

Emergency Medical Kit for Commercial Airlines

CLAUDE THIBEAULT, M.D., D.AV.MED., AND THE AIR TRANSPORT MEDICINE COMMITTEE, AEROSPACE MEDICAL ASSOCIATION

THIBEAULT C., AIR TRANSPORT MEDICINE COMMITTEE, AEROSPACE MEDICAL ASSOCIATION. *Special Committee Report: Emergency medical kit for commercial airlines. Aviat Space Environ Med* 1998; 69:1112-3.

While it has been of general interest for a long time, the issue of a Medical Kit for Commercial Airlines is now close to the top of the priority list because of recent activities in Europe within the Joint Aviation Authorities (JAA) and in the United States at the Congressional Level. The Aerospace Medical Association (AsMA) requested its Air Transport Medicine Committee to review the situation and make recommendations for a basic medical kit for international airlines. After reviewing the contents of existing kits, and the limited amount of available data, a proposal was submitted to and accepted by the AsMA Council. This is just a beginning. The Air Transport Medicine Committee will continue to follow the evolution and periodically adapt the kit accordingly.

THE ISSUE OF AN ONBOARD Emergency Medical Kit for Commercial Airlines has been of general interest for a long time, mainly because some airlines had voluntarily put some fairly extensive kits on board. However, this same issue is now attracting a lot more attention because of some recent developments.

In Europe, the Joint Aviation Authorities (JAA) is now requiring a comprehensive medical kit on board commercial aircraft. In the United States, after major media coverage, Congress has sprung into action and has asked the Federal Aviation Administration (FAA) to review in-flight and airport deaths over a 12-month period, and come up with recommendations.

At this time, it is very appropriate for the Aerospace Medical Association (AsMA) to take a position on this important issue and the Air Transport Medicine Committee was tasked with performing the review.

POSITION STATEMENT

This is the official position of the Aerospace Medical Association regarding On-Board Emergency Medical Kits for International Carriers.

This statement is important to clarify any possible confusion. In the April 1998 issue of this Journal, there was an article entitled "Report of the In-flight Emergency Medical Kit Task Force." (1) This task force of United States physicians had been convened by AsMA at congressional request specifically to review the contents of U.S. air carriers in-flight emergency medical kits and put forth interim recommendations. It was not the official position of AsMA.

Furthermore, the task force looked beyond the emergency medical kit. The Air Transport Medicine Committee is aware of the mandatory first aid kits on-board aircraft; it is also aware that several airlines stock additional medications in other kits such as flight satchels;

TABLE I. EMERGENCY MEDICAL KIT.

Medication	Equipment
1. Without Defibrillator/Monitor	
Epinephrine 1:1000	Stethoscope
Antihistaminic inj.	Sphygmomanometer (electronic preferred)
Dextrose 50% inj. 50 ml	Airways, oropharyngeal (3 sizes)
Nitroglycerine tab. or spray	Syringes (1 ml, 3 ml, 10 ml)
Major analgesic inj.	Needles (18, 20, 25)
Moderate analgesic p.o.	IV Catheter (16, 18, 20)
Sedative/anticonvulsant inj.	Antiseptic wipes
Anti-emetic inj.	Gloves (disposable)
Bronchial dilator inhaler	Needle disposal box
Atropine inj.	Urinary catheter
Adrenocortical steroid inj.	IV admin. set
Diuretic inj.	Tourniquet
Antispasmodic tab.	Sponge gauze (4 × 4)
Ergotamine/oxytocin	Tape adhesive
Sodium Chloride 0.9% ASA p.o.	Surgical mask
	Flashlight and battery
	Glucostix set
	Emergency tracheal catheter (large gauge intracath)
	Cord clamp
	ACLS cards
	Bag-Valve-mask
	A list of contents
2. With Defibrillator/Monitor	
Same as list 1, Adding:	Same as list 1
Lidocaine inj.	
Bretylium inj. 10ml	
Sodium Bicarbonate inj.	
Diltiazem inj.	

From the Air Transport Medicine Committee, Aerospace Medical Association, Alexandria, VA.

This manuscript was received in June 1998 and accepted for publication in July 1998.

Address reprint requests to: The Aerospace Medical Association, 320 S. Henry St., Alexandria, VA 22314. Claude Thibeault, M.D., is Senior Director, Occupational Health Services, Air Canada.

Reprint & Copyright © by Aerospace Medical Association, Alexandria, VA.

however, the committee deliberately looked only at emergency medical kits to specifically avoid confusion. These other kits can be reviewed separately. The Automatic External Defibrillator (AED) will also be reviewed separately and this is, in fact, the next task of the committee.

METHODS

Several comprehensive on-board emergency medical kits already exist. The contents of these kits were reviewed as a first step. The second step consisted of reviewing the limited amount of data on usage of on-board emergency medical kits. Based on the above, a proposal was put together and sent to the members of the AsMA Air Transport Medicine Committee, as well as to several experts in the fields of emergency medicine, cardiology, internal medicine, and representatives from major Aerospace Medicine bodies. The initial proposal was modified according to the comments received and presented to AsMA Council for approval, followed by approval of the general membership.

RESULTS

Two versions of the emergency medical kit are proposed for international carriers: the basic one for carri-

ers that elect not to carry AEDs, and a second version for those carriers where AEDs are available on board (Table I).

CONCLUSION

Even though it is impossible to reach total consensus on this type of issue, this recommendation comes as close as possible to it.

It is only a beginning. Treatment and medication evolve constantly. The Air Transport Medicine Committee will continue to monitor this evolution and periodically make appropriate adjustments.

Finally, it is important to mention that this recommendation does not supersede any law: some countries may forbid carriage of certain drugs on board aircraft and that must be respected. Furthermore, it may be totally impracticable in some countries to obtain and/or put together some items of the kit, and that must also be taken into consideration. However, we are confident that, by and large, the major part of this proposal will be acceptable to most countries and carriers.

REFERENCE

1. Emergency Medical Kit Ad Hoc Task Force. Report of the Inflight Emergency Medical Kit Task Force. *Aviat Space Environ Med* 1998; 69:427-8.