts and bonuses second to none simply by choosing to discover the X-Factor.

Yes, when less the 3 in every 100 applicants successfully go on to get a flight attendant career they definitely possess that 'X Factor' that other applicants either don't have, know about or show. Now you can discover that X Factor when you own the **AFAA *system***.

'Just think about the time you'll save and uncertainty you'll avoid by knowing what the proven successful applicants who have now secured a flight attendant job know'

NOTE: Don't pass on this. If you fail at an interview you will be unable to re-apply for at least 6 months and in many cases 12 months only to guess at getting it right on your next attempt! – This job is too good to waste that sort of time!

You could of course still be reading this because you are still not sure if the AFAA *system* is for you so let me further explain how this will help you.

It will save you time. With almost 20 years of experience behind the content of the **AFAA *system*** that I have personally used to be now flying with my 4th airline over that time including two domestic/regional and two international airlines, one of them a full Charter operation, I can tell you that the **AFAA *system*** works.

You'll avoid the trial and error path that many applicants make because the **AFAA *system*** maps it out for you. Remember that…

More than 97% of applicants that apply for a career with the airlines are sadly not successful!

The AFAA *system* will save you work in so many ways. Using Step 3 as an example - you are not given huge lists of questions to memorize like so many other so-called Flight Attendant guides and schools do. Instead you are given the simple yet proven formula to answer any question that you could ever get. The very fact that others give you question lists to memorize proves that they are not giving you what works!

You are also given the template for your application and while it will take you careful effort to compile, it will save you both time and work because you'll get it right first time. It is also your first step in the **AFAA *system*** so getting this right is an automatic time and work saver. Not to mention disappointment saviour because when you get this right you're straight into step 2.

The AFAA *system* will save you money! Don't pay, 7000.00 or even 6000.00 dollars to attend Flight Attendant school. Not even 5000.00 dollars when you'll get everything you need to know in the AFAA *system* at a fraction of the price. Don't even pay 300.00 or even 200.00 dollars for a valueless Aviation certificate or Diploma in wasted paper.

The AFAA *system* has it all - including many of the listed modules of such advertised courses such as - An introduction to the Aviation industry, Employment law, Discrimination Policy, Emergency Equipment, Emergency Procedures, Flight Attendant job role and typical working day, the 24 hour clock, the phonetic alphabet, the list goes on.

And by-the-way, if you attend a flight attendant school you're up for a lot of your time just to attend! Your time and your effort is worth money to you. If you do a two day course in the hope to do exactly what the **AFAA *system*** gives you you're up for 8 hours x 2 days = 16 hours of your time alone. At say $15 an hour for your time that's 16 hours x$15= $240.00! Add that to the cost of the course of say $200.00 and suddenly your real cost is two days of your precious time and $240.00 out of your pocket + traveling + parking expenses! **That's more than $250.00 plus...!**

At just $47 the **AFAA *system*** will save you time, work, and money and if you purchase today you'll be 3 steps closer to realizing your dream and you can have it in

literally seconds.

Once again, imagine just for a moment... the pilot pushes the throttles forward, you're pushed back into your cabin crew seat and literally seconds later you're airborne and the wheels are coming up. You've just set course to Paris, Portugal, New York, England or Sydney Australia. Yes this is the time that your dream finally comes to life. It's a reality and you can do it now with the **AFAA *system***.

Tom I got the job!
Just wanted to let you know I WAS OFFERED THE JOB with Airtran Airways (which is really the one I was hoping for) thanks to your Super 3 Step System, which I followed faithfully. I begin training on Monday, July 25th, in Atlanta, GA, USA. Buying your AFAA package was what made the difference to help me be more confident to put my best foot forward in this unfamiliar territory.
Thank you

Camille Johnson (USA)

Not only is the **AFAA *system*** brilliant value at its regular price of ~~$147.97~~ but at a special discount of just $47 it's an absolute steal. Yes that's more then 60% discount on the regular price and gives you a saving of more than $100! However wait because it gets even better. I have a Super Bonus to go with the already brilliant **AFAA *system***.

Getting your flight attendant career is one thing, being the best you can be at it is quite another.

