



CSPM - Revision 37

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CSPM

PRA



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 Confederazione Svizzera
 Confederaziun svizra
 Swiss Confederation

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List of Changes

Title	Type	CR La-bel	Change Reason
2.1.2 Procedures and checklist system	Change d	CR-9143	Editorial change - updated links, corrected typo
2.1.4.3 Responsibility	Change d	CR-9733	Updated responsibilities for emergency stations Added requirement for safety equipment check completion to be communicated. Removed reference to MEL.
2.1.5.1 Minimum safety requirements	Change d	CR-9111	Added information on requirements for placards
2.1.12.4 Taxi, take-off and landing preparation	Change d	CR-1088 1	Added check for gadgets attached to cabin windows
2.1.12.7.1 A320	Change d	CR-9766	Added disability/restraint aid to CRD items
2.1.12.7.2 A340	Change d	CR-9616	Added disability/restraint aid to CRD items
2.1.14.2.1.2 Inflight	Change d	CR-9693	Added proper functioning of screens to IFE check
2.1.14.2.2 Assigned emergency stations	Change d	CR-9728	Clarified by when f/d jump seat is to be occupied
2.1.15.1 General	Change d	CR-1088 3	Added note about door opening after slide arming
2.1.15.1.1 Postflight	Change d	CR-1088 4	Moved note to chapter 2.1.15.1
2.1.15.2.1 Slide arming and disarming - general	Title Change d	CR-9747	Title revised as chapter has been re-structured
2.1.15.2.1 Slide arming and disarming - general	Change d	CR-9468	Revised content as chapter has been re-structured

Title	Type	CR La- bel	Change Reason
2.1.15.2.2 Cross-check	Change d	CR-9469	Revised content as chapter has been re-structured
2.1.15.2.3 Cabin door arming and cross check procedure	New	CR-9745	Added detailed cross-check procedure for arming
2.1.15.2.4 Cabin door disarming and cross check procedure	New	CR-9746	Added detailed cross-check procedure for disarming
2.1.19.1 Safety equipment check completed	New	CR-9734	New subchapter added
2.2.3.2 Acceptance rules	Change d	CR-9739	Editorial change - improved wording
3.1 General	Change d	CR-9032	Clarified stowage of safety equipment after use
3.12.1 General	Change d	CR-9340	Clarified that megaphone is battery powered
3.17.2 A320 - HB-JJN, -JLR/S/T only & A340 - HB-JMC only	Change d	CR-10880	ELT replaced with "emergency radio beacon"
4.1 General	Change d	CR-9743	Added reference to OM A Structured Decision Making
4.3 Urgency call	Change d	CR-9132	Clarified actions if S/C is not near flight deck
4.23.14 Portable Electronic Devices / Lithium Battery Fire	Change d	CR-9131	Updated thermal runaway/fire fighting procedure Added separate steps in case device is on the flight deck.
4.23.14 Portable Electronic Devices / Lithium Battery Fire	Title Change d	CR-9130	Title revised - added "/ Lithium Battery"
5.1.11 Location of Safety Equipment	Change d	CR-9738	Moved content to new subchapters
5.1.11.1 HB-IHX/Y/Z, HB-IJU/V/W, HB-JJK/L/M/N	New	CR-9698	Added Planned Emergency Checklist to flight deck

Title	Type	CR La- bel	Change Reason
5.1.11.2 HB-JLR/S/T	New	CR-9699	Added Planned Emergency Checklist to flight deck
5.2.3.2 Entrance/service doors (1, 2 and 4)	Change d	CR-9736	Updated graphic to point out door assist handle
5.2.3.3 Emergency exit doors (3)	Change d	CR-9737	Updated graphic, specified door assist handle
5.2.7.2 Public address	Change d	CR-9704	PA & "2" on HB-JMC will reach Y-Max only
5.2.12.1 HB-JMD/E/F/G	Change d	CR-10954	Safety equipment location graphic updated Location of flight deck equipment updated.
5.2.12.2 HB-JMC	Change d	CR-10879	Safety equipment location graphic updated Two first aid oxygen bottles now located in MID hatrack row 9.
5.3.1.8.1 General	Change d	CR-9740	Clarified temperature setting for the LDMCR
6.1.1.2.1 Cabin Crew	Change d	CR-9563	Clarified when to call for medical person
6.2.2 First aid kit (FAK)	Change d	CR-9614	Reworded passenger's responsibility for medication
6.2.2.1 General	Change d	CR-9615	Revised chapter Added requirement to ask passenger about medication taken. List of content is to be shown when handing over medication. Clarified treatment of FAK after use.
6.2.2.2 Contents of the first aid kit	Change d	CR-9665	Replaced table with link to FAK content list
6.2.3 Emergency medical kit (EMK)	Change d	CR-9565	Added forms to EMK content (miscellaneous items)
6.2.3.3 Use of EMK by C/C in an emergency	Change d	CR-9566	Updated administration information on ASA-Tabs

Title	Type	CR La-bel	Change Reason
6.2.3.3 Use of EMK by C/C in an emergency	Change d	CR-9729	Updated administration information on Nitrolingual
6.2.3.3 Use of EMK by C/C in an emergency	Change d	CR-9731	Clarified application of Ventolin spray
6.2.3.6 Spacer	New	CR-9730	New subchapter
6.2.4.1 General	Change d	CR-9567	Updated to include Zoll AED 3
6.2.4.2 Contents of the AED	Change d	CR-9578	Added contents of Zoll AED 3
6.2.4.3 Equipment and battery check	Change d	CR-9569	Added Zoll AED 3 visual function check
6.2.4.4 Zoll AED 3	New	CR-9727	New subchapter
6.2.4.5 AED in use	Change d	CR-9599	Added instructions for Zoll AED 3 use in children
6.2.4.5 AED in use	Change d	CR-9586	Updated procedure to cater for Zoll AED 3 Added instructions for Zoll AED 3 use in infants/children.
6.2.4.6 Pads description and application	Title Change d	CR-9592	Title revised - added "description and"
6.2.4.6 Pads description and application	Change d	CR-9590	Added pads application instructions for Zoll AED 3
6.2.4.7 Additional AED prompts during use	Change d	CR-9572	Updated prompts and problem descriptions Added prompt for Zoll AED 3.
6.2.4.7 Additional AED prompts during use	Title Change d	CR-9571	Title revised - prompts instead of problems
6.2.4.8 After each use of the AED	Change d	CR-9583	Updated after use instructions a, incl. Zoll AED 3
6.3.1 Report inflight medical case	Change d	CR-9663	Replaced screenshot of report with link

Abbreviations

A

AAP	Additional Attendant Panel
A/C	Aircraft
ACP	Area Call Panel
AED	Automatic External Defibrillator
AIP	Attendant Indication Panel
AME	Aviation Medical Examiner
APU	Auxiliary Power Unit
ATA	Actual Time of Arrival
ATC	Air Traffic Control
ATD	Actual Time of Departure

B

BLND	Blind Passenger
------	-----------------

C

CAT	Clear Air Turbulence
CB	Circuit Breaker
C/C	Cabin Crew
CCI	Cockpit Crew Information
CCOM	Cabin Crew Operating Manual
CCR	Cabin Crew Report
CDLS	Cockpit Door Locking System
CDSS	Cockpit Door Surveillance System
CIDS	Cabin Intercom. Data System
CMD	Commander
COM	Communication Equipment
CPAP	Continuous Positive Airway Pressure
CPR	Cardio-Pulmonary Resuscitation

COPD	Chronic Obstructive Pulmonary Disease
CRD	Child Restraint Device
CRM	Crew Resource Management
CRSD	Crew Rest Smoke Detector
CSPM	Cabin Safety Procedures Manual
CVIS	Cabin Video Information System

D

DEAF	Deaf Passenger
DEPA	Deportee, accompanied
DEPU	Deportee, unaccompanied
DGR	Dangerous Goods Regulations
DH	Dead Heading
DHC	Dead Heading Crew
DOC	Document
DOW	Dry Operating Weight

E

EASA	European Aviation Safety Agency
EDW	Edelweiss
EFB	Electronic Flight Bag
ELB	Electronic Log Book
ELT	Emergency Locator Beacon
EMER	Emergency
EMK	Emergency Medical Kit
ESET	Emergency and Safety Equipment Training
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
EVAC	Evacuation

F

FAM	Flight Attendant Manual
FAP	Forward Attendant Panel
FAK	First Aid Kit
F/C	Flight Crew
FCOM	Flight Crew Operating Manual
F/D	Flight Deck
FDR	Flight Duty Regulations
FES	Fire Extinguishing System
FM	Flight Manual
FL	Flight Level
FOCA	Federal Office of Civil Aviation
FOO	Flight Operation Officer
FOSI	Flight Ops Supplements & Information
FT	Feet

G

GMT	Greenwich Mean Time
GND	Ground
GOM	Ground Operations Manual

H

HF	High Frequency
HRS	Hours

I

IATA	Internat. Air Transport Association
ICAO	Internat. Civil Aviation Organisation
IFL	Inflight
INAD	Inadmissible
INCL	Including
INTR	Introduction

K

KG	Kilogram
KM	Kilometres
KTS	Knots

L

LDMCR	Lower Deck Mobile Crew Rest
LMC	Last Minute Change

M

MAX	Maximum
MEL	Minimum Equipment List
MHz	Megahertz
MIN	Minimum
MMEL	Master Minimum Equipment List

N

NAV	Navigation Equipment
NM	Nautical Miles

O

OCC	Operations Control Centre
OM	Operation Manual
OPS	Operations

P

PA	Public Adress
PAD	Passenger with Airline Discount
PAX	Passenger
PBE	Protective Breathing Equipment

PDR	Passenger Disturbance Report
PED	Portable Electronic Device
PETC	Pet in Cabin
PIC	Pilot in Command
PIL	Pilot
PLC	Passenger Locator Card
PM	Pilot Monitoring
PMK	Pocket Mask Kit
POC	Portable Oxygen Concentrator
PRM	Person with Reduced Mobility

Q

QRH	Quick Reference Handbook
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R

RB	Radio Beacon
RCC	Rescue Coordination Center
RM	Route Manual
R/T	Radio Telephony

S

SAR	Search and Rescue
S/C	Senior Cabin Crew Member
SDCU	System Data Concentrator Unit
STCR	Stretcher
STD	Standard
STD	Scheduled Time of Departure

T

OM D	Training Manual
T-PED	Transmitting Portable Electronic Device

TWR Control Tower

U

UM Unaccompanied Minor

UPK Universal Precaution Kit

UTC Universal Time Coordinated

V

VHF Very High Frequency

W

WCH Wheel Chair

WCOB Wheel Chair On Board (onboard wheel chair)

1 General

1.1 Foreword

The Cabin Safety Procedures Manual ([CSPM](#)) contains information affecting Edelweiss policies, methods and procedures. It specifies all safety related items in addition to the General/Basic Flight Operations Manual which are relevant to the C/C duties.

The transmission on the revelation of its contents in any manner to unauthorized persons is prohibited.

Edelweiss is responsible for the contents. The manual is published by Edelweiss/OC.

1.2 Introduction

Cabin Crew Members have essentially two distinct responsibilities on board of an aeroplane.

The most important but least visible responsibility of C/C members is what concerns the safety of passengers and the aeroplane cabin. All C/C members shall report any details which are considered to be unsafe. Non-reporting may be detrimental to safety.

The second responsibility is the role they play as their operator public relations officers, attending to passenger's needs and, in general, creating a favourable impression of the airline through friendly and efficient service.

1.3 Purpose and scope

The [CSPM](#) contains the necessary operational instructions of emergency equipment and procedures for flight and cabin crew members of Edelweiss.

It is mandatory for each flight and cabin crew member to carry this manual with her/him as an electronic version. Each crew member is provided with an appropriate electronic device.

Any discrepancy found should be reported immediately to Edelweiss/OC or the crew chief.

Each holder of this manual must be well familiar with its contents and must take a continuous effort to remain up-to-date. Where the holder is in doubt whether he understands anything fully, he must ask his superior at once for clarification.

1.4 Revisions

Revisions will be made as required and published on Yonder Mind. All crew members have access to the electronic version by means of the Yonder Mind application or the Yonder Mind webclient.

An overview of the changes can be seen in the "Revision" tab in Yonder Mind or on the "List of Changes" at the beginning of the manual.

Each crew member is notified of the change via either a "Read" or "Read&Acknowledge" task, depending on their role and the type of the change. These tasks are displayed to the crew member on the dashboard of the Yonder Mind app/web client.

Changes are also marked with a change bar on the right side of the module.

1.5 Distribution

This manual is the property of Edelweiss and is made available to its employees. In the event of an employee's transfer or termination of service, electronic device must be personally handed over to the office designated by personnel service.

Nothing in this manual, however carefully outlined and precisely adhered to, can replace the exercise of good judgement when conditions so dictate.

No regulation can be substitute for awareness.

2 Standard Operating Procedures

2.1 Procedures

2.1.1 General

The instructions in this chapter are applicable to all aeroplane types unless otherwise specified.

2.1.2 Procedures and checklist system

Procedures and checklist system for the use by C/C in accordance with the policies and procedure of Edelweiss:

Refer to [OM A Duties and Responsibilities of Crew Members other than Commander](#), [CSPM Planned Emergency Preparation / Evacuation Checklist](#), [CSPM Location of Safety Equipment & FAM Checklists](#).

2.1.3 Cabin safety requirements

2.1.3.1 Flight preparation of C/C

Before each flight assignment, the C/C has to ensure that their knowledge of procedures, laws and regulations pertinent to their duties and the location of the safety equipment and its operation is up to date.

2.1.3.2 Pre-flight safety briefing by S/C

The S/C shall brief the C/C prior to the commencement of a flight or series of flights planned for the same day or night. The S/C shall ensure that the necessary documents are maintained and processed as laid down in the respective manual and regulations (e.g. respective revisions of the manuals have been performed and understood).

2.1.3.3 Cabin briefing

Before the first flight, a cabin briefing shall be conducted by the CMD who must ensure himself that:

- The emergency equipment and the emergency lighting as mentioned in the [CSPM](#) of the related aeroplane are on board, operative, and properly located;
- Seats are fixed and equipped with individual belts and oxygen;
- Safety cards are available to the passengers.

The CMD shall inform his crew of any useful information such as deficiency of cabin safety equipment, special passengers, load, special procedures, e.g. de-icing.

In addition relevant safety subjects shall be addressed between cockpit and cabin crew (e.g. sterile cockpit, security, aircraft technical issues, flight crew incapacitation, cabin depressurization, onboard fire, emergency evacuation, forced landing or ditching).

The S/C is responsible to the CMD for cabin safety from the time the aeroplane is accepted for flight until all the passengers have disembarked at the end of the flight. The S/C must also ensure that relevant emergency equipment remains easily accessible for immediate use.

For the C/C responsibilities and duties refer to [OM A, CSPM](#).

2.1.3.4 One minute of silent review

Before take-off and landing and when seated at their assigned station, the C/C has to be mentally prepared for any sudden problem which may occur.

The C/C concentrates and thinks about the duties to be performed in the event of an evacuation.

- Where is my position on this aeroplane?
- Which exits am I in charge of?
- Are my exits still armed?
- How do I open those exits?
- Is there water near the runway?
- What is my brace position?
- Which languages do my passengers speak?
- What is the brace order in their language?
- What is the evacuation order in their language?
- What are my evacuation duties?
- Do I have to switch on an emergency light?
- Do I have to switch on an evacuation signal?
- Where is my safety equipment?
- How many people are on board? (PAX, Infants, Crew)
- Are there any SCPs on board? If so, where are they seated?

2.1.4 Pre-departure safety equipment check

2.1.4.1 Emergency duties

The emergency duties must be assigned during the briefing by the S/C according to the cabin emergency preparation/evacuation checklist. In case of reduced cabin crew during ground operations and in unforeseen circumstances, the duties of the unoccupied emergency station shall be carried out by the C/C assigned to the next nearest emergency station.

2.1.4.2 Safety equipment checklist

The safety equipment check must be carried out:

- after a new cabin crew has assumed control of the aircraft cabin; or
- after an aircraft has been left unattended for any period of time.

The Check has to be performed before starting with PAX embarkation

A320: There are 2 safety equipment checklists on board; one in the front and one in the rear.

A340: Each emergency station is provided with its respective safety equipment checklist.

All Safety Equipment Checklists are also available on each crewmember's electronic device.

2.1.4.3 Responsibility

The assigned C/C is fully responsible for the emergency station.

The completion of the safety equipment check shall be communicated to the S/C via PA for each door pair e.g. «Equipment check station 2 completed».

If no discrepancies are reported, it is assumed that the equipment found is in place and in acceptable condition in accordance with the respective safety equipment checklist.

In addition to the safety equipment checklist, the C/C responsible for the galley has to check the functionality of the trolley brakes. A trolley with defective brakes may not be utilised for cabin service and must be labelled to make sure it is withdrawn and repaired.

Warning: Any malfunction of doors, equipment/system or missing equipment must be reported immediately to the S/C respectively flight crew.

2.1.5 Passenger briefing

2.1.5.1 Minimum safety requirements

- Passengers are given a verbal briefing about safety matters. Parts or all of the briefing may be provided by an audiovisual presentation. The complete safety content of an audiovisual presentation must be shown before the “cabin and galley secured” can be given to the flight deck.
- Passengers are provided with a safety briefing card which contains appropriate information, instructions, restrictions or locations relevant to:
 - Seatbelts, seat backs and tables
 - Emergency exits and stowage of hand luggage
 - Emergency floor path marking system
 - Life jackets and passenger oxygen masks
 - Smoking restrictions and use of PEDs
 - Brace position and evacuation procedures.
- Placards are installed containing information on:
 - the use of the seat belt
 - location of life jackets
 - where appropriate, the stowage of video screens & remote controls for taxi, take off and landing
 - etc.

2.1.5.2 Before take-off

- Passengers are briefed on the following items if applicable:
 - Smoking regulations;
 - Back of the seat to be in the upright position and tray table stowed;
 - Window blinds are open;
 - Location and use of floor proximity escape path markings;
 - Correct stowage of hand baggage and the importance of leaving hand luggage behind in case of evacuation;
 - The use and stowage of portable electronic devices and, on the A340, IFE system including foldable in-seat viewing screens (bulkhead rows);
 - The location and presentation of the contents of the safety briefing card and the importance of studying it carefully before take-off; and
 - Compliance with ordinance signs, pictograms or placards, and crew member's instructions.
- Passengers receive a demonstration of the following:

- The use of safety belts and/or safety harnesses, including how to fasten and unfasten the safety belts and/or safety harnesses;
- Location of emergency exits and exit signs;
- The location and use of oxygen equipment if required. Passengers must also be briefed to extinguish all smoking materials when oxygen is being used; and
- The location and use of life jackets if required.
- A320 Overwing emergency exit

C/C 2R is responsible to brief all passengers sitting in rows 11 and 12 on the A320 with the help of the safety card. The C/C must ensure that the passenger seating restrictions are fulfilled ([CSPM Passenger Seating Restrictions](#)). The overwing briefing is always compulsory, independent of pax figures. These passengers must be informed of the following points:

- They are sitting in an emergency exit row and are responsible to open the exit in case of an evacuation.
- The location of the emergency exit and the signs on the exit explaining it's use.
- The operation of the emergency exit and the assessment of the surrounding conditions are explained in the safety demonstration and on the safety card.
- The outside conditions in which the emergency exit may not be opened are shown on the safety card.
- Hand luggage is to be stowed in the hatracks for take-off and landing.
- No loose objects to be placed on empty/unoccupied seats or floor for take-off and landing (eg. jackets, shoes etc.).

If the passenger does not agree to these conditions, does not understand them (no common language required), or is not willing or able to assist the crew in an emergency, they must be reseated.

2.1.5.3 After take-off

Passengers are reminded of the following regulations:

- Smoking regulations;
- Use of safety belts or restraint systems including the safety benefits of having safety belts fastened when seated, irrespective of seat belt sign illuminated and;
- caution when opening overhead compartments.

2.1.5.4 Before landing

Passengers are reminded of the following regulations:

- Use of safety belts or restraint systems;
- Back of the seat to be in the upright position and tray table stowed;

- Correct stowage of hand baggage and the importance of leaving hand baggage behind in case of evacuation;
- Use and stowage of portable electronic devices.
- Window blinds are open and;
- The location of the safety briefing card, the importance of its contents and its reviews.

2.1.5.5 After landing

Passengers are reminded of the following:

- Use of safety belts or restraint systems.
- The use and stowage of portable electronic devices and;
- Caution when opening overhead compartments.

2.1.6 Passenger demonstration

2.1.6.1 General

One C/C per aisle in each cabin section (number of C/C may be reduced according to passenger figures) must show to the passengers the required safety relevant matters according to the announcement laid down in the speech-booklet.

The demonstrations may be replaced by a video demonstration. Consider failure of a monitor which would make the video demonstration unavailable to be seen by a part of the passengers. The required safety relevant matters must then be showed individually to those passengers.

2.1.6.2 Seat belts

A demonstration of the closing and opening of the passenger's seat belts must be made on all flights.

2.1.6.3 Oxygen masks

A demonstration of the oxygen masks for passengers must always be made on flights:

- Above FL 250; or
- With flight time exceeding 2 hours.

2.1.6.4 Life jackets

A life jacket demonstration for passenger must be made:

- Before take-off, whenever there is water within 500m after the runway end (along its axis);

- After take-off, before an extended over water leg, i.e. aeroplane over water and more than 50nm away from an emergency landing possibility;
- Before landing, whenever the approach is leading over water, i.e. water within 1'000m before the begin of the runway and/or within 500m after runway end.

This life jacket demonstration can also already be done before take-off as we normally do it.

2.1.6.5 Emergency Exits and Exit Signs

The location of the emergency exits and exit signs must be shown on all flights.

2.1.7 Infant and child protection

2.1.7.1 Life jacket distribution

For infants up to 2 years:

The C/C must place an infant life jacket in the seat pocket in front of each infant.

The life jacket is packed in a plastic bag. The accompanying adult must be informed that the usage instructions are shown directly on the life jacket, which shall only be unpacked in an emergency on water.

Even if the infant has his/her own seat, it is still mandatory to give an infant life jacket to the parent(s) before take off. If the infant is placed on a parent's lap for take off and landing, it shall be secured by an infant belt.

After landing, the life jackets have to be placed back to the original storage compartment.

2.1.7.2 Baby baskets

Baby baskets are available for babies up to 8 months / 11kg / 70cm. Zipper must be closed when the baby is inside. Baby baskets must be removed and stowed for taxi, take off and landing. Baby basket must not be occupied during turbulence.

2.1.7.3 Infant restraint devices

For each taxi, take-off and landing, turbulence and whenever the PIC considers it necessary, the infant must be secured either in a "car type infant seat/child restraint device" as described below or by an infant belt. When an infant belt is used, the baby must be placed slightly to the side for take-off and landing to avoid the adult person crushing the baby in case of impact. The cabin crew should instruct the adult on this position.

If a brace position must be performed, the adult must brace with the infant on the side, protecting the infant's head with one hand. If an infant is seated in the C-Class on the A340, the infant belt must be used in combination with a blue coloured extension belt for

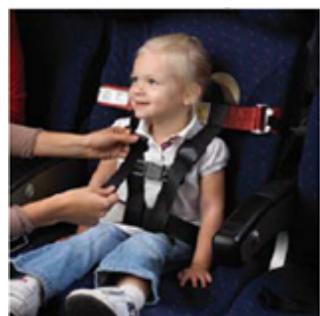
C-Class airbag seatbelts. This will deactivate the airbag function (see picture in [Passenger and crew restraint](#)).

2.1.7.4 Car type infant seat / child restraint device (CRD)

2.1.7.4.1 General

For information on the installation restrictions which apply to CRDs refer to CSPM [Passenger seating restrictions](#). CRDs cannot be used on the A340 in C-Class for the entire flight, as the airbag seatbelt is too thick to fit in the slots of the belt path. This would mean that the seat is not sufficiently secured in an emergency. The following types of CRDs are considered to be acceptable:

- CRDs approved for use in aircraft according to the European Technical Standard Order ETSO-C100c on Aviation Child Safety Device (ACSD);
- CRDs approved by EASA through a Type Certificate or Supplemental Type Certificate;
- CRDs approved for use in motor vehicles on the basis of the technical standard specified in point (i) below. The CRD must be also approved for use in aircraft on the basis of the technical standard specified in either point (ii) or point (iii):
 - i. UN Standard ECE R44-04 (or 03), or ECE R129 bearing the respective 'ECE R' label; and
 - ii. German 'Qualification Procedure for Child Restraint Systems for Use in Aircraft' (TÜV/958-01/2001) bearing the label 'For Use in Aircraft'; or
 - iii. Other technical standard acceptable to the competent authority. The CRD should hold a qualification sign that it can be used in aircraft
- CRDs approved for use in motor vehicles and aircraft according to Canadian CMVSS 213/213.1 bearing the respective label;
- CRDs approved for use in motor vehicles and aircraft according to US FMVSS No 213 and bearing one or two labels displaying the following two sentences
 - i. 'THIS CHILD RESTRAINT SYSTEM CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS'; and
 - ii. in red letters 'THIS RESTRAINT IS CERTIFIED FOR USE IN MOTOR VEHICLES AND AIRCRAFT';
- CRDs approved for use in motor vehicles and aircraft according to Australia/New Zealand's technical standard AS/NZS 1754:2013 bearing the green part on the label displaying 'For Use in Aircraft'; and
- Apart from the regular CRDs described above, EDW also accepts following restraint systems for older infants and children:



CARES



Luftikid



!

Note: Booster seats are not to be used for take-off and landing!

2.1.7.4.2 Seat installation

- If installed, the infant seat must be equipped with shoulder belts for the infant.
- The infant must fit in the infant seat.
- The construction of the infant seat must allow secure lashing to the cabin seat in a front or rear facing position as shown below:
- Fix the bottom frame with the cabin seat belt as illustrated;



- Front facing infant seat for take-off and landing only: Fasten the upper part of the front facing infant seat with two extension belts (available on board) pulled through loops, hooks or other lashing devices of the infant seat to the back of the cabin seat

which has to be in an upright position as shown below; in this case the seat behind should remain vacant.

- The infant seat may not hamper the reclining of the seat in front;

Note: For installation restrictions refer to [Passenger seating restrictions](#).

2.1.8 Comfort devices

Large inflatable devices for passenger comfort, such as cushions or pillows, may be used on board. However, like all other large items they shall be stowed away for taxi, take-off and landing. Inflight, they shall not obstruct the aisles or impair any other passenger's comfort.

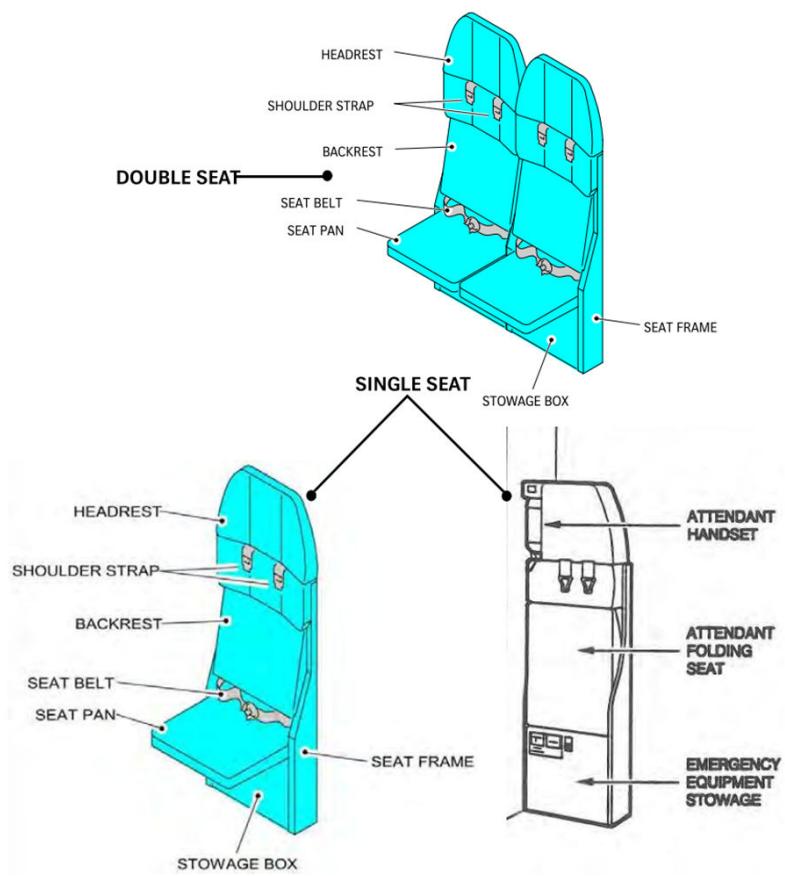
2.1.9 Passenger restraint

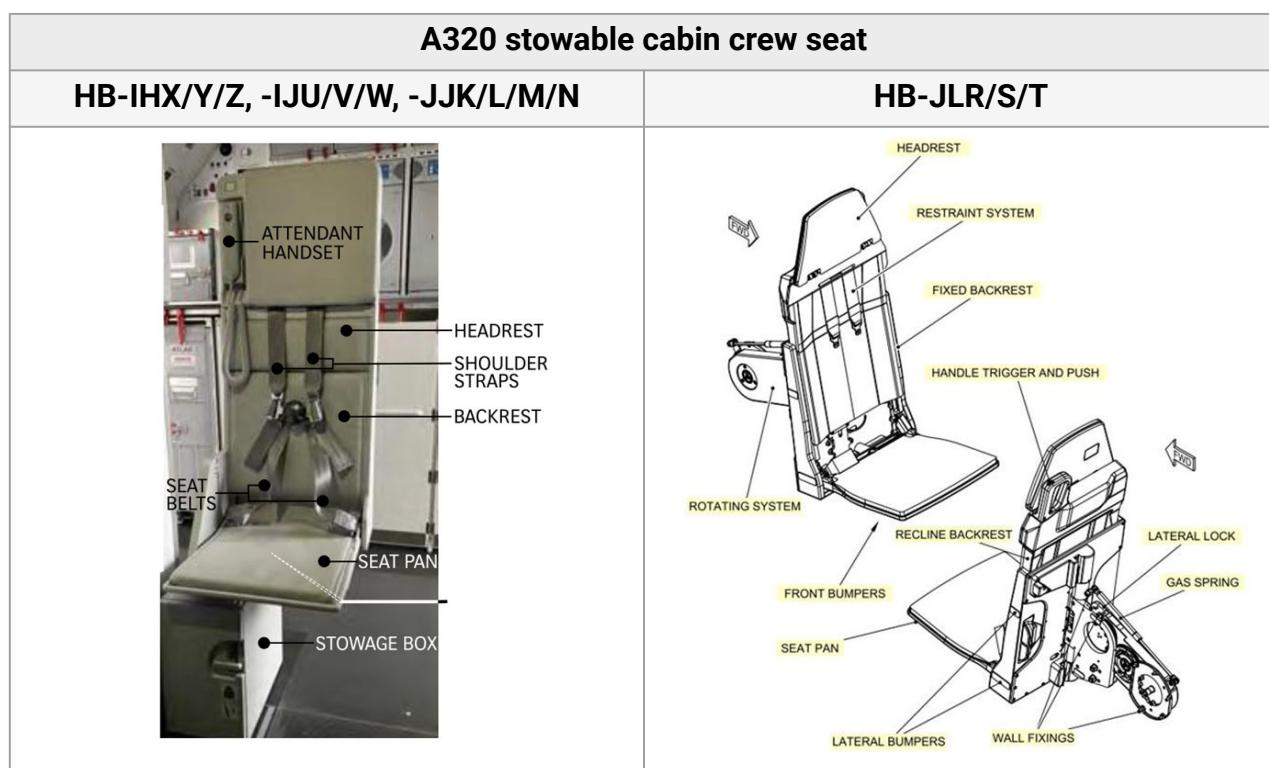
Regular passenger seatbelt (reserve passenger seat-belt)	Infant / extension belt
	
HB-JMD/E/F/G: C-Class airbag belt	Airbag extension belt
	

HB-JMC: C-Class three-point seat belt	Three-point extension belt
	

2.1.10 Cabin crew seats

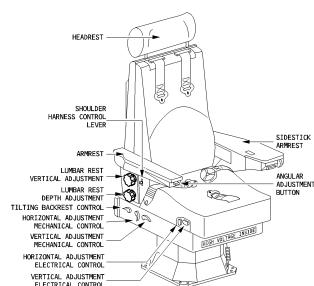
Crew safety harness: The jump-seats for crews have seatbelts and shoulder harnesses. The upper torso restraint system will automatically restrain the occupant's torso in the event of rapid deceleration. The shoulder harnesses can be attached independently from the bottom straps.

A320/A340 standard cabin crew seat


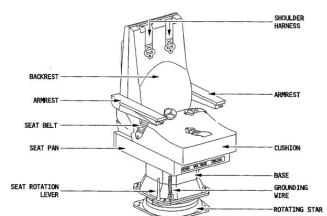


2.1.11 Flight deck seats

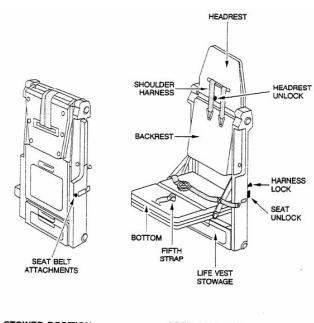
Pilot seat A320/A340



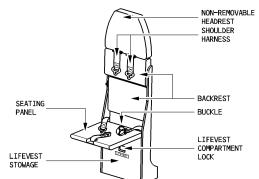
Observer seat A340



Observer seat A320



4th seat A320/A340



2.1.12 Passenger embarkation, distribution and disembarkation

2.1.12.1 Door surveillance on ground with passengers on board

Cabin crew shall be ready for possible action in an unplanned emergency situation on ground in the following phases:

- Begin boarding until take-off;
- After landing until end of deboarding;
- In transit with passengers on board.

Therefore the C/Cs should be evenly distributed throughout the cabin, as close to the exits as practicable.

One C/C should stay in the vicinity of each door-pair during the above phases as long as this is not hindering the execution of other duties (e.g. safety and security related duties and assisting a passenger in the cabin). This C/C must be ready for possible action in an unplanned emergency. This duty may be delegated to another C/C.

Open doors shall always be guarded due to safety and security reasons.

Aircraft Type	Door Pair	Responsible C/C (Duty may be delegated to another C/C)
A340	1L/1R	1R
	2L/2R	2L
	3L/3R	3L/3R
	4L/4R	4R
A320	1L/1R	1L
	2L/2R	2L

2.1.12.2 Passenger embarkation

The boarding may be commenced when the following conditions are fulfilled:

- minimum cabin crew complement is on board (for exception refer to [CSPM Passenger Embarkation with Reduced Cabin Crew](#))
- clearance has been given by the flight crew
- at least one flight crew member is in the flight deck.

During embarkation, the S/C or the delegated C/C shall check the amount of carry-on-baggage which the passengers are carrying on board of the aeroplane. If the amount exceeds the amount specified in [FAM Baggage](#), the respective baggage shall be labelled and put into the hold for transportation.

2.1.12.3 Passenger embarkation with reduced cabin crew

Boarding may be started with 1 C/C less than minimum crew on board (e.g. when a C/C has to be called out of reserve and is not yet on board of the aeroplane at time of boarding).

Additionally to the provisions stated in [Passenger embarkation](#), the following conditions have to be observed:

- at least one cabin crew member is on board for every 50, or fraction of 50 passengers;
- cabin crew shall remain aware of the position of servicing and loading vehicles at and near the exits;
- the senior cabin crew member is on board.

2.1.12.4 Taxi, take-off and landing preparation

Before pushback / taxiing cabin crew assures that:

- Passengers are seated;
- Overhead hatracks are closed;
- Exits and escape paths are unobstructed;
- Heavy and oversized items or surplus baggage, which cannot be stowed in the cabin have been handed over to the ground personnel for loading into the bulk compartment (Attention: the passenger shall be asked whether dangerous goods, documents, valuables or medication are in this baggage, in order for removal and transportation in the cabin).

If these conditions are not met, the S/C must inform the flight crew immediately. If no notification is given to the flight crew, it can be taken that the conditions above are fulfilled.

Before each take-off and landing, the C/C has to check that:

- Exits and escape paths are unobstructed;
- Hatracks are closed and the emergency equipment there-in is freely accessible, also during flight;
- Doghouses with emergency equipment are not blocked by any baggage, also during flight;
- Carry-on baggage is stowed either in the overhead bins or under the seat. Exception: a small hand-bag may be secured around the passenger's body. Under seat stowage

is only possible if the seat is equipped with a restraint bar. It must be ensured that the carry-on baggage is of such size as to prevent it against moving beyond the restraints (forwards, sideways, upwards);

- Weight limits of hatrack and stowage compartments (lockers, doghouses, wardrobes, etc.) must be adhered to, also during flight;
- Access to overwing emergency exits is free: no carry-on baggage placed under the seats, no jackets and coats on emergency exit seats or hanging in emergency exit rows;
- No jackets and coats hanging at bulkhead rows and back of last seat rows;
- All hard, loose items are secured;
- No carry-on baggage is fixed on passenger seats or behind the legs;
- No carry-on baggage is stowed in lavatories (lavatories are not certified as a storage location);
- No fire or smoke in toilets; refer to table below;
- Use of PED is in accordance with [Portable electronic devices on board](#);
- Seat-backs are upright;
- Passengers are seated with their seatbelts fastened;
- Infant belts and life-jackets/extension belts are distributed where applicable;
- Check passenger seating restrictions according to [Passenger seating restrictions](#) below.
- Tables, tablet holders and footrests are stowed;
- Passengers observe the "NO SMOKING" signs;
- Curtains and partition walls are opened;
- Service carts/trolleys are stowed and brakes are checked and locked;
- Doghouses, wardrobes and stowages are secured;
- Galleys are secured;
- Foldable in-seat viewing screens are stowed (A340);
- Crew luggage must be stowed in the hatracks or stowage;
- Door controls and slides are positioned as stated in the respective aeroplane chapter;
- All window blinds open;
- No gadgets attached to windows, also during flight;
- Lights are dimmed during darkness.

This checklist must be completed as soon as possible before or after commencing to taxi and after the "FASTEN SEATBELT" signs are switched on for approach.

A320

2.1.12.4.1 A320

Type	Duty	Cabin Check
A320	1R 2L	Station 1 to AFT Station 2 to FWD

A340

2.1.12.4.2 A340

Type	Duty	Cabin Check
A340	1L, 1R	Station 1 to 2
	2L, 2R	Station 2 to AFT
	3L, 3R	Station 4 to FWD

2.1.12.5 Lavatory check

During take-off and landing preparations the C/C must check the lavatories for fire/smoke.

A320

2.1.12.5.1 A320

Type	Duty	Lavatory	
A320	1L	1 FWD	(A)
	2R	2 AFT	(D & E) (HB-JLR/S/T: F & G)

A340

2.1.12.5.2 A340

Type	Duty	Lavatory
A340	1L	1 FWD (L11)
	2L	1 MID LH (L33)
	2R	1 MID RH (L34)
	3L	1 MID LH (L53)
	3R	1 MID RH (L54)
	4L	1 AFT LH (L73)
	4R	1 AFT RH (L74)

2.1.12.6 Seat location with reference to aeroplane mass and balance

The flight crew will inform the S/C if the passengers seating and distribution must be checked.

If applicable the number of passengers have to be handed over to the flight crew as follows:

A340

2.1.12.6.1 A340

- A340: OA = Station 1 to 2, OB = Station 2 to 3, OC = Station 3 to 4.

A320

2.1.12.6.2 A320

- A320: OA = row 1-5, OB = row 6-25, OC = row 26-37.

2.1.12.7 Passenger seating restrictions

Note: The location of the car-type infant seat/child restraint device must not hinder the other passengers in moving quickly to the nearest exits. If the car-type infant seat/child restraint device requires to be secured around the back of the seat, the seat behind should remain vacant.

A320

2.1.12.7.1 A320

- For take off and landing following seating restrictions apply:

Type	Restriction	Rows / Seats	Comment
A320	Seat row immediately adjacent to an emergency exit	11 & 12 ABC-DEF	No UM No infant No children No PRM No DEP No INAD A320 only: No passenger requiring an extension belt; no children under 16 years of age.

On the A320 with a passenger load factor of 50 or more (excluding infants), each of the four overwing emergency exit seat-rows must be occupied by at least one person per exit for taxi, take-off and landing.

- For all phases of flight following seating restrictions for infants apply due to the availability of additional oxygen masks:

Type	Restriction	Rows / Seats	Comment
A320	Max. 1 infant	1 - 37 ABC 1 - 37 DEF	These restrictions may be wavered if there is a vacant seat directly adjacent (and therefore an additional oxygen mask is available).

- CRDs may be installed on the following seats:

Type	CRD	Rows / Seats	Comment
A320	Car type infant seat / child restraint device / disability aid / restraint aid	Seats 1 – 37 AF Except exit rows 11 & 12	May only be installed on window seats for taxi, T/O and LDG. Child safety harnesses may be used on all seats except exit seats.

A340

2.1.12.7.2 A340

- For take off and landing following seating restrictions apply:

Type	Restriction	Rows / Seats	Comment
A340	Seat row immediately adjacent to an emergency exit	29 ABJK	No UM No infant No children No PRM No DEP No INAD

- For all phases of flight following seating restrictions for infants apply due to the availability of additional oxygen masks:

Type	Restriction	Rows / Seats	Comment
HB-JMD/E/F/G	Max. 2 infants	1 AB, JK 2-10 DEFG 11-17 DG 18 AB, JK 19-27 DEFG 29-45 DEFG/DEG	These restrictions may be wavered if there is a vacant seat directly adjacent (and therefore an additional oxygen mask is available).
	Max. 4 infants	1 DEFG 18 DEFG 28 DEFG	
	Max. 1 infant	All other seats / pairs / rows of four	
HB-JMC	Max. 2 infants	1 AB, JK 2-10 DEFG 11-18 DG 20 AB, JK 21-27 DEFG 29-45 DEFG/DEG	
	Max. 4 infants	1 DEFG 20 DEFG 28 DEFG	
	No infants	12, 15, 17 AB	
	Max. 1 infant	All other seats / pairs / rows of four	

- CRDs may be installed on the following seats:

Type	CRD	Rows / Seats	Comment
HB-JMD/E/F/G	Car type infant seat / child restraint device / disability aid / restraint aid	Seats 1 – 10 AEFK Seats 18 – 45 AEFK Except exit seats 29 AK	May be installed on window seats and middle seats (E and F) for taxi, T/O and LDG. May not be installed at any phase of flight on seats with airbag seatbelts. Child safety harnesses may be used on all seats except

		exit seats and those with airbag seatbelts.
HB-JMC	Seats 1 – 10 AEFK Seats 11 – 18 ADGK Seats 20 – 45 AEFK Except exit seats 29 AK	May be installed on window seats and middle seats (E and F) for taxi, T/O and LDG. Child safety harnesses may be used on all seats except exit seats.

2.1.12.8 Dimming of cabin- and galley lights

The cabin- and galley lights should be dimmed for take-off and landing during darkness. When dimming becomes necessary, the cabin lighting should be adjusted as follows:

- The area at and near the doors as dark as possible, preferably off.
- All other lights in lowest possible intensity, but not off.

Take-off: At latest before giving "CABIN READY" report until gear up.

Landing: At latest before giving "CABIN READY" report until "FASTEN SEATBELT" signs are switched off.

2.1.12.9 Cabin and galley secured report

The S/C or delegated C/C must make sure that the cabin is secured and must report to the flight deck crew "CABIN AND GALLEY SECURED" by pushing the cabin ready button on the FAP before each take-off and landing.

Take-off: Report must be made as soon as the take-off preparations are completed and before the aeroplane enters the runway. At this point the C/C must be seated, have their seatbelts fastened and prepare themselves mentally for take-off (1 minute of silence review). If the take-off imminent call has already been given by the flight deck but the cabin and galley cannot be secured within the communicated time, the S/C must inform the CMD without delay.

Landing: Report must be made as soon as possible after the "Before landing call" has been given by the flight deck crew and the landing preparations are completed. At this point the C/C must be seated, have their seatbelts fastened and prepare themselves mentally for landing (1 minute of silence review).

A320: C/C 2L calls the S/C to give the "CABIN AND GALLEY SECURED". S/C reports to the flight crew "Cabin and galley secured" by pushing the cabin ready button on the FAP.

A340: C/C 2R and C/C 4R call the S/C to give the "CABIN AND GALLEY SECURED". S/C reports to the flight crew "Cabin and galley secured" by pushing the cabin ready button on the FAP.

