

# Physicians suggest how airlines can better respond to in-flight emergencies

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The concepts now at the center of the health care quality movement, adopted in large part from the airline industry, should be used to standardize the processes and the equipment for in-flight medical emergencies, according to two Beth Israel Deaconess Medical Center physicians.

Writing in an online release for the May 11 [Journal of the American Medical Association](#), Melissa Mattison, MD and Mark Zeidel, MD, note that because the [airline industry](#) has adopted root cause analysis of accidents and near misses "most individual flight attendants will never experience an emergency landing or evacuation during their careers.

"By contrast, in-flight [medical emergencies](#) occur frequently. Yet the kinds of approaches that have improved flight safety have not been extended to providing optimal care for passengers who become acutely ill while on board airplanes."

The authors note that despite 10,000 in-flight medical emergencies identified by European airlines over a 5-year period, each airline has its own reporting system and protocol. And while emergency medical kits are mandated to contain medications and equipment, actual kits vary by airline.

The US [Federal Aviation Administration](#), which mandates that flight attendant training includes CPR and the use of automated external defibrillators, the FAA does not require standard curriculum or testing.

As a result, physicians responding to emergencies can face a broad array of challenges including cramped physical space, emergency kits whose contents are unfamiliar, inadequate, and poorly organized, and flight crews unaware of how best to assist the physicians.

Mattison and Zeidel offer a four-step plan to

improve the treatment of passengers who become ill in-flight.

"First a standardized recording system for all in-flight medical emergencies should be adopted, with mandatory reporting of each incident to the National Transportation Safety Board ... This approach should include a systematic debriefing of anyone directly involved with the in-flight medical emergency."

The authors also suggest that airlines solicit expert recommendations on the optimal content of first aid kits with the goal of creating a standard kit with identical elements available in identical locations on every flight.

"Because of this [current] irregularity, health care practitioners are likely to lack familiarity with each airline's emergency medical kit, delaying delivery of proper care as they must first identify and locate medications and supplies."

Mattison and Zeidel also call for enhanced and standardized training for flight attendants, including the clear obligation that a single flight attendant is assigned during emergencies and stay nearby until the patient is safe.

Finally, the authors recommend flight crew communication with ground-to-air medical support should be standardized and available on all flights when there are no health care professionals available.

The authors acknowledge the lack of information on outcomes of in-flight emergencies makes it impossible to quantify the past and current quality of in-flight medical care.

"Experience in the systematic quality improvement in [health care](#), as well as the success of the airline industry in improving flight safety, suggests that standardizing the emergency medical kits on

planes and the training and expectations of flight attendants should improve the chances that passengers who become ill, in flight will have the best possible outcomes."

Provided by Beth Israel Deaconess Medical Center

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