Being in the industry for almost 20 years has taught me a lot of things and like I said when I introduced myself to you earlier…

'My passion is flying and of course this web site which is centred on helping you make your dreams take flight whether you are in the USA, Canada, UK, Australia, UAE or wherever you will be employed by the recognized Airlines of the world because for me, it is the best job in the world!

I therefore gladly share my knowledge with the help of others to help you be better at what you have chosen to do as your career.

Included in your AFAA *system* is a list of great bonuses such as Tracy's story...

I asked Tracy if she could put into words some of the perks of being a Flight Attendant.

Kindly she happily sat down and wrote a very candid white paper about her experiences, the amazing perks of the job and more so what opportunities have come her way because of the job and lifestyle that comes with it.

Having a degree in Social Science and 12 years of flying behind her, Tracy is well placed to offer some great advice and makes some good comparisons as to just how good this job is.

I certainly hope it will give you both encouragement and cause a lot of excitement about the industry you are about to enter.

And it now comes to you with my compliments when you own the AFAA system.

After I showed Tracy's story to some new Flight Attendants they suggested that it would be fantastic to do the same sort of thing from a pilot's perspective?

So, I asked Rob a 747 pilot friend of mine if he would mind doing the same and his response was, 'Love to'! He then added, why don't you come up the front and just interview me on tape and then you can transcribe it.

So that's exactly what we did. I sat in the cock pit and asked away with tap recorder in hand. It just meant that I had to do the typing! Anyway I did it and I think you'll love it.

By the way the photo that you see on the front cover is real.

If you look very carefully you'll see what looks like a spider web of electricity over the front windscreen of the aircraft. It's called St Elmo's fire and is a common event that pilots see. Rob further explains the phenomenon that is St Elmo's fire inside of course. Again Rob's story is all yours with my compliments when you own the ***AFAA system***.

Plus... I've also decided to include my two other Flight Attendant Career related FREEBIES from this website with your download...

Having a commercial pilot's licence, the one thing that I love is flying. And yes I'm still impressed at how a 747 gets off the ground even though I fully understand the 'Principles of flight'.

Now it's not all magic, but based on high school physic's you'll discover how an aircraft such as the 747 or as you see on the front cover, the massive giant of the skies, 'The A380' gets off the ground. You'll also learn what happens though the different phases of flight from take off to landing and the operating environment that you will work in.

This bonus also explains:

Airline operational laws, the aircraft maintenance system, pressurization and air conditioning, turbulence and its degrees of intensities.

It also covers: Emergency Exit light operation - Flapping wings - The barking dogs syndrom - Square wheels - Strange noises, bangs and thumps - Roaring engines after landing (reverse thrust) and more

The next bonus I have decided to include is Aviation First Aid for Flight Attendants

You must have a Senior First Aid certificate when applying to more than 99% of the world's Airlines for a position as a Flight Attendant?

Personally I think I've now done First Aid or CPR close on 20 times and on top of that I use to teach Senior First Aid for a short stint with a training provider day in day out 5 days a week. You could say I'm first aided out!

However not to be deterred I thought this bonus would really be appreciated so I set about writing it and I have to say it was a lot of work.

With almost 2 decades in the industry, this 60 page manual is a unique presentation of Aviation First Aid from a flight attendants perspective with special adaptations for aircraft conditions.

It took me nearly 4 weeks of my time and $117.00 in edit fees to complete this manual. I've added some personal 'pics' and it carries my candid comment that my experience has taught me over the years - so you'll be virtually work ready from day one.

I certainly hope that you will get a lot out of these extra bonuses. I *(and others)*have put a lot of time an effort into these.

They will give you years of experience ahead of nearly every other new start flight attendant. I've been told time and time again that I should sell these bonuses but my intent and very reason that I have put all this work together was to help others who share the same passion to becoming a flight attendant.

I'm very lucky; it is the best job in the world and if I can help anybody in some small way then I have achieved what I set out to do and that certainly makes me and I hope them and you if you so choose, feel good.

I also love to get emails from people because of the AFAA *system*. It really does make my day.

Here's what others are saying...

Wow, I didn't think it could be this easy. I have dreamed about becoming a Flight Attendant for years and just didn't know where to start.

You have not only covered how to stand out from the crowd to get noticed but you have also given me the insider knowledge so I feel much more confident already about the industry and what it involves - I can't wait for my first interview.