As soon as the "BEFORE LANDING" sign is given, C/C must:

- Do the cabin and galley check;
- Sit down and fasten their seatbelts;
- Prepare themselves mentally for landing;
- Keep their seats until the aeroplane has slowed down to taxiing speed.

Warning: Whenever the "TAKE-OFF" or "LANDING IMMINENT" call is given, C/C must finish their activities and secure themselves.

Any abnormal condition, e.g. an explosive or other unusual noise, fire or smoke, must be reported immediately to the CMD by the C/C who observes it.

2.1.13 Use of seat belts for crew and passengers

2.1.13.1 General

Edelweiss will not operate an aeroplane unless it is equipped with:

- A seat or berth for each person who is aged two years or more;
- A safety belt, with or without a diagonal shoulder strap, or a safety harness for use in each passenger seat for each passenger aged 2 years or more;
- A supplementary loop belt or other restraint device for each infant;
- Except as stated under exceptions below, a safety belt with shoulder harness for each flight crew seat and for any seat alongside a pilot's seat incorporating a device which will automatically restrain the occupant's torso in the event of rapid deceleration;
- Except as stated under exceptions below, a safety belt with shoulder harness for each C/C seat (Jumpseat) and observer's seats. However, this requirement does not preclude use of passenger seats by C/C members carried in excess of the required C/C complement; and
- Seats for C/C members located near required floor level emergency exits except that, if the emergency evacuation of passengers would be enhanced by seating C/C members elsewhere, other locations are acceptable. The seats shall be forward or rearward facing within 15° of the longitudinal axis of the aeroplane.

All safety belts with shoulder harness must have a single point release.

Passengers are obliged to use their seat belts whenever they are seated at their seat irrespective if the sign "FASTEN SEAT BELTS" is illuminated or not.

Use of "FASTEN SEAT BELT" sign	
ON	OFF
<p>The "FASTEN SEAT BELTS" sign shall be ON:</p> <ul style="list-style-type: none"> • During taxiing, take-off and landing¹; • During all flying in turbulent air and when turbulence can be expected; • Whenever the PIC considers it necessary for the safety of the flight; <div style="border: 2px solid blue; padding: 5px; margin-top: 10px;"> <p>Note: The fasten seat belt signs are normally switched ON 20 min before landing to allow sufficient time to prepare the cabin. Refer to CSPM Descent.</p> </div>	<p>The "Fasten Seat Belt" sign may be switched off en-route:</p> <ul style="list-style-type: none"> • earliest after passing 10'000 ft AAL and • when weather conditions permit.

Note: On A320, the fasten seat belt signs should remain on for about another 10 min after the cabin crew has been released. Refer to [CSPM Release of Cabin Crew](#).

Whenever the "Fasten Seat Belt" sign is switched on, the C/C member must make sure that the passengers are seated, have their seat belts fastened and carry on baggage is stowed.

If a passenger refuses to wear his seat belt or refuses to use a loop belt for an infant the cabin crew must remind him clearly that he is not following a safety procedure and that he is doing so at his own risk.

Whenever in-flight turbulence is expected, the CMD shall brief the C/C as early as possible.

An announcement shall be made by the C/C after take-off, recommending the passengers to keep the seat belts fastened for safety reasons whenever seated.

Note: Passengers and crew are not allowed to lie down on the aircraft floor. Exceptions: medical reasons or, inflight, small children* lying on the floor in front of and within reach of their parent or accompanying adult as long as the "FASTEN SEAT BELT" sign is not illuminated and other passengers and crew are not disturbed. In both cases the CMD and the rest of the crew must be informed.

*The parent or accompanying adult shall be informed by the cabin crew of the risk of injury involved, that they must take full responsibility and accept liability thereof and of the obligation to immediately secure the infant or child with an infant or seat belt if the

“FASTEN SEAT BELT” sign is switched on at any time during the flight.

Small children are not allowed to lie-down in front of seats 29AB and 29JK on the A340 as, for example in the event of an emergency descent, they may move out of reach of the parent or accompanying adult.

2.1.13.2 Turbulence

2.1.13.2.1 Light Turbulence

The “FASTEN SEATBELT” sign is at the CMD's discretion. However, the S/C may discontinue non-safety relevant duties and advise the flight crew of the level of turbulence being experienced and the need for the fasten seat belt sign to be switched on. If the “FASTEN SEATBELT” sign is switched on passengers must be seated with their seatbelts fastened and cabin baggage stowed.

2.1.13.2.2 Moderate turbulence

The “FASTEN SEATBELT” sign “ON” must be accompanied with an appropriate announcement either by the flight crew or the S/C. Passengers must be seated with their seatbelts fastened. C/C shall be seated if advised by the flight crew. If the conditions permit, service carts or trolleys and cabin baggage have to be stowed prior to or during turbulence.

2.1.13.2.3 Severe turbulence

The C/C shall secure themselves immediately on the next available seat and will not attempt to ensure passenger compliance.

2.1.13.3 Seat belts for flight crew

Active flight crew members shall always have their seat belts fastened, unless duty requirements prevent this temporarily. The shoulder harness must be worn for taxi, take-off and landing.

Any person who is in the flight deck for extended periods of time is obliged to use their seatbelt, irrespective if the “FASTEN SEATBELT” sign is switched on or not.

2.1.13.4 Seat belts for cabin crew

All C/C members must be secured with their safety harness (shoulder straps and seat belts) fastened:

- During take-off and landing;
- During taxi, except:
 - For safety related duties;

- During prolonged waiting times during taxi (only after having obtained the authorization of the CMD);
- Whenever the CMD so directs.

Exceptions: FOCA inspectors on duty and flight crew members exercising a check or supervisory function are exempted from this regulation. Nevertheless, they must have a seat with a seat belt available in the aeroplane in case of an emergency.

2.1.14 Crew members at station

2.1.14.1 Flight crew

On the ground, whenever passengers are embarking, on board or disembarking at least one flight crew member has to be on the flight deck in order to ensure the alerting of and proper coordination with aerodrome services in the event of a ground emergency or an urgent need.

It is standard procedure that both pilot seats are occupied by qualified pilots from Edelweiss during all phases of a flight. The task of each flight crew member is defined in the FCOM and QRH for all flight phases.

At least one pilot shall have full access to the flight controls and maintains constant vigilance during the flight.

A pilot may leave his seat temporarily during flight, with the CMD's permission, e.g. when minor irregularities or personal necessities so require. The autopilot must be engaged in such cases. This is not a minimum requirement.

In principle the CMD always sits in the lefthand seat. By being ready at the controls the CMD will, in case of an emergency during any phase of the flight, always be in position to instantly take over the controls.

Whenever a pilot is replaced on the front seat, this has to be authorised by the CMD. The change-over has to be done quickly and must be so arranged that only one of the pilots' seats is empty at a time. The autopilot must normally be engaged during a changeover of pilot's seats. Seat changes below 15'000 ft or 10'000 ft Above Aerodrome Level (AAL), whichever is higher, are not authorized.

2.1.14.2 Cabin crew

2.1.14.2.1 General

2.1.14.2.1.1 Take-off and landing

During take-off and landing, and whenever deemed necessary by the CMD in the interest of safety, the minimum legal number of C/C must be positioned in seats designated for

this purpose and shall not perform any activities other than those required for the safe operation of the aircraft.

Any additional cabin staff that cannot be accommodated in seats provided for this purpose will normally occupy passenger seats, or at the CMD's discretion, any spare seat in the flight deck.

2.1.14.2.1.2 Inflight

In principle each cabin area or class must be supervised by at least one C/C during the entire flight in order to ensure that inflight emergencies and passenger calls are reacted to as soon as possible. (A320 2 C/C: one in FWD, one in AFT Cabin/Galley; A340 3 C/C: one in FWD, one in MID, one in AFT Cabin/Galley). If the C/C is in another part of the cabin, for example during service duties, the C/C must be easily reachable by passengers and other crew members. The only exception to this rule is if an inflight emergency briefing is held with the entire cabin crew.

If the C/C needs to leave Stn 1 / FWD compartment temporarily unattended inflight, the flight deck crew should be informed.

Every 30 minutes the following must be checked inflight:

- Galley systems and equipment
- Lavatory systems including automatic fire extinguishers and smoke detectors
- IFE systems, including proper function of screens (inactive screens do not have to be activated)
- Cabin check
- Every 30-45 minutes the flight deck has to be checked inflight by the C/C at Stn 1

2.1.14.2.2 Assigned emergency stations

The C/C must always sit at their assigned emergency stations according to the "CABIN EMERGENCY PREPARATION / EVACUATION CHECKLIST" for each take-off and landing and shall not perform any activities other than those required for the safe operation of the aircraft.

In case of minimum crew or reduced cabin crew the following conditions apply:

Condition	Emergency station assignment
Minimum crew A320	1L, 1R, 2L, 2R
Reduced number of cabin crew A320	1L, 2L, 2R
Minimum crew A340	1L, 1R, 2L, 2R, 3L, 3R, 4L, 4R
Reduced number of cabin crew A340	1L, 2L, 2R, 3L, 3R, 4L, 4R

Whenever the number of cabin crew is more than the minimum cabin crew, a C/C may occupy a spare seat in the flight deck during take-off and landing. However, the following rules must be followed:

- It must be defined and communicated before the crew has entered the aeroplane (for all legs of a workday) which C/Cs will occupy a spare seat in the flight deck for take-off and landing.
- The decision to allow C/Cs to occupy a spare flight deck seat is at the CMD's discretion.
- The spare seat in the flight deck must be occupied before closing the cockpit door for engine start or latest 20 minutes before landing, unless otherwise agreed with the CMD.
- A C/C can only be responsible for one emergency station during one workday.¹
- Only a C/C without an assigned emergency station (e.g. 1L+) can take over the emergency station of another C/C¹ (e.g. A340: CC 1L+ can take over the emergency station of CC 1R. During that workday, CC 1L+ and CC 1R can alternately be responsible for that station. They may not take over any other emergency stations during that day.)

¹⁾ Exceptions to this rule are only allowed if a C/C becomes incapacitated and must be coordinated with the S/C.

2.1.14.2.3 Transit stops

During transit stops with passengers on board at least one flight crew member is in the flight deck and the following numbers of C/C must stay on board in order to assure a quick evacuation:

Aeroplane type	Number of cabin crew
A320	4
A340	8

2.1.15 Door operation

2.1.15.1 General

When operating doors always exercise caution to avoid injury to oneself or others and damage to the aircraft. The detailed method of opening and closing the aircraft doors is explained in the respective aeroplane type specific chapters (A320: [CSPM Cabin Doors and Exits](#); A340: [CSPM Cabin Doors and Exits](#)).

Doors may be opened and closed by any person with the respective training. For restrictions see [CSPM Passengers on board](#).

Note: If in any non-emergency situation a door needs to be opened after the slides have been armed, all slides must be disarmed according to [CSPM Slide arming and disarming - general](#) before opening any door.

2.1.15.1.1 Postflight

Doors may be opened only when:

- the aeroplane stops
- the fasten seatbelt signs are switched off
- flight crew's order to place the yellow door selectors to disarm position has been received
- the yellow door selector is in disarmed position and the safety pin is installed
- cross-check has been done
- flight crew's information by P/A: "Cabin crew doors o.k." was received
- air jetties or steps are positioned and the thumbs-up or any o.k. signal is received.

After opening the door, please check the difference in height between door and stairs. The airplane will sink due to the weight increase with fuelling. By commencing with a difference in height, damage to the door during fuelling can be avoided.

As a guideline on the A340, doors 1 and 2 should have a difference of approx. 20 cm between door and stairs/jetty. Door 4: Approx. 30 cm.

There is no guidance level for the A320, but similar values (20 - 30 cm) can be used.

Jetties are usually equipped with a sensor and height adjustment function. The sensor must be placed under the open door. Therefore, primarily it is stairs which have to be handled with caution. If the difference in height is too little, the S/C and CMD have to be informed.

2.1.15.1.2 Passengers on board

If passengers are on board only crew members on duty are permitted to open and/or close any doors. Passenger boarding shall not commence before all open doors without positioned ground equipment are closed. Before any positioned ground equipment is removed, the respective door must be closed.

2.1.15.1.3 No passengers on board

If no passengers are on board, doors may be opened and closed by any person with the respective training. If no passengers are on board, doors without positioned ground equipment may be opened. However extreme caution must be taken due to the difference in height between the passenger cabin and the ground. As a visual warning that no ground equipment is positioned, door barrier straps must be installed as shown below.



If a door without positioned ground equipment is only being opened in order to remove the waste (A320 2L/R), the door does not need to be opened completely. However, the door may not be left unattended and the door strap shall be installed. The door shall be closed immediately after waste removal. In strong wind conditions consider opening the door completely in order to have the door secured with the gustlock.

2.1.15.1.4 Door closing

When closing the door, be aware of foreign objects on the stairs/jetty/cabin floor. They could damage the door or get stuck between the door and door frame. If no ground equipment is positioned, extreme caution must be taken due to the difference in height between the passenger cabin and the ground. The door barrier strap must be removed and fully stowed before closing the doors. Check the locking indicator(s) is/are green to ensure the door is fully closed.

2.1.15.2 Slide arming and disarming

2.1.15.2.1 Slide arming and disarming - general

All doors must be kept in the same armed or disarmed status.

The cabin crew arms or disarms the slides in the cabin doors via the yellow door selector.

The yellow door selector is connected to the girt bar, and the girt bar is attached to the escape slide.

When the slide is armed the yellow door selector connects the escape slide via the girt bar to the cabin floor.

When the slide is disarmed the yellow door selector disconnects the escape slide via the girt bar from the cabin floor.

Normally the yellow door selector is not allowed to be operated without flight crew's order.

Whenever the yellow door selector cannot be placed in armed/disarmed position, the door must be guarded and the flight crew and S/C informed. If for any reason no order for placing the yellow door selector to armed/disarmed position was received and it appears that it should have been given, the S/C must call the CMD.

2.1.15.2.2 Cross-check

The cross check is a procedure where the CCM's actions are monitored by another CCM so that errors are quickly identified and rectified.

After arming of the yellow door selector the C/C ensures that the opposite door is properly closed and locked, the slide is armed and the safety pin is correctly stowed.

As the disarming of the yellow door selector and installation of the safety pin are done under the observation of the C/C of the opposite emergency station, the cross check is part of this observation.

2.1.15.2.3 Cabin door arming and cross check procedure

Slides may only be armed by the C/C assigned to the respective emergency station (for exceptions see [CSPM General](#)).

Order from Flight Crew	Cabin Crew, Yellow door selectors ARMED
Door locking indicator(s)	Check locked
Safety pin (with red flag)	Remove
Yellow door selector	Move fully to the armed mode

The arming lever is armed, when it is in the section labelled "ARMED".

Note: When the door is in the "ARMED" mode, the "cabin pressure warning light" does not illuminate to indicate cabin differential pressure.

Safety pin (with red flag)	Stow
Safety pin is stowed in a hole. The red flag must be stowed (not hanging).	
Check door closed, locked, armed and the safety pin is correctly stowed	Perform
Cross-check opposite door closed, locked, armed and the safety pin is correctly stowed	Perform

Note: Cabin crew can use the mental model of 'PIN-ACTION-PIN' in order to ensure the steps associated with arming or disarming in the SOP are correctly followed (Source: Airbus Safety First).

2.1.15.2.4 Cabin door disarming and cross check procedure

Slides may only be disarmed by the C/C assigned to the respective emergency station under observation of the C/C of the opposite emergency station (for exceptions see [CSPM General](#)).

Order from Flight Crew	Cabin Crew, Yellow door selectors DIS-ARMED
C/C touch yellow door selector and call out	"YELLOW DOOR SELECTOR"
C/C of the opposite station	Visually check and confirm with "CHECKED"
Safety pin (with red flag)	Remove (under the observation of the opposite C/C)
Yellow door selector	Move fully to the disarmed position (under the observation of the opposite C/C)
Once the door is disarmed:	
Safety pin (with red flag)	Stow (under the observation of the opposite C/C)
Visual Indication DISARMED	Check (under the observation of the opposite C/C)

Note: The slides on the left-hand side of the A/C are to be disarmed first, then the slides on the right hand side. Exceptions to this observation procedure are only allowed when the opposite emergency station is not occupied, e.g. A340, reduced cabin crew 7. In such cases due care must be taken by the C/C.

2.1.15.2.5 Assignment

A320:

Door	Standard operations (4 C/C)	Reduced cabin crew (3 C/C)
1L	1L	1L ¹
1R	1R	1L ¹
2L	2L	2L
2R	2R	2R

A340:

Door	Standard operations (A340 8 C/C)	Reduced cabin crew (7 C/C)
1L	1L	1L ¹
1R	1R	1L ¹
2L	2L	2L
2R	2R	2R
3L	3L	3L
3R	3R	3R
4L	4L	4L
4R	4R	4R

Note:

1. No crosscheck required

2.1.15.3 Dispatch with inoperative door or slide system

A door or slide must be considered inoperative when:

- Door cannot be opened due to mechanical defect;
- Yellow door selector cannot be placed in armed position;
- Slide/raft is unserviceable;
- Door pneumatic system is unserviceable;
- Door emergency exit sign associated to the door is inoperative.

Note: Any cabin door with only door pneumatic bottle empty can be opened in armed mode by use of muscles and the slide should inflate automatically. In spite of that, such door must be considered as inoperative for dispatch purposes.

2.1.15.4 Emergency procedures

In case of an emergency, standard evacuation procedures according to the planned emergency preparation / evacuation checklist shall be carried out. If a door or slide is inoperative, the aeroplane may be operated under the MEL (Minimum Equipment List) conditions in accordance with the flight crew.

Additionally consider the following:

- Do not use the inoperative door for passenger boarding;
- The inoperative door must be guarded by a C/C during taxi, take-off, landing and during an emergency.
- CMD's orders on operation of yellow door selector are not applicable to the inoperative door.

2.1.15.5 Inoperative door

Before boarding, the inoperative door/exit must be closed and whenever possible selected to "ARMED" mode.

It is the responsibility of maintenance personnel to close the inoperative door, to select the door to "ARMED" mode and to mark and unmark the inoperative door/exit clearly with the red strap label "DO NOT USE THIS DOOR" (red strap stowage: A320 below jumpseat 2R Extra, A340 Compartment 1335).

2.1.16 Public address (PA)

As soon as feasible after take-off, the CMD or the delegated crew member shall inform the passengers about flight plan, weather enroute and other information deemed necessary.

Subsequent announcements should state additional enroute information, e.g. flight progress, points of special interest, leaving/reaching coastlines on ocean flights, etc. These announcements shall normally also be made in IMC.

Final announcement should be made when the destination actual weather report has been received and the traffic situation at the landing place can be better judged as to possible arrival delays, etc.

Information and explanation about the following special circumstances should comprise at least:

- Anticipated turbulence;
- Deviations from the intended plan of operations which are of interest to the passengers.

It is the CMD's responsibility to maintain contact with his passengers in order to ascertain that they receive the best service possible and are kept informed about details of the flight and deviations from normal operation.

The PA is a very effective service tool. It should be used whenever flight deck workload permits to promote greater confidence in our service.

The CMD may delegate the PA to the F/O especially if he is planned for upgrading to CMD in the near future or has knowledge of a specific language.

2.1.16.1 Responsibility for information

As long as the doors are still open, it is the duty of the ground personnel to inform the crew about delays exceeding 5 minutes. The CMD in turn will provide appropriate information for the passengers if an unforeseen delay exceeds 5 minutes, either personally, via the S/C, or the ground staff, e.g. if knowledge of local language is required.

In case of delayed boarding, information should be sought from the ground staff as to announcements already made to the passengers (e.g. reason for delay).

As soon as the doors are closed, it is the responsibility of the CMD or the designated crew member to inform passengers about all substantial irregularities, such as departure or approach delay, technical troubles, go-around, etc.

2.1.16.2 Procedures for irregular operation

Suitable information should, if possible, be transmitted before passengers start impatient inquiries, but not before a sound explanation of the circumstances can be given.

Information should be based on the following principles:

- Reasonable and realistic statement of duration of a delay;
- Once a definite time has been given, this time should in no case be extended further without informing the passengers accordingly;
- If no time statement can be made, the passengers should be told so;
- In case of prolonged delay, the CMD should inform the passengers through the S/C of all arrangements which concern them in such a way that absolutely no misunderstandings between the CMD, C/C and passengers will arise;
- During extended ground stays in case of irregularities, personal contact between crew and passengers may advantageously assist in handling the situation.

It is of great importance that the CMD and station personnel are always informed where the following personnel can be contacted:

- CMD/station personnel;
- The other crew members;
- Passengers.

Changes of departure time should be transmitted to these groups as soon as practicable by the station personnel.

When a diversion becomes necessary, the passengers shall be informed as soon as possible and be advised that their onward transportation or accommodations will be arranged by ground personnel.

Refer to [FOSI Diversion](#).

2.1.16.3 Coordination between announcements

Announcements should be coordinated with the S/C in order to avoid duplication of information. Care must be taken not to disturb passengers with routine announcements during the night.

Whenever delays or irregularities occur, the flight crew might be busy with handling a situation operationally or technically. Therefore, if a delay or irregularity becomes obvious, e.g. if the aeroplane is returning to the tarmac or prepares for landing shortly after take-off, the S/C shall contact the flight crew on his own initiative. The S/C will seek information on the details of the irregularity so as to be able to advise the passengers duly, if so required by the CMD.

If the necessity for immediate information to passengers is evident and no announcement is made within reasonable time from the flight deck, as in the case of T/O Abort and Go Around, the S/C should do the respective standard announcement according to the Speech Booklet. However such announcements shall not interfere with callouts from the flight deck that are to be expected according to the flight phase.

2.1.16.4 Presentation of information

Passengers are a "captive audience" and, as experience has shown, announcements via the PA find a mixed acceptance. Therefore, the CMD or the delegated crew member shall select length, content and number of announcements so as to make them as pleasing as possible to those who like them and as unirritating as possible to those who dislike them.

It is preferable to make rather brief announcements, but to inform the passengers repeatedly. In order to avoid monotony, announcements shall be as varied as possible. The following rules might be helpful:

- Introduce yourself before the first announcement;
- Stick to facts, use direct and simple expressions and well-known geographical names for position reports;
- Do not use technical terms which passengers might not understand;
- Be cautious in using humour. Passengers might disagree on what is funny;
- Avoid expressing opinions.

Passenger announcements should be made in a positive manner as far as possible. Expressions which could scare the passengers, such as "bad weather", "heavy turbulence", etc., should be avoided when informing about weather conditions.

A delay shall not be mentioned repeatedly. After one announcement and one apology, further information should refer to "remaining flight time" or "ETA" only.

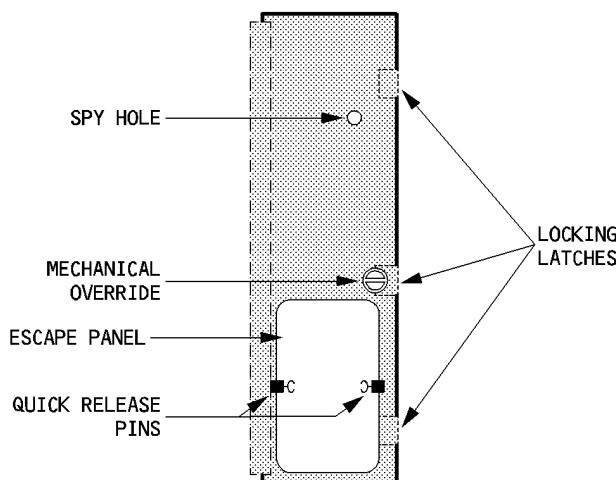
The S/C will automatically include an apology in the welcome speech if a flight is delayed substantially.

Flight deck announcements shall normally be made in the two or three languages used by the majority of passengers and include, at least alternately, German and French as well as English for line-flights and certain destinations. It is recommended to delegate announcements in languages in which one is not sufficiently fluent. In such cases co-ordination may be necessary with the S/C.

2.1.17 Cockpit door locking system (CDLS)

2.1.17.1 General

The cockpit door has an electric-locking latch, controlled by the pilots. In normal conditions, when the door is closed, it remains locked. Upon flight deck entry request, the flight crew can authorize entry by unlocking the door, which remains closed until it is pushed open.



When the flight crew does not respond to requests for entry, the door can also be unlocked by the C/C, by entering an emergency access code on the keypad, installed on the lateral side of the forward attendant panel (FAP).

The door is bullet-proofed and fully compliant with rapid decompression requirements. A mechanical override enables the pilots to open the door from the flight deck side.

Note: The escape panel enables the flight crew to evacuate the flight deck, in case of an emergency when the door is jammed or stuck. This panel can only be removed from the flight deck side by pulling the quick release pins towards the centre of the flap and kicking the panel open.

In case of an electrical supply failure, the door is automatically unlocked, but remains closed.

HB-JJK/JJN: A deadbolt is installed at the level of the center latch area of the cockpit door. This deadbolt bolts the door from the cockpit side, in the event that more than one locking latch strike fails, or in the case of a total CLS failure.

2.1.17.2 Safety regulations

The cockpit door shall remain closed and locked from the time all external aircraft doors are closed following embarkation until any external aircraft door is subsequently opened for disembarkation. For communication between C/C and flight crew, the interphone system shall be used. In case of suspicious activity or security breaches recognised by C/C members, the interphone system should be used with utmost care and discretion. The PM is responsible for the flight deck/cabin communication and camera/door operation.

The flight crew must check the whole area by means of video camera. All available view areas must be checked. The door shall stay open as short as possible and must be closed immediately after the C/C has entered the flight deck.

Before leaving the flight deck, all area must be checked through the video camera prior opening the door.

The emergency access procedure is only allowed in an emergency case. The CMD is responsible to brief the C/C and organise the security duties during the cabin safety briefing. If requested by tigers, tigers may be briefed about the cockpit door locking system procedures including the emergency code.

2.1.17.3 Routine operation

The keypad enables the C/C to request access to the flight deck. Activating the access request by pushing the # key, the buzzer sounds in the flight deck for 1 second to indicate that a routine access request has been made.

The toggle switch enables the flight crew to lock or unlock the cockpit door, following an access request, thereby allowing or denying entry into the flight deck.

Pilot decision		NO REACTION
Switch to UNLOCK	Switch to LOCK	
<ul style="list-style-type: none">• Keypad green LED on;• Door can be pushed open.	<ul style="list-style-type: none">• Keypad red LED on;• Door remains locked;• Keypad and buzzer inhibited.	<ul style="list-style-type: none">• Door remains locked;• Second attempt;• Call via interphone;• Emergency procedure.

2.1.17.4 Emergency access

The emergency access to the flight deck is possible by inserting a 4-digit code on the keypad followed by pressing the # key.

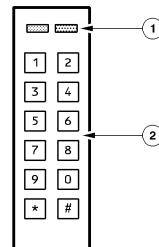
- The buzzer will sound continuously in the flight deck and the green LED on the keypad will flash, but no action has yet been taken by the flight crew.
- 15 seconds timer starts;
- Keypad green LED on;
- Door can be pushed open.

Pilot decision within 15 seconds

Pilot decision within 15 seconds		NO REACTION
Switch to UNLOCK	Switch to LOCK	
<ul style="list-style-type: none"> • Keypad green LED on; • Door can be pushed open. 	<ul style="list-style-type: none"> • Keypad red LED on; • Door remains locked; • Keypad and buzzer inhibited. • No other attempt possible on the keypad for 10 minutes. 	<ul style="list-style-type: none"> • Timer out after 15 seconds; • Keypad green LED on; • Door unlocks for 5 seconds.

2.1.17.5 Keypad

- 1) Locked/unlocked door indicator
- 2) Digital keypad



2.1.17.6 Central pedestal cockpit door panel

The secured cockpit door opening is controlled by a toggle switch, located on the central pedestal in the flight deck.

Note: If the "LOCK" position has not been used by the flight crew (for at least 10 minutes) the C/C is able to request emergency access to open the cockpit door.

2.1.18 Cockpit door surveillance system (CDSS)

The CDSS consists of 3 video cameras, which enable the flight crew to identify persons prior to authorizing their entry into the flight deck. An LCD display shows the various camera views.

2.1.19 Communication and cooperation

2.1.19.1 Safety equipment check completed

Safety equipment check completed			
From	To	Communication method	Remarks
Cabin	S/C	P/A system: "EQUIPMENT CHECK STATION XX COMPLETED"	To be carried out per door pair only, other than station 1, after completion of the safety equipment check. If no discrepancies are reported, the equipment is assumed to be in place and in acceptable condition in accordance with the respective safety equipment checklist. Refer to CSPM Responsibility .

2.1.19.2 Headcount

Headcount			
From	To	Communication method	Remarks
S/C	Cabin	P/A system: "CABIN CREW, BOARDING IS COMPLETED, GUEST COUNT IS CORRECT, (eg.) 1-5-0 plus 3"	It is each crew members' responsibility to know the exact number of passengers on board before take-off. <i>say: one five zero plus three</i>

2.1.19.3 Arming evacuation slides

Arming evacuation slides			
From	To	Communication method	Remarks
Flight deck	Cabin	P/A system: "CABIN CREW, YELLOW DOOR SELECTORS ARMED"	Must be given before aeroplane starts moving. Immediate compliance, no acknowledgement.

		Perform cross-check according Slide arming and disarming
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2.1.19.4 Disarming evacuation slides

Disarming evacuation slides			
From	To	Communication method	Remarks
Flight deck	Cabin	P/A system: “CABIN CREW, YELLOW DOOR SELECTORS DIS-ARMED”	Must be given on arrival at parking area. Immediate compliance. Perform cross-check according Slide arming and disarming

2.1.19.5 Slides disarmed

Slides disarmed			
From	To	Communication method	Remarks
Flight deck	Cabin	P/A system: “CABIN CREW, DOORS O.K.”	Must be given by flight crew after the check of the system display door page when all relevant slide indications have disappeared.

2.1.19.6 Cabin & galley secured for take-off and landing

Cabin & galley secured for take-off and landing			
From	To	Communication method	Remarks
S/C	Flight deck	Push the cabin ready button on the FAP:	For each take-off and landing.
		Alternate method when Cabin Ready Memo Function is u/s: Report to Flight Deck by inter-phone: “CABIN AND GALLEY SECURED”	For each take-off and landing. Flight crew acknowledges.

Report must be made:

- Take-off: as soon as the take-off preparations are completed.
- Landing: as soon as the landing preparations are completed.

2.1.19.7 Take-off imminent

Take-off imminent			
From	To	Communication method	Remarks
Flight deck	Cabin	P/A-system: "CABIN CREW, DEPARTURE IN XX MINUTE(S)" • 2 CHIMES	For each take-off. "FASTEN SEAT BELT" or "NO SMOKING" switch OFF/ON before starting take-off roll.

Whenever the take-off imminent call is given, C/C must finish their activity immediately, take their seats and secure themselves. If the cabin cannot be secured within the communicated time, the S/C must inform the CMD without delay.

2.1.19.8 Release of Cabin Crew

Release of Cabin Crew			
From	To	Communication method	Remarks
Flight deck	Cabin	"CABIN CREW RELEASED"	Cabin crew may unfasten their seatbelts and (re)commence their duties in the cabin. Pax must remain seated.

The "CABIN CREW RELEASED" call may be given in the following cases:

- After take-off

Note A320 only: Due to different layouts of the aft galley and lavatories on the A320 fleet, it is important that the cabin crew can prepare the inflight service without getting disturbed by the passengers. Therefore the fasten seat belt sign should remain ON for about another 10 min after the cabin crew has been released. The exact timing may be adapted at the briefing.

- After an emergency descent (refer to [CSPM Emergency Descent](#)).
- After turbulences (refer to [CSPM Securing of Cabin Crew \(Turbulence\)](#)).

C/C shall execute all their activities with utmost care.

2.1.19.9 Securing of Cabin Crew (Turbulence)

Securing of Cabin Crew			
From	To	Communication method	Remarks

Flight deck	Cabin	P/A System "CABIN CREW TAKE YOUR SEATS"	Cabin crew is to sit down and wear seat belts
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2.1.19.10 Descent (20 min. before landing)

Descent (20 min. before landing)			
From	To	Communication method	Remarks
Flight deck	Cabin	Seat belt sign ON	All service carts / trolleys must be returned to the galleys.

2.1.19.11 Before landing

Before landing			
From	To	Communication method	Remarks
Flight deck	Cabin	P/A-system: "CABIN CREW, LANDING IN..... MINUTES"	Announcement according to situation. At 10'000 ft/FL100 in descent, which corresponds to approximately 10 minutes prior landing.

Whenever the before landing call is given, the landing preparation checklist CSPM [Taxi, take-off and landing preparation](#) must be completed as soon as possible.

2.1.19.12 Landing imminent

Landing imminent			
From	To	Communication method	Remarks
Flight Deck	Cabin	Non smoking flights: • 1 CHIME • "EXIT SIGNS" ON (Smoking flights: + "NO SMOKING" signs ON)	When gear down (2-3 minutes before landing).

Whenever the landing imminent call is given, C/C must finish their activity, take their seats and secure themselves.

2.1.19.13 Priorities of calls

Priorities of calls		Priority
Cabin interphone	Emergency call	1
	All attendant call	2
	Normal call	3
Lavatory smoke detection		1
Evacuation signalling		2
Service interphone		6
Passenger call	Call from seat row	4
	Call from lavatory	3

2.1.19.14 Normal inflight communication

For the method of how to apply the interphone system refer to the respective aeroplane chapter.

Each C/C should declare their name and assigned emergency station when using the interphone system. If calling from another station than the assigned emergency station, this other station should also be stated.

2.1.19.15 Alternate means of communication

In case of an inoperative interphone system, the CMD shall define an alternate system for communication between cabin crew and flight deck. During the sterile cockpit phase only flight operational related communication shall take place.

2.1.20 Sterile flight deck concept

The sterile flight deck concept guarantees a calm working environment for the flight crew members during the flight phases of high workload. Sterile flight deck means that the exchange of non-essential conversation within the flight and cabin crew should be avoided. During periods when the sterile flight deck concept is applied, cabin crew should call the flight crew or enter the flight deck only in cases related to safety or security matters, such as:

- any outbreak of fire inside the cabin or in an engine;
- a burning smell in the cabin or presence of smoke inside or outside;
- fuel or fluid leakage;
- exit door unable to be armed or disarmed;
- localised extreme cabin temperature changes;
- evidence of airframe icing;

- cabin/galley equipment or furniture malfunction/breakage posing a hazard to the occupants;
- suspicious object;
- disruptive passenger;
- security threat;
- abnormal vibration or noise;
- medical emergency;
- general drop-down of the oxygen masks in the cabin; and
- any other condition deemed relevant by a cabin crew member.

In such cases, information should be timely and accurate.

This phase starts for departing flights when the aeroplane moves under its own power or with pushback/tow-out and ends at FL150/transition altitude (whichever is higher) then starts again descending through FL150/transition level (whichever is higher) for arriving flights and ends with engine shutdown. The sterile flight deck concept can also be applied during any other phases of flight as determined by the pilot-in-command or commander.

For Cabin Crew:

- This is 10 minutes after lift off. To fulfill the sterile flight deck concept, coordination with the flight crew is necessary in order to leave the jump seat and exit the flight deck after departure.
- And 20 minutes prior landing (after the seatbelt sign has been switched on prior landing).

Persons occupying the flight deck jump seat shall be briefed about these rules.

A340

2.1.21 Cargo, delivery and ferry flights with A340

A340

2.1.21.1 Longhaul cargo (belly-load only), delivery and ferry flights

Cabin Crew

One S/C shall be scheduled for these flights. One C/C should be planned to assist with the on ground duties in ZRH only. Check-in time is STD -80Min. The uniform shall be worn.

Cabin Crew Duties on ground:

- Safety Equipment Check at all stations incl. LDMCR if installed.
- Aircraft Security Search in the entire cabin and LDMCR if installed. Exceptions according to Station Sheet Security Information.
- Check of all crew meals and drinks to be loaded in FWD Galley.

- Check that all electric equipment (ovens, air chillers, boilers, coffee-machines, IFE, PED etc.) are switched off in the MID and AFT Galleys and all Trash Bins are empty.
- The S/C is responsible for the equipment check, security search and crew meal count at Stations 1L & 1R and 2L & 2R. The additional C/C is responsible for the equipment check at stations 3L & 3R, LDMCR if installed and 4L & 4R.
- Thereafter the cabin security search is carried out by the S/C from FWD and by the C/C from the AFT until they meet.

Senior Cabin Crew Duties inflight:

- Hourly check of the cabin to ensure that a danger of fire or leaks can be detected.
- After severe turbulence an additional cabin check shall be made.

A340

2.1.21.2 Shorthaul cargo (belly-load only), delivery and ferry flights

Two C/C should be planned to assist with the on ground duties in ZRH only.

Cabin Crew Duties on ground:

- Safety Equipment Check at all stations incl. LDMCR if installed.
- Aircraft Security Search in the entire cabin and LDMCR if installed. Exceptions according to Station Sheet Security Information.
- Check of all crew meals and drinks to be loaded in FWD Galley.
- Check that all electric equipment (ovens, air chillers, boilers, coffee-machines, IFE, PED etc.) are switched off in the MID and AFT Galleys and all Trash Bins are empty.
- One C/C is responsible for the equipment check, security search and crew meal count at Stations 1L & 1R and 2L & 2R. The other C/C is responsible for the equipment check at stations 3L & 3R, LDMCR if installed and 4L & 4R.
- Thereafter the cabin security search is carried out by one C/C from FWD and by the other C/C from the AFT until they meet.

On delivery and ferry flights, if 11 to 20 persons excl. flight crew are travelling on board, one S/C shall be planned for the flight according to [OM A Required cabin crew for non revenue flights](#).

In this case the following Senior Cabin Crew Duties inflight apply:

- Hourly check of the cabin to ensure that a danger of fire or leaks can be detected.
- After severe turbulence an additional cabin check shall be made.

A340

2.1.21.3 Additional information for Flight Crew

Water uplift 25%

Usually no water/waste service is required at the destination.

Cabin cleaning is not required at the destination.

Use of the IFE control panels and ovens is permitted only after receiving instruction by a C/C.

Details for the flight to a new destination will be provided by the duty officer.

On augmented flights, the inflight rest is to be taken on a C-Class seat. The use of the LDMCR, if loaded, is not permitted.

If an S/C is on board and taking an inflight rest, one of the pilots performs the hourly cabin checks (see [Longhaul cargo](#) / [Shorthaul cargo](#)) before his respective rest.

2.2 Regulations

2.2.1 Smoking on board

Edelweiss is a NON SMOKING airline. This regulation is valid for all kind of smoking devices including alternative products (e.g. electronic cigarettes, inhalers, etc.)

2.2.2 PETC (Pet in cabin)

Edelweiss accepts pets (dogs and cats only) in the cabin under the following provisions:

- maximum weight of the pet (incl. soft box): 8 kg;
- the pet must be transported in a soft box; the soft box must be stowed secured under the seat (except at emergency exits) for taxi, take-off and landing;
- the soft box must be closable and waterproof (max. dimensions 55x40x23);
- the container must be closed and remain on the floor whilst on board;
- maximum number of pet containers:
 - A320: 3;
 - A340: 4.

Deviations are permitted on CMD decision or on prior approval by Edelweiss, in which case the crew will be informed by TOI.

Only one container per passenger is allowed. However if two pets, who are familiar with each other, are travelling in the same soft box, they count as one PETC, provided they do not exceed the maximum weight of 8kg including the soft box.

A340 C-Class: for take-off and landing the soft box may be stowed inside the foot rest providing the soft box is small enough. Otherwise the soft box must be stowed in a hatrack, a wardrobe or under a Y-Class seat.

2.2.3 Service Animals

Edelweiss only accepts dogs as service animals. All other animals must be refused.

2.2.3.1 General

There is one type of service animal allowed on board:

SVAN = Service Dog

e.g. seeing-eye / hearing dog / service dogs that perform retrieving, mobility and seizure alert functions

Note: ESAN = Emotional Support Dog acceptance on board Edelweiss flights was discontinued in 2020

2.2.3.2 Acceptance rules

- Service dogs are excluded from the normal PETC allotment.
- There are no size or weight restrictions on transportation of recognised assistance dogs.
- A passenger is allowed to travel with max. 2 service dogs.
- The seat adjacent to the disabled passenger shall, if possible, be kept vacant.
- The service dog shall not pose a direct threat to the health or safety of others.
- It shall not pose a threat of disruption to the service in the cabin.
- It is not allowed to move around the cabin however it may accompany the disabled passenger to the lavatory.
- It does not have to be caged at any time during the flight.
- Service dogs are not permitted in Rows 11 & 12 A-F on the A320, 29 AB/JK on the A340.
- It must never be placed on a seat.
- It has to fit into the assigned location in front of the owner's seat. Other passengers are not required to give up space in front of them to accommodate the service animal.

- It must be harnessed or restrained during the entire flight. Except on flights to/from US.
- If another passenger is uncomfortable with the proximity to a service dog, an alternative seat for this passenger should be sought if possible.

2.2.4 Portable electronic devices on board

2.2.4.1 Definition

1. Portable Electronic Devices (PED) that have no designed transmission capability, but might still interfere with on-board systems through electromagnetic interference produced by own internal electronic circuitry (e.g. CD-player);
2. Transmitting Portable Electronic Devices (T-PED) with designed transmission capability (Wi-Fi, Bluetooth, GSM, radio frequency etc.) with or without flight mode or automatic deactivation.

To ease communication with passengers the term Portable Electronic Device (PED) shall be used for all devices.

2.2.4.2 T-PED modes

T-PED can be operated in 3 modes:

- Transmitting functions (e.g. GSM, Wi-Fi, Bluetooth);
- Flight mode (manual deactivation of transmitting functions), manual reactivation of Wi-Fi (A320 only) and bluetooth permitted (A320 & A340);
- Auto deactivation (e.g. flight tracker in cargo shipment).

2.2.4.3 PED / T-PED sizes

- Hand-held: Any device which can be easily secured by a person's hand or in a pocket (e.g. mobile phone, tablet, e-reader, MP3 player).
- Larger: Other than hand-held or any device which is foldable (e.g. laptop, notebook).

2.2.4.4 Use of PED / T-PED

Hand-held PED or T-PED may be used provided a flight-mode function is available and enabled from before starting pushback/taxi until after landing. Devices must be safely secured in the passenger's hand or stowed in a pocket or overhead bin during taxi, take-off, landing and turbulence. Accessories, such as headphones, must not obstruct the aisle. Larger PED or T-PED may be used during boarding and inflight (seatbelts off after take-off to seatbelts on for descent) provided any transmission is switched off or set to flight mode. During taxi, take-off, landing and turbulence they must be stowed away safely. Any T-PED without flight mode, auto or manual deactivation function must be

switched off for the duration of the flight. Particular attention should be given to passenger misuse of equipment during all phases of the flight.

Note: In case of electronic devices (including batteries) or lighters being lost under a C-Cl seat, do not attempt to move the seat electrically! Moving the seat electrically may crush the lost item in the seat mechanism. Crushed mobile phones caused fires in the past and should therefore be handled with extreme care. The seat may be moved manually to search for the device, however care must be taken not to crush the lost item. If the item cannot be found after moving the seat manually, call maintenance for object removal (technical logbook entry).

Medical equipment (e.g. heart pacemaker, hearing aid) may be used without restrictions.

Due to electromagnetic interference portable electronic devices may only be used according the following table.

Device	Phase of flight		
	Boarding and extended ground delay ¹	Taxi out until landing	Taxi in
Medical equipment	Yes		
PED	Yes		
T-PED	Yes	No ^{3,4}	Yes ²

Note:

1. During extended ground waiting times before pushback/taxi PED/T-PED may be used by passengers upon decision by the Commander.
2. Except at US aerodromes.
3. A340 only: Bluetooth may be used.
4. A320 only: Bluetooth and/or WIFI may be used.

2.2.4.5 Restriction of use of PED/T-PED

The final authority to allow the use of PED/T-PED within the limits shown above rests with the Commander. If necessary he may restrict the use of PED/T-PED in the interest of safety, e.g. during turbulence, suspected electromagnetic interference or low visibility operation.

For this purpose, the following standard announcement can be used:

"Ladies and Gentlemen:

- At the instruction of the captain; or
- Due to operational reasons; or
- Due to turbulence;

we kindly ask you to completely switch off all your personal electronic devices including devices in flight mode. We will notify you when the use of devices in flight mode is allowed again. We thank you for your cooperation."