I am so excited and currently filling out my first resume (including your 3 excellent tips that I know will make the difference) with my application. Thank you.

Noeline Frick

And this comment from Domonic who is already a seasoned Flight Attendant

Tom
You have uncovered the application process for new applicants brilliantly and really have revealed some amazing information, tips and secrets.

The 3-step system is extremely comprehensive and will give anybody who owns the AFAA system a huge advantage because it simply puts one foot after the other!

From my perspective it is absolutely fantastic

Domonic Biviano - Flight Attendant (Gold Coast, Australia)

You are within seconds of getting what I guess those that have emailed me about their success in becoming a flight attendant would say is, 'the best investment that you could ever make'.

However if you'd allow me to include one more FREEBIE as a promotion of my brand new **'Confessions of a Flight Attendant'** series then it's all yours too. It's my special introduction short story to my fictional repertoire of entertaining short story's for your enjoyment. May you enjoy it and please, if you can do me a huge favor I'd love you to forward it to a friend. In anticipation of your help, thank you.

No Such Thing As Chance

By Darcie Torres

Your Special Complimentary Introductory Offer from the 'Wings' category of Confessions of a Flight Attendant

(A growing sensational, fabulously entertaining fictional series of short stories from Flight-Attendant-Careers.com) After failing miserably during her flight attendant interview, Jenn finds hope in a professional flight attendant website written by an attendant with over twenty years of experience.

*After reading the web site and downloading the **AFAA system** and faithfully following the contents she lands her dream job and her career goes into full gear.*

But, Jenn discovers more than just how to get her dream job when Zach joins her in the celebration…

So, your AFAA *system* that you'll receive in a nutshell is..

Step 1 includes...

Flight Attendant Interviews Made Easy

Discover the secrets of the Airline application process

Step 2 includes...

Your Guide To Group Interviews

…and how to avoid interview cull process

Step 3 includes...

How to Answer Every Interview Question Perfectly

The proven formula for any question – Plus heaps of example answers

Your package of bonuses that I have included in your AFAA *system* are:

1) The Real Perks of Being a Flight Attendant - *Tracy shares what it really means to be Flight Attendant*

2) 747 Captain Talks Aviation - *from the best seat in the house*

Plus your two Flight Attendant Career related FREEBIES…

3) Aviation 101 - *The MAGIC of Flight*

4) Aviation First Aid for Flight Attendants

And your Special Complimentary Introductory Offer from the 'Wings' category of the 'Confessions of a Flight Attendant series'…

5) 'No Such Thing as Chance' by Darcie Torres

Plus…

6) Your special E-book bonus when you purchase today - Aviation 102 - *The MAGIC of aviation -(see below)*

Yes you'll receive 9 great E-books in your **AFAA *system*** package (A total of 347 pages) which are not only designed to get you the job but to make you as good as you can be at what will be your truly magnificent career.

It really is the ultimate comprehensive package and all at a fraction of the price of any other Flight Attendant training, Diploma or certificate course available anywhere on the web. Period!

In fact… if you can get better content at a better price and ultimately better value then I'll give you this complete AFAA *system* for FREE!

(Simply send me the details via the 'Contact Us Page' on this web site)

Yes, read that red dashed box above again.

'I've been in the aviation game as an operating crew member for nearly 20 years and I've written every word of my manuals (exclusive of Tracy and Darcies contribution) and subsequently own the copyright.
My sweat, my passion and my experience is included in this package so if it doesn't measure up to your expectations in comparison to anything else on the web then I'll give you the complete AFAA 3-step system absolutely free!'

NOTE: To back this up even further, I also give you a no quibble 56 day 100%

money back guarantee – when you own the **AFAA *system*** see more below. That means there is absolutely no risk to you.

And yes there are lots of other pluses in what many have said, 'Is the best investment that you could ever make'.

BONUS WHEN YOU PURCHASE TODAY

Yes, you get the opportunity to receive yet another bonus when you purchase the **AFAA *system*** today.

Aviation 102 - *The MAGIC of Aviation* is an introduction to Aviation for New Flight Attendants.

You'll discover that the working world that you are about to enter is like no other work place that I know of.

And yes you also get a no quibble 56 day 100% money back guarantee.