2.2.5 Fire prevention

2.2.5.1 Aeroplane electrical equipment

2.2.5.1.1 Handling of circuit breakers

The main purpose of a CB is to protect the aeroplane, its systems and installations against a possible short circuit. If (tripped) a CB comes out because of a short circuit in any electrical user or in the wiring itself, resetting may be a risk and could aggravate the electrical damage instead of preventing it. Today the circuit breakers are much more reliable in modern aeroplanes and no more malfunctions have been reported since.

Flight crew and C/C are not authorized to reset a tripped CB during taxi and in flight. Of course we continue to reboot a computer or a system by cycling its CB when it is stipulated by the manufacturer.

Following procedures apply:

- Resetting of computers and systems by cycling of CB's:
 - Resetting computers and systems by cycling CB's is restricted to those mentioned in the cabin trouble shooting guides or in the flight deck technical documentation. Crew have to inform the CMD and must get his permission prior to cycling any CB.
- Resetting tripped CB's:
 - Resetting of a tripped CB is not authorized. Any tripped CB must be reported to the flight crew.

2.2.5.1.2 Use of ovens

On every flight at least one oven per galley should be equipped with an oven rack. It is not allowed to place any foreign objects/liquids inside the oven (e.g. napkins, antigliss, newspapers, plastics etc.). Only fireproof bags, aluminum and ceramics are allowed. Especially if no oven rack is available, utmost care must be taken to prevent the item from getting too close to the ventilation in the back of the oven. Before turning on an oven, it must be ensured that all of the above conditions are fulfilled.

Concerning the handling of oven fire, please refer to [CSPM Oven fire](#).

2.2.6 Lavatory smoke detection system

The lavatory smoke detection systems are checked automatically by the CIDS.

2.2.7 Service carts, trolleys and compartments

Service carts or trolleys shall be secured with the braking devices whenever they are stationary. Service carts and trolleys shall be attended by cabin crew when used in the passenger cabin. Service duties may include moving away from the cart or trolley temporarily, however the cabin crew member should be able to return to it quickly if necessary. Service carts, trolleys and compartments must be stowed when not in use.

2.2.8 Distribution of vacant jump-seats on flight deck and cabin

2.2.8.1 General

The CMD distributes the jump-seats in the flight deck and the S/C, in close coordination with the CMD, is entitled to distribute the jump-seats in the cabin. In any case, the CMD gives the final permission to assign a vacant jump-seat.

Such permission shall only be granted to employees of EDW and their relatives and friends or airline and aviation staff. Consequently, selling of jump-seats to other passengers is not permitted.

The CMD may decide on any exemptions to this rule (i.e. in case of emergency at the airport, "Todesfall in der Familie", etc.).

In this case a detailed report must be made via IQSMS.

2.2.8.2 Conditions to use the jump-seats

The occupancy of a vacant crew seat on the flight deck or crew seat in the cabin by a person who is not member of the operating flight- or C/C is permitted provided:

- Any applicable FM/FCOM limitations are observed;
- The person has the authorisation of the CMD;
- The CMD is satisfied that the person is properly briefed on safety procedures and equipment and relevant operating procedures;
- The person is assessed as having enough strength and dexterity to operate and open emergency exit, to exit expeditiously, and to assist others in getting off an escape slide (if any);
- The person is in possession of a valid passenger or staff ticket.

The CMD may consider reseating C/C's to the flight deck for take-off and landing.

No children below the age of 12 are allowed to occupy a cockpit or cabin jump-seat.

2.2.9 Flight deck permit / visit to the flight deck

2.2.9.1 Flight deck permit

Flight deck permits may be requested by ACARS Message. The CMD has to fill in the Flight Deck Permit ACARS mask with observer data, flight number and his 2-letter code. By sending the ACARS message, the permit will be registered on ground and printed out in the cockpit. By sending the permit the CMD will confirm compliance with admission to flight deck rules.

2.2.9.2 Travel in the flight deck without permit

The following persons are authorised to travel in the flight deck without a flight deck permit:

- A member of the operating flight- or C/C or the enlarging crew.
- Ground engineers on duty. They are instructed on emergency procedures and normally travel in the flight deck. They do not need a ticket/flight deck permit, as they are treated as flight personnel.
- FOO and C/C of Edelweiss for familiarisation flights.
- Edelweiss personnel as listed on the [FOSI Flight Deck Admission and Restriction List](#).
- Inspectors (flight/technical) of the FOCA in a specific function on board.

2.2.9.3 Flight deck permit required

As a general rule, permissions to visit the flight deck are only allowed on ground when aircraft doors are open. The CMD may, at his discretion, grant flight deck permits to persons other than those listed above to enter the flight deck when aircraft doors are closed. These persons shall be personally known to a flight or cabin crew member or be identified by the CMD (e.g. staff travelling with company identification card).

In the interest of safety, admission to flight deck shall not cause distraction and/or interference with the flight's operation and shall therefore be limited.

Exceptions based on national security programmes are to be found in separate NOTAM's.

2.2.9.4 Travel in the flight deck with permit

In exceptional cases, passengers with standby tickets may travel on a flight deck jump seat. The Mission CMD has full authority to decide and staff travel priorities do not apply. He should consult all flight crew members on duty before deciding.

Exceptions based on national security programmes are to be found in separate NOTAM's.

2.2.9.5 Flight deck introduction for cabin crew

For introduction purposes it is permitted to have a C/C in the flight deck during take-off and/or landing, provided this C/C is a member of the working crew and does not have an emergency duty. A briefing is necessary in the use of the cockpit seat/belt for a quick emergency evacuation.

2.2.9.6 Safety and security requirements for persons travelling in the flight deck

The CMD is responsible for the persons travelling on the flight deck and all safety and security aspects including respective briefings.

Persons, other than working crew, travelling in the flight deck must be accompanied by a member of the C/C when entering or leaving the flight deck area in order to fulfil the required security procedures introduced by Edelweiss.

2.2.10 Fuelling / defuelling with passengers on board and / or boarding / disembarking

During fuelling/defuelling operations, there is an increased risk of fire. Fuelling/defuelling with passengers on board is only permitted when the aeroplane is pressure-filled with fuels classified as JET-A or JET-A1. Special precautions must therefore be taken to ensure that passengers and crew can quickly be evacuated in case of an emergency.

Refer to [OM A Refuelling /De-Fuelling with Passengers on Board and/or during Boarding](#).

2.2.11 Stowage of baggage and loose objects on the flight deck

In order to prevent injury or damage, loose objects on the flight deck shall be stowed in the compartments designed for this purpose.

2.3 Passenger and cargo handling

2.3.1 General

2.3.1.1 Passenger classification

Adults, male or female are defined as persons of an age of 12 years and above;

Children are defined as persons of an age of 2 years and above but who are less than 12 years of age;

Infants are defined as persons who are less than 2 years of age.

2.3.1.2 Special categories of passengers (SCPs)

Persons requiring special conditions, assistance and/or devices when carried on a flight shall be considered as SCPs including at least:

- persons with reduced mobility
- infants and unaccompanied children; and
- deportees, inadmissible passengers or prisoners in custody.

SCPs shall be carried under conditions that ensure the safety of the aircraft and its occupants according to the procedures established in the company manuals.

If the SCP travels with an accompanying passenger, the accompanying passenger should be seated next to the SCP.

SCPs or their escorts shall be briefed about safety matters by the cabin crew before take-off. If necessary again before landing and if time permits in the event of an emergency in a manner suitable to the category of SCP.

SCPs shall not be allocated, nor occupy, seats that permit direct access to emergency exits or where their presence could:

- impede crew members in their duties;
- obstruct access to emergency equipment; or
- impede the emergency evacuation of the aircraft.

If a disability and/or restraint aid for SCP requires to be secured around the back of the seat, the seat behind should remain vacant.

Information about booked SCP will be provided in the Flypad App / Guest. Exception: stations with a non-compatible check-in system. At these stations the information will be provided by the handling agent.

The following additional information will be provided in the Flypad App / TOI for all stations: WCOB, STCR, POC, CPAP with medical outlet, oxygen request, MEDA.

The number of SCP's shall not exceed the number of able-bodied persons capable of assisting them in case of an emergency.

2.3.1.2.1 Briefing of SCPs and able-bodied attendants before take-off

The S/C must ensure that UMs and PRMs requiring assistance to reach an emergency exit during an evacuation are assigned a passenger as an able-bodied attendant. An able-bodied attendant shall be seated next to the UM or PRM. Request the able-bodied attendant to familiarise themselves with the safety briefing card.

The S/C must ensure that SCPs and the able-bodied attendants (if applicable, see table below) are briefed as follows:

SCP Category	Information to be given
PRM	<p>Depending on the impairment, the following information shall be given to the PRM in addition to the safety movie / demonstration:</p> <ul style="list-style-type: none"> Instruction to leave the mobility aid behind in an emergency evacuation Location of the nearest suitable exit How to lift the armrest if applicable. <p>For visually impaired passengers, the following information shall be provided in addition to the safety movie / demonstration (depending on the passengers' need):</p> <ul style="list-style-type: none"> Seat and seat belt operation Location of the nearest exit (e.g. number of seat rows to the nearest exit) Oxygen mask deployment Location of life jacket Brace position Location of cabin crew call button. <p>Inform the able-bodied attendant next to a PRM to assist with:</p> <ul style="list-style-type: none"> Fitting the life jacket on the PRM in case of a ditching evaluation First putting on their own oxygen mask before fitting the PRM's oxygen mask in case of decompression Securing/releasing the PRM's seat belt if necessary.
Adult travelling with an infant	<p>Information on the use of the loop belt in case of a lap-held infant:</p> <ul style="list-style-type: none"> For take-off and landing, the infant should be placed slightly on the side. Brace position for adult with lap-held infant according to CSPM Infant Restraint Devices. <p>Information on the use of infant life jackets according to CSPM Life Jacket Distribution.</p>
UM	<p>Inform the UM (this includes children travelling in a different cabin class than the accompanying adult) on the following:</p> <ul style="list-style-type: none"> Which adult will assist with the operation of the seat belt and the fitting of the oxygen mask if the situation requires it. The content of the passenger safety briefing card.

- In case of an evacuation, to seek the assistance of adult passenger(s) to contact a crew member.

Inform the able-bodied attendant next to the UM to assist with:

- providing the child with an oxygen mask in case of decompression after fitting one's own mask
- fitting the life jacket on the UM in case of a ditching evacuation
- securing/releasing the UM's seat belt, if necessary
- calling a cabin crew member in all other situations where the UM might need assistance.

When a child and the accompanying adult travel in a different cabin class, the S/C must ensure that:

- the child is assisted in case of an emergency situation
- information is provided to the child and adult that, in the event of an emergency, they should follow the instructions of the cabin crew and not try to reunite inside the cabin as this would slow down the overall evacuation.

2.3.1.3 Method of carriage of passengers

No person shall be in any part of an aeroplane in flight which is not a part designed for the accommodation of persons unless temporary access has been granted by the CMD to any part of the aeroplane;

- For the purpose of taking action necessary for the safety of the aeroplane or of any person, animal or goods therein; or
- In which cargo or stores are carried, being a part which is designed to enable a person to have access thereto while the aeroplane is in flight.

The closest co-operation shall always be established between the CMD or delegated crew member, and the responsible ground personnel to secure a smooth and efficient handling of all flight and ground operational matters. During ground stop, the crew shall follow the crew procedures which are published in the aerodrome Briefing or according local procedures / Handling Agent.

Refer to CCI and/or SSI/TOI.

The Handling Agent and the CMD shall ensure that multiple occupancy of aeroplane seats may only be allowed on specified seats and does not occur other than by one adult

and one infant who is properly secured by a supplementary loop belt or other restraint device.

2.3.1.4 Station personnel

Mutual Information:

The responsible traffic agent (or FOO where available) shall inform the CMD about the estimated load figures. After completion of the flight planning, the CMD, co-pilot or FOO shall immediately give all information to the ground personnel which are important for their work, e.g. maximum possible take-off weight, fuel figures, special loading arrangements, etc.

2.3.1.5 Irregularities

The CMD shall inform the Handling Agent immediately of any flight operational irregularities for possible relay to the passengers and to Manager Ground Operations. The Handling Agent shall keep the CMD informed of possible irregularities in the ground handling and request his decision on all ground handling problems which have influence on flight safety/schedule and on the work of the crew.

2.3.1.6 Upgrading of passengers

Passengers can be upgraded by the crew if the upgrade price is paid. Weight and balance restrictions must be observed, refer to [FAM General](#).

PAD with a C-Class or Y-Max seat shall not be downgraded by the crew in order to upgrade passengers. They may however be downgraded by check-in or gate staff.

2.3.1.7 Overbooking

In case of booking irregularities, the station personnel proceed according to Edelweiss internal regulations. For information, contact OCC.

If individual passengers oppose to being disembarked, the Handling Agent supervisor will inform the CMD accordingly before disembarking all passengers or calling the police authorities.

2.3.1.8 Safeguarding of aeroplane and load on ground

The designated Handling Agent is responsible for the safety and the safeguarding of aeroplane, passengers and dead load as soon as the aeroplane comes to rest on the tarmac until it leaves the tarmac for a flight.

The CMD shall ensure that before take-off and landing, and whenever deemed necessary in the interest of safety, all equipment and baggage is properly secured and that relevant emergency equipment remains easily accessible for immediate use.

At aerodromes where the ground staff available is not sufficient or the local arrangements are not satisfactory in this respect, the strongest cooperation should exist

between the CMD and the Handling Agent to ensure that every possible step is taken to prevent any unwarranted persons entering the aero-plane or associating with any activities in close proximity of the aeroplane, without Handling Agent supervision.

It has to be guaranteed on turnaround flights and during transit stops that at least one crew member will stay on board for safeguarding.

2.3.1.9 Reporting of freight damage by the crew

Any crew member who notices that any goods are damaged should report his observations to the responsible ground agent and to the CMD as soon as possible before leaving the ramp at the station where the damage has first been observed.

If this is not possible, the ground personnel at the station of next arrival should be notified.

If such damage cannot be immediately reported, a IQSMS should be written, stating the baggage tag or consignment number or any other data for identification, the time when the damage was observed and the extent and character of the damage.

2.3.2 Intoxicated/drugged passengers

Intoxicated passengers must not be allowed to travel on Edelweiss aeroplanes.

Under ICAO regulations it is an offence on the part of a passenger to enter an aeroplane when drunk, or to be drunk on an aeroplane, or to behave wilfully or negligently in a manner likely to endanger the aeroplane or any person in it, or to disobey the lawful commands which the CMD may give for the purpose of security or safety of the aeroplane and all persons or property carried on it.

Ground personnel and/or cabin crew must inform the CMD immediately when:

- they suspect that a passenger is intoxicated;
- they believe a passenger could cause discomfort or make himself objectionable to other passengers.

The degree of intoxication is not always easy to establish. If doubt exists the matter should be discussed with the station manager or handlings agent in order to gain additional information of the passenger's behaviour observed by ground staff.

If the situation is clear that the intoxicated passenger should be offloaded, the station manager or handling agent may take this decision. In all cases the CMD must be informed. The CMD will decide on whether to allow the passenger to travel if the decision to deny carriage has not already been taken by the station manager or ground staff.

Passengers denied carriage on an Edelweiss aeroplane shall not be entitled to any compensation or refund.

It is not necessary to tell the passenger the reason for offloading/or why he cannot be carried. A plain statement to the effect that the company cannot accept him for travel is sufficient.

It is important that an intoxicated passenger should be dealt with discretely and, if possible, away from other passengers and members of the public. In a particularly difficult case the names and addresses of at least two witnesses should be obtained on the basis that they would be willing to give evidence, if required to do so. If no independent witnesses are available, company staff may be regarded as adequate substitutes.

If the CMD was involved in the decision to offload a passenger, crew reporting via IQSMS is mandatory.

2.3.3 Persons with reduced mobility (PRM)

2.3.3.1 General

'Person with disabilities' or 'person with reduced mobility' means any person whose mobility when using transport is reduced due to any physical disability (sensory or locomotory, permanent or temporary), intellectual disability or impairment, or any other cause of disability, or age, and whose situation needs appropriate attention and the adaption to his or her particular needs of the service made available to all passengers;

This definition does not include people who are sick and who need, for example, to travel on a stretcher or to receive in flight medical attention.

2.3.3.2 Categories

BLND:	Blind person
DEAF:	Deaf person
DPNA:	Disabled passenger needing assistance (e.g. learning disability or mental health problem)
STCR:	Stretcher cases
WCH C:	completely immobile (cannot walk and usually relies on a wheelchair or similar to move about)
WCH R:	can walk up and down stairs but requires a wheelchair or similar for long distances
WCH S:	cannot walk up or down stairs and requires a wheelchair or similar for long distances

2.3.3.3 Factors to accept PRM's

Edelweiss will refuse to transport or will remove at any point, any passengers whose physical or mental condition is such as to render him incapable of meeting the safety standards* without assistance, unless he is accompanied by an escort. An escort is a person capable of assisting in case of an emergency. The escort should be seated next to the PRM. If a PRM who cannot fulfil the following safety standards is unaccompanied, a voluntary escort must be found, nominated and briefed by the crew.

*The safety standards include:

- opening and closing the seat belt;
- removing and putting on the life vest;
- use of oxygen mask;
- and reaching an emergency exit.

The S/C must always inform the commander of PRM and group attendants (escorts).

2.3.3.4 Handling and boarding of individual PRM's

Before a flight is commenced, the S/C shall inform the CMD about the number of PRM's on board, their seating and the extent to which nurses/escorts accompany the PRM's.

The standard C/C complement is considered to be able to care for comfort, safety and assistance in emergency.

PRM's must not be allocated, nor occupy seats in emergency exit rows or where their presence could impede crew members in their duties, obstruct access to emergency equipment or impede the emergency evacuation of the aircraft.

2.3.3.5 Handling and boarding of groups of PRM's

Accompanying persons (able-bodied attendants / escorts) for groups of PRM's are always required in addition to the standard EDW crew complement according the table below:

Groups of PRM able to reach exits without assistance

Number of PRM	Number of able-bodied attendants
Up to 9	1
10-18	2
19-27	3
any additional 9	1 additional

Groups of PRM not able to reach exits without assistance

Number of PRM	Number of able-bodied attendants
Up to 4	1
5-8	2
9-12	3
any additional 4	1 additional

An able-bodied attendant must be at least 16 years old and capable to assist the handicapped person(s) in their charge.

2.3.3.6 Briefing of able-bodied attendants

The C/C member in charge must brief the attendants as follows:

- Give each attendant a “Safety on Board Instructions” card;
- Request attendant to get familiar with the instructions;
- Explain the PRM evacuation procedures (see below);
- Give further explanation or clarification for use of the equipment and procedures, if necessary.

2.3.3.7 Evacuation procedures

2.3.3.7.1 Individual PRM:

- PRM's will be evacuated by the cabin/flight-crew and the able-bodied passengers depending on the situation.
- PRM's have no priority over the other passengers.
- Stretcher cases will be evacuated by cabin or flight crew as soon as the situation permits.

2.3.3.7.2 Groups of PRM's:

- The able-bodied attendants are primarily responsible for evacuation of their group.
- The cabin/flight crew shall assist as far as possible and depending on the situation.

2.3.4 Physically disabled

Physically disabled people will not usually travel alone, however, if they do, then give any assistance necessary, but avoid fussing over the person, any hint of pity can be damaging to both pride and dignity.

2.3.5 Mentally handicapped

Treat these passengers with patience and kindness, giving them your full attention.

2.3.6 MEDA cases (Passengers with pre-existing medical conditions)

Passengers with MEDA cases need to download the SAF-MEDIF (Special Assistance Form - Medical Information for Fitness to travel) form which can be found on the Edelweiss website, completed by their doctor in order to apply for a confirmation from SWISS Medical Services stating that they are "fit to fly".

The crew is instructed to closely observe the passengers during boarding. Without prior information (in all the MEDA cases below), it is mandatory to address the passenger directly for clarification. If doubt persists that a passenger is fit to fly, MedAire must be contacted in order to assess the situation.

MEDA cases include:

- Passengers whose conduct, mental status or physical condition may render them incapable of caring for themselves without assistance or who might be a risk to themselves, to other persons or to the safety of the flight
- Passenger needing medical attention, extra oxygen or other medical equipment on board
- Stretcher cases
- Passenger needing an extra seat due to medical reasons
- Passengers who suffer from a disease which is believed to be contagious and could be readily passed on to other passengers on board (including typical children's diseases, e.g. measles, chicken pox)
- Recent surgery
- Severe respiratory disorders
- Recent heart attack, stroke etc.
- Flight duration under 2 hours: if any cast has been applied in the last 24 hours;
- Flight duration over 2 hours: if split cast has been applied in the last 48 hours, or if a closed cast has been applied in the last 72 hours;
- Long haul flights: if a split cast has been applied in the last 48 hours or if a closed cast has been applied in the last 5 days;
- Babies under the age of 7 days

Advice for passenger: all the above information is available on www.flyedelweiss.com.

2.3.7 Stretchers (STCR)

2.3.7.1 General

A stretcher can be provided for the transportation of a sick passenger on all Edelweiss flights under the following conditions:

- The tour operator must send a request for authorization at least 24 hours in advance.
- Stretchers will be rented from SWISS maintenance.
- Stretchers must be installed by a SWISS-mechanic (accompanying the flight if necessary) or by a qualified local mechanic.
- The neighbouring seats are only available for accompanying person's e.g. doctor, nurse, relatives.
- A passenger on a stretcher must always be accompanied by a doctor, nurse or medically qualified person.

At the station of embarkation the following conditions strictly apply:

- A written authorisation from a Doctor of Medicine for the stretcher-case to fly must be handed to the CMD. The authorisation must be in an IATA format; otherwise the Handling Agent must provide an adequate translation.
- The stretcher-case and any accompanying persons must be pre-boarded.
- The DOM (Dry Operating Mass) may be different when a stretcher is installed.
- Appropriate remarks must be made on the Loadsheets respectively IQSMS.

2.3.7.2 Cabin crew duties

A passenger on a stretcher does not require any special medical care from the cabin crew. This is the responsibility of the person accompanying the passenger.

- Make sure the passenger on a stretcher is secured with the safety belt at all times.
- Open the curtain for take-off and landing.

A320

2.3.7.3 Stretcher A320

HB-IHX, HB-IHY, HB-IHZ, HB-IJU, HB-IVJ, HB-IJW	HB-JJK, HB-JJL, HB-JJM, HB-JJN, HB-JLR, HB-JLS, HB-JLT
STCR 1: Row 35/36/37 - Seats D/E/F	No stretcher can be installed

A340

2.3.7.4 Stretcher A340

A340: Row 42/43/44 Seats AB

2.3.8 Passengers requiring oxygen

Edelweiss supplies extra bottle of oxygen on each aeroplane in excess of MEL requirements, when required by the passenger.

Passengers who require in-flight therapeutic oxygen must use the equipment provided by Edelweiss, only supplied in the event of a medical emergency.

Passengers who may require oxygen during their flight must inform Edelweiss. Gate Gourmet will supply the required oxygen bottles according to the information provided by the EDW-Serviceteam or OCC.

The passenger must be in receipt of a Doctor's Certificate specifying the following:

- Type of condition
- Fitness to fly
- That oxygen is sufficient for duration of flight.

This report is given to the S/C by the handling agent representative prior to boarding.

If medical complaint is considered serious, then professional medical care may be required and OCC should be consulted.

The crew must be informed that oxygen and/or medical care is required.

2.3.9 Pregnancy

Transportation of pregnant women will be accepted up to and including the 36th week. (No doctor's certificate is necessary). After the 36th week, up to the 40th week, a written flight authorization from a doctor of medicine is required.

The expectant mother shall be discreetly asked, preferably by female staff, for the expected date of confinement. New mothers are not recommended to travel within 7 days of giving birth. Pre-boarding is required if deemed necessary.

2.3.10 Unaccompanied minors (UM)

UM are children between the 5th and the accomplished 17th year.

Age of child/infant	Application of UMNR Service
Below 2 years	No UM services available. Must always be accompanied by an adult person of at least 18 years.
2-4 years (as of 2nd birthday until a day before 5th birthday)	No UM services available. May only travel if accompanied by: <ul style="list-style-type: none">• a sibling or legal guardian of minimum 16 years.

	<ul style="list-style-type: none"> • a person of minimum 18 years of age.
5-11 years (5th until a day before 12th birthday)	<ul style="list-style-type: none"> • If travelling alone, UM service is mandatory. • If accompanied by a person of minimum 12 years - UMNR handling is not mandatory.
12-17 years (12th until a day before 18th birthday)	<ul style="list-style-type: none"> • UMNR service is available upon request but not mandatory.
Exemption PRN Travelling to or from PRN UM service is mandatory until a day before 15th birthday	<ul style="list-style-type: none"> • If travelling with a person with the same surname who is at least 14 years of age, the UM Service is not required. • If the companion does not have the same surname, a legal authorization from the parents must be carried along

- The indemnity UM handling forms is filled out with contact person/address at departure and arrival place.
- Unaccompanied minors shall remain in the parent's or guardian's care until the flight is called for embarkation. A staff member shall accompany the minors to the aeroplane and will personally transfer the responsibility of their care to the S/C. The escort should be requested to stay at the aerodrome until the aeroplane has taken off.
- Unaccompanied minors must always be pre-boarded. Once on board the child is handed over to the S/C who will assume responsibility for the duration of the flight.

Maximum number of UM	
A320	A340
15	20

- A child under the age of 12 years, separated from the accompanying adult, who is travelling in another cabin class, shall be considered as an unaccompanied minor in order to ensure that the child is assisted in case of an emergency situation.
- If a child travels with an accompanying adult in the same class of cabin, the child should be seated in the same seat row segment as the accompanying adult. Where

if this is not possible, the child should be seated no more than one seat row or aisle away in order to ensure assistance during emergencies (especially to assist in fitting a mask during a decompression). Otherwise the child shall be treated as a UM.

- For briefing of UM refer to [CSPM Briefing of SCPs and Able-Bodied Attendants before Take-Off](#).
- An able-bodied attendant shall be seated next to the UM.
- On arrival of the flight, the S/C will hand the child over to the care of the handling agent meeting the flight. Full responsibility is then assumed by the handling agent until the child is handed over to the escort.
- All possible assistance must be given with baggage collection, toilet arrangement and Immigration formalities etc. On flights involving Customs clearance, always escort the child.
- Under no circumstances may an unaccompanied child be allowed to wander off alone. If the escort is not immediately available upon arrival the UM must remain in the direct care of the handling agent until collected. Every effort must be made to contact the arrival escort. Particular care should be paid to UM who are affected by a flight diversion, and every assistance offered to them.
- Before handing the child over to the arrival escort, proof of identity should be sought. If in doubt refer to a higher authority and seek police involvement.

2.3.11 Illness, birth and death

2.3.11.1 Illness/injury

In the event of illness or injury of a passenger / crew member during flight, it is the duty of the S/C to report to the CMD.

If the condition of the patient is critical, the CMD shall contact the nearest suitable aerodrome for landing and ask for preparation for the care of the sick passenger.

The following details shall be relayed:

- Name of patient;
- Illness (if known)/injury;
- Request for doctor and/or ambulance;
- Person requesting doctor and/or ambulance;

- In case that medical advice / information is needed for transportation of a sick/ injured passenger on short notice or due to sudden illness during flight, refer to [FOSI In-flight medical emergency](#).

2.3.11.2 Birth

In case a child is born during flight, the CMD has to notify the next landing place in advance.

On arrival, the CMD shall establish a report in duplicate containing the following items:

- Date, time of birth in hours and minutes;
- Place of birth (given in degrees LAT/LONG);
- Full name of born child;
- Sex;
- Status of child (legitimate or illegitimate);
- Full name of parents (including maiden name of mother);
- Nationality of parents, or former nationality for displaced persons, as well as place of birth;
- Home address of parents;
- Profession of father;
- In the case of illegitimate birth:
 - Date of birth of mother.
 - Name of mother's parents.
 - Husband's former name for widows and divorced women, as well as date of divorce for the latter.
- Documents used;
- Witnesses of birth (full names and home addresses);
- Signature of CMD and 2 other crew members.

The original of this report is to be handed over to the local police authorities, the copy to the Head of Flight Operations for further dispatch.

2.3.11.3 Death

In case a passenger dies during flight, the CMD shall notify via ATC the Edelweiss representative / station supervisor at the next point of landing of the following particulars:

- Full name of deceased passenger;

- Nationality;
- Date of birth;
- Home address;
- Station of embarkation;
- Destination;
- Whether accompanied by relatives or friends.

The Edelweiss representative or station supervisor shall immediately inform:

- The competent local police authorities as well as the aerodrome authorities giving all details;
- The medical officer of the aerodrome;
- Head of Flight Operations Edelweiss via OCC;
- The name of next relatives, if at stations abroad.

After landing, the CMD shall establish a report in duplicate containing the following items:

- Full name of deceased passenger;
- Sex;
- Nationality;
- Date of birth and age;
- Home address;
- Station of embarkation;
- Flight number;
- Route leg;
- Flight time after first embarkation;
- Destination;
- Time of death (UTC);
- Altitude and situation of aeroplane at time of death:
 - Actual altitude;
- Pressurised cabin altitude
- Cause of death, if known;
- Circumstantial details of death according to report of C/C;
- Information whether passenger was ill or not.

The original of this report is to be handed over to the competent local police authorities, the copy to the Head of Flight Operations for further dispatch.

The official physician (e.g. District Physician or Medical Officer of aerodrome) who is called by the local police authorities will decide whether a forensic medical examination is to be made.

The Edelweiss representative or station supervisor checks that the death certificate requirements are complied with.

Costs in connection with deceased may be advanced by the station. Final settlement concerning costs and/or legal actions shall be coordinated by the Head of Flight Operations.

A medical certificate made out by the official physician, stating that the remains can be transported without risk of infection, must accompany the documents which are necessary for the clearance of the remains.

2.3.12 Communicable disease

2.3.12.1 Identification of a passenger with a communicable disease

A communicable disease is suspected when a traveller (passenger or a crew member) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell;
- Persistent coughing;
- Impaired breathing;
- Persistent diarrhoea;
- Persistent vomiting;
- Skin rash;
- Bruising or bleeding without previous injury;
- Confusion of recent onset.

At times of a specific threat, like a pandemic influenza, the cabin crew should pay attention to additional signs and symptoms such as:

- Cough;
- Headache;
- Body aches;
- Sore throat;
- Runny nose.

2.3.12.2 Measures to be taken pre-flight

If a suspected passenger is identified on board before take-off, the airport and local health authorities should be informed and their instructions followed. At this point, if no specific direct contact has taken place between the symptomatic passenger and crew members, no additional measures need be taken in regards to the management of the crew members, unless as otherwise advised by the local public health authorities.

2.3.12.3 Measures to be taken by cabin crew inflight

1. Call for a medically qualified person and advise the flight crew of the situation. Together with MedAire it should be clarified that the sick passenger meets the definition of a "suspected case of a communicable disease". Then air traffic control and station of arrival destination has to be informed. Also, remind the flight crew to inform the destination station that cleaning and disinfection will be required.

Following information is required:

- What are the symptoms?
 - When did the first symptoms occur?
 - How many passengers are sick?
 - Which countries did the sick passengers visit in the last few days/weeks? Did he/she lived in the same household or had contact with a person sick with a communicable disease;
2. If medical ground support is available and/or a health professional is available on board, the crew should follow their medical instructions;
 3. Supplementary to any medical instructions if no such medical support is available:
 - a. relocate the sick passenger to a more isolated area if appropriate and if space is available. If feasible, on A320/A340 use the last right window seats. An isolation area should be defined, leaving, if possible, two rows of seats cleared in each direction around the suspected passenger. If the sick passenger is relocated, make sure that the cleaning crew at the destination are advised to also clean and disinfect the passengers previous location, too;
 - b. designate one cabin crew member to look after the sick passenger, preferably the crew member who has already been taking care of him. more than one cabin crew member may need to be designated here if more care is required. The designated crew member(s) should make use of the Personal Protective Equipment (PPE) in the aircraft's Universal Precaution Kit. The designated crew member(s) should minimise close contact with other crew members and avoid other unnecessary contact with other passengers;
 - c. where possible, designate a specific lavatory for the exclusive use of the sick passenger. if not possible, clean and disinfect the commonly touched surface of the lavatories (faucet, door handles, waist bin cover, counter top) after each use by the sick passenger;
 - d. if the sick passenger is coughing, ask him to follow respiratory etiquette:
 - provide tissues and ask him to use these to cover mouth and nose when speaking, sneezing or coughing;
 - advise the sick passenger to practice proper hand hygiene. If their hands become visibly soiled, they must be washed with soap and water;

- provide an air sickness bag to be used to safely dispose of used tissues;
- e. the sick passenger should be asked to wear a surgical mask (UP kit). As soon as the mask becomes damp or humid, it should be replaced with a new one; These masks should not be reused and must be disposed safely in a biohazard bag after use. After touching the used mask (e.g., for disposal), proper hand hygiene must be practiced immediately;
 - f. if the passenger cannot bear to wear a mask, the designated cabin crew member(s) and all persons in close proximity to the sick person (i.e. less than one meter away) should wear a surgical mask;
 - g. if the passenger is having difficulty breathing, oxygen supplementation should be offered;
 - h. if there is a risk of coming into direct contact with body fluids, the body fluid clean up kit (UP kit) should be used according to the enclosed instruction sheet. After use, gloves should be carefully removed in accordance to the training syllabus and the hands should be washed with soap and water, or if not visibly soiled an alcohol-based hand rub can be used;
 - i. all soiled and used items (gloves, used tissues, disposable masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items) should be stored and kept in the yellow clinical waste bag (UP kit);
 - j. if the suspected passenger is travelling accompanied, the passenger's companions should be also confined in the isolation area even if they do not exhibit any symptoms;
 - k. where possible, the individual air supply nozzle for the symptomatic passenger should be turned off in order to limit the potential spread of droplets (A320);
 - l. ensure that any cabin baggage is kept with the sick passenger, and comply with all public health authority requests.
4. Unless stated otherwise by ground medical support or a public health official, ask all passengers seated in the same row, two rows in front and two rows behind the sick passenger to complete a passenger locator card on the aircraft or at the arrival station.

2.3.12.4 Measures to be taken by cockpit crew

Call MedAire if requested by cabin Crew.

If a communicable disease must be suspected, inform ATC and EDW OCC. Transmit the following information:

- flight number;
- departure / destination aerodrome;
- estimate time of arrival;

- number of crew / pax on board;
- number of suspected cases on board;
- nature of health risk, if known.

Expect the ATS unit to transmit the information to the destination aerodrome. They in turn will inform the public health authority if needed. Complete the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative. Upon landing follow the instructions of the authorities.

Upon landing follow the instructions of the authorities. Depending on case, state and airport you may have to expect:

- remote parking position;
- to wait for permission to open aircraft doors;
- medical personnel to enter the aircraft before disembarking;
- quarantine measures for pax and / or crew;
- questioning / medical examination before or after disembarking;

Inform handling company if a special cleaning of affected areas is required.

2.3.12.5 Post-flight procedures

Depending on case, state and airport you may have to expect:

- remote parking position;
- to wait for permission to open aircraft doors;
- medical personnel to enter the aircraft before disembarking;
- questioning / medical examination before or after disembarking; inform handling company if a special cleaning of affected areas is required.
- after other passengers have disembarked, the isolated passenger and, where applicable, crew members should be transferred in accordance with the instructions provided by the local public health authorities.
- quarantine measures for pax and / or crew;

Subject to public health authorities' decision, the crew member(s) designated to provide on-board services for the suspected passenger, and other crew members which may have been in direct contact with the suspected passenger, should be provided with transportation to facilities where they can clean and disinfect before having physical contact with other people. Alternatively, as a last resort, after carefully disposing of the used PPE and washing and disinfecting their hands, the respective cabin crew members could be isolated on board, in a quarantine area, before return to base or a layover destination.

After removal of the suspected case, cleaning and disinfection of the aircraft should be performed. Used PPE, such as aprons, face masks, face shield should be disposed in a separate tightly closed waste bag which can be disposed as regular waste.

2.3.12.6 Passenger locator card (PLC)

2.3.12.6.1 General

The passenger locator card serves the purpose to track any person on board if needed as normally no contact data of a passenger are available to the company. It has to be filled out by all or only a part of the passengers on board if required by an authority or on request of EDW OCC. Passengers who were seated two seats in every direction from the suspected case may be considered close contacts and will need to be interviewed by the entry country public health authorities, if the suspect case is confirmed

2.3.12.6.2 Location

- A320: In cargo and document bag (Blaue Mappe):
 - HB-IHX/Y/Z, -IJU/V/W, -JJK/L/M/N: Comp. 04
 - HB-JLR/S/T: Comp. 08
- A340: In Jeppesen bag (cockpit)

2.3.13 Portable oxygen concentrator (POC)

A portable oxygen concentrator is a portable device to provide oxygen therapy to a patient who usually has a serious pulmonary disease with a reduced oxygen intake.

Edelweiss accepts the use of battery driven devices Portable Oxygen Concentrators (POC) on board under the following conditions:

- use of a POC on board must be requested latest 72 hours before departure
- a medical and technical clearance (info in TOI) has been given by SWISS Medical Services. Otherwise the passenger must be refused.
- it's the passenger's full responsibility to carry a sufficient number of extra batteries for 150% of the flight time. Due to the risk of short circuit each spare battery has to be packed separately in a container. The crew must check with the passenger that these requirements have been fulfilled.
- the POC may be used also during taxi, take-off and landing.
- the POC has to be stored under the seat in front of the passenger. Seating on a bulkhead seat or in the emergency exit row is not allowed.
- the passenger must be advised by the C/C that in case of a decompression, the yellow oxygen mask is to be used.

2.3.14 Continuous Positive Airways Pressure (CPAP)

CPAP devices are used by persons who suffer sleep apnea, a breathing problem due to heavy snoring while sleeping. Passenger using a CPAP device need a technical clearance (info in TOI) but no medical clearance. If the passenger is not using the device on board, he doesn't need any clearance. EDW accepts battery driven and power operated devices. If the passenger needs to plug in his device on board and is travelling in C-Class on A340 he will have been advised by the call center, that regular in-seat power must be used. For Y/Y-Max PAX a seat with the medical outlet must be booked.

Refer to [CSPM Medical outlet A340](#).

If a CPAP device for certain reasons, cannot be used, the passenger may experience a loss in comfort (interrupted sleep) but he will not be in medical danger.

2.4 Cabin crew qualification requirements

2.4.1 General

Edelweiss ensures that all crew members, other than flight crew members, assigned to duties in the passenger compartment comply with the requirements of this Subpart except for additional crew members solely assigned to special duties. (Refer to paragraph below).

2.4.2 Additional cabin crew members assigned to special duties

For operational reasons it may be necessary to supplement the C/C by additional crew members. The minimum requirements for C/C members of the paragraph below are not applicable to these additional crew members.

The additional crew members solely assigned as specialist are applicable to the following duties:

- Child minders/escorts;
- Entertainers/Interpreters;
- Ground engineers;
- Medical personnel;
- Secretaries;
- Security staff.

2.4.3 Minimum requirements for cabin crew

Edelweiss shall ensure that each C/C member:

- Is at least 18 years old;

- Has passed an initial medical examination or assessment and is found medically fit to discharge the duties specified in the [FAM Leistungsaufträge / CSPM](#) and [OM A General requirements](#);
- Remains medically fit to discharge the duties as mentioned above;
- Have successfully completed all training and courses mentioned in this chapter before operating as C/C member.

Refer to [OM D Cabin Crew](#).

2.4.4 Senior cabin crew member (S/C)

The senior cabin crew member (S/C) shall have responsibility to the CMD for the conduct and coordination of normal and emergency procedures specified in the relevant documents, including for discontinuing non-safety-related duties for safety or security purposes.

Edelweiss will nominate an S/C whenever more than one cabin crew member is assigned for a flight.

The designated S/C must have at least 1 year experience as an operating C/C member and must have successfully completed the senior cabin crew training course and the associated check.

If for any reason the S/C becomes unavailable to operate, the S/C should be replaced without undue delay by another S/C, qualified on the concerned aircraft type/variant who is:

- among the operating crew on the same flight
- on standby to operate the flight from home base or to position to the destination where the nominated S/C has become incapacitated or unavailable to operate
- originally assigned to another flight and who is available at home base or layover point.

Flights shall not depart from the home base unless another S/C has been assigned.

If there is no other S/C available, the most appropriately qualified C/C, taking into account the individual's experience as operating C/C, should be assigned to act as S/C in accordance with the CMD in order to reach home base. If during a series of flights the aircraft transits via home base, the assigned C/C acting as S/C should be replaced by another S/C.

2.4.5 Initial safety training

2.4.5.1 General

Edelweiss shall ensure that each C/C member successfully completes initial training to cover the EASA requirements before undertaking conversion training.

2.4.5.2 Program

The programs are established by the Head of Training and approved by the Head of Flight Operations. They cover at least the following points:

- Fire and smoke training;
- Water survival training;
- Survival training;
- Medical aspects and first aid;
- Passenger handling; including Dangerous Goods and Security procedures as prescribed in the [CSPM](#);
- Communication;
- Discipline and responsibilities;
- CRM.

2.4.5.3 Conversion and differences training

Edelweiss shall ensure that each C/C member has completed appropriate training as specified in the OM A and OM D, before undertaking assigned duties as follows:

a. Conversion training

Conversion training must be completed before being:

- First assigned by Edelweiss to operate as a C/C member; or
- Assigned to operate another aeroplane type.

b. Differences training

Differences training must be completed before operating:

- On a variant of an aeroplane type currently operated; or
- With different safety equipment, safety equipment location, or normal and emergency procedures on currently operated aeroplane types or variants.

2.4.6 Familiarisation

2.4.6.1 Policy

Edelweiss will ensure that, following completion of the conversion training according to the [OM D Cabin Crew](#), each C/C member undertakes familiarisation prior to operating as one of the minimum number of C/C required.

2.4.6.2 Procedure

After completion of the conversion training and prior to operating as one of the minimum required C/C members, a C/C member must undertake a familiarisation flight of

minimum 2 sectors under the supervision of a S/C. The C/C member should be additional to the minimum number of C/C required. The instruction is given by a line introduction cabin crew member (Einführungs C/C).

2.4.7 Operation on more than one type or variant

Edelweiss shall ensure that each C/C member does not operate on more than 3 aeroplane types except that, with the approval of the FOCA, the C/C member may operate on 4 aeroplane types, provided that for at least 2 of the types:

1. Non-type specific normal and emergency procedures are identical; and
2. Safety equipment and type specific normal and emergency procedures are similar.

For the purposes of the paragraph above, variants of an aeroplane type are considered to be different types if they are not similar in each of the following aspects:

- The aircraft configuration;
- The doors and exits;
- The aircraft systems and
- The normal and emergency procedures.

2.4.8 Recurrent training

2.4.8.1 General

The recurrent training serves a dual purpose:

- To cover EASA requirements; and
- To maintain knowledge at a level sufficient to handle the emergency equipment as well as potential emergency situations.

In this context, the A320 and A340 are considered as 2 aeroplane types.

2.4.8.2 Program

- The programs are established by the Head of Training and approved by the Head of Flight Operations. They cover at least the following points:
 - Emergency procedures including pilot incapacitation;
 - Evacuation procedures including crowd control technique;
 - Touch-drills by each C/C member for opening normal and emergency exits for passenger evacuation;

- The location and handling of emergency equipment, including oxygen systems, and the donning by each C/C member of life- jackets, portable oxygen and protective breathing equipment (PBE);
- First aid and the content of the fist aid kits;
- Stowage of articles in the cabin;
- Security procedures;
- Incident and accident review;

Note: The handling of life rafts must be carried out as “wet drill” during the basic course.

Note: It is not allowed to begin a flight duty without having successfully passed the examination of the ground school refresher.

Each flight crew member shall be given 1 recurrent training per calendar year for all aeroplane types on which they are qualified.

At intervals not exceeding 3 years, recurrent training also includes:

- The operation and actual opening of all normal and emergency exits for passenger evacuation in the aeroplane or representative training device;
- Demonstration of the operation of all other exits including flight deck window;
- Realistic and practical training in the use of all fire-fighting equipment, including protective clothing, representative of that carried in the aeroplane. This training must include:
 - Each C/C member extinguish a fire characteristic of an aeroplane interior fire except that, in the case of Halon extinguishers, an alternative extinguishing agent may be used; and
 - The donning and use of protective breathing equipment by each C/C member in an enclosed, simulated smoke-filled environment.
- Use of pyrotechnics (Actual or representative devices); and
- Demonstration of the use of the life-raft or slide-raft, where fitted.
- Each cabin crew member is trained in the procedure for flight crew member incapacitation and shall operate the flight crew member's seat and harness mechanism. Training in the use of the oxygen system of the flight crew members shall be conducted by a practical demonstration.

The period of validity of recurrent training and the associated checking shall be 12 calendar months in addition to the remainder of the month of issue. If issued within the final 3 calendar months of validity of a previous check, the period of validity shall extend

from the date of issue until 12 calendar months from the expiry date of that previous check.

2.4.8.3 Examination procedures

The recurrent training contains a written examination covering subjects according to required preparation, respectively instruction during the course.

If a C/C member fails the examination, she/he will be scheduled for a second test. After a second failure, the Head of Training has to be informed and will decide about the follow-up actions. He is responsible for filing out qualifications as stipulated by the FOCA.

The date for the recurrent training will be published in the monthly schedule.

2.4.9 Refresher training

2.4.9.1 General

After an absence from active flight duty of less than 6 months, a C/C member is qualified to fly without restrictions.

After an absence from active flight duty of more than 6 months and still remaining within the period of validity of the previous refresher training, a C/C member completes refresher training specified in the [OM D Refresher Training](#), in order to be requalified for the aeroplane types for which he was previously trained.

When a C/C member has not been absent from all flying duties, but has not, during the preceding 6 months, undertaken duties on a type of aeroplane as a C/C member, the C/C member must either:

- Complete a refresher training on the type; or
- Operates 2 refamiliarisation sectors on this type.

2.4.9.2 Re-qualification of C/C after absence

When a cabin crew member has been absent from all flying duties for more than 6 months and the period of validity of the last recurrent training and checking has expired, conversion training is required.

2.4.9.3 Re-qualification of temporary C/C after absence from flight duty

In addition as mentioned in the paragraph above, a temporary C/C member must attend 1 recurrent training per calendar year even if not scheduled for flight duty during this year.

2.4.10 Crew resource management (CRM)

2.4.10.1 General

Edelweiss uses CRM as effective utilisation of all available resources (e.g. crew members, aeroplane systems and supporting facilities) to achieve safe and efficient operation. The objective of CRM is to enhance the communication and management skills of the crew members, as well as the importance of effective co-ordination and two-way communication between all crew members. Where appropriate, CRM principles shall be integrated into relevant parts of C/C training.

2.4.10.2 CRM initial course

Edelweiss shall ensure that a C/C member has completed an initial course before being first assigned to operate as a C/C member. C/C who are already operating as C/C members in commercial air transportation and who have not previously completed an initial course, should complete an initial course by the time of the next required recurrent training/or checking.

Refer to [OM D CRM Training](#).

Aeroplane Type Specific CRM (Conversion Training).

CRM should be integrated into all phases of the Edelweiss conversion training on the specific aeroplane types. The objectives of this training is the application of the knowledge gained in previous CRM training on the specifics related aeroplane type, for example, narrow/wide bodied aeroplanes, single/multi deck aeroplanes, and flight crew and C/C composition. Aeroplane type specific CRM may be combined with the initial- and/or CRM when joining Edelweiss.

Refer to [OM D CRM Training](#).

2.4.10.3 Recurrent CRM training

When a C/C member undergoes annual recurrent training, CRM training should be integrated into all phases of the recurrent training and may include stand-alone modules. It should be conducted by at least one C/C CRM instructor.

Recurrent CRM training should include areas as identified by Edelweiss's accident prevention and flight safety programme. The training elements should be covered within a 3 years cycle to the level required.

Refer to [OM D CRM Training](#).

2.4.10.4 CRM training for senior cabin crew

Edelweiss ensures that all elements in the relevant OM D are integrated into the training and covered to the level required during the S/C course.

Refer to [OM D CRM Training](#).

2.4.10.5 CRM training between flight crew and cabin crew

Edelweiss provides an effective liaison between flight crew and C/C departments.

Provisions are made for flight crew and C/C instructors to observe and comment on each other training. Consideration should be given to creating flight deck scenarios on video or classroom to all crew members during recurrent training.

Refer to [OM D CRM Training](#).

3 Safety equipment general

3.1 General

The “Location of Safety Equipment” plan of the respective aeroplane type shows the location of the safety equipment described in this chapter. Safety Equipment which is secured by brackets shall only be removed when required. Exception: Training purposes and introductory flights. However the equipment must be stowed and secured correctly in the original position.

To protect the antenna and avoid inadvertent activation, the emergency radio beacons shall only be removed in an emergency.

Safety equipment which has been used shall be secured correctly in the original position for the rest of the flight, whether it needs to be exchanged or not.

Safety equipment subject to dangerous goods requirements (e. g. fire extinguishers, oxygen bottles, portable protective breathing equipment) which has been used shall be clearly labelled as “INOP” in order to avoid confusion in a further emergency¹. If time permits, an even distribution throughout the cabin of the remaining operative units for the rest of the flight should be ensured in coordination with the CMD. Crew must be briefed on the location of the used equipment. The position of the used equipment shall be stated in the ELB entry.

¹ Oxygen bottles which have not been fully emptied may be used again during the same flight if required. Oxygen bottles that still meet the minimum requirements according to [CSPM Pre-flight equipment check oxygen bottles](#) do not require to be labelled INOP. However, the use must be reported in the ELB.

3.2 Restraining devices

All aircraft: Every passenger seat is equipped with a passenger seat belt.

3.2.1 Regular passenger seat belt

Except A340 C-Class.



3.2.2 Infant / Extension belt for regular seat belt

3.2.2.1 used as infant belt



The regular passenger seat belt has to be fed through the loop of the infant belt. The passenger belt is secured around the passenger's waist. The infant belt is fastened around the waist of the infant.

For instructions on placing the infant correctly, please refer to CSPM [Infant restraint devices](#) .

3.2.2.2 used as extension belt

Passengers who cannot fasten the regular seat belt around their waist, require an extension belt. The infant / extension belt can be used to enlarge the regular seat belt (except A340 C-Class, refer to [CSPM C-Class Extension Belt \(A340\)](#)).

3.2.2.3 Used for music instruments (e.g. Cellos) or other large objects

If musical instruments or other large objects are transported in the cabin, the crew will be informed by Edelweiss Sales Policies. It is important that the item does not obstruct the emergency exits or any passenger's view of the seat belt sign, no smoking sign or required exit signs, and does not compromise the safety and comfort of the passengers and crew members in any other way. A window seat is recommended for such items unless several items need to be stowed. In this case several adjoining seats may be used.

Cellos / oversized instruments and other large objects are to be fixed with an infant / extension belt. It is recommended, that the SC organizes a pre-boarding with the ground staff, in order to simplify the securing process.



A340

3.2.3 C-Class passenger seat belt (A340)

A340

3.2.3.1 Passenger seat belt with airbag (A340) - HB-JMD/E/F/G only

On HB-JMD/E/F/G all C-Class seats have an integrated airbag in the seat belt. This must be deactivated if the passenger is traveling with an infant on his lap (see [CSPM C-Class Extension Belt A340](#)). No infant/child seats are allowed.

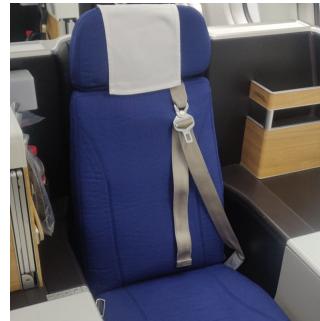


A340

3.2.3.2 Three-point seat belt (A340) - HB-JMC only

The shoulder harness has to be buckled for taxi, take-off and landing.

Occupants whose height is less than 130cm (51in) shall not use the shoulder harness to avoid injury.



A340

3.2.4 C-Class extension belt (A340)

A340

3.2.4.1 C-Class extension belt - HB-JMD/E/F/G only

The extension belt has a light blue colour and may only be installed on A340 C-Class seats with airbag system. When installing the extension belt on a C-Class seat, the airbag system will be deactivated. This is absolutely essential if an infant is travelling on a passengers lap (see [CCOM A340 Adapt-gurten für Infants](#)).



A340

3.2.4.2 C-Class extension belt - HB-JMC only

The extension belt on HB-JMC has a dark red colour and may only be installed on the C-Class seats with three-point seat belt.



3.3 Oxygen

Oxygen bottles are provided for cabin- and flight crews and for passengers.

3.3.1 Definitions

- SUPPLEMENTAL OXYGEN (4 lit/min HI) is required for C/C in case of lack of oxygen, e.g. post decompression duties.

- FIRST AID OXYGEN (Adults and infants 4lit/min) is required for passengers suffering from a critical lack of oxygen during a normal flight or post decompression.

3.3.2 Approximate duration of oxygen flow

- 120 litre bottle:
HI (4lt/min) = 30 minutes
- 310 litre bottle:
HI (4lt/min) = 75 minutes

Caution: The use of an oxygen bottle with yellow mask will not completely prevent inhalation of smoke or toxic gases.

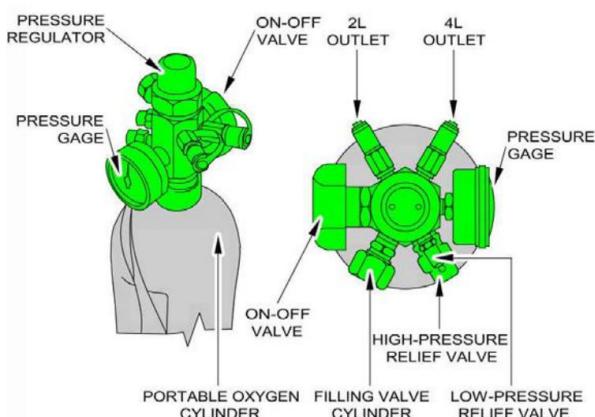
3.3.3 Oxygen bottle provisions A320/A340

3.3.3.1 General

Each oxygen bottle is provided with the following:

- Carrying / safety belt;
- ON / OFF knob;
- Pressure indicator;
- Constant flow outlets;
- Overpressure valve.

3.3.3.2 Oxygen bottle controls



3.3.3.3 Pre-flight equipment check oxygen bottles

Check that the pressure gauge indication is at or above 1'500 PSI. If it is below 1'500 PSI check [CCOM A320 21.1 Oxygen Bottles](#) or [CCOM A340 Oxygen Bottles](#) (as appropriate).

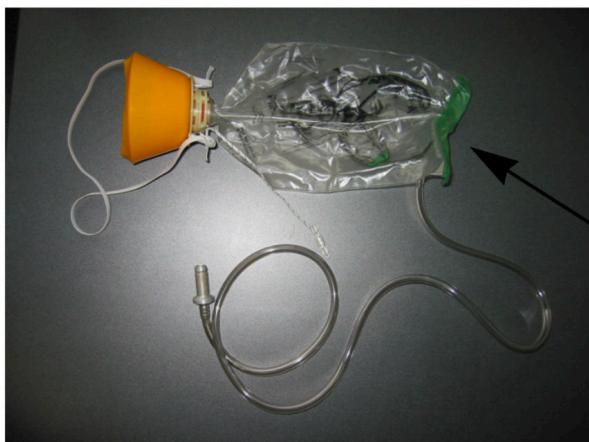
3.3.3.4 Operation of oxygen bottles

- The mask is already connected to the „HI“constant flow outlet.
- Open ON/OFF knob;
- Secure bottle and check flow on the green “flow indication” at the mask's bag;
- Put the mask on.

When oxygen no longer required:

- Take the mask off;
- Close ON/OFF knob;
- Disconnect mask;
- Store equipment;
- Report via ELB.

3.3.4 Oxygen masks



3.4 Oxygen systems

3.4.1 Cabin system

The oxygen system is a chemical oxygen generating system, which supplies emergency oxygen for about 15 minutes (A320) and 22 minutes (A340).

In case of a decompression the oxygen masks are automatically presented whenever cabin altitude exceeds 14'000ft.

They can also be presented manually from the Flight Deck. Pulling any mask towards the face removes the firing pin, actuates the generator and provides oxygen to all masks in this box. No shut-off valves are provided.

When masks are presented:

- Pre-recorded instructions are automatically announced over the PA system;
- The "FASTEN SEATBELT"-, the "NO SMOKING"- and the "EXIT"-signs are automatically illuminated;
- The cabin lights come on bright.

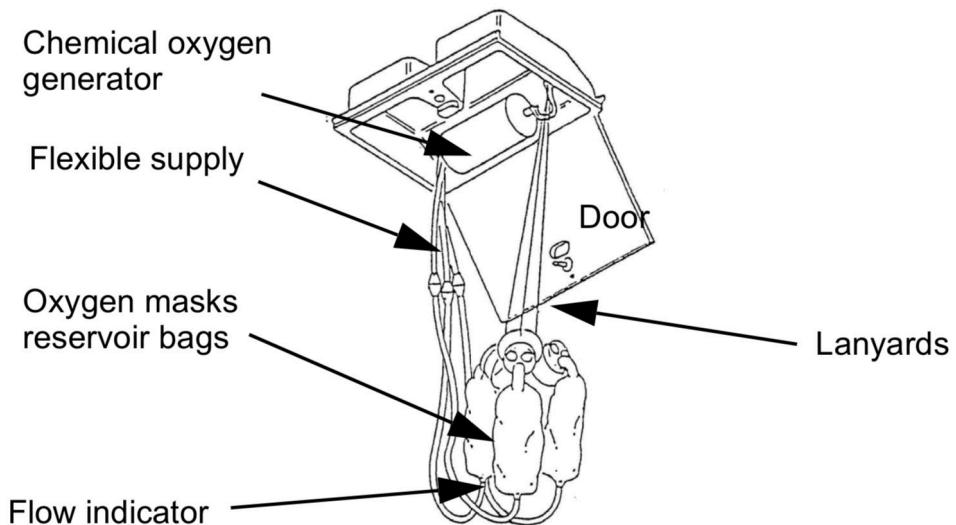
The oxygen flow can be checked by a green indication section at the bottom of the reservoir bag when the system supplies oxygen.

A two mask unit is installed in the ceiling above each CABIN CREW station and in each LAVATORY;

- The passenger/cabin crew oxygen masks are bright yellow with a silicone cup and an elastic head strap;
- Identical masks, but with a metal connector, are used for portable oxygen bottles and for demonstration (if necessary);
- Additional masks are provided in the cabin. The extra masks are intended for infants or cabin crew being in the cabin.

Note: For the amount of spare masks for A320 refer to [A320 oxygen system](#) and for A340 refer to [A340 Oxygen system](#).

Caution: Do not re-stow oxygen masks or close door where oxygen generator was newly discharged. (Generator will be hot.)



If the flap of a unit is partly open, with the knob turned (noticeable by a red mark) the oxygen masks will not deploy in the event of a decompression. In this case maintenance must be called. If this is noticed inflight, the passengers sitting in that row should if possible be reseated. In case no alternative seats are available, the flap should be pressed into closed position while at the same time turning the knob 90°.

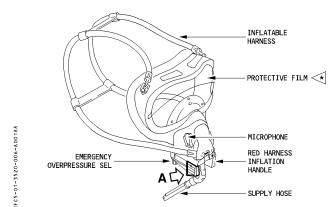
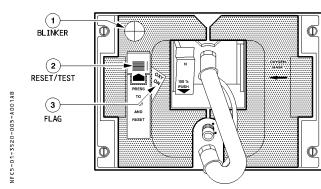
The same procedure must be applied if units in the lavatories or over CABIN CREW stations are partly open. A logbook entry must be made.

3.4.2 First aid oxygen

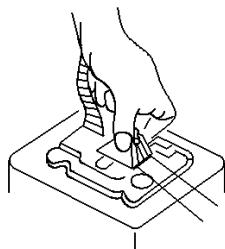
- A 320:
Portable oxygen bottles (120 litres) are provided for first aid purposes.
- A340:
Portable oxygen bottles (310 litres) are provided for first aid purposes. 120 litres oxygen bottles are reserved for crew members.

3.5 Flight deck oxygen mask

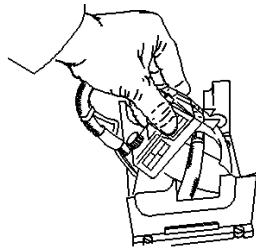
The flight deck oxygen system is an independent installed system, designed to be used in the flight deck only.



- 1 TAKE THE MASK BY SQUEEZING THE RED GRIP

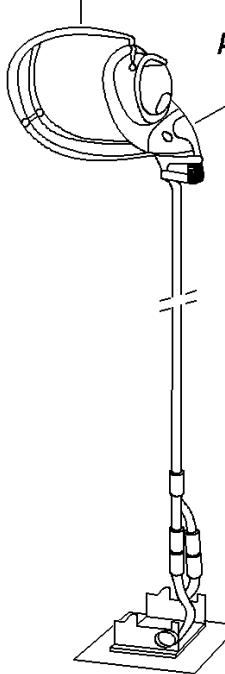


2



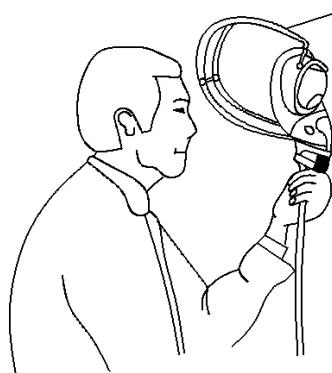
REMOVE THE MASK
THE HARNESS INFLATES

3

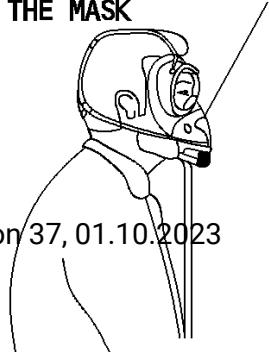


SEE CONTROLS
AND INDICATORS

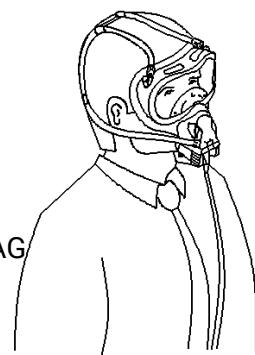
- 4 DONNING OF THE MASK
(HARNESS INFLATED)



- 5 RELEASE THE RED HAND SIDE GRIP
HARNESS DEFOLATES AND MAINTAINS
THE MASK



6



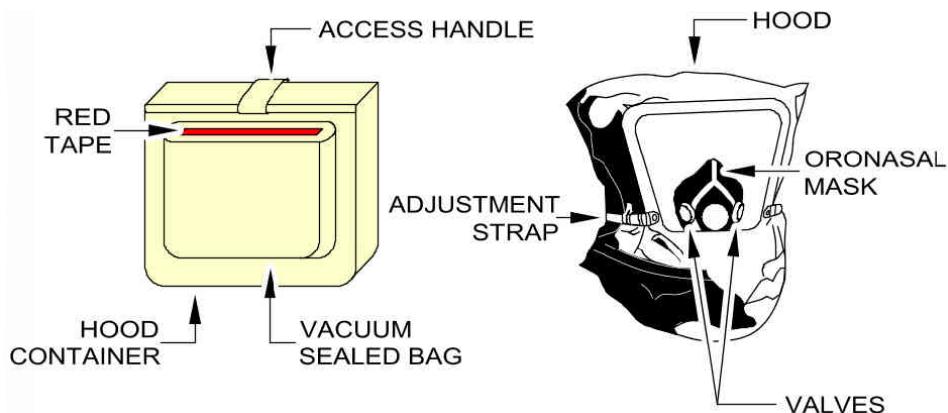
3.6 Protective breathing equipment (PBE)

3.6.1 General

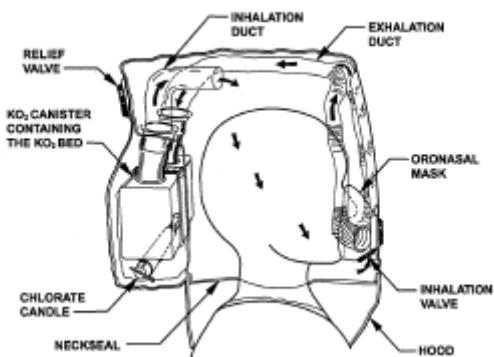
The PBE consists of loose fitting hood with neck seal and a demand based chemical air regeneration system that supplies oxygen. The acoustic diaphragm improves your communication capability.

The aeroplanes are equipped with the number of PBE corresponding to the number of standard flight and cabin crew members.

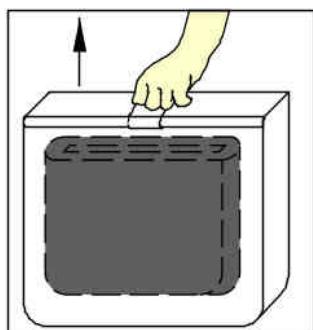
The air regeneration system produces oxygen for at least 15 minutes.



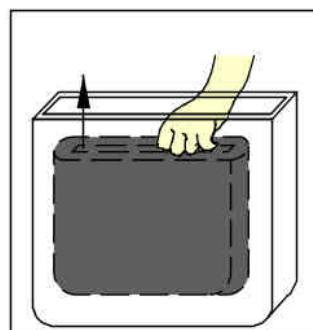
3.6.1.1 Operation



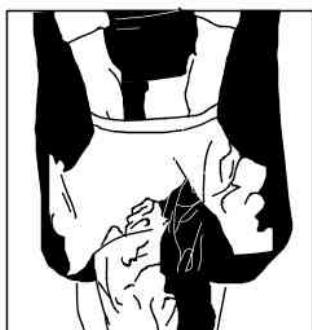
1 GRASP THE ACCESS HANDLE AND PULL STRONGLY TO DISENGAGE THE COVER



2 SHARPLY PULL THE RED TAPE TO TEAR OPEN THE VACUUM-SEALED BAG, THEN FIRMLY GRASP THE HOOD AND PULL IT OUT OF THE BAG.



3 OPEN THE NECK SEAL AS MUCH AS POSSIBLE, WITH YOUR PALMS FACING EACH OTHER.



4 PUT THE HOOD OVER YOUR HEAD, ENSURING THAT ALL HAIR IS INSIDE THE HOOD, IN ORDER TO AVOID LOSS OF OXYGEN.



5 ADJUST THE HOOD WITH THE STRAPS TO ACTIVATE THE AIR REGENERATION SYSTEM



3.6.2 End of oxygen supply

There is no visible indication or change in noise level when the oxygen supply is decreasing. However you will notice the following.

- It will start to become difficult to breathe;

- The temperature inside the hood will start to increase.

If this situation occurs, immediately go to a safe area and remove the hood.

3.6.3 Malfunctions

If the starter could not be activated (breathing bag did not blow up), the air regeneration system can still be activated with the following initial action:

1. Lift neck seal, do not remove oronasal cone;
2. Inhale deeply;
3. Exhale through oronasal cone;
4. Repeat the procedure until the breathing bag is filled;
5. Release the neck seal for smoke protection.

Caution: Before you start the procedure above make sure that the PBE has not been used before.

- Smoke inside the PBE:
 - Check proper fit of neck-seal (hair and clothing must be cleared).
- Tear in the neck-seal or hood:
 - Put on another PBE.
- Misting visor:
 - Adjust oronasal mask cone.

3.7 Fire extinguishers

3.7.1 General

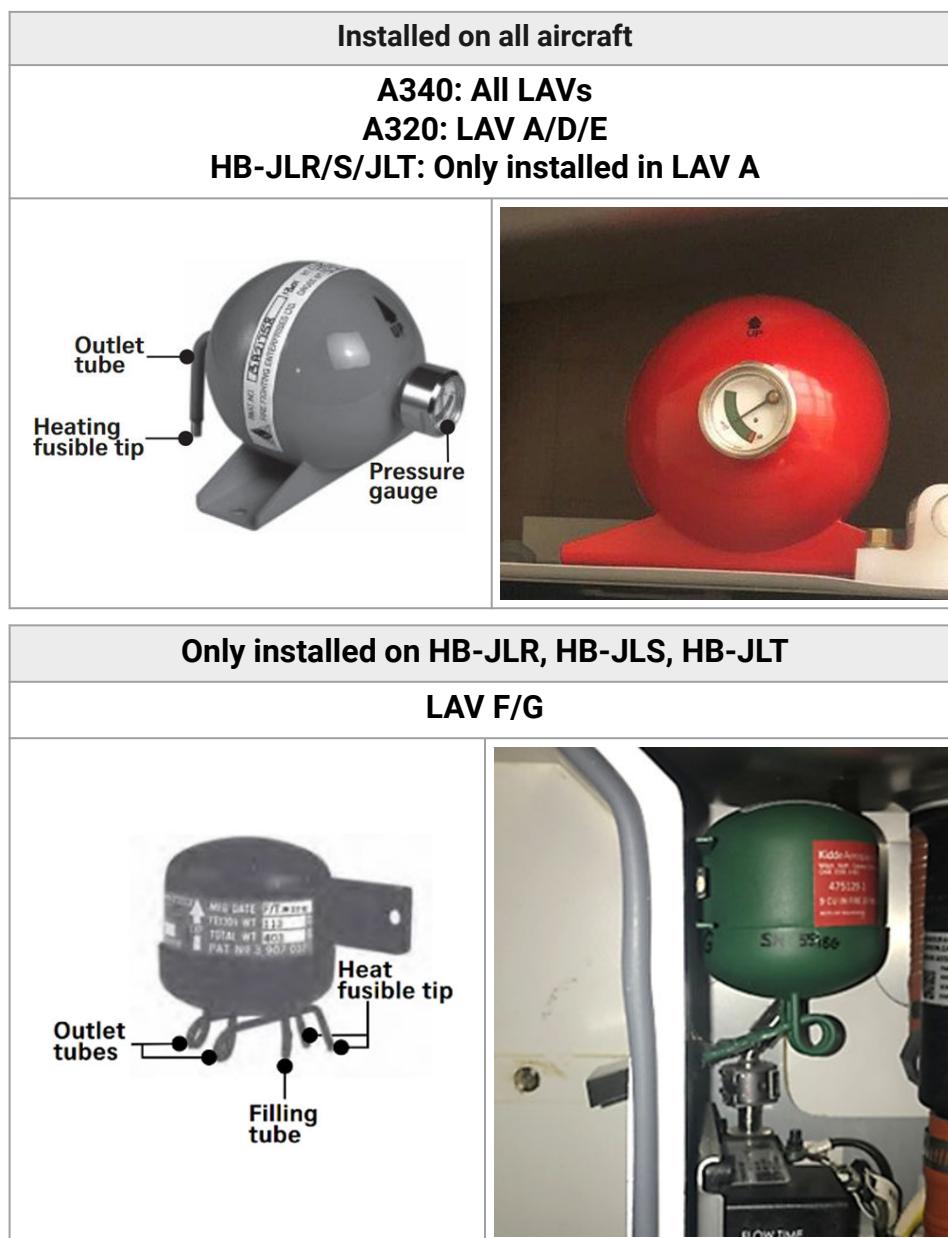
Halon extinguishers are for use against all types of fires. After use on solid material fires, the object concerned has to be cooled off with any kind of non-flammable liquid.

Smoke protection: Refer to [CSPM Protective breathing equipment \(PBE\)](#) above is required for crew members investigating the source of a smoke formation or fighting a fire in dense smoke.

3.7.2 Automatic fire extinguisher

Each toilet waste container on all aircraft is provided with an automatic fire extinguishing system. The extinguisher will be automatically discharged when the nozzle is exposed to heat (approx. 80 °C). The CCM must ensure that the waste container compartment including the flap door is properly closed in order to prevent the extinguishing agent from

flowing out of the waste container compartment.



3.7.3 Portable fire extinguisher (Air Total)

Operation:

- Lift carrying handle;
- Press down safeguard;
- Keep extinguisher upright;



- Depress trigger;
- Discharge at once at the base of fire, distance from 2 to 1.5 meters.
 - (Discharge time approximately 7 seconds).

3.7.4 Pre-flight equipment check fire extinguisher

Portable fire extinguisher

- Check that the fire extinguisher is in place and the pressure gauge indicator is within the green range

Automatic fire extinguisher

- A340 all LAV and A320 LAV A, D/E:
Check that the fire extinguisher is installed and the pressure gauge indicator is within the green range
- A320 LAV F/G (HB-JLR/S/T only):
Check that the fire extinguisher is installed

3.8 Fire fighting gloves

Fire fighting gloves are stored close to a fire extinguisher and may be used for personal protection.



3.9 Fire bags

The fire bag is water-proof and used for electronic devices which have over-heated or started to smoke or burn. It is also used as precaution measure (e.g. to store a damaged device) whenever there is reason to



believe that a thermal runaway or a fire is likely.

Once the electronic device has cooled down after following fire-fighting procedures, it can be placed in the fire-bag which is then filled with water or other non-flammable liquid.



3.10 Fire axe

The main purpose of the fire axe is to assist in fire fighting. The fire axe handle is insulated against high voltage.



3.11 Flash lights

Flashlights are provided near crew stations for the purpose of illuminating and signalling. Their use for other than emergency purposes should be limited to a minimum.



3.12 Megaphone

3.12.1 General

The battery powered megaphone shall be used by flight deck and cabin crew to direct and to order in case of an emergency evacuation. It may be used as well for any kind of orders if the PA system is not working.



3.12.2 Operation

- Make sure that the microphone is touching the upper lip;
- Squeeze the press-to-talk switch to operate;
- Point the horn towards the passengers, then speak slowly in a strong, commanding voice.

3.13 First aid / emergency medical kit

Refer to [First aid equipment](#).

- FIRST AID KITS are provided for daily use and for injuries occurring during flight, emergency landing or ditching.
- EMERGENCY MEDICAL KIT is provided for severe illness occurring during flight and is to be used by a medically qualified person and in some cases by a S/C,C/C.

3.14 Survival Equipment

Each Slide Raft is equipped with the following items:

- Canopy
- Sea Anchor
- Survival Kit inkl. Signalling-, First Aid- and Repair Equipment/Handpump
- Boarding step 2x
- Heaving ring
- Hook knife

3.14.1 Repair equipment

- 2 Metal clamps;
- 1 Pump.

3.14.2 Signalling equipment

- 1 Sea dye marker;
- 4 Pyrotechnics (Aerial Flares);
- 1 Mirror;
- 1 Whistle;
- 2 Flashlights, (water activated).

3.14.3 First aid equipment

- 32 Adhesive plasters (band-aids), 2.54cm x 7.62cm;
- 12 Wound compresses (sterile), 5cm x 5cm;
- 2 Wound compresses (sterile), 10cm x 10cm;
- 3 Triangular cloths (sling) 94cm;
- 20 Antiseptic swabs;

- 6 Eye ointments.

3.14.4 Other equipment

- 1 Bailing bucket (fabric);
- 3 Water storage bags;
- 1 Sponge (dehydrated);
- 1 Survival manual;
- 1 Checklist and management manual;
- 2 Packaged water portions (16oz. / 473ml each);
- 2 High energy rations sucrose packs;
- 50 Water purification tablets*.

*Note: Number of tablets to be used per liter depends on water condition:

- Clean conditions: one tablet per liter water
- Medium clean conditions: two tablets per liter water
- Dirty conditions: five tablets per liter water
- Blood spillage: ten tablets per liter water
- Drinking water disinfection: one tablet per 200 liters clear water.

3.15 Life jackets

3.15.1 General

The crew life jackets are red and the passenger and infant life jackets are yellow. The amount of life jackets on board the aeroplanes is at least equal to the amount of passengers carried.

3.15.2 Adult / child life jacket (with 1 flotation chamber)

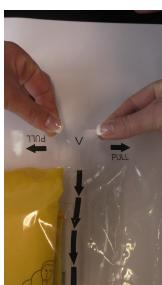
3.15.2.1 General

3.15.2.1.1 A320/A340

Life jacket closed



Opening the sealed bag



Each life jacket consists of:



3.15.2.2 Operation

- Open sealed bag and take life jacket out;
- Pull life jacket over the head;
- Fasten buckle;
- Pull the tape until the life jacket is properly adjusted;
- To inflate pull the inflation tag.

Note: Adult life jackets shall be inflated on leaving the aeroplane.

3.15.2.3 Children over 2 years.

Children over 2 years old can wear an adult life jacket

3.15.2.4 Operation

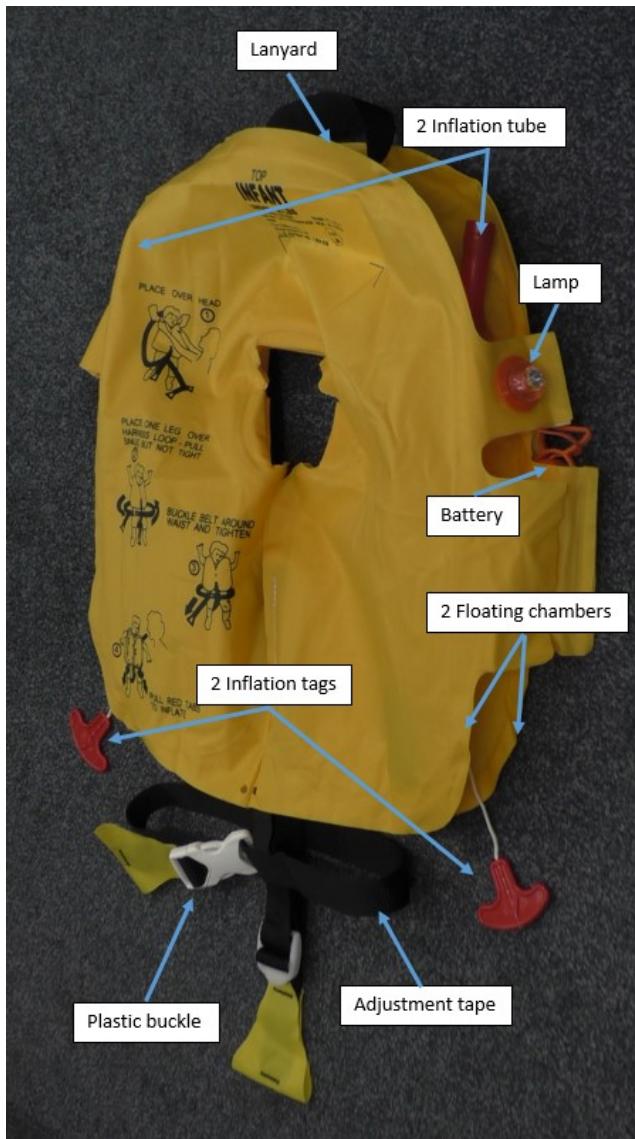
Same operation as adult life jacket; there is no further adjustment possible for children.

Note: Inflate life jacket used by a child on leaving the aeroplane.

3.15.3 Infant life Jacket A320/A340

3.15.3.1 General

Each infant life jacket consists of



3.15.3.2 Operation

- Open sealed bag and take life jacket out;
 - Put life jacket over head of infant;
 - Place one leg over harness loop, pull snug, but not tight;
 - Buckle belt around waist and tighten;
 - To inflate pull the red inflation tags.

The life jacket is packed in a yellow bag. The usage instructions are shown directly on the life jacket which should only be unpacked in an emergency.



Note: Infant life jacket shall be inflated on leaving the aeroplane.

Infant life jacket not inflated:



Infant life jacket inflated:

3.16 Emergency locator transmitter (ELT)

The ELT transmits distress signals (direct or via satellite) to civil and military search aeroplanes.

Automatic activation is accomplished by a crash.

The ELT is installed in the upper part of the rear fuselage (pressurised zone). There is a control panel in the Flight Deck.

3.17 Emergency Radio Beacon

(A340)

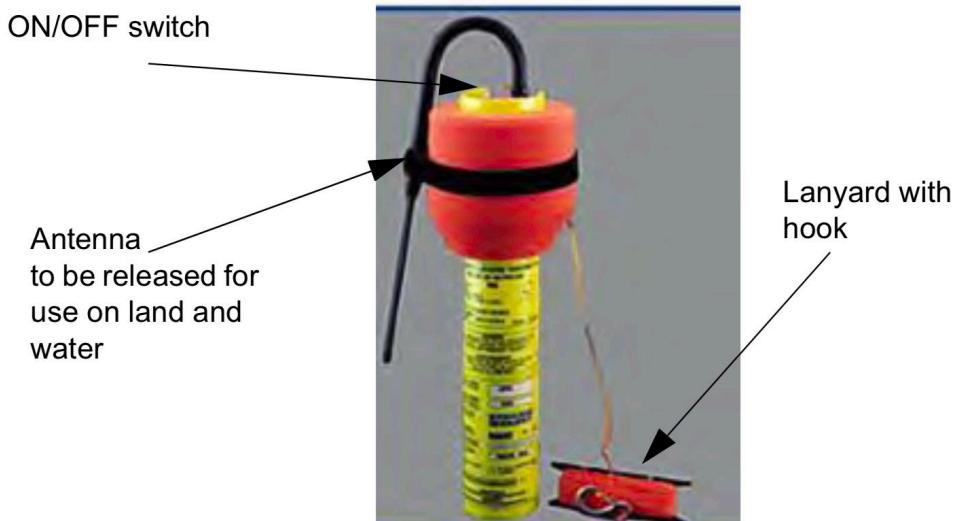
3.17.1 A340 - HB-JMD/E/F/G only

(A340)

3.17.1.1 General

The emergency radio beacon transmits distress signals (direct or via satellite) to civil and military search aeroplanes. The emergency radio beacon is a buoyant transmitter.

- **Antenna**
Manually erectable
- **Frequency**
Transmits signals simultaneously on 121.500, 243.000 and 406.025 MHz.
- **Operation duration**
> 48 hours.
- **Activation/Deactivation**
ON/OFF switch. Activation is indicated by a continuously flashing light next to the base of the antenna.



A340

3.17.1.2 Operation on water

- Attach lanyard of the beacon to raft;
- release antenna by opening velcro tape;
- switch beacon ON;
- put beacon into water.

A320, A340

3.17.2 A320 - HB-JJN, -JLR/S/T only & A340 - HB-JMC only

Antenna

Manually erectable

Frequency

Transmits signals simultaneously on 121.500, 243.000 and 406.025 MHz.

Operation duration

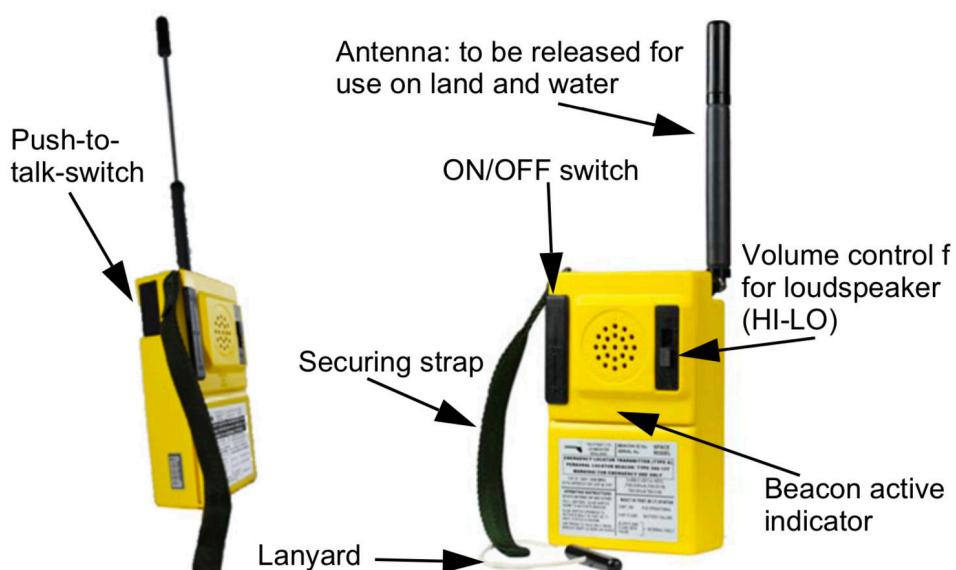
> 48 hours.

Activation/Deactivation

ON/OFF switch. Activation is indicated by a continuously flashing light below the loudspeaker. Alternatively, the emergency radio beacon can also be activated by pulling down the lanyard (Quickstart).

Speech function

Use press-to-talk-button only when rescue craft is seen or heard.



3.18 Dangerous goods kit

The “Dangerous Goods Kit” is a sealed bag containing:

- List of contents;
- 2 pairs of rubber gloves;
- 4 special synthetic bags including binders.

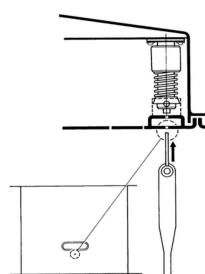
It must be used in case of “Dangerous Goods” incidents in the cabin, according to the [checklist](#) for cabin crew.

Contents:	
	

3.19 Manual release tool

For opening the covers of the passenger's emergency oxygen boxes a manual release tool is provided at each C/C jump seat.

The spring-loaded latch, which keeps the box cover in closed position, can be released manually in case of malfunction of



the electrical release or for inspection/maintenance purposes.

3.20 Emergency floor path marking system

The emergency floor path lighting system is photoluminescence and consists of a yellowish-green continuous strip down both sides of the aircraft aisle. The system is non-electric so it can not be turned on or off. The photoluminescence strips absorb energy when exposed to light, and gradually release this energy.

It takes the following time of exposure to cabin lighting (ceiling and window lights on bright position) to completely charge the system:

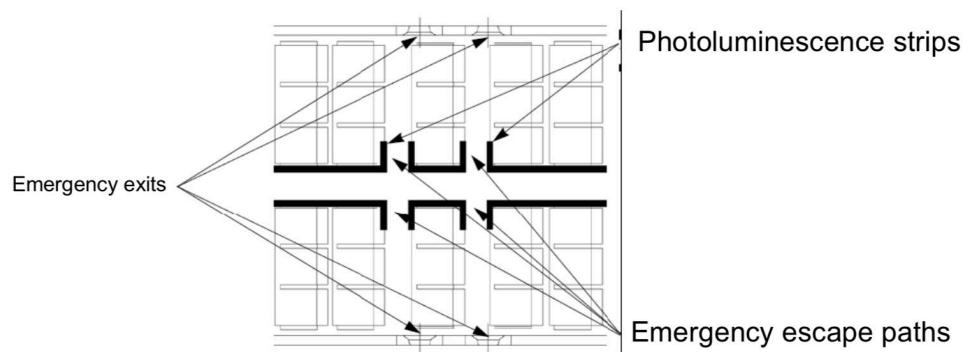
- A320: 15 min;
- A340: 20 min

In order to keep the system fully charged, be sure to turn the cabin lights to full bright for the respective time before off blocks of each flight.

During the daylight hours, you will not see the glow of the floor lighting. However, on night flights, with the cabin lights dimmed or on ground with half light from outside, you will see a greenish 'glow'. This 'glow' cannot be turned off.

The system is designed to make the escape path visible in total darkness when all other light sources have failed. It is comparable to a fluorescent clock face: only in total darkness the fluorescent markings are clearly visible.

On the A320 only, the strips are pointing to the emergency exits.



4 Emergency procedures

4.1 General

The instructions in this chapter are applicable for:

- Unplanned emergencies;
- Planned emergencies.

In case of a planned emergency also comply with the additional instructions on the Planned Emergency Preparation / Evacuation Checklist, which can be found in the vicinity of each jumpseat and in the respective chapter of this manual.

It is a well established fact that most of the aviation accidents occurred as unplanned emergencies. Most of these accidents required an immediate evacuation.

The unplanned emergencies may arise in connection with the following operations:

- Take-off, flight and landing;
- Taxiing or while aeroplane is stationary.

Any abnormal condition, e.g. an explosive or other unusual noise, fire or smoke, must be reported immediately to the CMD by the C/C who observes it.

For details on decision making and communication in emergency situations refer to [OM A Structured Decision Making](#).

4.1.1 Emergency situations

4.1.1.1 Inflight emergency

In case of any inflight emergency situations, assistance from other crew members shall be requested immediately, e.g. via interphone, PA or ABP. Crewmembers taking in-flight rest must assist and/or reach their assigned stations as soon as possible. Exception: In case of a decompression refer to [CSPM Action](#).

4.1.1.2 Service carts or trolleys

In an inflight emergency situation, service carts or trolley have to be stowed and secured, if possible.

4.1.1.3 Passenger briefing

Proper briefing of passengers is most important to prevent shock or panic. It is of special importance that the CMD performs the passenger briefing personally. He shall explain the situation in a calm and professional manner so as to encourage the passengers to have

confidence in the crew's ability to cope with the emergency. Only if conditions prevent the CMD from informing the passengers himself, he may designate and brief another crew member to perform this duty.

Refer to [CSPM Coordination between Announcements](#).

The detailed briefing by the C/C shall include instructions, as appropriate, depending on the circumstances. Refer to the relevant procedures and the emergency checklist (A320: [Planned Emergency Preparation / Evacuation Checklist](#); A340: [CSPM Planned Emergency Preparation / Evacuation Checklist](#)).

4.2 Emergency evacuation procedures

An evacuation shall always be initiated whenever a forced landing, ditching or other emergency arises and should be communicated by the CMD.