There is no risk and the investment into your future is just $47 for the complete **AFAA *system*** + Bonuses + Freebies which is all yours when you click the **ADD TO CART** button below.

Order the AFAA 3-step *system* now...

Regular Price ~~$147.97~~ Today $47

ADD TO CART

ADD TO CART

VISA MasterCard American Express Cards DISCOVER

And wait, one final very valuable bonus when you purchase the AFAA *system* right now

'To prove to you that I am a real person intent on helping you in any way I can you can call, sms or email me if you have any question or query about the package, my website, flying or in-fact anything aviation related and I'll do my upmost to help where I can.

And yes, I offer this to you absolutely FREE!

You can contact me via the 'Contact' tab on my web site or if you prefer you can call me personally on Skype. Your AFAA system package includes my Skype address and personal contact details.

NOTE: *Please remember however that I fly internationally so it may take up to 48 hours or so to return your email contact.*

Order the AFAA 3-step *system* now...

Regular Price ~~$147.97~~ Today $47

ADD TO CART

ADD TO CART

Wishing you great success

Warmly,

Tom Reincke

PS: Don't forget, you're getting the **AFAA *3-step system*** plus 6 extra bonuses in this comprehensive 9-ebook package worth more than $147 for just a fraction of that price. As a tragically committed Flyer who simply loves what I do, I encourage you to make a decision today and to do all you need to do to avoid the mistakes that over 97% or applicants make.

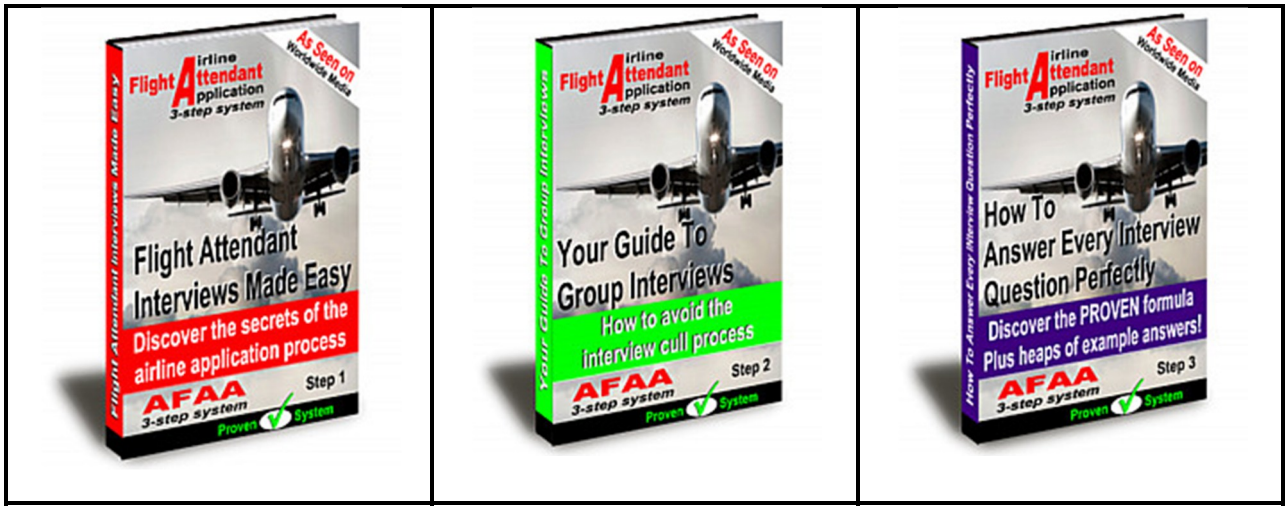
PPS: Remember, being a flight attendant is more than a job, it's a lifestyle. The **AFAA *system*** is your first step to enjoying all the trappings of that champagne

lifestyle where you travel to places that most people can only dream about, enjoy industry travel discounts and bonuses second to none simply by choosing to know what successful Flight Attendant applicants know and have done to secure an Airline Flight Attendant Career.

In the words of *'Nike'…* just do it.

Come join me. I guarantee that you'll love it!

To recap… This is your complete comprehensive Airline Flight Attendant Application [AFAA] *system* package…



Order the AFAA 3-step *system* now...

Regular Price ~~$147.97~~ Today $47

ADD TO CART

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