Every evacuation shall be carried out as rapidly as possible.

The passengers shall be ordered to leave the aeroplane without their belongings and shall be directed to a safe distance away from the aeroplane.

For further details on initiating an evacuation refer to [CSPM Initiating Evacuation](#).

4.3 Urgency call

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> • PA system: “S/C REPORT TO FLIGHT DECK”; or: • “EMER CALL” button ON 	<p>S/C must report to flight deck.</p> <p>If for some reason the S/C is not in the near vicinity, the nearest C/C proceeds to the flight deck and the S/C reports to the flight deck as quickly as possible.</p> <p>A320 and A340: Red light is flashing at all ACP (Area Call Panels). 3 high/low chimes at all loudspeakers. ?xm-replace_text Type p here</p> <p>A320: Red light and “EMERGENCY CALL” are flashing at all AIP (Attendant Indication Panels).</p> <p>A340: Red light and “CALL PRIO CAPT” are</p>

			steady on at all AIP. All C/C members must reply.
Cabin	Flight Deck	<ul style="list-style-type: none"> • Interphone: A320 Push "EMER CALL" button; A340 Push "PRIO CAPT" button; or: Report to the Flight Deck 	<p>Flight deck: Buzzer sounds three times.</p> <p>Any C/C can make an urgency call or report to the Flight Deck.</p> <p>Flight crew must reply.</p>

4.4 Cabin emergency alert- unprepared emergencies

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> • PA system: "....." 	Short announcement about impending emergency and required action when little time is available.

4.5 Emergency stations

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> • PA system: "ATTENTION! CABIN CREW AT STATIONS" 	<p>C/C must immediately proceed to their emergency stations.</p> <p>If on ground: check outside conditions.</p>

4.6 Brace for impact / orders

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> • PA system: "BRACE FOR IMPACT" or: • Flashing FASTEN SEAT BELT or NO SMOKING 	<p>A repeated chime will sound</p>

		signs.	
Cabin	PAX	<ul style="list-style-type: none"> • BRACE! BRACE! 	Cabin crew takes brace position and shouts order repeatedly as required until the aircraft comes to a complete stop.

4.7 Taxiing, take-off or landing incidents

From	To	Communication method	Remarks
S/C	PAX	<ul style="list-style-type: none"> • PA system: “LADIES AND GENTLEMEN, KEEP YOUR SEATS AND WAIT FOR INSTRUCTIONS.” 	In order to prevent possible irrational reactions from the passengers before the situation has been assessed by the flight crew. Refer to CSPM Public address (PA) .

4.8 Initiating evacuation

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> • EMER EVAC SIGNAL or; • PA system: or; • Megaphone: or; • Oral command: “EMERGENCY - OPEN SEAT-BELTS - (PUT LIFE JACKET ON) - EVACUATE” 	<p>When the aeroplane stands still: If no order is received from the flight deck and the necessity for immediate evacuation is evident, as in the case of DITCHING, EXPLOSIVE FIRE* OR HEAVY STRUCTURAL DAMAGE, the S/C or any C/C shall initiate the evacuation immediately.</p> <p>*Definition explosive fire: An explosive fire is a fire with a rapid increase in volume and release of energy in an extreme manner. Description explosive fire: The result is a life-threatening situation where time does not permit to verify the situation with the flight crew.</p>
Cabin	Cabin	<ul style="list-style-type: none"> • EMER EVAC signal • Oral command: “EMERGENCY - OPEN SEAT-BELTS - EVACUATE” 	

4.9 Evacuation not required

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> PA system: “CABIN CREW, OPERATION NORMAL” 	Immediate announcement when CMD decides that evacuation is not required.

4.10 Emergency descent

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> PA system: “Decompression! Reach for yellow oxygen mask! <p>(2x announced)</p> <p>Cover nose and mouth with it. Breathe normally. Secure the elastic band around your head. Remain calm. Fasten your seat belt tightly. No smoking. Do not stand up and do not move about until further notice is given.”</p>	Pre-recorded announcement via IFE system initiated by oxygen mask ejection.
Flight Deck	Cabin	<ul style="list-style-type: none"> PA system: “Emergency Descent” 	This Information is given by the flight crew. It's a confirmation that the flight crew has intentionally started an emergency descent.
Flight Deck	Cabin	<ul style="list-style-type: none"> PA System: “Cabin Crew released” 	When the aircraft reaches an altitude with sufficient oxygen (normally 10000ft), this information is given by the flight crew. It is a confirmation that cabin crew may move around in the cabin. The portable oxygen bottles should be used by the cabin crew for supplemental oxygen until they are

		confident that they can breathe without supplemental oxygen.
		Caution: The cabin crew may still be exposed to hypoxia due to increased activity at an increased cabin altitude.

4.11 Emergency evacuation

4.11.1 General

An emergency evacuation shall always be initiated whenever a situation of explosive fire, heavy structural damage and/or ditching occurs or if deemed necessary by the CMD. For initiation, it is of utmost importance that the aeroplane stands still. This must be verified if the occurrence arises in connection with take-off, landing, taxiing.

Every evacuation shall be carried out as quickly as possible. The passengers shall be assisted to leave the aeroplane without their belongings and directed to a safe distance away from the aeroplane.

4.11.2 Commanders order

The CMD shall give clear orders if and when he wants an evacuation to be started.

4.11.3 No order received

If no order is received from the flight deck and:

- The situation is unclear: the C/C shall verify the situation with the flight crew;
- The necessity for immediate evacuation is evident, as in the case of ditching, explosive fire or heavy structural damage, the S/C or any C/C shall initiate an evacuation immediately.

4.11.4 Evacuation not required

If the CMD decides that evacuation is not required, he shall immediately advise by PA-announcement:

- "CABIN CREW, OPERATION NORMAL."

4.12 Able-bodies passengers

In a planned emergency, if time permits, choose, command, reseat and brief suitable passengers (Airliners, Policemen, Firemen, Military Persons) for the following duties: If required, to open emergency exits upon your order:

- To assist children and disabled or injured passengers;
- To guard unsafe doors/exits or damaged escape slides;
- To assist passengers sliding down slides or getting into slide/rafts.

See [CSPM Passenger and cargo handling](#).

4.13 Brace for impact

4.13.1 Planned emergency

The order "BRACE FOR IMPACT" is given by the flight crew 1 minute before touchdown by PA system and/or by flashing the cabin signs.

C/C members will shout orders accordingly.

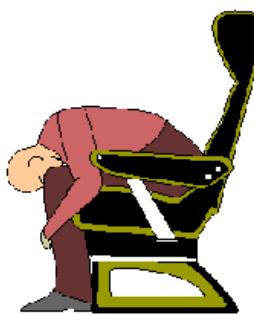
4.13.2 Unplanned emergency

C/C members will shout orders accordingly.

4.13.3 Bracing position

4.13.3.1 Passengers

The sitting positions shown below are considered to offer the best crash protection.



HB-JMC only: For PAX > 1.3 m in C-Class

4.13.3.2 Cabin crew AFT facing jumpseat

- Back straight against the backrest
- Seat belt and shoulder harness tight and low across the hips
- Head against head rest
- Cross arms in front of the chest without holding the shoulder harness straps
- Feet and legs slightly apart and flat on the floor
- Knees bent at 90 degrees



4.13.3.3 Cabin crew FWD facing jumpseat

- Back straight against the backrest
- Seat belt and shoulder harness tight and low across the hips
- Chin on chest
- Hands on thighs, palms down
- Feet and legs slightly apart and flat on the floor
- Legs stretched out as far as possible



4.14 Public address announcements

Announcements are to be made in case of a planned emergency.

English and german versions are to be found on the Cabin Emergency Preparation / Evacuation Checklist, the French version in the speech booklet.

4.15 Evacuation hints

As soon as the aeroplane stops check outside conditions and only open exits not in direct fire area.

Switch on the emergency light at the respective station.

In case of ditching, put your life jacket on before opening an emergency exit.

Monitor slide condition:

- In case of unusual slide angle change orders required e.g. "RUN OUT" or "SIT AND SLIDE";
- In case of unserviceability of slide, redirect passengers as required.

Use flashlights.

Be aggressive during the evacuation.

If situation demands, select able-bodied passengers for assistance.

Before leaving the aeroplane check that all passengers are out of your evacuation area. If necessary assist other C/C.

If time permits, remove required emergency equipment as specified on the checklist.

After an evacuation do not allow any passenger to re-enter the aeroplane.

On completion of the evacuation, direct passengers to a safe area, well away from the aeroplane: Use a megaphone.

Additional C/C must direct and assist the passengers inside and/or outside the aeroplane.

4.16 Initial evacuation orders

Shout the following orders:

On ground:

- Emergency - Open seat belt - Evacuate!
- Notfall - Sitzgurte lösen - raus!
- Urgence - Ouvrez les ceintures - Evacuez!

On water:

- Emergency - Open seat belt - Put life jacket on - Evacuate!
- Notfall - Sitzgurte lösen - Schwimmweste anziehen - raus!
- Urgence - ouvrez les ceintures - mettez les gilets de sauvetage - evacuez!

4.17 Additional evacuation orders

If time and situation permits, shout:

On ground:

- Leave handluggage behind!
- Lassen Sie das Handgepäck zurück!

- Laissez les bagages à main à bord!

On water:

- Leave handluggage behind!
- Lassen Sie das Handgepäck zurück!
- Laissez les bagages à main à bord!

- Life jacket under your seat!
- Schwimmweste unter dem Sitz!
- Gilet de sauvetage sous votre siège!

- Remove shoes!
- Schuhe ausziehen!
- Enlevez les chaussures!

4.18 Evacuation orders at stations

On ground:

A320 and A340 Door 3:

- Come this way!
- Kommen Sie hierher!
- Venez ici!

A340 Door 1,2,4:

- Come this way - Form two lines!
- Kommen Sie hierher - Zweierkolonne!
- Venez ici - En deux files!

Slides / slide rafts:

- Jump and slide - Assist on ground! (only for the first passengers)
- Springen und rutschen - Helfen Sie unten! (nur für die ersten Passagiere)
- Sautez et glissez - Aidez en bas! (seulement pour les premiers passagers)

A320 Overwing Exits:

- Foot first - Run and slide - Assist on ground! (only for the first passengers)
- Fuss zuerst - Rennen und rutschen - Helfen Sie unten! (nur für die ersten Passagiere)
- D'abord le pied - Courrez et glissez - Aidez en bas! (seulement pour les premiers passagers)

On water:**A320 and A340 Door 3:**

- Come this way!
- Kommen Sie hierher!
- Venez ici!

A340 Doors 1,2,4:

- Come this way - Form two lines!
- Kommen Sie hierher - Zweierkolonne!
- Venez ici - En deux files!

A320 Doors:

- Inflate life jacket - Get into water!
- Schwimmweste aufblasen - Ins Wasser springen!
- Gonflez le gilet de sauvetage - Sautez dans l'eau!

A320 Overwing Exits

- Foot first - Inflate life jacket - Get into water!
- Fuss zuerst - Schwimmweste aufblasen - ins Wasser springen!
- D'abord le pied - Gonflez le gilet de sauvetage - Sautez dans l'eau!

A340 Doors 1,2,4:

- Inflate life jacket - Get into raft!
- Schwimmweste aufblasen - Ins Boot steigen!
- Gonflez le gilet de sauvetage - Montez dans le canot de sauvetage!

A340 Door 3:

- Inflate life jacket - Board nearest raft!
- Schwimmweste aufblasen - Ins nächste Boot steigen!
- Gonflez le gilet de sauvetage - Montez dans le canot plus proche!

4.19 Redirection orders

Redirect passengers, using following orders:

- Door jammed / Fire outside / No slide:
- Go..... - Opposite / Forward / Aft!
- Tür blockiert / Feuer / Keine Rutschbahn:
- Gehen Sie nach..... - Gegenüber / Vorne / Hinten!
- Sortie bloquée / Feu / Pas de toboggan:
- Allez en..... - Face / Avant / Arrière!

Warning: Do not leave unsafe doors and slides without guard.

4.20 Evacuation procedures

Individual PRM:

- C/C is responsible for their evacuation as soon as the situation permits;
- PRM have no priority over the normal passengers;
- Stretcher cases will be evacuated by cabin/flight crew as soon as the situation permits.

Groups of PRM's:

- The able-bodied attendants are primarily responsible for evacuation of their group.
- Cabin/flight crew shall assist as far as possible and depending on the situation.

4.21 Rapid disembarkation

4.21.1 General

The CMD may decide to execute a "Rapid Disembarkation" in order to get all the passengers out of the cabin quickly without using the slides. Passengers will leave the

aircraft via stairs or jetty and leave their handluggage on board. Typical scenarios for a decision to execute a “Rapid Disembarkation” are bomb threats, or being parked next to an aircraft which is suffering from an open fire.

4.21.2 Procedure

If possible, the flight crew will inform the S/C and/or C/C in advance.

if this is not possible, the CMD will initiate the procedure with the following call:

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> PA system: “ATTENTION, CABIN CREW AT STATION” 	

Before initiating the procedure, the flight crew has to check that the engines are shut down and the jetty and/or stairs are in place. Thereafter the CMD gives the orders in the following sequence:

From	To	Communication method	Remarks
Flight Deck	Cabin	<ul style="list-style-type: none"> PA system: “CABIN CREW, YELLOW DOOR SELECTORS DISARMED” “CABIN CREW, DOORS O.K” “CABIN CREW, RAPID DISEMBARKATION DOORS.....” 	for example “DOORS 1L AND 4L”

If possible, the S/C will inform the C/C about the following:

- The passengers will disembark via the Jetty and/or stairs;
- The doors have to be opened normally without deploying the slides.
- After this, the S/C makes the following announcement:

Meine Damen und Herren

Aufgrund einer Notfallsituation müssen wir das Flugzeug rasch verlassen. Wir bitten Sie durch die vordere (und/ hintere) Tür(e) auszusteigen. Lassen Sie Ihr Handgepäck an Bord! Danke.

Ladies and Gentlemen

Due to an emergency we need to leave the aircraft as quickly as possible. Please exit through the forward (and/ aft) door(s). Leave your handluggage behind! Thank you.

Mesdames et Messieurs

A cause d'une urgence nous devons quitter l'avion aussi vite que possible. Nous vous prions de débarquer par la porte à l'avant (et/ à l'arrière). Laissez vos bagages à main à bord! Merci.

4.22 Decompression

4.22.1 General

The following definition of decompression relate to the time required for cabin pressure to decrease to ambient pressure:

- Slow: 1 minute or more;
- Rapid: 1 second to 1 minute;
- Explosive: Less than 1 second.

A decompression is indicated by an automatic oxygen mask presentation and pre-recorded announcement.

On A320 and A340, this pre-recorded announcement stops automatically.

- Explosive noise;
- Fog in the cabin;
- Flying debris;
- Pain in the ears.
 - C/C must immediately take the nearest oxygen mask, secure themselves and secure trolleys in the cabin.
 - If engaged in another emergency procedure, continue accordingly while maintaining one's oxygen supply, be it by the oxygen system or PBE.
 - If feasible the flight deck crew should be informed of the automatic cabin oxygen mask presentation.

Note: If after the automatic presentation of the oxygen masks in the cabin, no call-out "Emergency Descent" is given from the flight deck the, S/C (or C/C nearest to the flight deck) should, without interrupting their oxygen supply (e.g. by moving through the cabin using spare or unused passenger masks), take a portable oxygen bottle, put the mask on and enter the flight deck (for emergency access refer to [CSPM Emergency access](#)) in order to clarify the situation with the flight crew.

Times of useful consciousness without breathing of additional oxygen are as follows:

- FL 300: Approximately 1 minute;
FL 350: Approximately 30 seconds;
FL 400: Approximately 15 seconds.

4.22.2 Post decompression duties

- When the aeroplane levels off after an emergency descent, S/C shall check on CMD's intention;
- If necessary, C/C shall use supplemental oxygen and take care of the passengers;
- The S/C must report to the CMD when all first aid oxygen bottles have been used. This is the trigger for the flight crew to start a descent to FL80;
- If necessary, passengers must be reseated away from damaged area;
- Stow used oxygen masks in hatracks or seat pockets;
- Stow away used portable oxygen bottles.

4.23 Fire / smoke / toxic fumes on board

4.23.1 General

Fire, smoke and toxic fumes are very serious threats in civil aviation. The best way to fight a fire is to prevent it.

4.23.2 Fire prevention

- Check cabin, galleys and lavatories frequently;
- Check all lavatories as soon as the FASTEN SEATBELT signs are on;
- Closely observe that passengers do not act carelessly.

4.23.3 Fire

A fire is a chemical reaction, or series of reactions in which heat and light are evolved. When the rate of reaction is slow only heat is evolved and a slow oxidation occurs, such as rusting. Combustion represents a rapid rate of reaction in which light is emitted as well as heat. The essential requirements of a fire are:

- Oxygen;
- Fuel; and
- Heat.

If only one of these three elements is being eliminated the fire will extinguish.

4.23.4 Method of extinction

1. Cooling (limitation of temperature)

The cooling principle in fire extinction is the application of water. The water absorbs heat from the fire, thus reducing the temperature of the burning mass and the fire dies away.

2. Smothering (limitation of oxygen)

The smothering principle in fire extinction is to sufficiently reduce the oxygen content of the burning material, thus causing combustion to cease.

3. Starving (limitation of fuel)

The starving principle in fire extinction is by removing combustible material from the vicinity of the fire.

4.23.5 Fuel

Any substance, whether in solid, liquid or gaseous condition which will burn is termed a fuel.

4.23.6 Fire fighting

Fighting a fire requires good coordination of tasks among cabin crew members. Three main roles are distributed: firefighter, communicator and runner. The remaining C/C have an assisting and supportive role.

Firefighter

The crew member who discovers the fire (or is informed of the fire by a passenger) is the "firefighter" and must immediately tackle the fire and:

- identify the source and type of fire
- switch off any electrical supply involved
- collect appropriate firefighting equipment
- attack the fire immediately.

Simultaneously with the above action, the "firefighter" must attract the attention of a second crew member who becomes the "communicator". For information on obtaining help from other cabin crew members refer to [CSPM Inflight Emergency](#).

Communicator

A second crew member should serve as a “communicator” between the cabin crew and the flight crew so as to avoid conflicting information. Communicate via the interphone as a first priority.

Report:

- location of smoke
- source (if possible)
- severity (density, colour, odour, how it is affecting people in the cabin)
- any actions taken including what is being done to extinguish the fire and the number of fire extinguishers being used.

Never underestimate the severity of smoke and fire when reporting to the flight crew.

Note: Do not mention fire unless flames are visible.

Runner

Another crew member, a “runner”, can assist by:

- obtaining additional firefighting supplies
- generally assisting with firefighting support activities as required (e.g. ensuring that the fire is extinguished and smouldering fuel and/or the surrounding area is cooled down)
- relocating passengers
- distributing towels for smoke protection
- ensuring that portable oxygen bottles are moved out of the immediate area.

If crew resources are initially limited in the cabin area one C/C may take over the duties of both the “communicator” and the “runner” until further C/C are available.

The use of able-bodied passengers should also be considered.

If the S/C is initially involved as “firefighter”, “communicator” or “runner”, this duty should be delegated to a C/C if possible so that the S/C can take over the co-ordination including making announcements to inform and calm the passengers.

4.23.7 Classes of fire

	A	Solid materials and formation of glowing embers	Water absorbing material	Wood, paper, textiles
			Material which does not absorb water	Plastics, chemical, fibres

	B	Liquids, liquefiable solids	Not mixable with water	Gasoline, oil, wax, kerosene, grease
			Mixable with water	Alcohol, spirits
	C	Gases and vapours	Propane, butane and vapours of liquids as of class B	
	D	Combustible metals	Aluminium, magnesium, electron	
	E	All fuels of classes A to D in combination with electricity	Ovens, water-boilers, water-heaters, lighting, transformers, instrument panels, projectors	

4.23.8 Lavatory fire

- Keep lavatory door closed until ready for fire fighting;
- Cautiously open door and attack base of flames through partially open door;
- Inform CMD and S/C.

Note: All toilet waste containers are equipped with automatic halon fire extinguishers.

4.23.9 Oven fire

- Close the oven door;
- Switch electrical power off, pull related C/B;
- Inform CMD and S/C;
- Monitor the situation.

If situation deteriorates:

- Open the oven door wide enough to insert the nozzle of the fire extinguisher;
- Discharge the fire extinguisher;
- Close the oven door;
- Repeat the procedure if necessary.

4.23.10 Fire on a cabin seat

- Try to smother the fire with a blanket or a piece of clothing;
- Cool the area with non flammable liquid; and

- Inform CMD and S/C.

4.23.11 Fire in hatrack

- Feel the closed hatrack for the fire with the back of your hands;
- Open the hatrack wide enough for the fire extinguisher nozzle to reach into the opening. Discharge and empty the extinguisher only if flames are visible and close hatrack again. If only smoke is visible the fire may be behind the wall panel, thus gain access with the fire axe; and inform CMD and S/C.

4.23.12 Fire in waste / hand luggage

- As the content of such a container may not be known, always use the halon hand fire extinguisher;
- When there are no more visible flames cool the area with non flammable liquids;
- Inform CMD and S/C.

4.23.13 Electrical fire

- Switch - off electrical power;
- HB-JLR, HB-JLS, HB-JLT: In case of failure(s) in the AFT galley, switch off the main power by means of the emergency power switch (guarded);
- Apply fire extinguisher;
- Inform CMD and S/C.

4.23.14 Portable Electronic Devices / Lithium Battery Fire

Be aware that a thermal runaway or a fire can start even hours after a device has been damaged. For this reason, continue to monitor the device every 5 - 10 minutes for the rest of the flight. Be aware of the different fire fighting procedures depending on whether the device is in the cabin or on the flight deck. In the latter case, the priority is to resume a safe working environment on the flight deck without delay. In order to do so, the device shall be removed from the flight deck as soon as possible.

Device in Cabin	Device on the Flight Deck
<ol style="list-style-type: none">1. Turn off PED, if possible2. If plugged in to the aircraft power supply and safe to do so, disconnect the device and turn off the in-seat power.	<ol style="list-style-type: none">1. The flight crew will unplug the device, if safe to do so and make an urgency call to the cabin (CSPM Urgency Call).

Device in Cabin	Device on the Flight Deck
<ol style="list-style-type: none"> 3. Relocate passengers away from the device. 4. Apply fire extinguisher without delay, if flames are visible. 5. When the flames are extinguished or if there are no flames: <ol style="list-style-type: none"> a. Cool the device by dousing with water (or other non-flammable liquid) to prevent the spread of heat to other cells in the battery. 	<ol style="list-style-type: none"> 2. At the same time, if flames are visible, the flight crew will start firefighting immediately. 3. The C/C assists as soon as they are present on the flight deck. 4. If possible: <ol style="list-style-type: none"> a. Move the device into a fire bag with caution b. Carefully remove it from the flight deck c. Continue directly with the <i>Storage after lithium battery fire procedure</i> below. 5. If the device cannot be moved from the flight deck: <ol style="list-style-type: none"> a. Cool the device by dousing with water (or other non-flammable liquid) to prevent the spread of heat to other cells in the battery. b. Monitor the device to identify if there is any indication that a fire risk may still exist. If there is any smoke or indication of fire, the device must be doused with more water (or non-flammable liquid).

Caution:

- Do not attempt to remove the battery from the device.
- Do not attempt to pickup or move the device at this stage; batteries may explode or burst into flames without warning. The device must not be moved if displaying any of the following:
 - flames/flaring
 - smoke
 - unusual sounds (such as crackling)
 - debris or shards of material separating from the device.
- Do not cover or enclose the burning device as it could cause it to overheat. Do not move the device at this stage in to the fire bag.
- Do not use ice or dry ice to cool the device. Ice or similar materials insulate the device which could cause additional battery cells to ignite.

Device in Cabin	Device on the Flight Deck
<p>6. If the device was plugged in to the aircraft power supply, turn off the in-seat power to the remaining electrical outlets until it can be assured that a possibly malfunctioning aircraft system is not contributing to additional failures of PED's.</p> <p>7. Monitor the device to identify if there is any indication that a fire risk may still exist. If there is any smoke or indication of fire, the device must be doused with more water (or non-flammable liquid).</p> <p>8. When the device has cooled and there is no evidence of smoke or heat (after approximately 10 - 15 minutes), it can be carefully placed in a fire bag.</p>	

Storage after lithium battery fire procedure

- Fill the fire bag with water (or other non-flammable liquid) and immerse the device entirely.
- Place the bag in a suitable empty container such as a galley container or toilet waste bin. If no fire bag is available the device shall be placed directly into a suitable empty container and filled with water (or non-flammable liquid).

The container used must be stowed and if possible secured to prevent spillage. If stowed in a toilet waste bin, the toilet door must be locked.

Be aware that a thermal runaway or a fire can start even hours after a device has been damaged. For this reason, continue to monitor the device every 5 - 10 minutes for the rest of the flight.

4.23.15 Post fire fighting procedures

- After use of halon on solid material fires, the object concerned has to be cooled off with any kind of non-flammable liquid;
- After a fire is extinguished the area concerned needs to be watched.

4.23.16 Smoke / toxic fumes on board

- Inform CMD and S/C at once about location, colour, smell and intensity of smoke / toxic fumes;
- Close flight deck door;
- Call another C/C to assist;
- Calm passengers and instruct them on smoke protection;
- Cover areas where smoke escapes with wet blankets;
- Try to localize reason of smoke formation;
- Keep CMD informed about smoke status.

Caution: The use of emergency oxygen may increase the severity of a possible cabin fire. Therefore the flight crew will decide about the ejection of the passengers masks.

4.23.17 Smoke / toxic fumes travel

- Smoke / toxic fumes can travel considerable distances from the source. This is due to air currents;
- The volume of smoke is no indication of the size of the fire. Small fires can produce smoke for long periods into an aeroplane and can completely smokelog the structure making fire fighting operations very difficult indeed;
- The type and colour of smoke can sometimes give an indication as to the material involved in the fire i.e. rubber and plastics give off a large volume of thick black smoke.

4.23.18 Action on entry to a smoke filled area

- At any fire situation in an enclosed area such as an aeroplane cabin the interior may rapidly fill up with smoke. Therefore, use protective breathing equipment and other protection material;
- This means that a quick entry into this environment is imperative. Try to keep as low as possible. Listen for sounds. Use your eyes. Feel the heat change - touch. All this will give an indication of where you are and where the fire can be located.
- Bear in mind that visibility may be additionally impaired immediately after applying a fire fighting agent.

4.23.19 Fire fighting hints

- For smoke protection use a protective breathing equipment (PBE) or place a wet towel over nose and mouth;
- If possible protect yourself with a jacket or coat, as well as fire fighting gloves;
- If required use fire axe to gain access to the fire;
- Always attack the fire at the base;
- After the flames are extinguished, guard/watch the fire area.

4.23.20 Lavatory smoke detection system

If smoke enters the smoke detector, installed in each lavatory ceiling panel, aural and visual warnings will be transmitted to the cabin and to the FAP at station 1L.

A warning is also given on the Flight Deck.

Operation

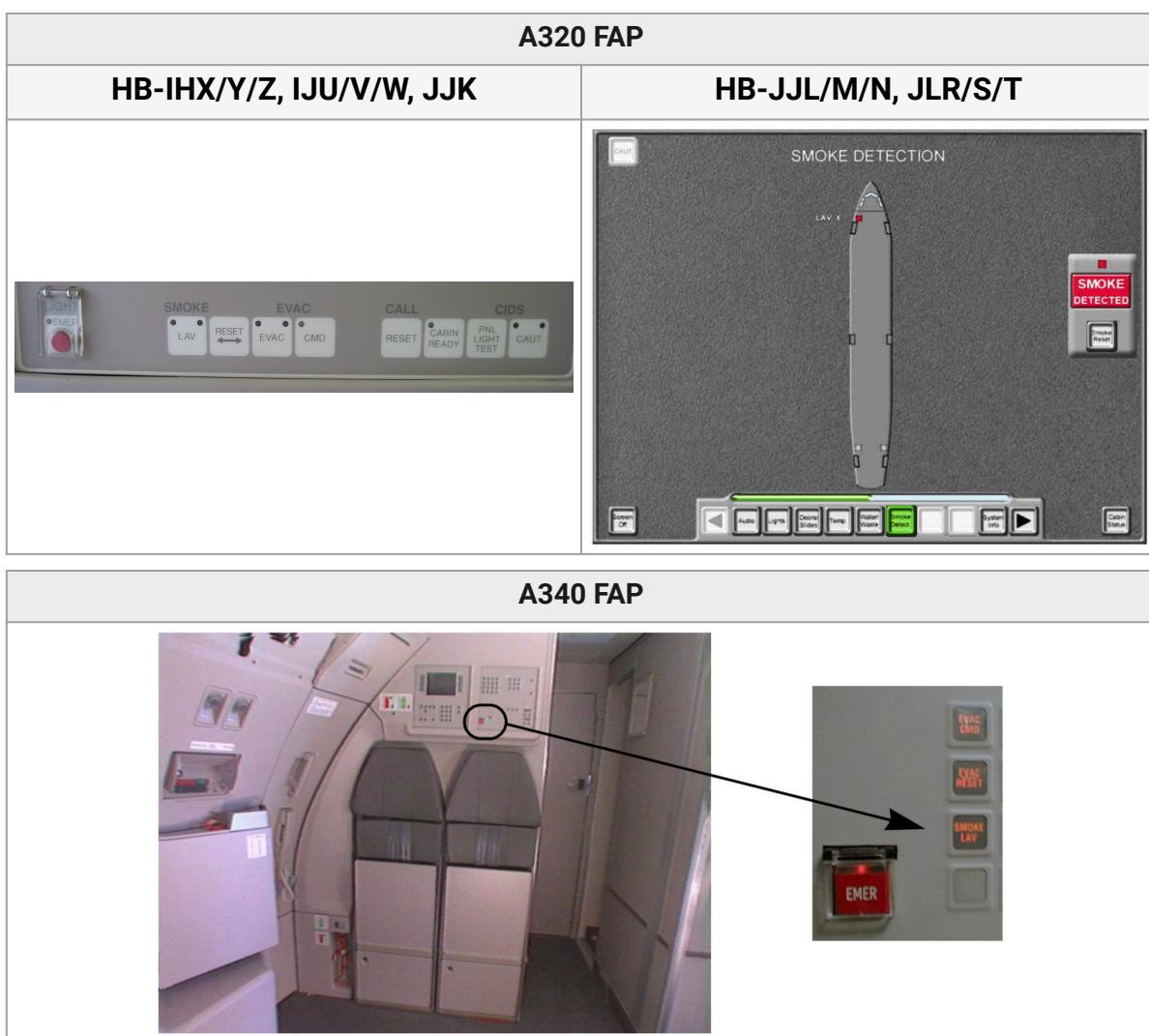
With any development of smoke in a toilet:

- Repetitive triple low chime sounds in all cabin and C/C loudspeakers every 30 seconds;
- On the respective ACP (Area Call Panel) the amber light flashes;
- FAP indications

A320: HB-IHX/Y/Z, IJU/V/W, JJK red SMOKE LAV light illuminates

A320: HB-JJL/M/N, JLR/S/T SMOKE DETECTION page is displayed and affected lavatory is shown

A340 red SMOKE LAV light illuminates



- A340: Additionally on all AAP the red SMOKE LAV light comes on.
- On all Attendant Indication Panels (AIP), a red light flashes and the affected lavatory is shown in clear wording e.g:
 - A320: SMOKE LAV A
 - A340: SMOKE L11
- The lavatory indicator light outside the affected lavatory continuously flashes.

C/C must:

- Notice toilet concerned on AIP;
- A320: Reset system by pressing RESET button on the FAP;
- A340: Reset system by pressing the red SMOKE LAV button on the FAP or the AAP.

Note: On the FAP or the related AAP (A340 only), when you push the SMOKE LAV or SMOKE RESET push button switch, the cabin chime is switched off. The warning lights at the respective lavatory, on the ACP, the FAP and the related AAP stay on as long as a smoke signal is sent to the CIDS.

- Proceed to toilet;
- Check for smoke source (reason);
- Act, if necessary, according to standard procedures;
- Report to flight deck as soon as possible via interphone or personally.

4.24 Flight crew incapacitation

4.24.1 General

If a flight crew member becomes incapacitated, the remaining flight crew member must call a C/C member as soon as practicable. The best way to request assistance from the C/C is by means of the PA system:

"S/C report to flight deck". The S/C (or any other C/C member) must proceed to the flight deck immediately. The C/C member must then:

- Fasten the shoulder harness of the incapacitated flight crew member;
- Push the seat completely AFT;
- Check that shoulder harness is in unlocked position;
- Recline the seat back.
- Manually lock the shoulder harness.

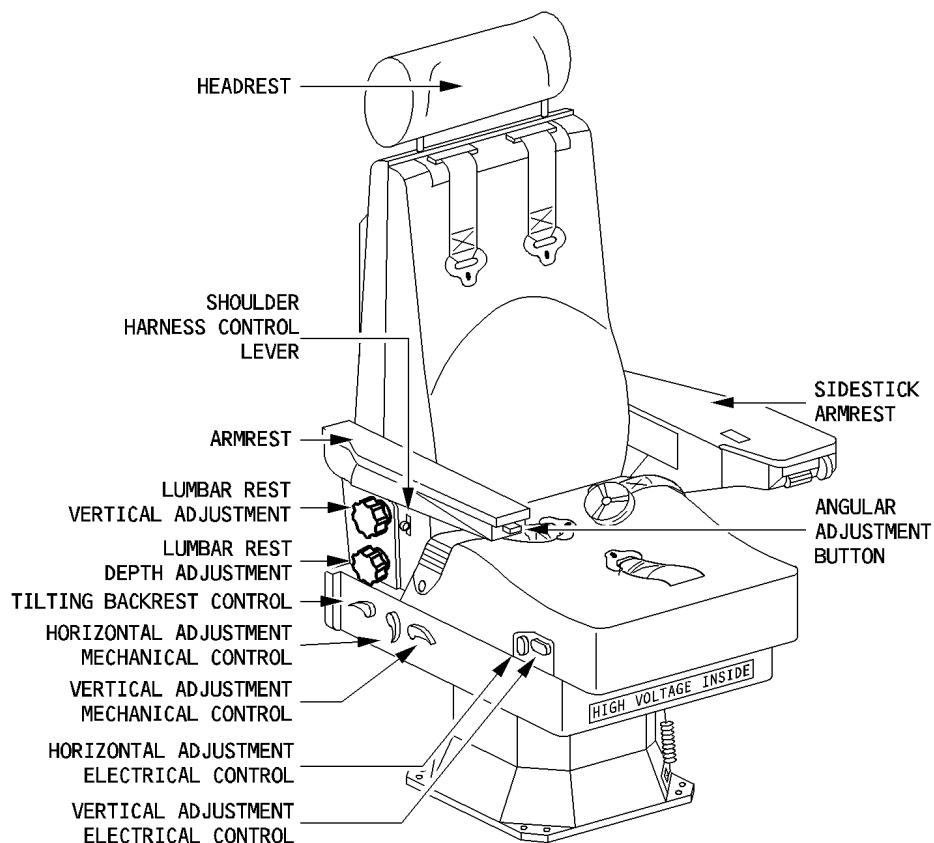
It takes 2 persons to remove the dead weight of an unconscious body from a seat without endangering any controls and switches.

If it is not possible to remove the body, one C/C member must remain in the flight deck to take care of and observe the incapacitated flight crew member.

In coordination with the S/C:

- Request assistance from any medically qualified passenger;
- Check if a type qualified company pilot is on board to replace the incapacitated flight crew member.

4.24.2 Flight deck seat / safety harness



4.25 Cabin crew member incapacitation

If a cabin crew member becomes incapacitated, he should be placed on a seat according to his medical condition and treated accordingly.

Assistance should be requested from any medically qualified passenger.

The flight crew shall be informed.

Check if a type-qualified cabin crew member is on board to replace the incapacitated cabin crew member. If this is not the case, the safety relevant duties have to be coordinated and distributed amongst the remaining crew members.

For succession of command refer to [OM A Special duties of the Cabin Crew](#).

4.26 Bomb on Board

4.26.1 General

If a suspect device is found in the cabin:

- Inform the commander immediately.

- Do not cut or disconnect any wires and do not open or attempt to gain entry to internal components of a closed or concealed suspect device. Any attempt may result in an explosion.
- Alternate locations must not be used without consulting with an aviation explosives security specialist.
- Never take a suspect device to the flight deck.
- If ordered by the commander perform steps 26.2 - 26.8

4.26.2 EOD Personnel

Check if EOD personnel is on board (Explosive Ordnance Disposal) by making this announcement: "Is there any EOD personnel on board?". By using the initials, only persons familiar with EOD will be made aware of the problem.

- DO NOT OPEN THE BOMB
- DO NOT CUT BOMB'S WIRES
- SECURE BOMB AGAINST SLIPPING
- PROTECT BOMB AGAINST SHOCKS

Secure in the attitude found and do not lift before having checked for an anti-lift ignition device.

4.26.3 Passengers - LEAD AWAY FROM BOMB

Move passengers at least 4 seat rows away from the bomb location. On full flights, it may be necessary to double up passengers to achieve enough distance from the suspect device. Passengers near the bomb should protect their heads with pillows and/or blankets. If possible, all passengers must remain seated with seatbelts on and head below the top of the head rest. Seat backs and tray tables should be in their fully upright position.

Service items may need to be collected in order to secure tray tables.

4.26.4 LDMCR - EVACUATE

If the LDMCR on the A340 is occupied, evacuate all crew members from the LDMCR.

4.26.5 Portable Electronic Devices- SWITCH OFF

Instruct the passengers to switch off all portable electronic devices.

4.26.6 Bomb - CHECK NO ANTI-LIFT DEVICE

To check for an anti-lift switch or lever, slide a string or stiff card, (such as the safety card) under the bomb, without disturbing the bomb.

If the string or card cannot be slipped under the bomb, it may indicate that an anti-lift switch or lever is present and that the bomb cannot be moved.

If a card is used and can be slid under the bomb, leave it under the bomb and move together with the bomb.

If it is not possible to move the bomb, then it should be surrounded with a single thin sheet of plastic (e. g. trash bag), then with wetted materials, and other blast attenuation materials such as seat cushions and soft carry-on baggage. Move passengers as far away from the bomb location as possible.

4.26.7 Emergency Equipment - RELOCATE

Emergency equipment (eg. PBE, fire extinguisher, oxygen) located close to the bomb (or the LRBL*) must be removed and stowed in an alternate location.

4.26.8 Galley / IFE Power - OFF

All galley and IFE equipment located close to the bomb (or the LRBL*) must be switched off.

4.26.9 Bomb Relocation

* If it is possible to move the bomb, prepare the least risk bomb location (LRBL). The LRBL for the aircraft structure and systems is the centre of the RH aft cabin door.

4.26.9.1 LRBL - PREPARE

Disarm the RH AFT cabin door and prepare the LRBL in the following manner.

Build up a platform of solid baggage against the door up to about 25 cm (10 in) below the middle of the door.

On top of this, build up at least 25 cm (10 in) of wetted material such as blankets and pillows.

Place a single thin sheet of plastic (e. g. trash bag) on top of the wetted materials. This prevents any possible short circuit.

CAUTION: DO NOT OMIT THE PLASTIC SHEETS, AS THE SUSPECT DEVICE COULD GET WET AND POSSIBLY SHORT CIRCUIT ELECTRONIC COMPONENTS CAUSING INADVERTENT DEVICE ACTIVATION.

4.26.9.2 Bomb location - INSTALL INDICATOR LINE

A bomb location indicator line is a 1.8 m to 2.4 m line (e.g. neckties, headset cord, or belts connected together) preferably of contrasting colour, that helps the responding bomb squad find the precise location of the suspect device within the LRBL stack once constructed.

Position the bomb indication line from the location on the platform where you will place the suspect device, EXTENDING outward into the galley/aisle.

4.26.9.3 Bomb - RELOCATE to LRBL

Carefully carry the bomb in the attitude found and place on top of the wetted materials in the same attitude and as close to the door as possible.

CAUTION: Ensure that the suspect device, when placed on the stack against the door, is above the slide pack but not against the door handle, and if possible, avoid placement in the window.

4.26.9.4 LRBL - COMPLETE

Place an additional single thin sheet of plastic over the bomb.

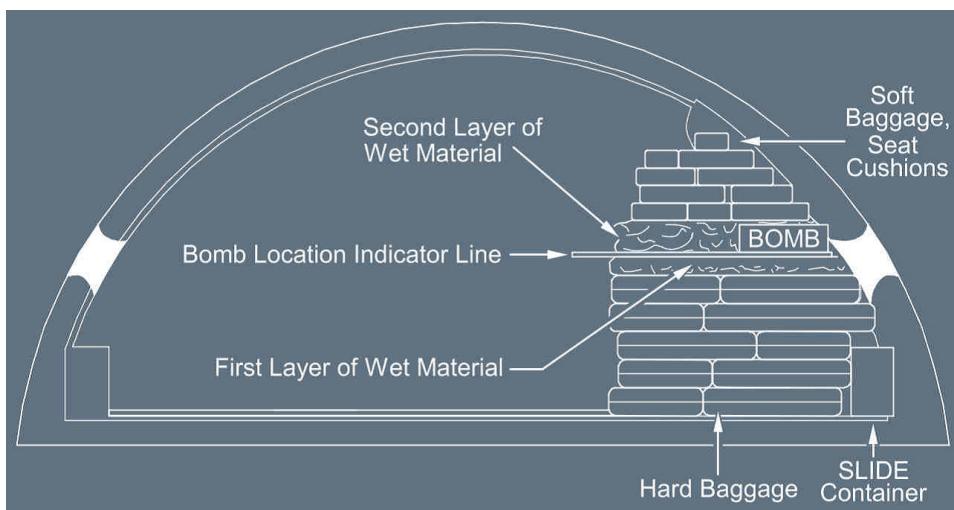
CAUTION: DO NOT OMIT THE PLASTIC SHEETS, AS THE SUSPECT DEVICE COULD GET WET AND POSSIBLY SHORT CIRCUIT ELECTRONIC COMPONENTS CAUSING INADVERTENT DEVICE ACTIVATION.

Build up at 25 cm (10 in) of wetted material around the sides and on top of the bomb.

DO NOT PLACE ANYTHING BETWEEN THE BOMB AND THE DOOR, AND MINIMIZE AIRSPACE AROUND THE BOMB.

The idea is to build up a protective surrounding of the bomb so that the explosive force is directed in the only unprotected area into the door structure. Fill the area around the bomb with seat cushions and other soft materials such as hand luggage (saturated with water or any other nonflammable liquid) up to the cabin ceiling, compressing as much as possible. Secure the LRBL stack in place using belt, ties or other appropriate materials. The more material stacked around the bomb, the less the damage will be.

USE ONLY SOFT MATERIAL. AVOID USING MATERIALS CONTAINING ANY FLAMMABLE LIQUID AND ANY METAL OBJECTS WHICH COULD BECOME DANGEROUS PROJECTILES.



4.26.9.5 Passengers - RESEAT away from the LRBL

Move passengers at least 4 seat rows away from the least risk bomb location (RH aft cabin door). On full flights, it may be necessary to double up passengers to achieve enough distance from the suspect device.

Passengers near the bomb should protect their heads with pillows, blankets. If possible, all passengers must remain seated with seatbelts on and head below the top of the head rest. Seat backs and tray tables must be in their fully upright position.

4.26.9.6 Flight Crew - NOTIFY

Inform the flight crew that the bomb is secured at the LRBL.

4.26.10 After Landing - EVACUATE or DISEMBARK

According to the commander's orders, evacuate or disembark the passengers through normal and emergency exits on the opposite of the bomb location. Do not use the door just opposite the bomb.

Use all available airport facilities to disembark without delay.

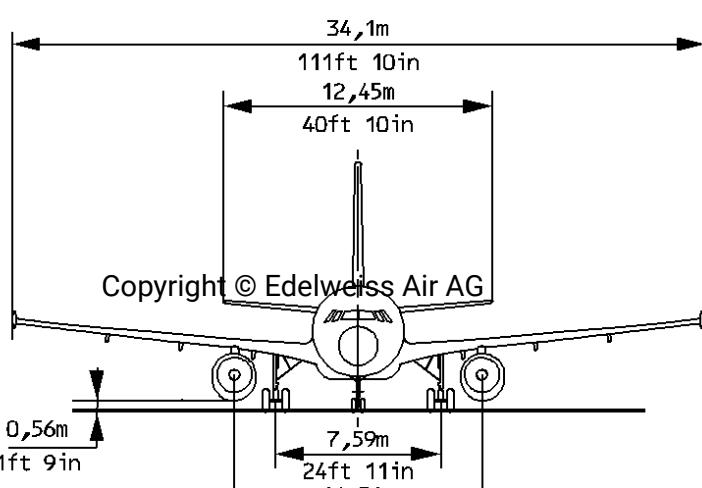
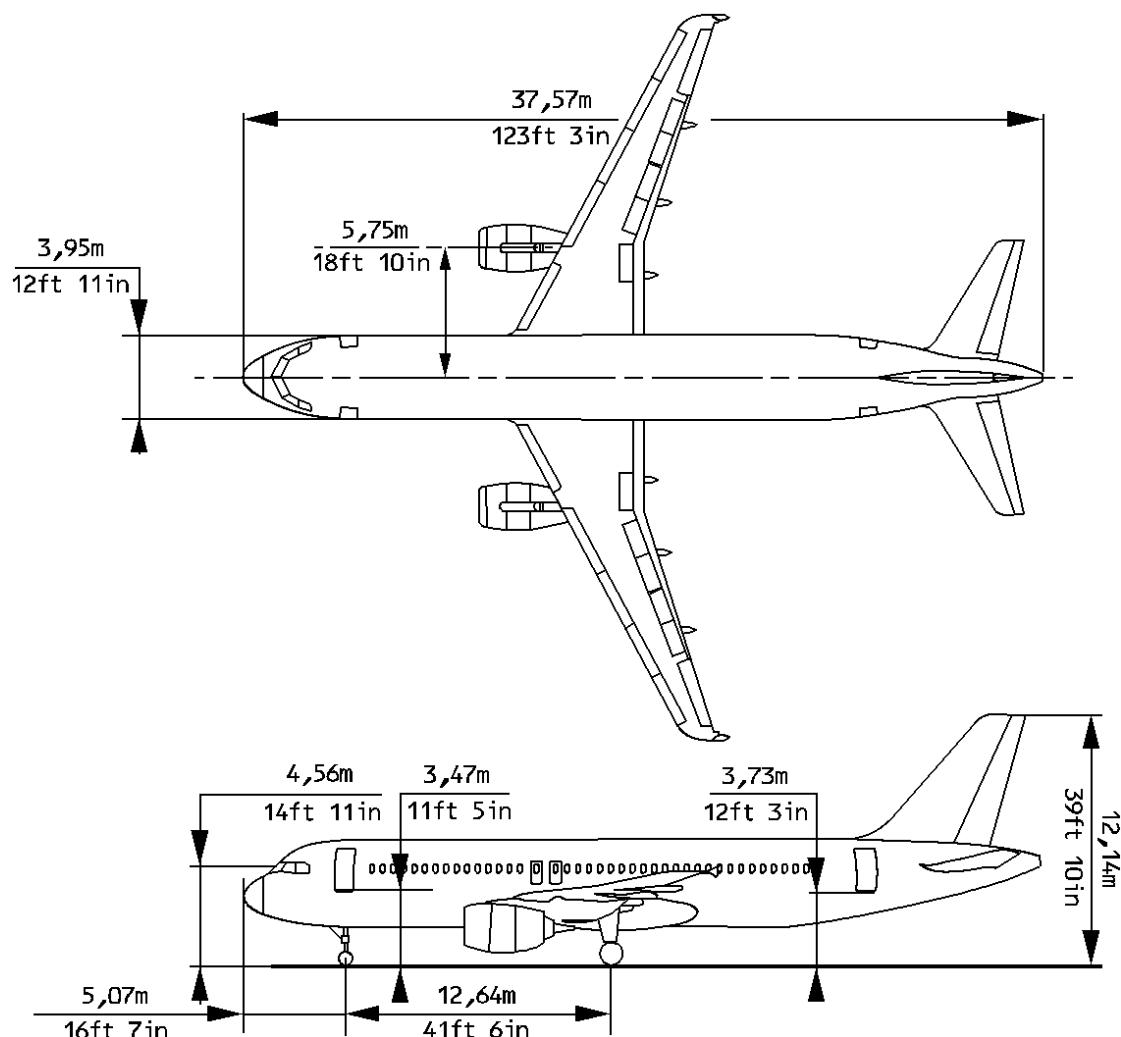
5 Aeroplane Type Specific - Systems and Equipment

(A320)

5.1 A320

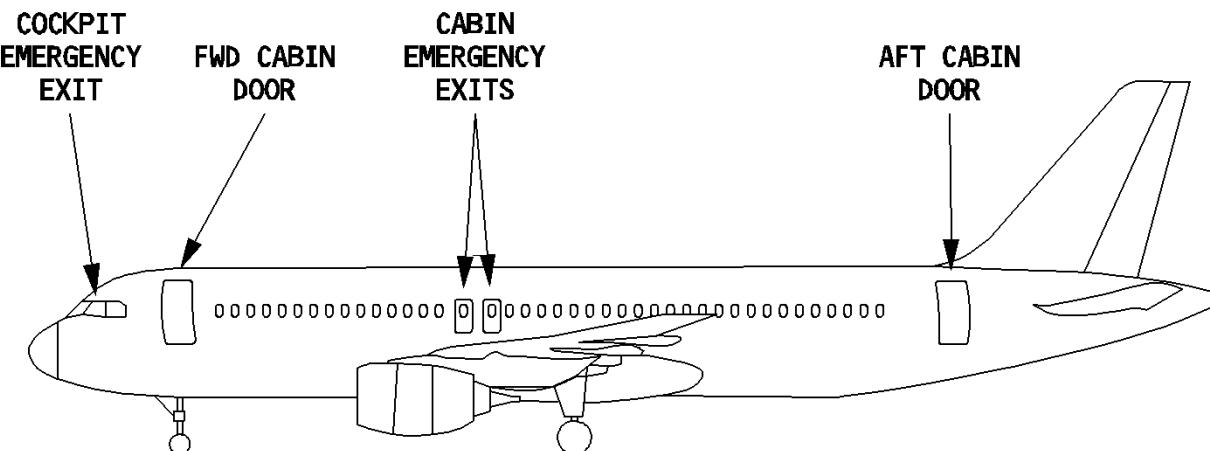
(A320)

5.1.1 Aeroplane dimensions

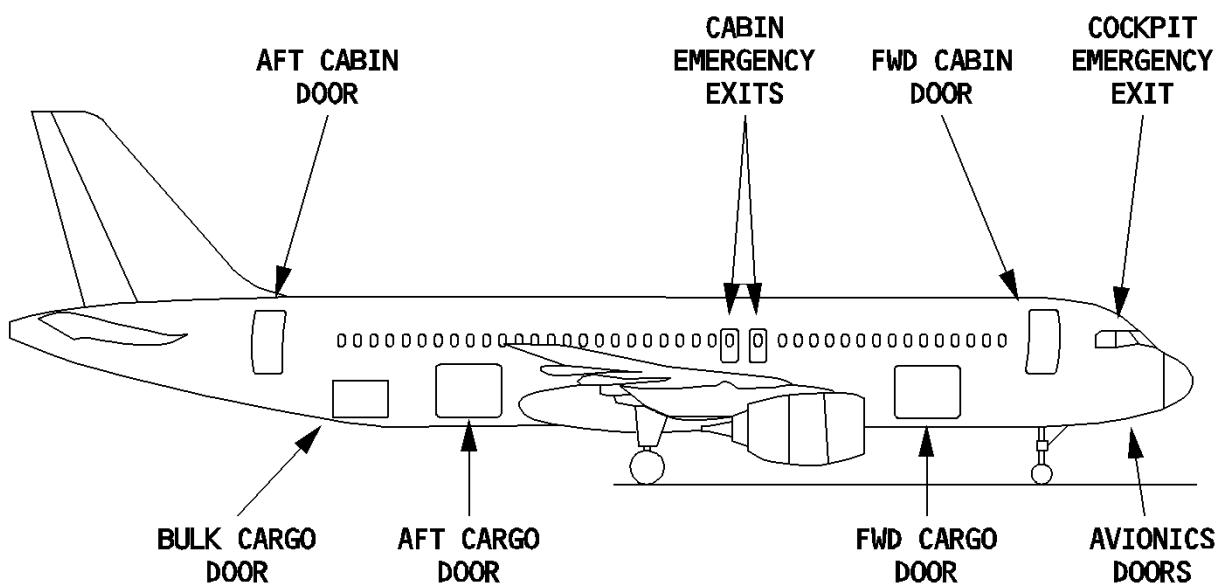


A320

5.1.2 Description



NFC5-D1-5210-001-A100A



A320

5.1.3 Cabin doors and exits

A320

5.1.3.1 General

Each aeroplane is provided with the following doors/exits:

- 4 ENTRANCE/SERVICE DOORS:

- LH side, 1L & 2L
- RH side, 1R & 2R

which are equipped with automatic inflatable single-lane slides.

- 4 OVERWING EMERGENCY EXITS:
 - 2LH & 2 RH side

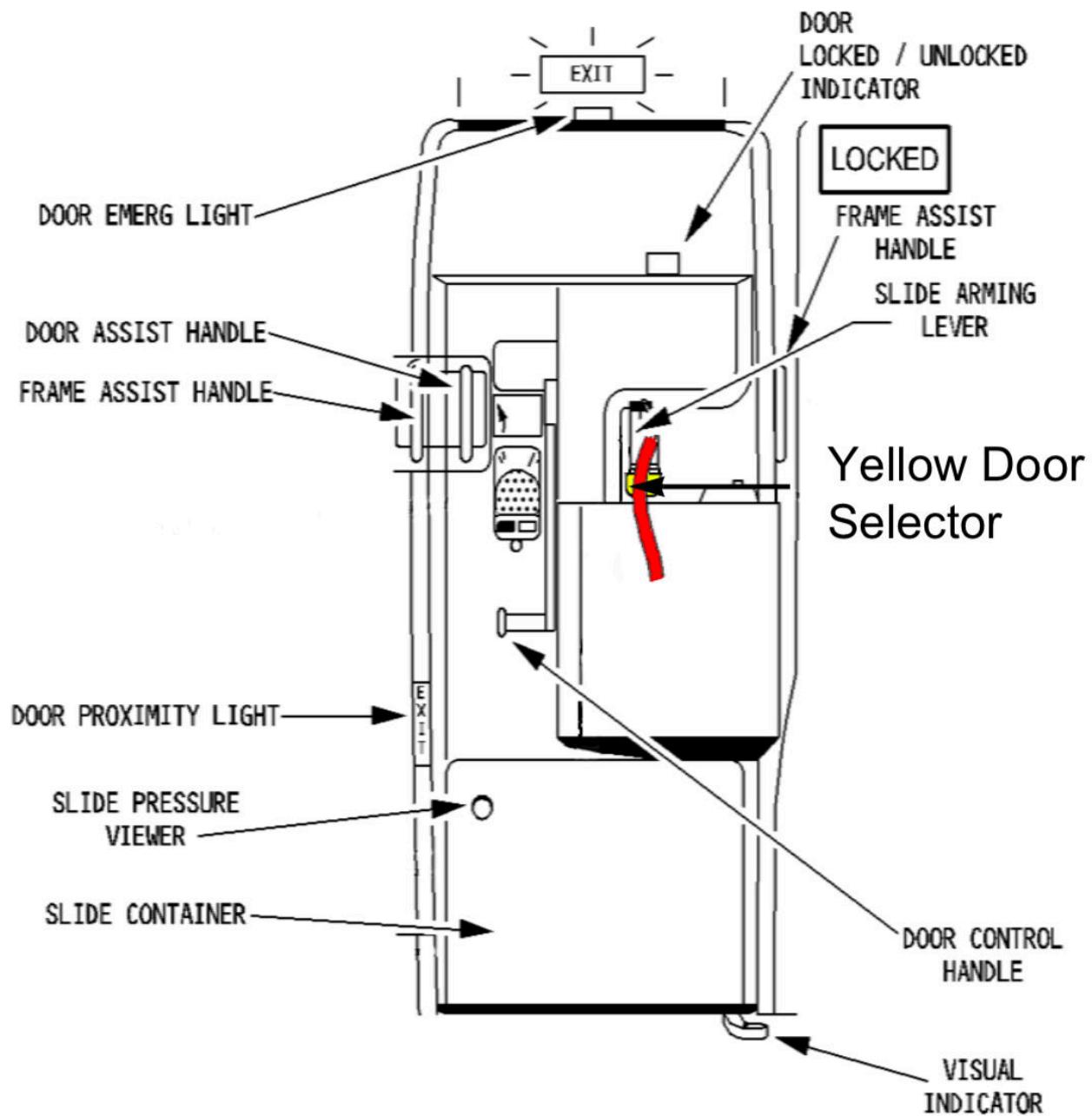
which are equipped with one automatic inflatable double-lane slide on each side.

All ENTRANCE /SERVICE DOORS can be opened and closed from the inside or from the outside. They have an initial opening movement inwards, then upwards, outwards and forwards. The doors are numbered from forward to aft:

- LH side: 1L and 2L
- RH side: 1R and 2R

A320

5.1.3.2 Door locked



A320

5.1.3.3 Door operation from inside the aeroplane

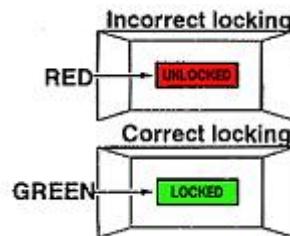
Opening

- Grasp frame assist handle;
- Check that yellow door selector is in DISARMED position and safety pin is installed;
- Check the outside condition;
- Raise door control handle slightly (two steps);
- If NO warning visible, move door control handle up fully and push door outwards and forwards until it locks in open position.



Closing

- Grasp frame assist handle;
- Press door release button once;
- By holding the door assist handle - move the door rearwards;
- When the door is in front of its frame, pull the door in by holding the door assist handle and lower the door control handle;
- Check that the door locks correctly, locking indicator = GREEN.



A320

5.1.3.4 Door operation from outside the aeroplane

A320

5.1.3.4.1 Opening

Labels next to the exterior handle indicate how to open the door from the outside.

- Check through the observation window that the RED CABIN PRESSURE INDICATOR does not flash;
- Push the flap and grasp the door control handle, lift it up fully to the horizontal green line;
- Pull the door outwards and forwards until it locks in the fully open position.
- Lift the flap and lower the door control handle until it is flush with the fuselage.

Note: If the yellow door selector is in the “ARMED” position and the door is opened from outside, the lever will move automatically and mechanically to the “DISARMED” position.



A320

5.1.3.4.2 Closing

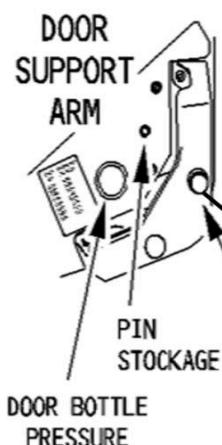
- Push the flap and grasp the door control handle, lift it up fully to the horizontal green line.
- Push the door release button to unlock the door.
- Move the door towards the frame, push it in and lower the door control handle.
- The door is locked when the door control handle is flush with the fuselage.

A320

5.1.3.5 Yellow door selector

DISARMED	Girt bar sliders are disengaged from the floor fittings (slide is disarmed)
ARMED	Girt bar sliders are engaged to the floor fittings (slide is armed)

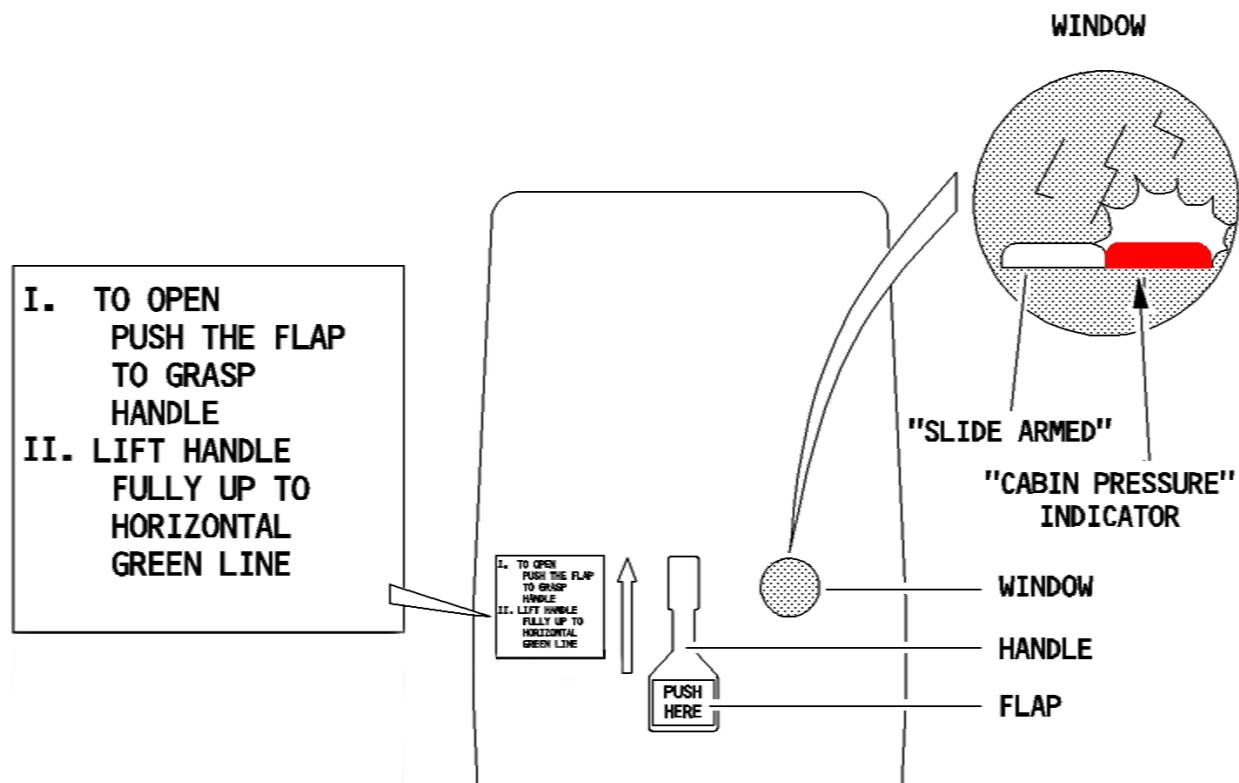
“ARMED” position of the yellow door selectors on all doors is always indicated on the flight deck.



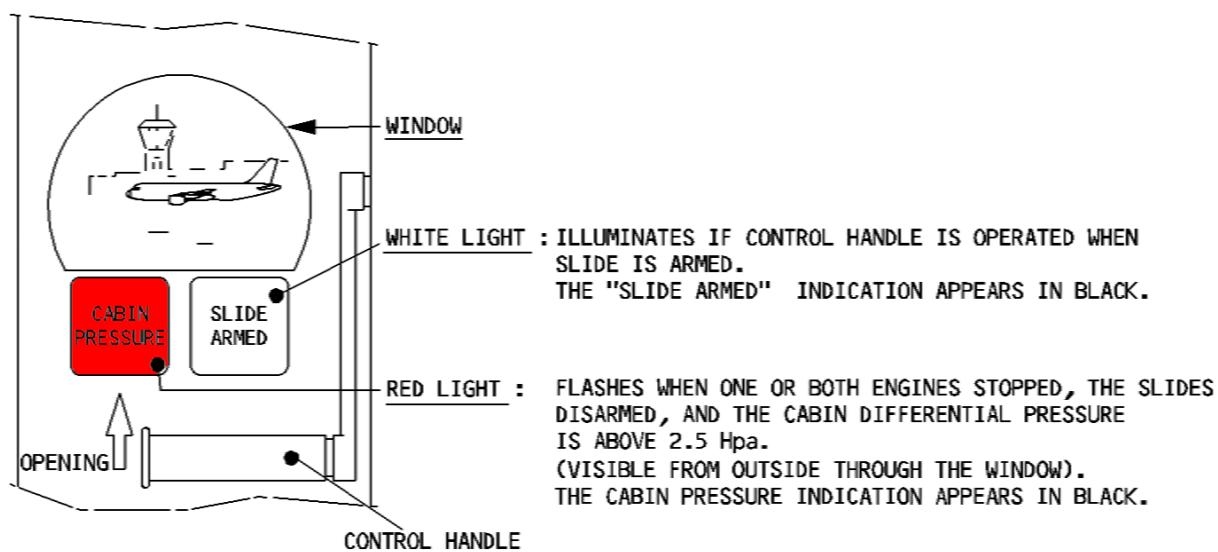
A320

5.1.3.6 "Slide armed" warning system and "cabin pressure" warning light

Door operation outside



Door operation inside



Note: In case of an emergency door operation the red light "cabin pressure" flashes:
Disregard, open door in "armed mode".

A320

5.1.3.7 Emergency operation

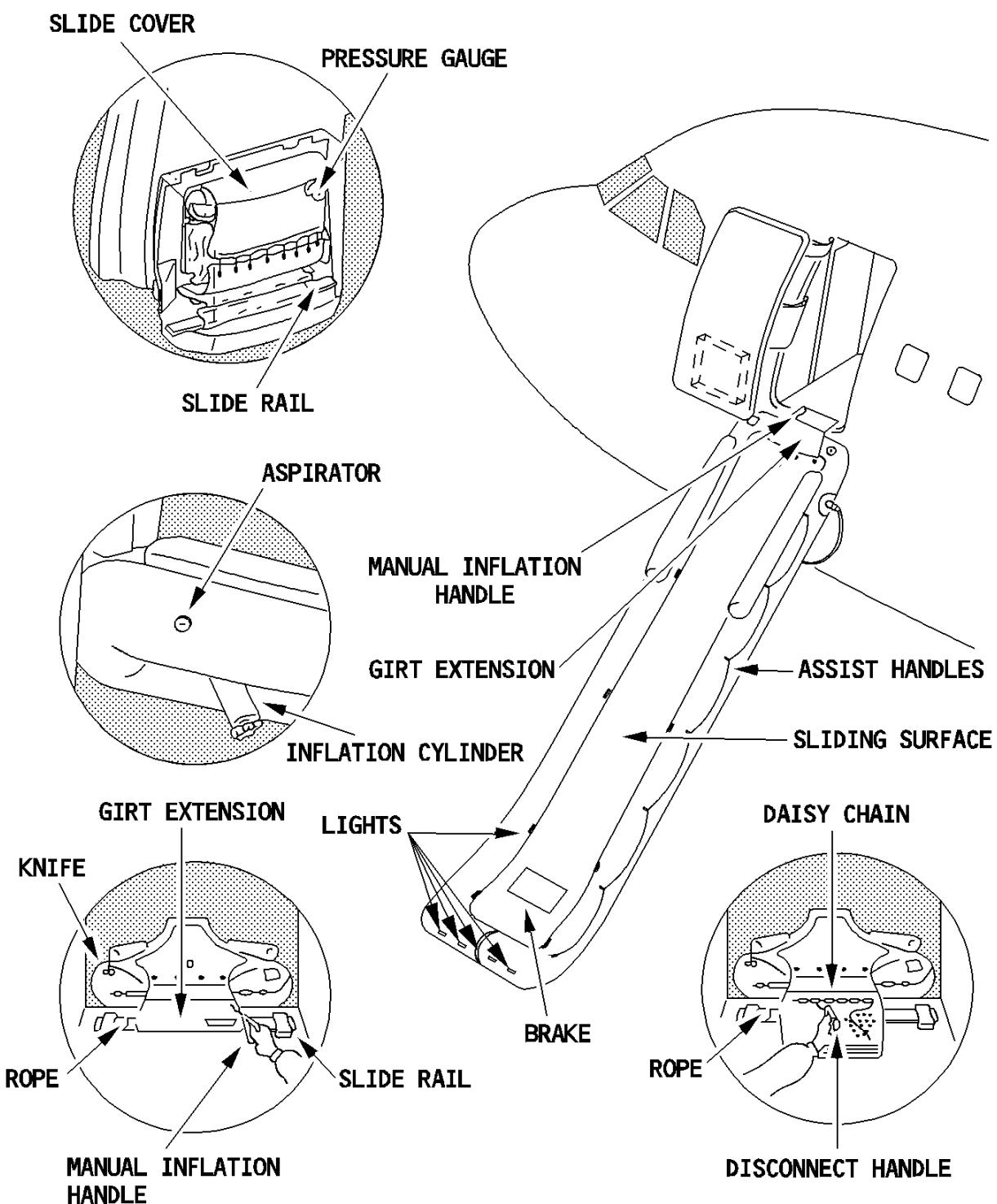
In case of an emergency on ground or on water, all slides must be inflated regardless of the aeroplane attitude:

1. Grab frame assist handle;
2. Check that the YELLOW DOOR SELECTOR is in the "ARMED" position;
3. Check outside condition;
4. Raise door control handle up fully to the "OPEN" position. Door opens pneumatically.
5. If pneumatic assistance for door opening fails, push door out manually.
6. Slide will inflate automatically.

CAUTION: If the automatic inflation of the slide is not initiated:

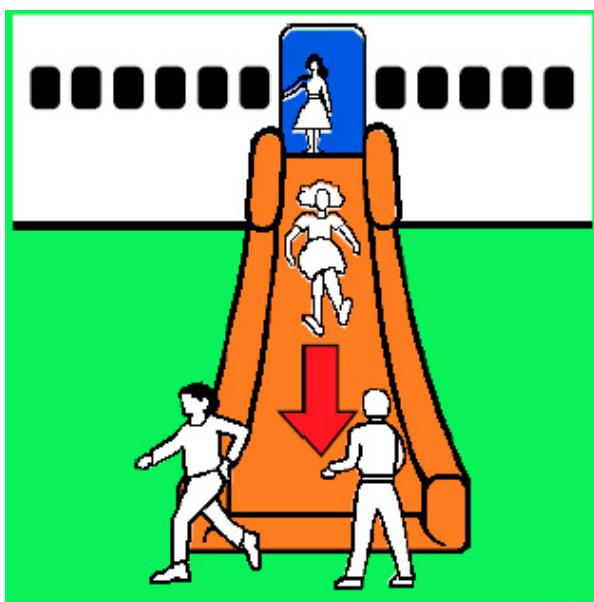
Pull MANUAL INFLATION HANDLE, which is located on the right hand side of the slide pack;

7. Check that slide has properly inflated (approximately 3 seconds).



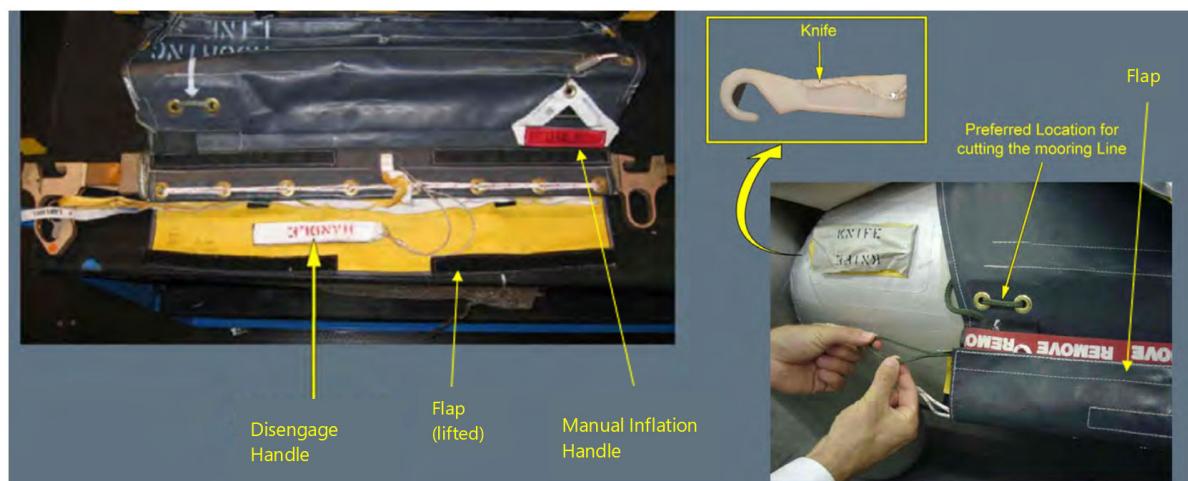
NOTE : THE ROPE MUST BE CUT AFTER DISCONNECTION

1. Start evacuation.



In case of ditching:

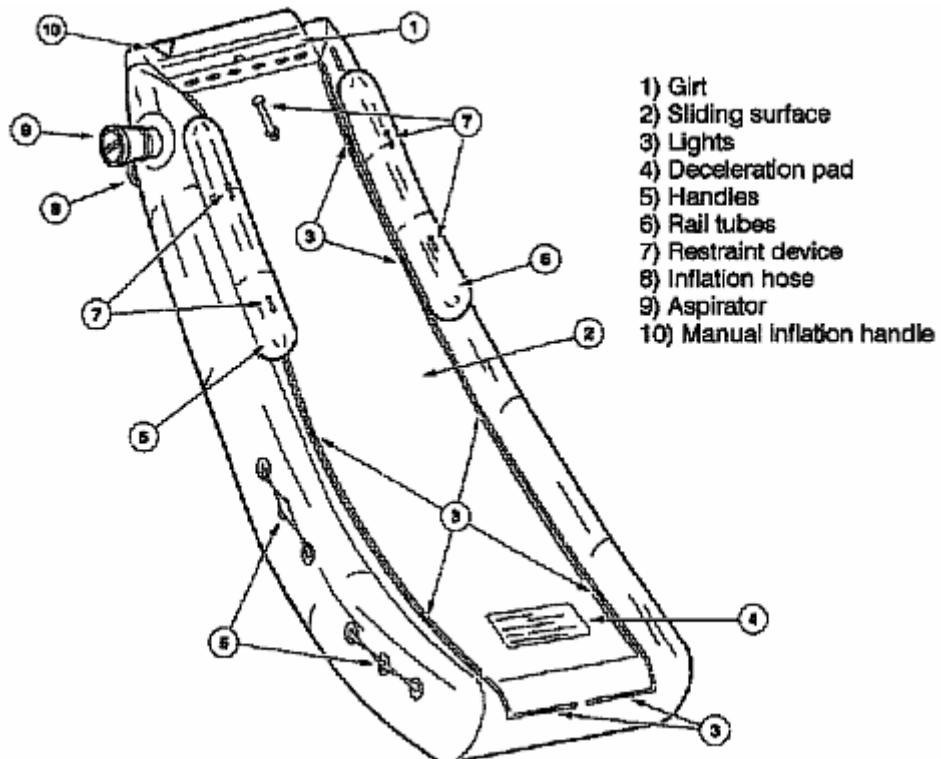
2. After the passengers have left the aeroplane, whenever possible, the slides shall be disengaged and used as floating aid:



- Lift flap attached to the slide by a velctrotape;
- Pull disengage handle;
- Cut mooring line with knife provided.

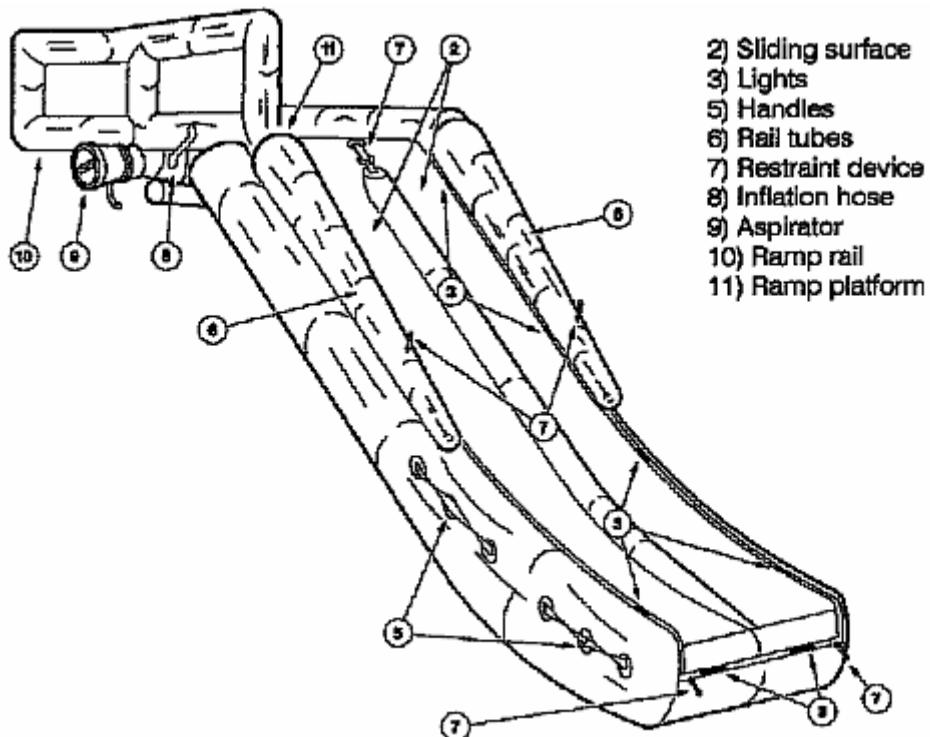
(A320)

5.1.3.8 Slide description from the entrance and service doors



A320

5.1.3.9 Slide description from the overwing exits

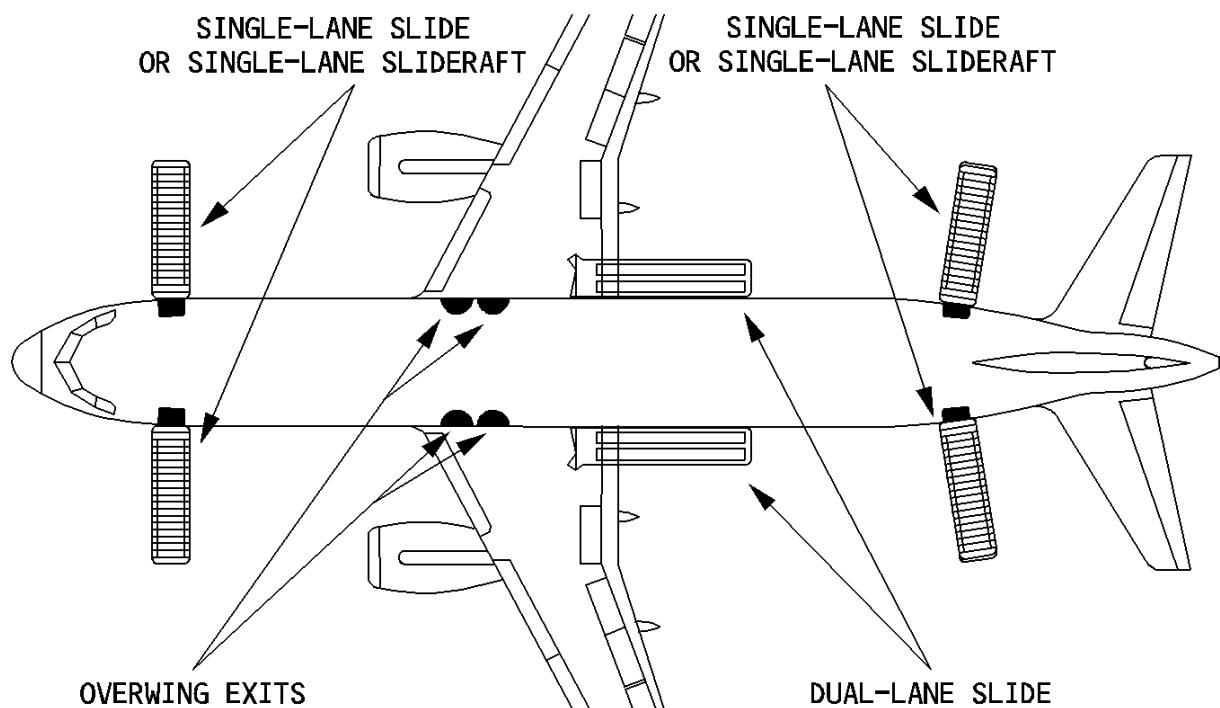


A320

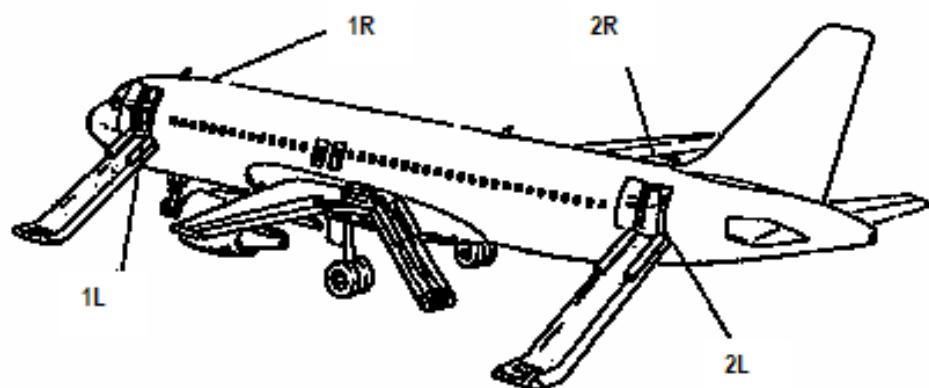
5.1.4 Emergency exits

A320

5.1.4.1 Escape slide arrangement



Note: In addition 2 flight deck sliding windows equipped with escape ropes serve as emergency exits for the flight crew.



A320

5.1.4.2 Flight deck emergency exits

A320

5.1.4.2.1 General

The two sliding windows on the Flight Deck are emergency exits for the Flight Crew. A small compartment above each window holds an escape rope that is long enough to reach the ground when lowered through either sliding window. The Flight Deck windows can be opened from inside only.

A320

5.1.4.2.2 Procedure

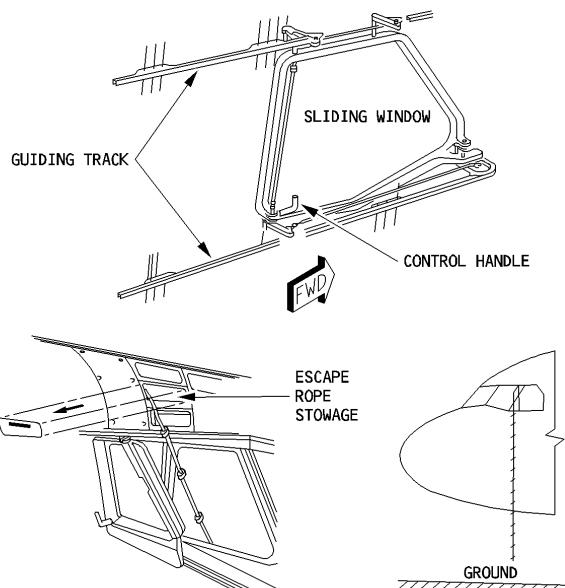
Opening

To open the window, the control handles has to be pressed and pushed downwards at the same time. Then slide the window rearwards.

The window is locked in the open position.

Closing

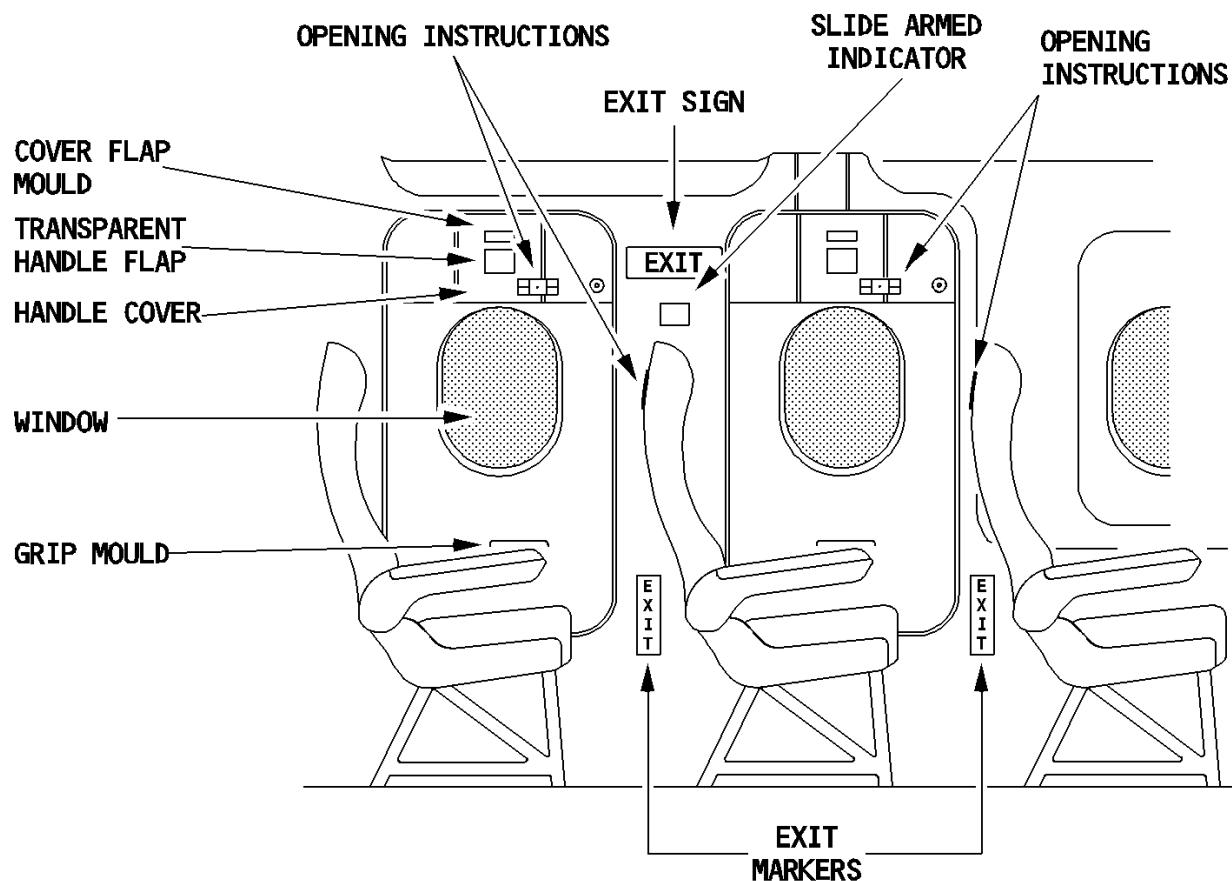
A locking pin, located on the guiding track of the window, is visible when the window is open. This pin must be pulled aft to unlock the window for closing. Slide the window forward and at the end push the control handle upwards until the window is closed and locked in its frame.



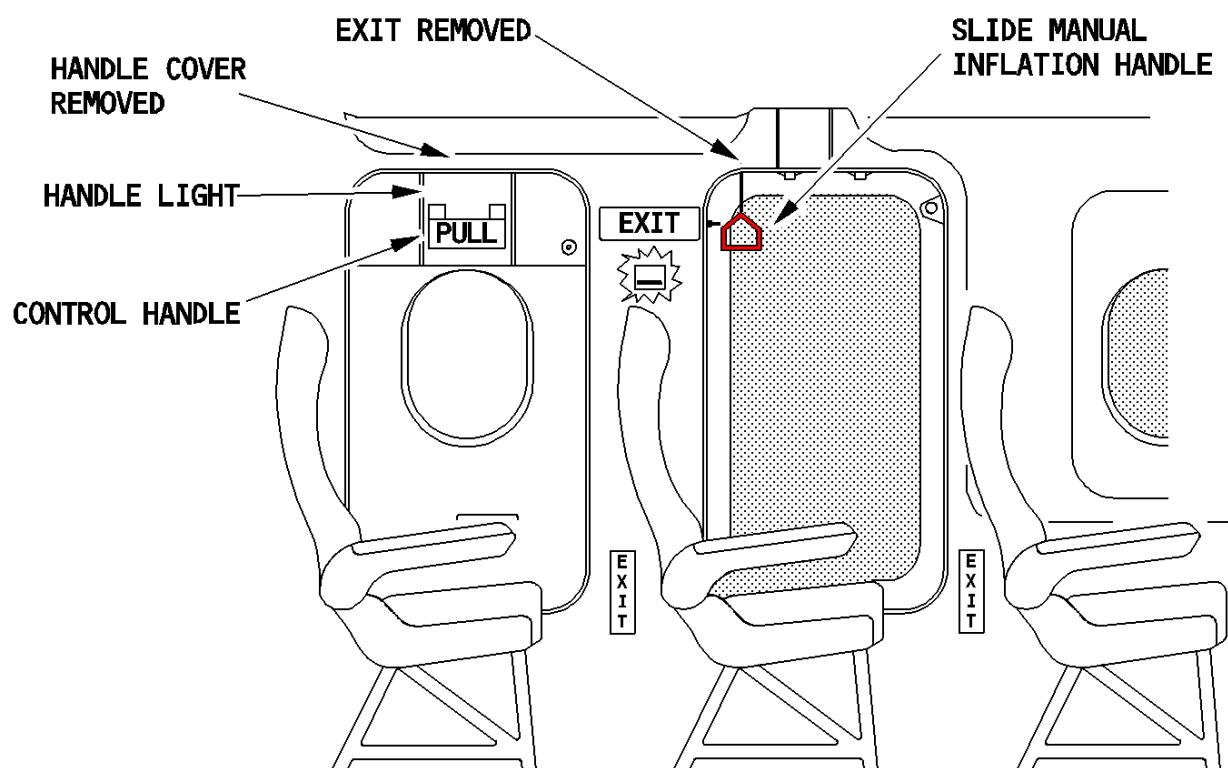
A320

5.1.4.3 Overwing emergency exits

- The overwing exits serve as EMERGENCY EXITS only. Therefore no procedure is available for "normal operation". One evacuation slide on each side is stowed in the wing/fuselage fairing.



Note: If cover flap is pulled away, a white lamp indicates door operation with slide in armed position



A320

5.1.4.4 Overwing emergency exits operation

1. Remove HANDLE COVER and discard: The HANDLE LIGHT and SLIDE ARMED indicator illuminate.
2. Pull CONTROL HANDLE: The EXIT moves inwards. At a certain angle of the Emergency Door a mechanical device will trigger the slide to inflate.



3. Lift EXIT from frame by holding the GRIPMOULD; Throw EXIT out.
4. Check that slide is inflated;
If not: Pull manual inflation handle in the upper exit frame.



5. SLIDE NOT INFLATED:

- Redirect passengers.

SLIDE INFLATED:

- Foot first.

On ground

- Run and slide - assist on ground.

On water

- inflate life jacket - get into water.

Note: Except in emergency situations do not manipulate the emergency overwing exits.

(A320)

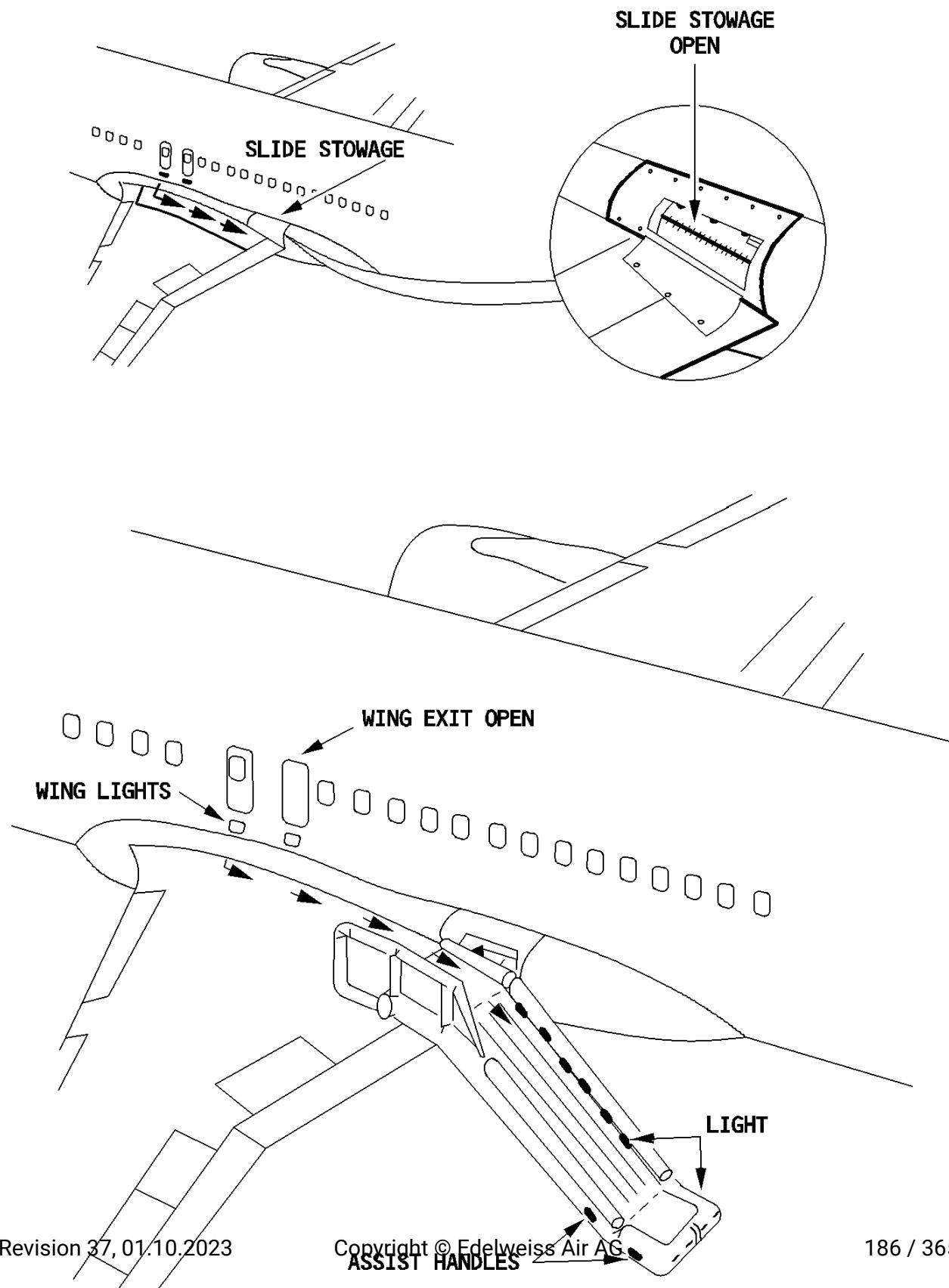
5.1.4.5 Overwing escape slides

When one overwing emergency exit on one side is opened, the respective escape slide inflates and deploys over the wing in 4 seconds.

If the slide deployment fails, the slide can be inflated manually by pulling the red manual inflation handle installed in each emergency exit frame as shown above.

A320

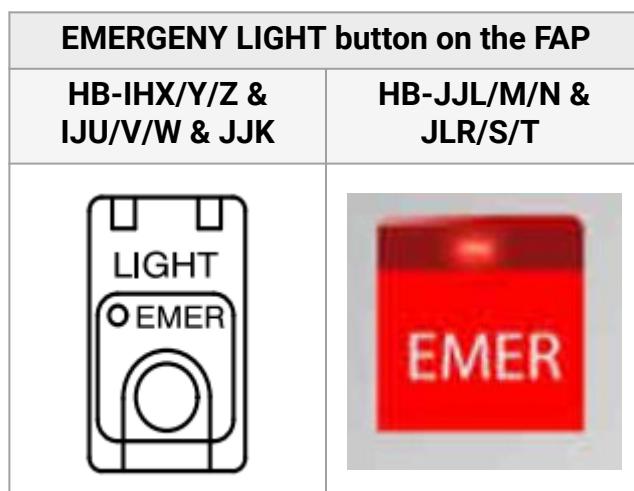
5.1.4.6 Dual lane wing slides



A320

5.1.5 Emergency light button

All aeroplanes are provided with an automatic emergency light system. The system has 2 switches, 1 on the flight deck and 1 in the cabin. The EMERGENCY LIGHT button in the cabin is located on the FAP (lower left).



When activated, emergency lighting is provided for 12 minutes.

In case of an emergency, as soon as the aeroplane stops, press the EMERGENCY LIGHT button.

If pressed, the following lights illuminates in the cabin:

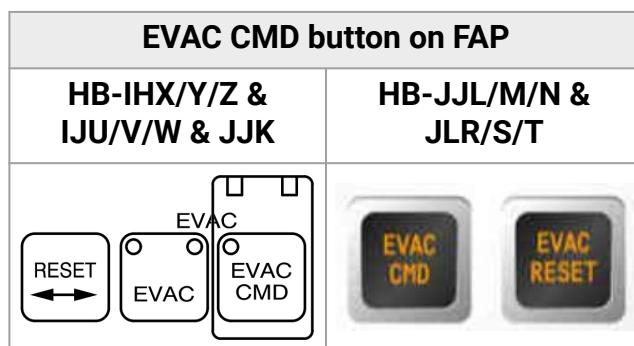
- Emergency lights;
- Exit signs.

A320

5.1.6 Evac signalling system

An EVAC SIGNALLING SYSTEM is installed to assist the C/C during an evacuation with an additional aural command in form of an interrupted high pitch EVAC SIGNAL audible in the whole cabin.

The FAP at station 1L is equipped with an evacuation CMD - button. To initiate an evacuation, in addition to oral commands (see [CSPM Initial evacuation orders](#)) the "CMD" - button must be pressed.



The direct consequence of pressing the "CMD"-button depends on the position of a switch located on the flight deck. There are two positions possible:

1. Position "CAPT & PURSER":

If the switch on the flight deck is in "CAPT & PURSER" position, pressing the "CMD"-button will activate the EVAC SIGNALLING SYSTEM on the flight deck and in the cabin.

a. Signal on the FLIGHT DECK

- The flight deck horn will be activated and the "EVAC"-light flashes.

b. Signal in the CABIN

- EVAC signal sounds in the cabin;
- EVAC indicator light flashes at FWD and AFT stations.

2. Position "CAPT":

If the switch on the flight deck is in "CAPT" position pressing the "CMD"-button will activate the EVAC on the flight deck only for 3 seconds.

Flight crew will then activate the EVAC SYSTEM for the cabin:

AS AN EDELWEISS POLICY THE SWITCH ON THE FLIGHT DECK WILL ALWAYS BE IN "CAPT" POSITION.

Note: To silence the EVAC signal (beeping sound) at a specific C/C station, press the "RESET"-button at the respective panel. (FAP or AFT ATTENDANT-PANEL at station 2L)

If "CMD"-button is pressed inadvertently; stop the EVAC horn and the EVAC light on the flight deck by pressing the "CMD" - button again and inform flight crew immediately. Make a suitable announcement as soon as possible.

A320

5.1.7 Telephone / interphone system

A320

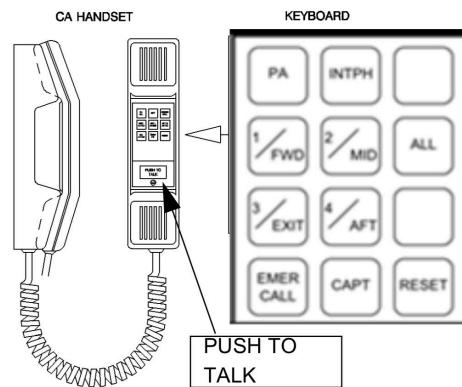
5.1.7.1 General

Each aeroplane is provided with 4 telephone sets:

- 1 on the flight deck
- 1 at FWD entrance (LH side)
- 1 at AFT entrance door (LH side)
- 1 at AFT aisle jumpseat (front facing)

HB-JLR/S/T:

- 1 on the flight deck
- 1 at FWD entrance (LH side)
- 2 at the AFT double jumpseat



A320

5.1.7.2 Public Address

Public Address		
From	Action	Audible in
Each Station	Lift handset, press "PUSH TO TALK" or "PA + PUSH TO TALK"	Whole aeroplane

A320

5.1.7.3 Possibilities of calls

Possibilities of calls			
From	To	Communication method	Remarks
Each station	Each station	INTPH + respective C/C station (FWD or AFT)	Normal communication
	All other stations	INTPH + ALL	Conference talk with all other stations (without flight deck)
	Flight deck	CAPT	Normal communication

	EMER CALL	= URGENCY CALL to flight deck. Buzzer sounds 3 times on the flight deck
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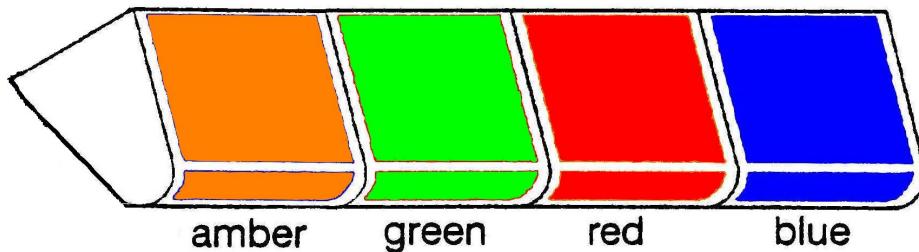
A320

5.1.7.4 Indication on area call panel (ACP)

Indication on area call panel (ACP)		
	Call	Colour
With following calls, respective call indication lights will illuminate on all ACP.	Passenger	Blue
	Cabin crew (station) to cabin crew (station)	Green
	Flight deck to cabin crew	Red
	Toilets	Amber

A320

5.1.7.5 Area call panel (ACP)



A320

5.1.7.6 Passenger information signs



Cabin



Toilet

A320

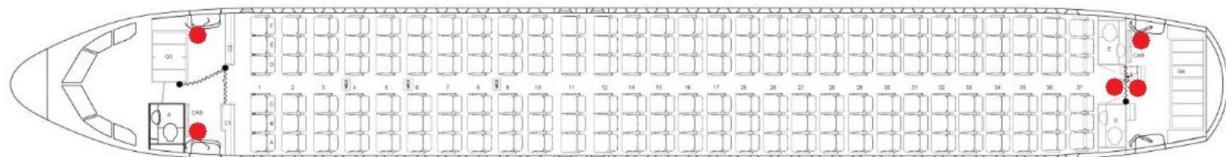
5.1.8 A320 oxygen system

Overhead the rows on each side of the cabin 4 masks are provided.

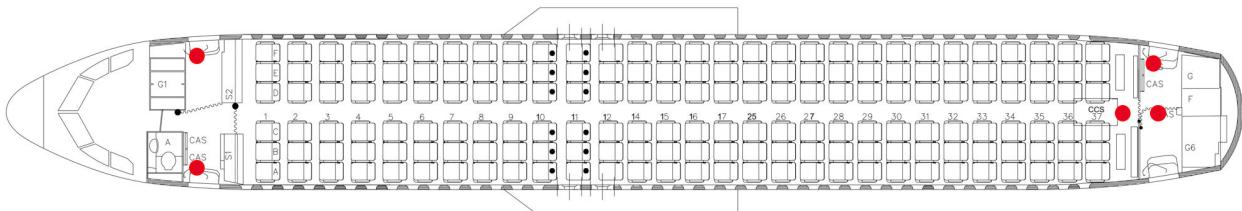
In the toilet and overhead each C/C jumpseat (or double-jumpseat) a unit containing 2 masks is installed.

Additionally, to the oxygen unit above each jumpseat (or double-jumpseat), one extra oxygen unit also containing 2 masks is installed in the FWD galley. There is no extra oxygen unit in the AFT Galley. (The units are marked as red dots in the illustrations.)

HB-IHX, HB-IHY, HB-IHZ, HB-IJU, HB-IJV, HB-IJW, HB-JJK, HB-JJL, HB-JJM, HB-JJN

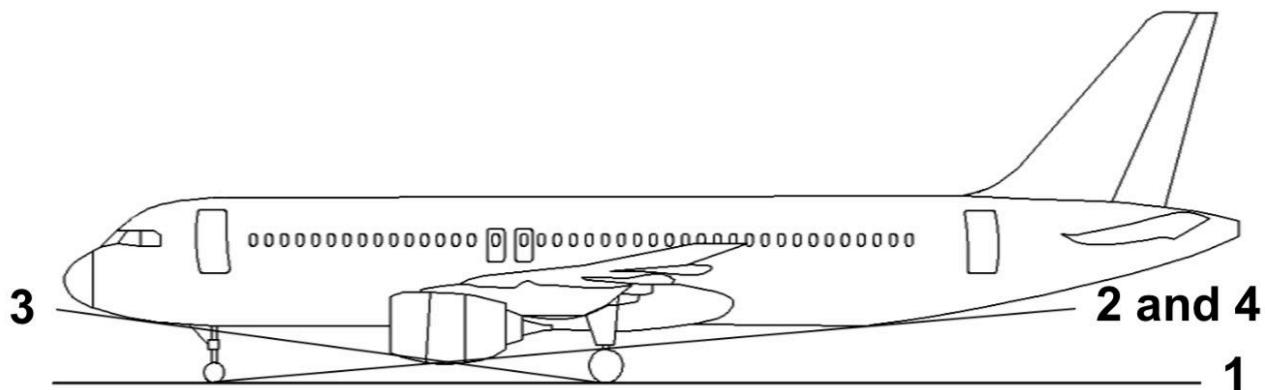


HB-JLR, HB-JLS, HB-JLT



A320

5.1.9 Aeroplane attitude



Sill height (in meters) relative to critical crash condition				
	Configuration	Doors FWD	Wing	Doors AFT
1	All gear down (normal)	3.40	2.63	3.40
2	Main gear up - nose gear down	3.40	1.20	1.40
3	Main gear down -nose gear up	1.80	2.90	5.20
4	All gear up	3.40	1.20	1.40

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5.1.10 Planned Emergency Preparation / Evacuation Checklist

A320

5.1.10.1 HB-IHX, HB-IHY, HB-IHZ, HB-IJU, HB-IJV, HB-IJW, HB-JJK, HB-JJL, HB-JJM, HB-JJN

HB-IHX, HB-IHY, HB-IHZ, HB-IJU, HB-IJV, HB-IJW, HB-JJK, HB-JJL, HB-JJM, HB-JJN

 CMD 1. -Initiate preparation/evacuation. 2. -Assist and direct. 3. -All Pax outCHECK 4. -Leave via AFT doors.	 PIL 1. -Assist and direct at FWD doors. 2. -Open FWD doors if required. 3. -Leave via FWD doors. 4. -Assist and direct Pax on ground.
 S/C 1L 1. -Commander order: Emergency Announcement. 2. -Select/brief able-bodied passenger overwing. 3. -Secure C-Galley/-Cabin. 4. -Check cabin ready, report to Commander 5. -EMER light buttonPRESSED 6. -EVAC command buttonPRESSED 7. -Door 1L (and 1R)OPEN 8. -Flight crew outCHECK Additional C/C's shall be seated according to situation and as indicated by S/C: • On aisle seat in the overwing exit area, not taken by passenger; or • On jumpseat as indicated on checklist.	
 C/C 1R 1. -Assist to secure cabin/galley. 2. -Door 1R (and 1L)OPEN	
 C/C 2L 1. -Secure Y- galley. 2. -Door 2L (and 2R)OPEN	
 C/C 2R 1. -Secure Y- cabin. 2. -Door 2R (and 2L)OPEN	
 C/C 2L EXTRA 1. -Assist to secure cabin/galley. 2. -Open doors/exits as required. 3. -Direct Pax according to situation.	
 C/C 2R EXTRA 1. -Assist to secure cabin/galley. 2. -Open doors/exits as required. 3. -Direct Pax according to situation.	
ON-GROUND EMERGENCY When evacuation order received: • Order: EMERGENCY-OPEN SEATBELTS-EVACUATE! • Check yellow door selector in ARMED position. • Check outside conditions, if ok open door. • If evacuation slide/raft does not inflate automatically: Pull manual inflation handle. • Check slide usable: If not, redirect passenger. • Order: JUMP AND SLIDE-ASSIST ON GROUND. • Direct Pax away from aeroplane; assemble Pax at a safe place.	
 Note: If an aeroplane cannot be evacuated through a specified area or exit, the Cabin Crew concerned should leave the aeroplane through the next available exit.	
 Minimum Cabin Crew seating plan for take-off and landing	
1. ANUNCIO NATION ON BEHALF OF THE COCKPIT CREW Ladies and Gentlemen, may I have your attention please. On behalf of the Captain, I must inform you that due to technical problems, we have to make an emergency landing on land/ on water in about.....minutes. We are now flying towards the nearest airport/ship/coast. The rescue station has already been informed. We are carrying the necessary rescue equipment and the Cabin Crew will instruct you how to use it. Please remain seated, keep calm and follow our instructions carefully.	
2. CABIN CREW'S ANNOUNCEMENT Ladies and Gentlemen, this is your purser speaking. Further to the Captain's announcement, please keep calm and carry out the following preparations: ★ - Remove life jackets from your seats, put them on but do not inflate them . ★ - Remove your shoes. - Remove ties and sharp objects, open collars. ★ - Place your seatback in fully upright position and fasten the seat belt tightly. - We shall be distributing padding material for impact protection and will show you how to brace for impact. - You will brace for impact when the FASTEN SEAT BELTS or NO SMOKING sign flashes, or when ordered to do so by the Captain. - Please remain in brace-for-impact position until the aeroplane comes to a complete stop and only then proceed to the emergency exits as directed by the Cabin Crew. - Please note that the crew will wear red life jackets . ★ - Additional information you will find in the safety-on-board instructions in the seat pocket in front of you.	
BRACE FOR IMPACT ORDER In order to protect passengers in case of an unplanned emergency, shout: BRACE! BRACE!	
INITIAL EVACUATION ORDERS As soon as the aeroplane stops, order: EMERGENCY - OPEN SEAT BELT - PUT LIFE JACKET ON - EVACUATE! NOTFALL - SITZGURTE LOSEN - SCHWIMMWESTE AN - RAUS! URGENCE - OUVRIZ LES CEINTURES - METTEZ LES GILETS DE SAUVETAGE - EVACUER! EMERGENZA - SLACCiate LE CINTURE - INDOSSATE IL SALVAGENTE - USCITE!	
SMOKE ON BOARD - Inform Commander immediately. - Inform F/O/C/PAs. - Use protective breathing equipment. - Investigate reason of smoke. - Instruct passengers on smoke protection.	
 FIRE ON BOARD - Attack a fire immediately. - Call another crew member. - Inform Commander and S/C. - Switch off affected electrical system. - Calm/inform passengers if advisable.	
ORDERS AT THE EXITS (ON GROUND) Slides JUMP AND SLIDE! SPRINGEN UND RUTSCHEN! SAUTEZ ET GLISEZ! SALTATE E SCIVOLATE! To the first passengers: ASSIST ON GROUND! / ASSISTEZ EN BAS DU TOBOGGANI! HELPEN SIE UNTER! / AIUTATE ALLA BASE DEL SCIVOLO!	
ORDERS AT THE EXITS (ON WATER) Slides INFLATE LIFE JACKET - GET INTO WATER! FOUSS ZUERST - SCHWIMMWESTE AUFBLASSEN - INS WASSEN SPRINGEN! GONFLEZ LE GILET DE SAUVETAGE - SAUTEZ DANS L'EAU! GONFIATE IL SALVAGENTE - SALTADE NELL'AQUA! Overwing exits FOOT FIRST - INFLATE LIFE JACKET - GET INTO WATER! FOUSS ZUERST - SCHWIMMWESTE AUFBLASSEN - INS WASSEN SPRINGEN! D'ABORD LE PIED - GONFLEZ LE GILET DE SAUVETAGE - SAUTEZ DANS L'EAU! IL PIEDE PRIMA - GONFIATE IL SALVAGENTE - SALTADE NELL'AQUA!	
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5.1.10.2 HB-JLR, HB-JLS, HB-JLT

HB-JLR, HB-JLS, HB-JLT

<p>CMD</p> <p>1. -Initiate preparation/evacuation. 2. -Assist and direct. 3. -All Pax out.....CHECK 4. -Leave via AFT doors.</p> <p>S/C 1L</p> <p>1. -Commander order: Emergency Announcement. 2. -Select/brief able-bodied passenger overwing. 3. -Secure C-Galley/Cabin. 4. -Check cabin ready, report to Commander 5. -EMER light button.....PRESSED 6. -EVAC command button.....PRESSED 7. -Door 1L (and 1R).....OPEN.....CHECK 8. -Flight crew out.</p> <p>Additional C/C's shall be seated according to situation and as indicated by S/C: • On aisle seat in the overwing exit area, not taken by passenger; or • On jumpseat as indicated on checklist.</p> <p>C/C 2L</p> <p>1. -Secure Y- galley. 2. -Door 2L (and 2R).....OPEN</p> <p>Additional C/C-Duties in respective area as required</p> <p>C/C 2L EXTRA</p> <p>1. -Assist to secure cabin/galley. 2. -Open doors/exits as required. 3. -Direct Pax according to situation.</p> <p>ON-GROUND EMERGENCY When evacuation order received: • Order: EMERGENCY-OPEN SEATBELTS-EVACUATE! • Check yellow door selector in ARMED position. • Check outside conditions, if ok open door. • If evacuation slide/raft does not inflate automatically: Pull manual inflation handle. • Check slide usable; if not, redirect passenger. • Order: JUMP AND SLIDE-ASSIST ON GROUND. • Direct Pax away from aeroplane; assemble Pax at a safe place.</p>	<p>OVERWING EXITS: P = Able-bodied Pax</p> <p>Minimum Cabin Crew seating plan for take-off and landing</p>	<p>PIL</p> <p>1. -Assist and direct at FWD doors. 2. -Open FWD doors if required. 3. -Leave via FWD doors. 4. -Assist and direct Pax on ground.</p> <p>C/C 1R</p> <p>1. -Assist to secure cabin/galley. 2. -Door 1R (and 1L).....OPEN</p> <p>C/C 2R</p> <p>1. -Secure Y- cabin. 2. -Door 2R (and 2L).....OPEN</p> <p>Additional C/C-Duties in respective area as required</p> <p>C/C 2R EXTRA</p> <p>1. -Assist to secure cabin/galley. 2. -Open doors/exits as required. 3. -Direct Pax according to situation.</p> <p>EMERGENCY ON WATER When evacuation order received: • Order: EMERGENCY-OPEN SEATBELTS-PUT LIFE JACKET ON-EVACUATE! • Check yellow door selector in ARMED position. • Open door if evacuation slide/raft does not inflate automatically: Pull manual inflation handle. • Order: INFLATE LIFE JACKET-GET INTO WATER. • All Pax out: Raise flap, pull disengage handle; Cut mooring line. • Use slide as floatation aid.</p>
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1. ANNOUNCEMENT ON BEHALF OF THE COCKPIT CREW
Ladies and Gentlemen, may I have your attention please. On behalf of the Captain, I must inform you that due to technical problems, we have to make an emergency landing on land/on water in about.....minutes.
We are now flying towards the nearest airport/ship/coast. The rescue station has already been informed. We are carrying the necessary rescue equipment and the Cabin Crew will instruct you how to use it. Please remain seated, keep calm and follow our instructions carefully.

2. CABIN CREW'S ANNOUNCEMENT
Ladies and Gentlemen, this is your purser speaking. Further to the Captain's announcement, please keep calm and carry out the following preparations:

- ★ - Remove the life jackets from your seats, put them on but do not inflate them.
- ★ - Remove your shoes.
- Remove ties and sharp objects, open collars.
- ★ - Place your seatback in fully upright position and fasten the seat belt tightly.
- We shall be distributing padding material for impact protection and will show you how to brace for impact.
- You will brace for impact when the FASTEN SEAT BELTS OR NO SMOKING sign flashes, or when ordered to do so by the Captain.
- Please remain in brace-for-impact position until the aeroplane comes to a complete stop and only then proceed to the emergency exits as directed by the Cabin Crew.
- ★ - Please note that the crew will wear red life jackets.
- ★ - Additional information you will find in the safety-on-board instructions in the seat pocket in front of you.

BRACE FOR IMPACT ORDER
In order to protect passengers in case of an unplanned emergency, shout:
BRACE! BRACE!

INITIAL EVACUATION ORDERS As soon as the aeroplane stops, order:
EMERGENCY - OPEN SEAT BELT - **PUT LIFE JACKET ON** - EVACUATE!
NOTFALL - SITZGURTE LOSEN - **SCHWIMMWESTE AN** - RAUS!
URGENCE - OUVRIZ LES CEINTURES - **METTEZ LES GILETS DE SAUVENTAGE** - EVACUEZ!
EMERGENZA - SLACCiate LE CINTURE - **INDOSSATE IL SALVAGENTE** - USCITE!

SMOKE ON BOARD
- Inform Commander immediately.
- Call another C/C to assist.
- Use protective breathing equipment.
- Investigate reason of smoke.
- Instruct passengers on smoke protection.

FIRE ON BOARD
- Attack a fire immediately.
- Call another C/C to assist.
- Inform Commander and C/C.
- Switch off affected electrical system.
- Calm/inform passengers if advisable.

ORDERS AT THE EXITS (ON GROUND)

Slides JUMP AND SLIDE! SPRINGEN UND RUTSCHEN! SAUTÉZ ET GLISSEZ! SALTATE E SCIVOLATE!	Overwing exits FOOT FIRST - RUN AND SLIDE FUSS ZUERST - RENNEN UND RUTSCHEN D'ABORD LE PIED - COUREZ ET GLISSEZ IL PIEDE PRIMA - CORRETE E SCIVOLATE
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ORDERS AT THE EXITS (ON WATER)

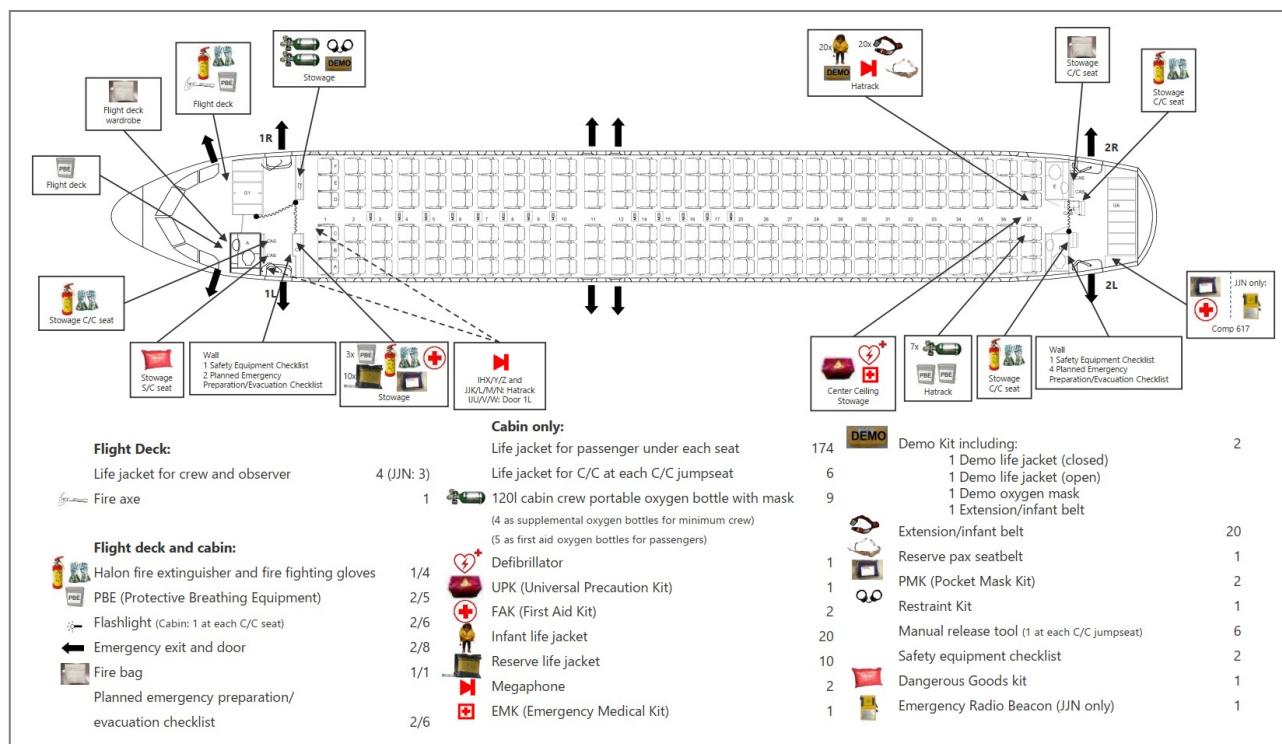
Slides INFLATE LIFE JACKET - GET INTO WATER! SCHWIMMWESTE AUFBLASEN - INS WASSER SPRINGEN! GONFLEZ LE GILET DE SAUVENTAGE - SAUTÉZ DANS L'EAU! GONFIASTE IL SALVAGENTE - SALTATE NELL'AQUA!	Overwing exits FOOT FIRST - INFLATE LIFE JACKET - GET INTO WATER! FUSS ZUERST - SCHWIMMWESTE AUFBLASEN - INS WASSER SPRINGEN! D'ABORD LE PIED - GONFLEZ LE GILET DE SAUVENTAGE - SAUTÉZ DANS L'EAU! IL PIEDE PRIMA - GONFIASTE IL SALVAGENTE - SALTATE NELL'AQUA!
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5.1.11 Location of Safety Equipment

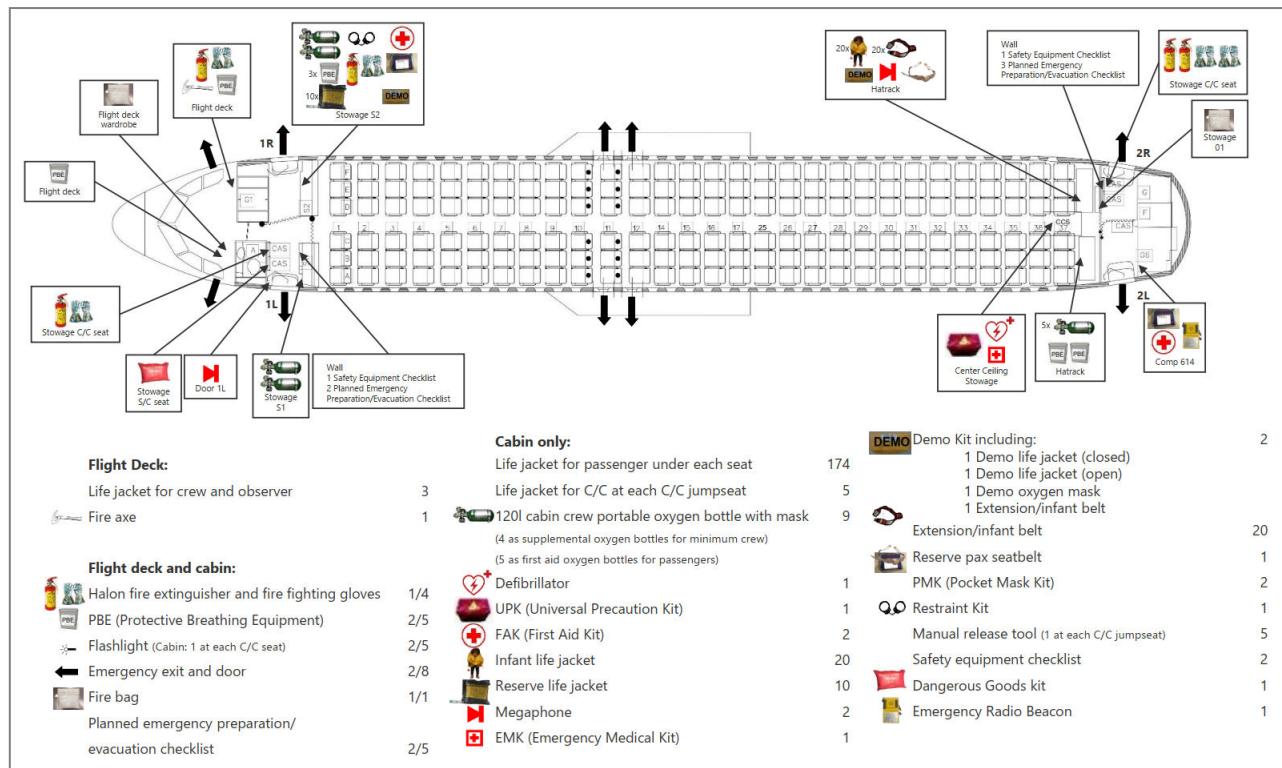
A320

5.1.11.1 HB-IHX/Y/Z, HB-IJU/V/W, HB-JJK/L/M/N



A320

5.1.11.2 HB-JLR/S/T

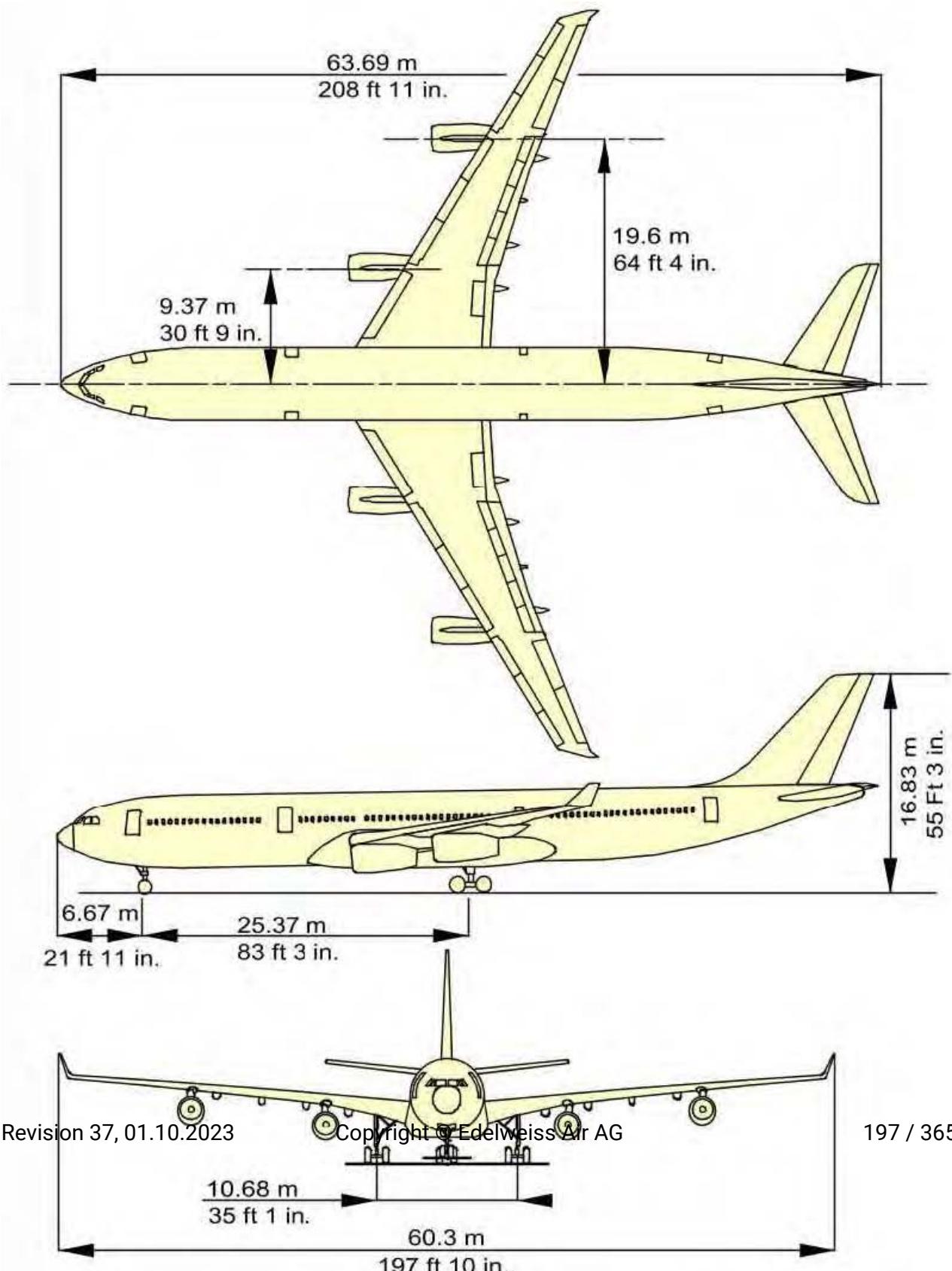


A340

5.2 A340-300

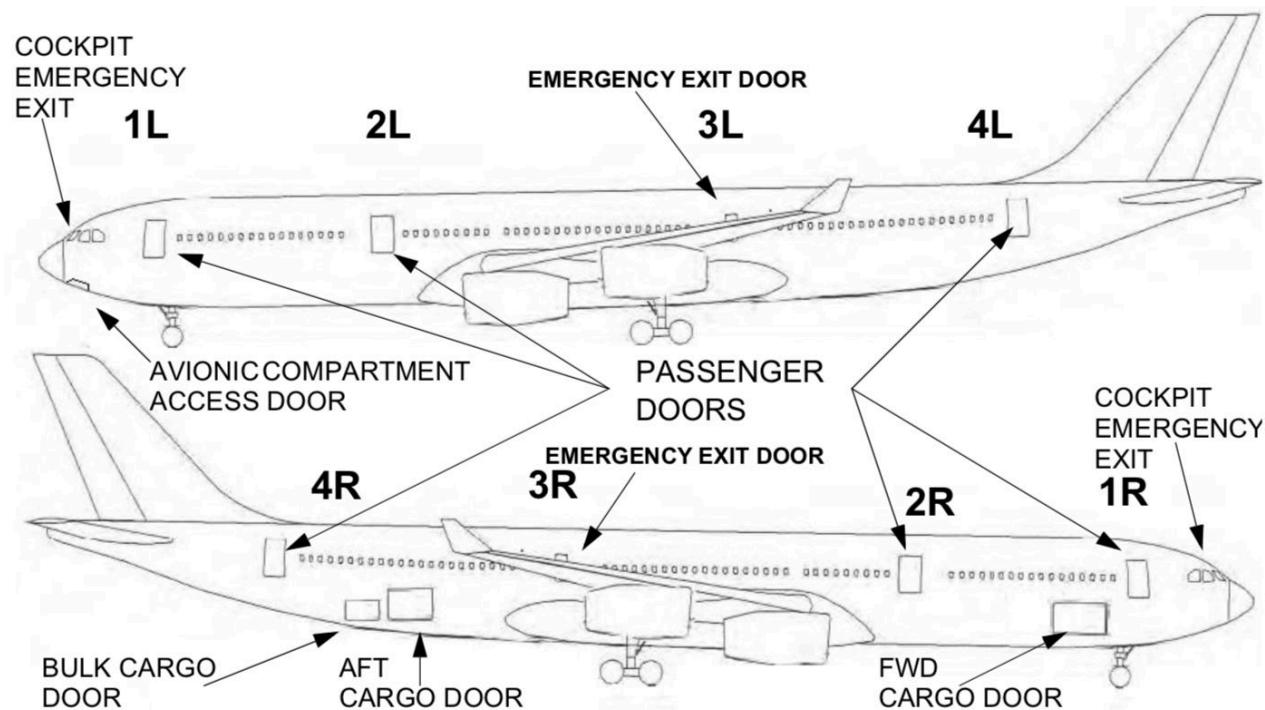
A340

5.2.1 Aeroplane dimensions



A340

5.2.2 General description



A340

5.2.3 Cabin doors and exits

A340

5.2.3.1 General

Each aeroplane is provided with the following cabin doors:

- 6 Entrance / service doors (1L, 2L, 4L, 1R, 2R, 4R)

equipped with double-lane inflatable slides / rafts

- 2 Cabin emergency exit doors (3L, 3R)

equipped with single-lane inflatable slides

The doors are numbered forward to aft:

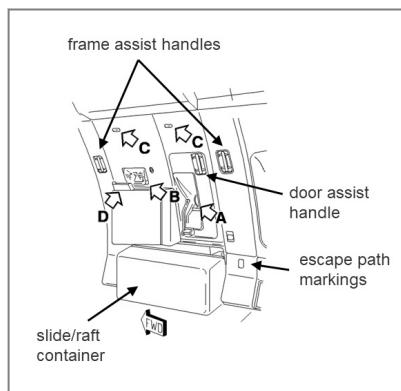
- LH side: 1L, 2L, 3L, 4L;
- RH side: 1R, 2R, 3R, 4R.

A340

5.2.3.2 Entrance/service doors (1, 2 and 4)

All entrance/service doors:

- Can be operated and closed from the inside or from the outside;
- Have identical controls, placards and operating procedures as shown below;
- Have an initial opening movement inwards, then upwards, outwards and forwards;
- Have a protection cover over the yellow door selector.



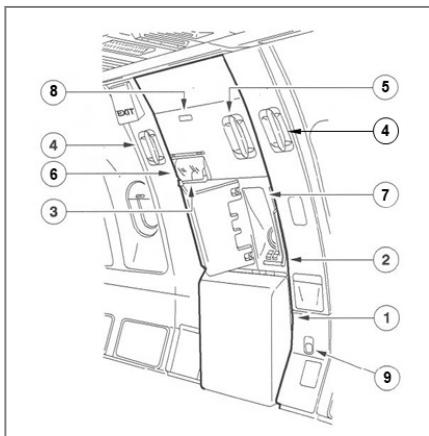
- A: Observation window with "slide armed" indicator light and "Cabin pressure" warning light.
- B: Yellow door selector under protection cover.
- C: Door locking indicators.
- D: Door release button.

A340

5.2.3.3 Emergency exit doors (3)

All cabin emergency exit doors:

- can be opened and closed from the inside and from the outside;
- have identical controls, placards and operating procedures;
- have an initial opening movement inwards, then upwards, outwards and forwards;
- have a protection cover over the yellow door selector.



1. Slide container
2. Door control handle under cover
3. Door release button
4. Frame assist handles
5. Door assist handle
6. Yellow door selector under protection cover
7. Observation window with "Slide armed" indicator light and "Cabin pressure" warning light
8. Door locking indicator
9. Escape path marking light

A340

5.2.3.4 Entrance/service door operation from inside of the aeroplane

A340

5.2.3.4.1 Opening

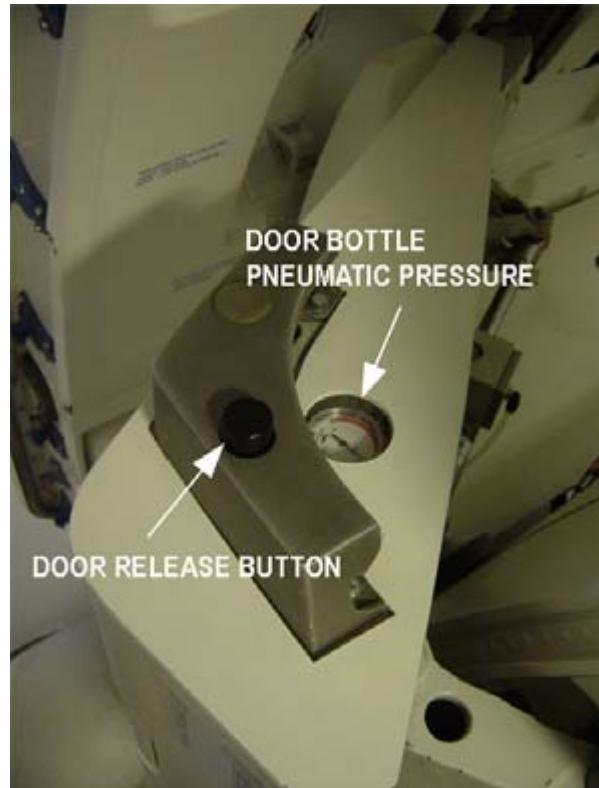
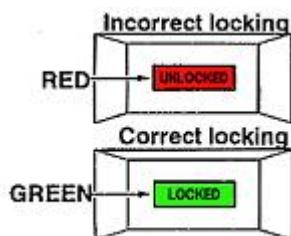
- Grasp frame assist handle
- Check that yellow door selector is in "DISARMED" position and safety pin is installed
- Check the outside condition
- Raise door control handle slightly (two steps)
- If NO warning visible, move door control handle up fully and push door outwards and forwards until it locks in open position.



A340

5.2.3.4.2 Closing

- Grasp the frame assist handle
- Press door release button once
- By holding the door assist handle - move the door rearwards
- When the door is in front of its frame, pull the door in by holding the door assist handle and lower the door control handle
- Check that the door locks correctly, both locking indicators = green.



A340

5.2.3.5 Door operation from outside the aeroplane

A340

5.2.3.5.1 Opening

Labels next to the exterior handle indicate how to open the door from the outside.

- Check through the observation window that the RED CABIN PRESSURE INDICATOR does not flash;
- Push the flap and grasp the handle, lift it up fully to the horizontal green line;
- Pull the door outwards and forwards until it locks in the fully open position.

Note: If the yellow door selector is in the "ARMED" position and the door is opened from outside, the lever will move automatically and mechanically to the "DISARMED" position.

A340

5.2.3.5.2 Closing

- Push the flap and grasp the door control handle, lift it up fully to the horizontal green line.
- Push the door release button to unlock the door, move it towards the frame,
- Push it in and lower the door control handle. The door is locked when the door control handle is flush with the fuselage.



A340

5.2.3.6 Yellow door selector

ARMED	Girt bar sliders are engaged to the floor fittings (slide is armed)
DISARMED	Girt bar sliders are disengaged from the floor fittings (slide is disarmed)

"ARMED" position of the yellow door selectors on all doors is always indicated on the flight deck and on FAP at station 1L.

A340

5.2.3.6.1 Arming

In order to arm the door, the safety pin has to be removed, the yellow door selector must be moved to the "ARMED" position and the safety pin stowed in the hole provided for that purpose, on the support arm.



A340

5.2.3.6.2 Disarming

In order to disarm the door, the safety pin is removed, the yellow door selector must be moved to the "DISARMED" position. Then the safety pin with a red flag must be installed to indicate that the door is in "DISARMED" mode and to prevent inadvertent movement of the yellow door selector.



A340

5.2.3.7 "SLIDE ARMED" warning system

To prevent inadvertent slide deployment all ENTRANCE/SERVICE DOORS are equipped with an emergency escape slide warning system. If the door handle is lifted with the yellow door selector in "ARMED" position the WHITE LIGHT = "SLIDE ARMED" illuminates steady on. The "SLIDE ARMED" indication appears in black.

Warning:

NO AUDIO SIGNAL IS EMITTED!

A340

5.2.3.8 "CABIN PRESSURE" warning system

The RED LIGHT = "CABIN PRESSURE" flashes when (with both engines stopped), the slides are disarmed and the cabin is still pressurized. The "CABIN PRESSURE" indication appears in black.

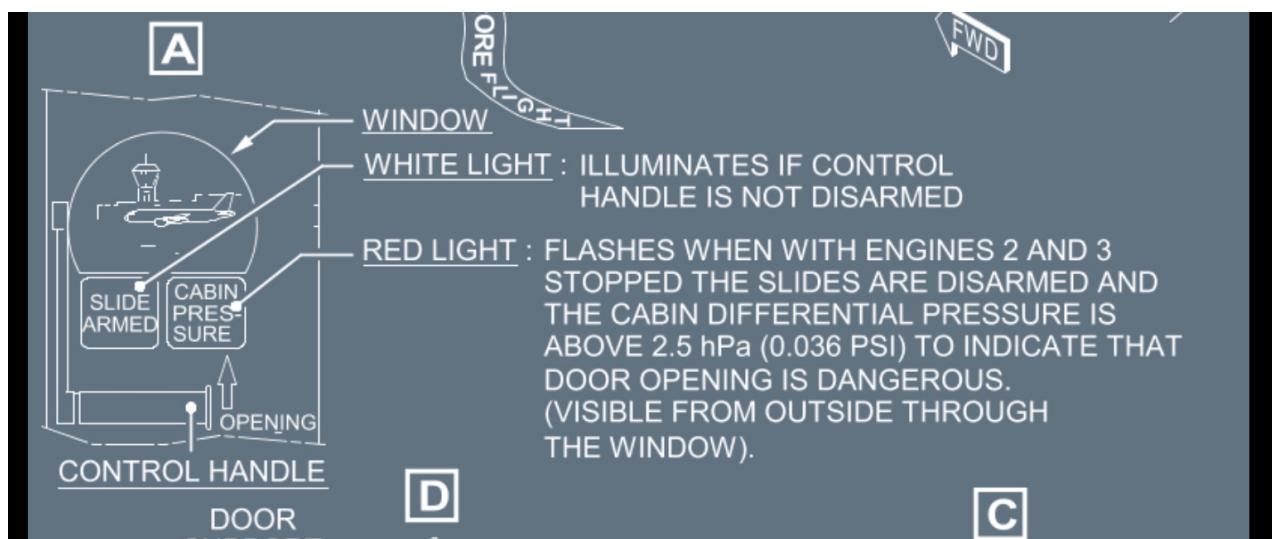
In this case:

DO NOT OPEN THE DOOR

REPORT TO FLIGHT CREW.



- When the red light is not flashing anymore (= flight crew reduced pressure in the cabin); open door in normal mode.



Note: In case of an emergency door operation the red light "cabin pressure" flashes: Disregard, open door in "armed mode".

A340

5.2.3.9 Emergency operation

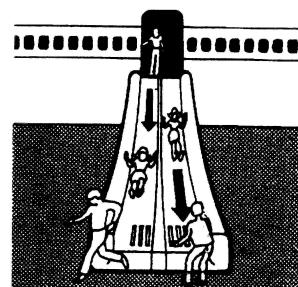
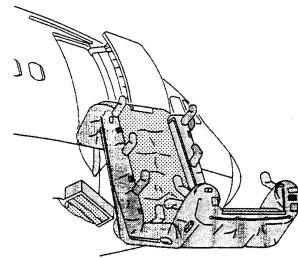
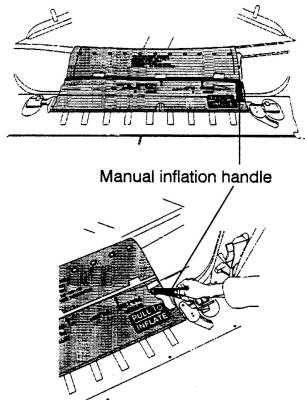
In case of an emergency on ground or on water, all slides/rafts must be inflated regardless of the aeroplane attitude.

1. Grab frame assist handle;
2. Check that the Yellow Door Selector is in "ARMED" position
3. Check outside condition;
4. Raise door handle up fully to "OPEN" position; Door opens PNEUMATICALLY;
5. If pneumatic assistance for door opening fails, push door out manually;
6. Slide/raft will inflate automatically.

CAUTION: If the automatic inflation of the slide/raft is not initiated: Pull manual inflation handle, which is located on the RH-side of the slide pack;

Check that slide/raft has properly inflated; (The slide/raft inflates in approximately 4 to 6 seconds);

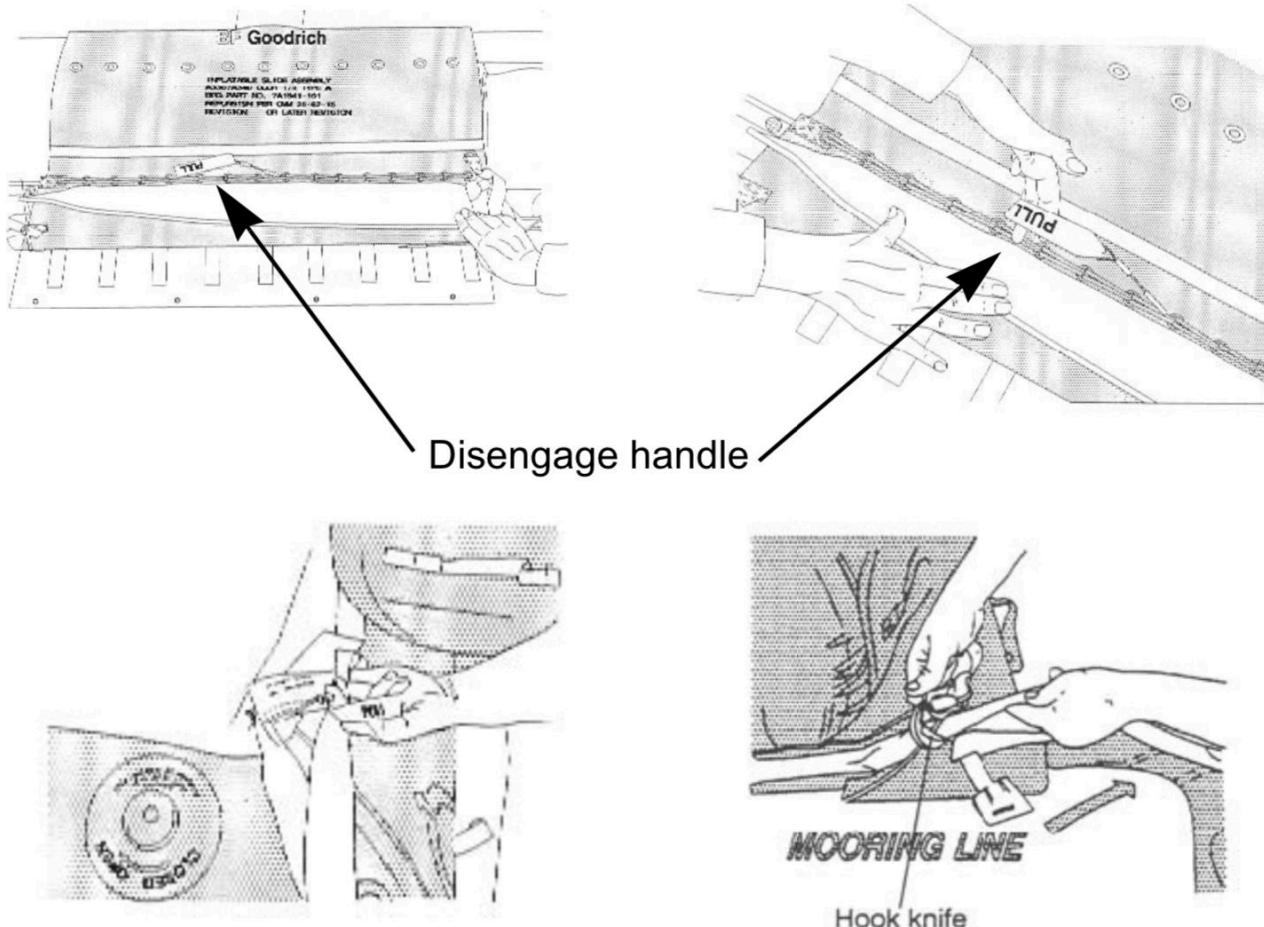
7. Start evacuation.



In case of ditching (doors 1, 2 and 4)

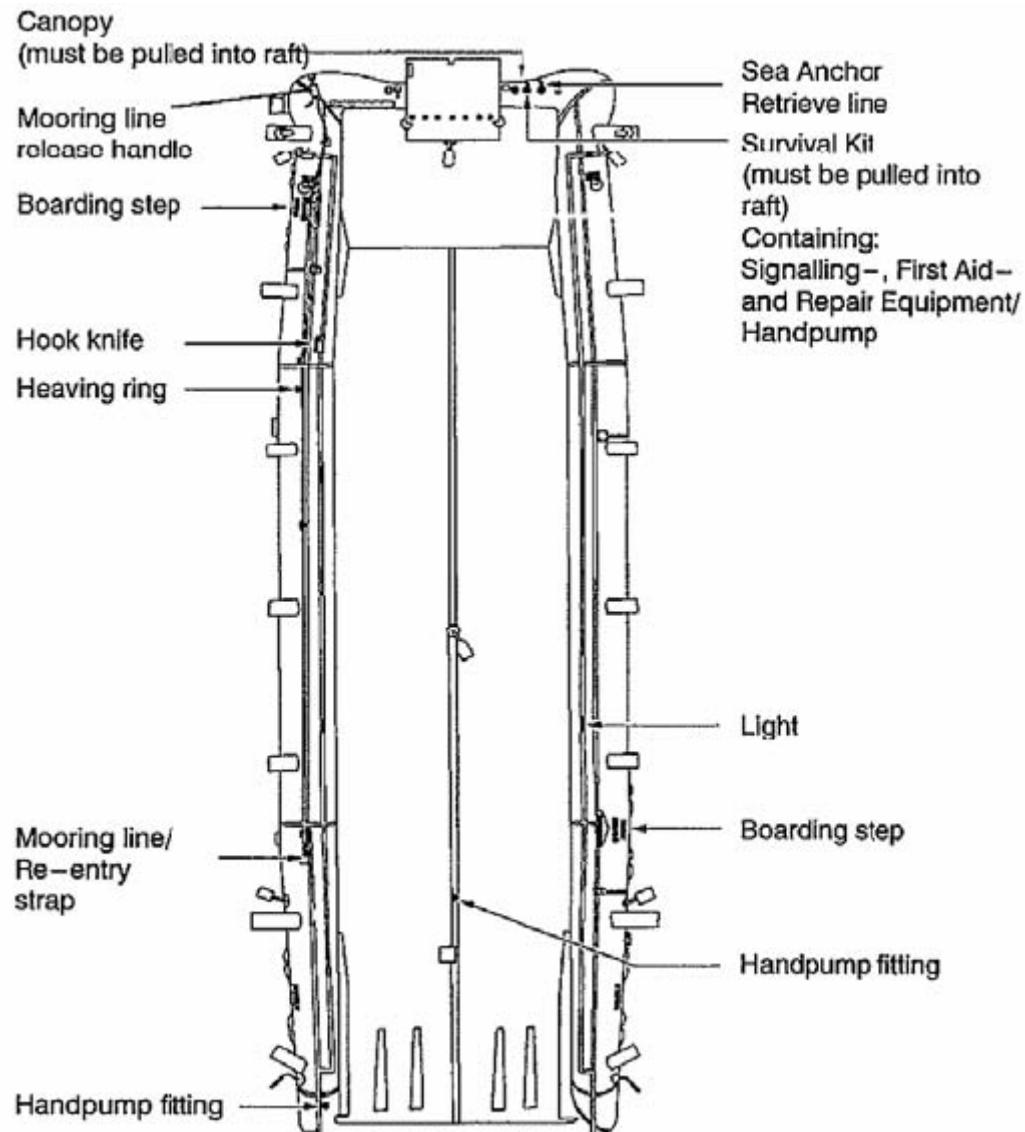
In case of a ditching following additional points have to be performed:

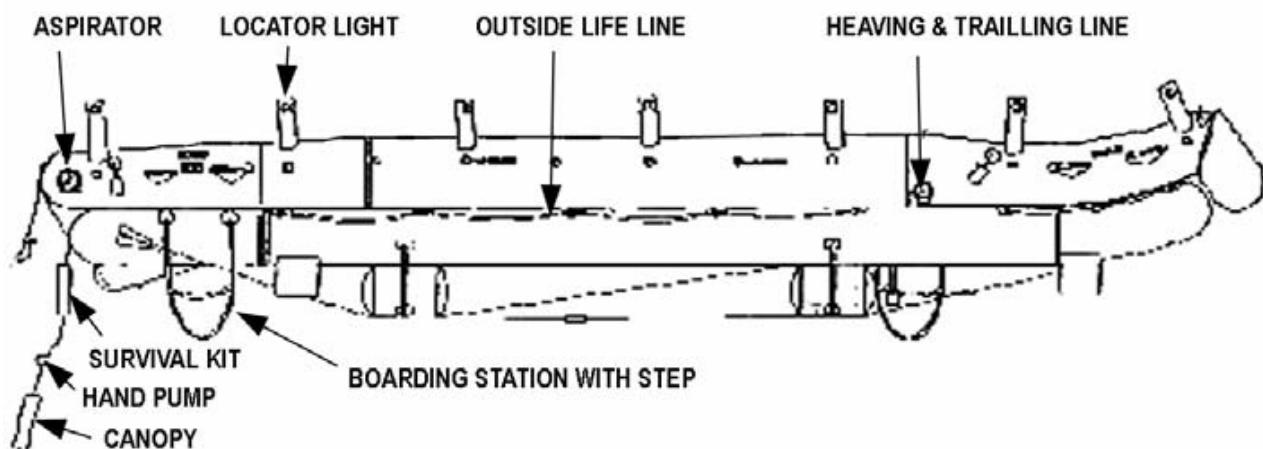
1. Board slide/raft in attached mode;
2. On completion of boarding, lift flap and pull disengage handle;
3. To release the mooring line, pull manual release handle located in pouch on the top of the raft, or cut mooring line;
4. Move away from the aeroplane;
5. Tie up with other rafts at a safe distance from the aeroplane;
6. Launch sea anchor;
7. Erect canopy.



A340

5.2.3.10 Slide / raft description (doors 1,2 and 4)

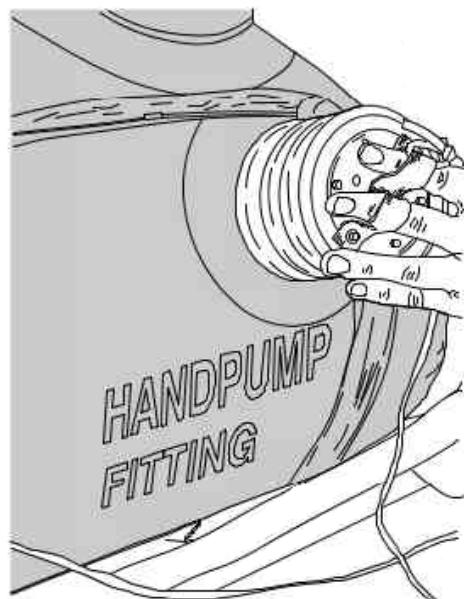




A340

5.2.3.10.1 Hand pump

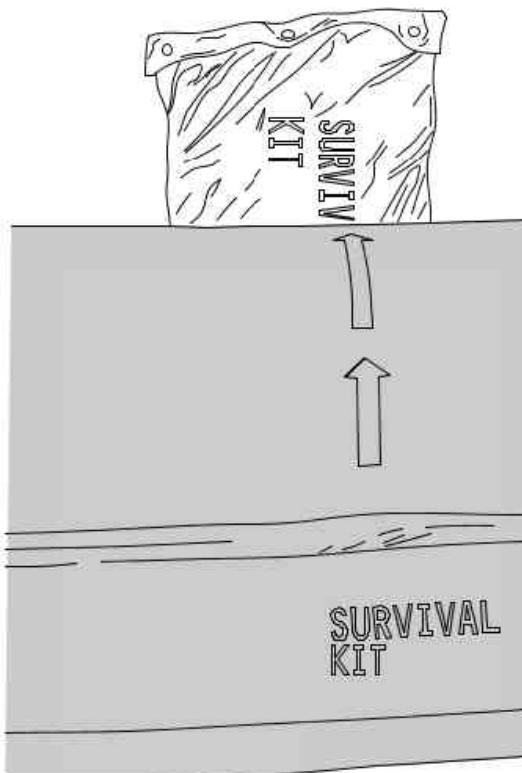
The hand pump is attached in a pouch next to the survival kit. It is tied to a rope to prevent being lost. The pump's air fittings are clearly marked. The hand pump's function is to add air to either top chamber or lower chamber of the slide/raft.



A340

5.2.3.10.2 Canopy and survival kit

Each slide/raft is provided with a canopy and a survival kit on the right outboard side as it is indicated on the chamber.



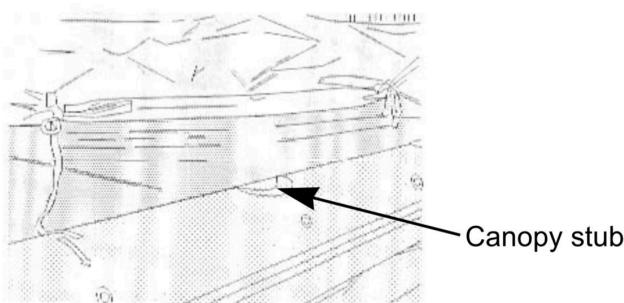
A340

5.2.3.10.3 Canopy description

It gives the occupants protection against different environmental conditions. The canopy has no rods and one person can put up the canopy. It has a hole to collect rain water. The canopy has a highly visible orange/red colour and is resistant to the wind.

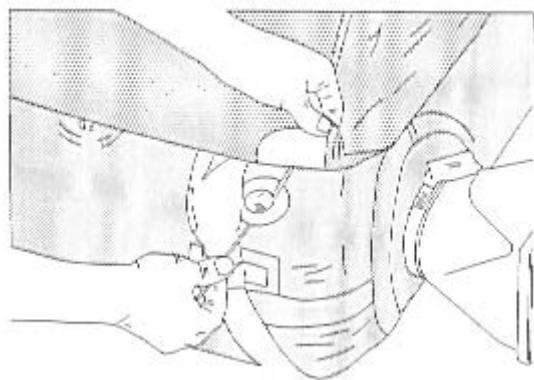
The marking on the canopy "BOARD END" will be next to the girt, and the marking "THIS SIDE UP" will be outside.

Drape the canopy over the canopy stubs

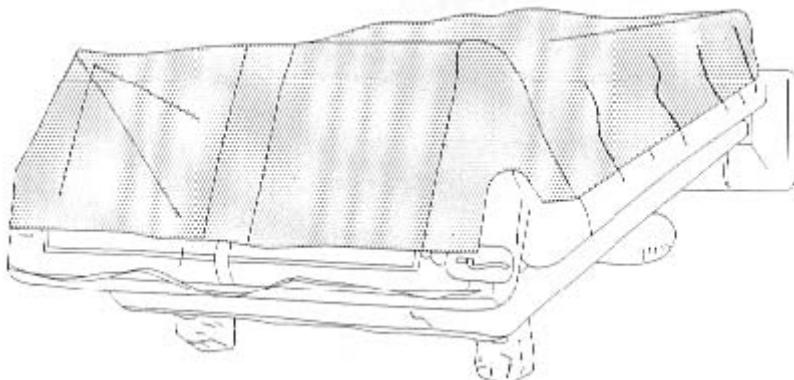


Each stub and canopy tie down string patch has corresponding numbers (odd numbers for the left, even numbers for the right side).

Wrap the canopy string around the rubber button on the canopy support



Tie the bottom of the canopy to the outboard canopy tie down or to allow a greater flow of air, roll the canopy outer curtain and tie the curtain up.



Capacity		
Doors	Normal	Overload
1	65 Pax	78 Pax
2	55 Pax	68 Pax
4	65 Pax	78 Pax

Total for 3 doors	185 Pax	224 Pax
Total for 6 doors	370 Pax	
Total for 5 doors		370 Pax*

*the overload capacity is calculated taking account that one slide/raft is not operational

A340

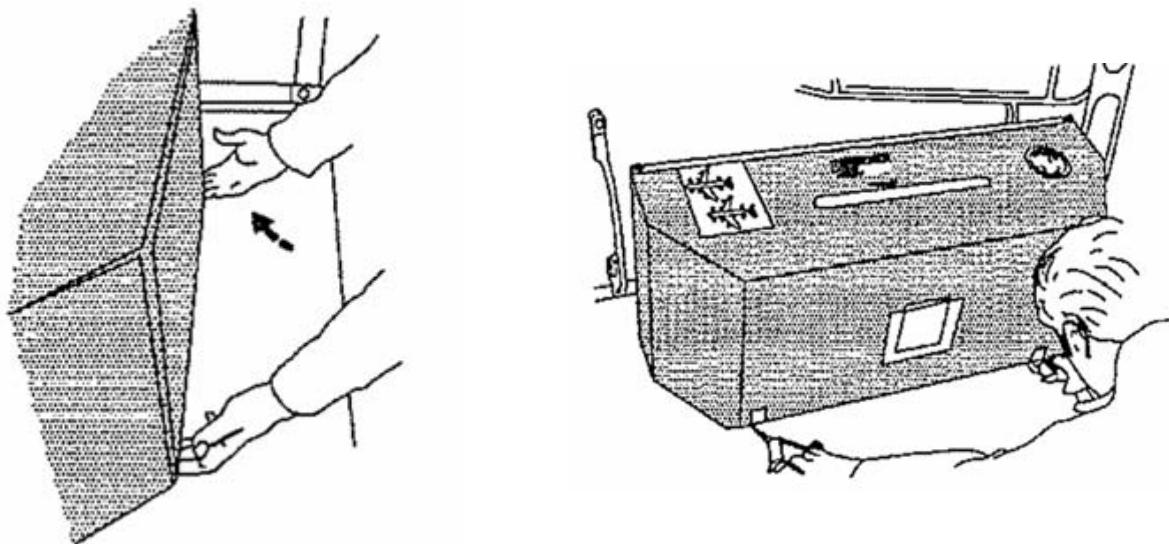
5.2.3.11 Transportation of one raft to another door

After ditching if it happens that one door is inoperative/jammed, its corresponding raft pack can be removed from the door mountings and inflated at another door, which has already been operated and its raft disconnected.

If required and time permits, carry out the following steps:

Step 1 - Removing of cover

1. The yellow door selector of the inoperative door is in the "ARMED" position;
2. Remove the decorative cover by lifting the side and rotating decorative cover up to 15° and pull it away from the pack board.



Portability instructions:

Number 1 to 3 are on the pack board;

Number 4 to 9 are on the soft cover.

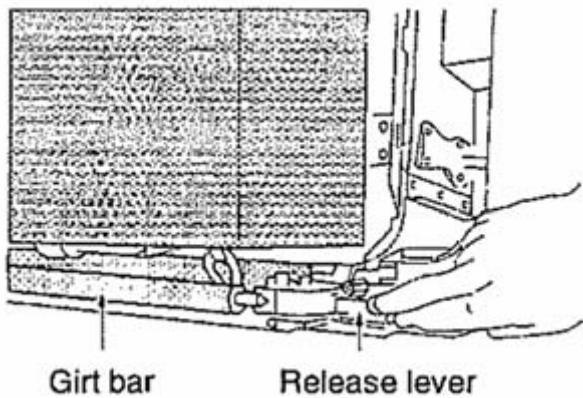
For ditching only

1. Press lever to release girt bar hinge side underneath container;

2. Pull red portability handles simultaneously;
3. Rotate unit off onto front face of pack board;
4. Stow girt and girt bar on top of soft cover;
5. Carry unit to alternative door;
6. Position unit in front of door, soft cover outboard;
7. Press lever of old girt bar release mechanism and remove girt bar;
8. Insert girt bar into fittings;
9. Roll unit out off door then pull handle to inflate.

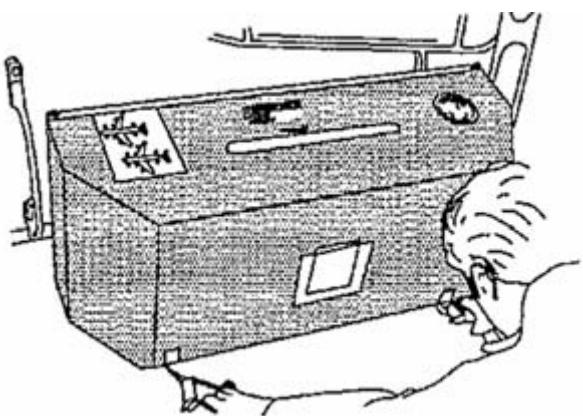
Step 2 - Release the girt bar

Press lever of the quick disconnect mechanism hinge side, underneath the container.



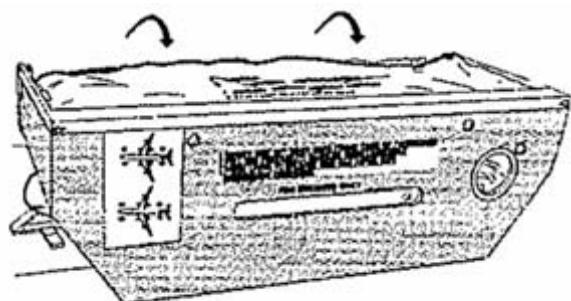
Step 3 - Pull both red portability handles

Pull simultaneously the red triangle handle assemblies away from the pack board.

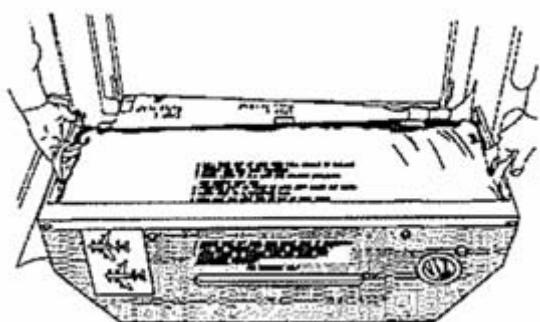


Step 4 - Position unit on the floor

Rotate unit off door onto front face of pack board.



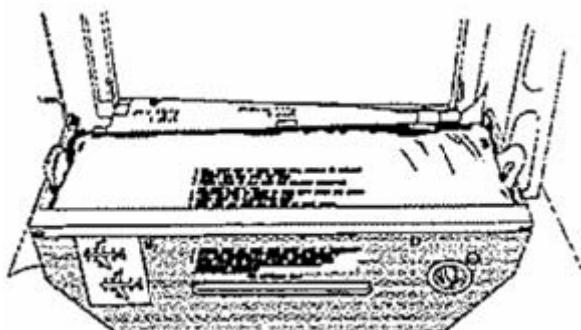
Step 5 - Stow girt and girt bar on top of soft cover



Step 6 - Carry unit to the alternative door

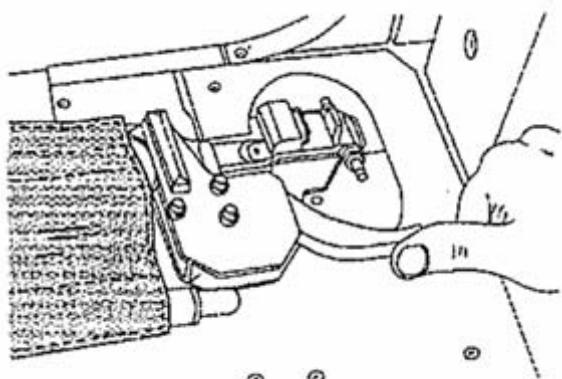
Move the unit to the selected door, make sure the girt bar stays in its stowed position.

Step 7 - Position unit in front of door, soft cover outboard

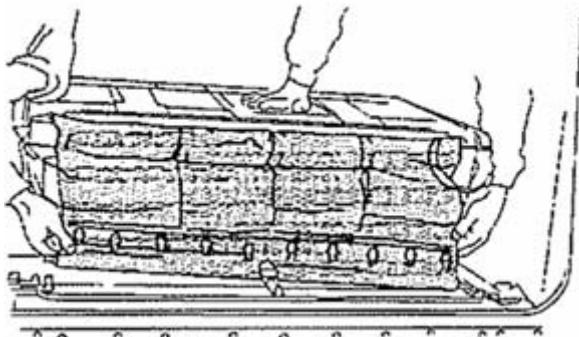


Step 8 - Release the girt bar of the already used slide/raft

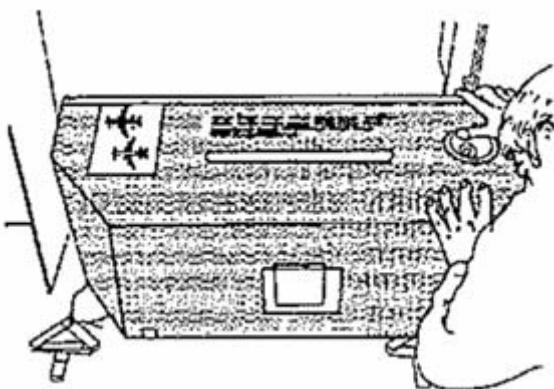
Press the lever of the girt bar release mechanism and remove that girt bar.

**Step 9 - Insert girt bar into fittings**

Insert girt bar of moved slide/raft into fittings.

**Step 10 - Roll the unit out of door**

Roll the unit out of door and pull the manual inflation handle (if necessary).

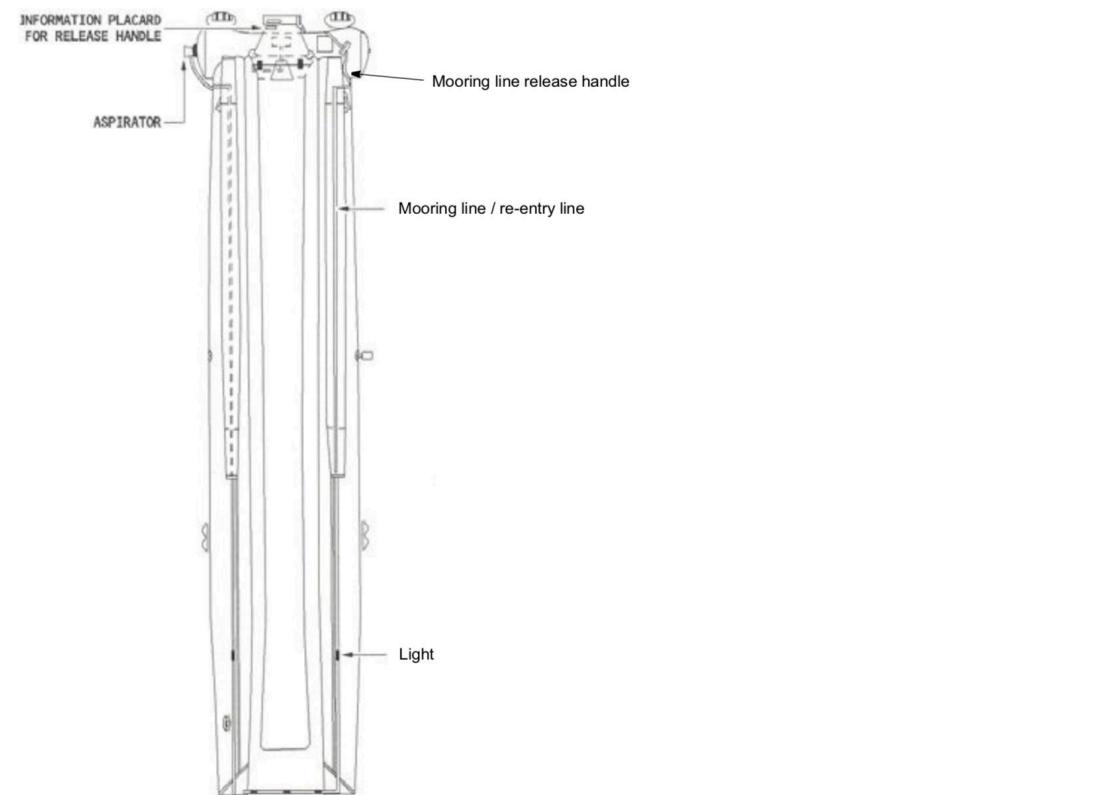


A340

5.2.3.12 Slide description (door 3)

The slide can be disengaged and used as a flotation device.

- Lift flap and pull disengage handle.
- To release mooring line, pull manual release handle located in pouch on the top of the slide.

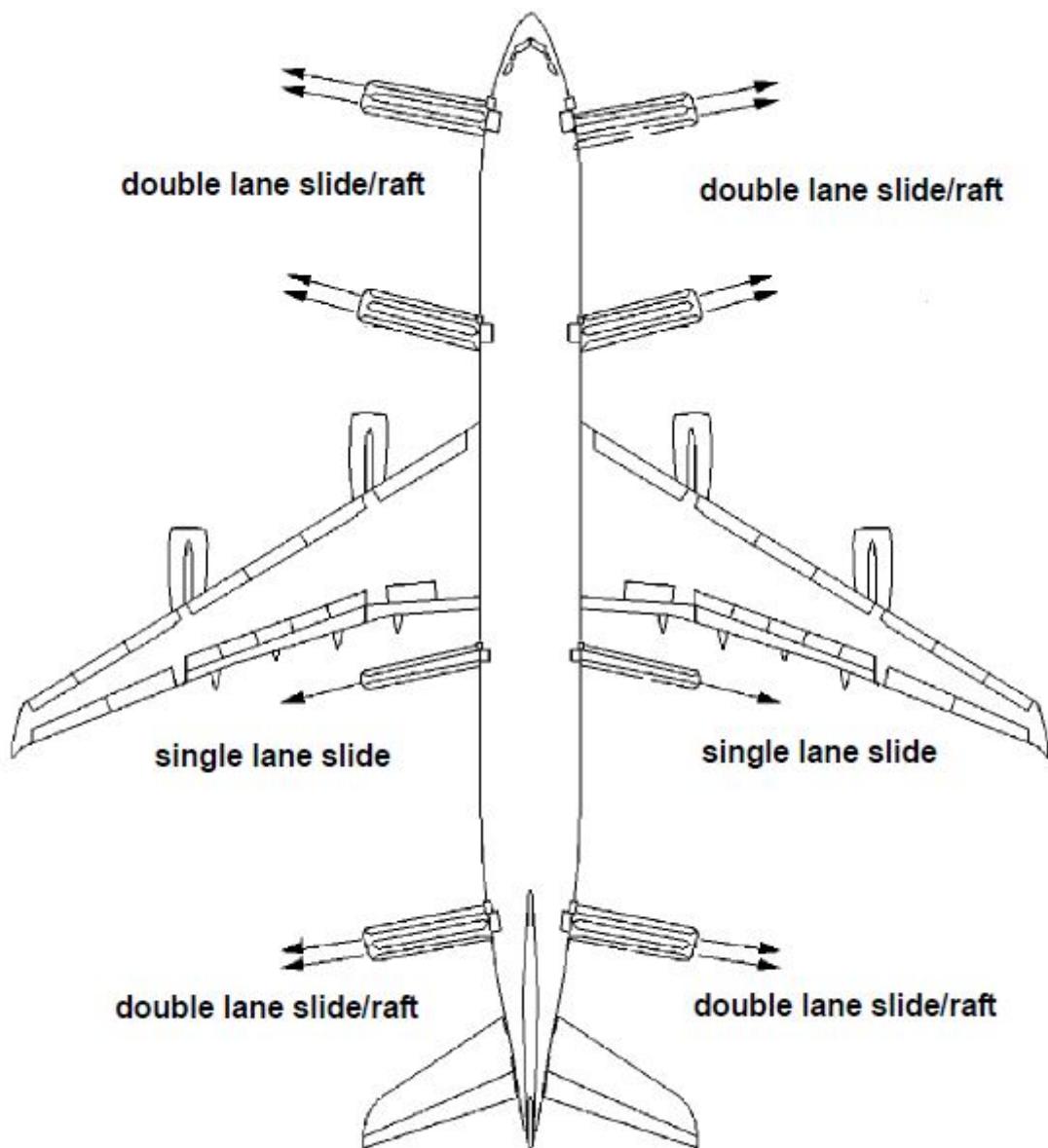


A340

5.2.4 Emergency exits

A340

5.2.4.1 Emergency exits and evacuation slide / rafts

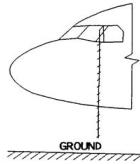
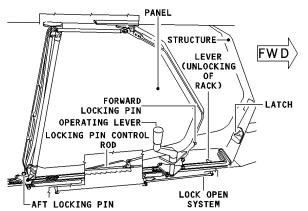


Note: In addition 2 flight deck sliding windows equipped with escape ropes serve as emergency exits for the Flight Crew.

A340

5.2.4.2 Flight deck exits

The two sliding windows on the flight deck serve as emergency exits for the flight crew. A small compartment in the flight deck above each window holds an escape rope that is long enough to reach the ground when lowered through either sliding window. The flight deck windows can be opened from inside only.



A340

5.2.4.2.1 Opening

To open the window, the control handle has to be pushed downwards and rearwards. As soon as the handle is pushed down a red indicator appears, to show that the window is unlocked. The window is locked in the open position.

A340

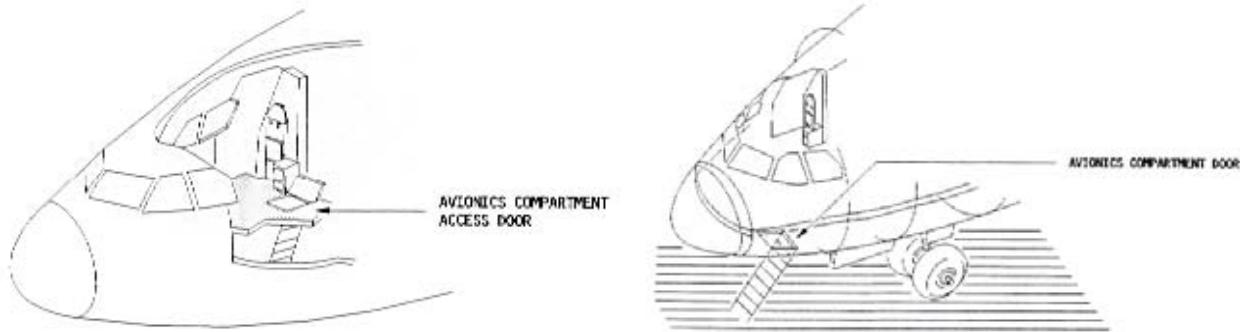
5.2.4.2.2 Closing

A locking pin, located on the guiding track of the window, is visible when the window is open. This pin must be pulled aft to unlock the window for closing. Then the control handle has to be pulled down and forward at the same time. The window is closed and locked when the red indicator on the handle is no more visible.

A340

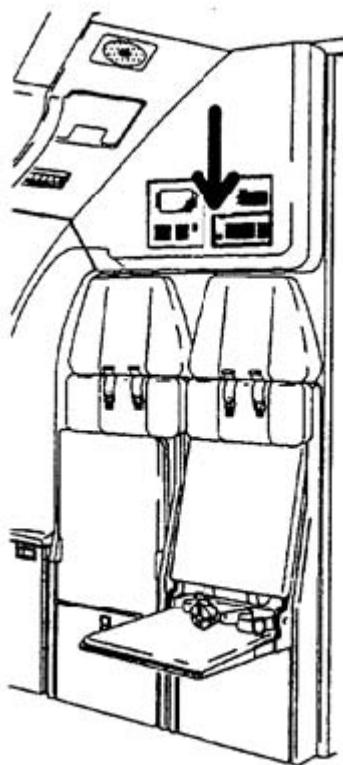
5.2.4.3 Avionic hatch

The avionics access hatch is located on the flight deck floor behind the CMD's seat. A ladder is installed to give access to the avionics compartment.



A340

5.2.5 Emergency light button



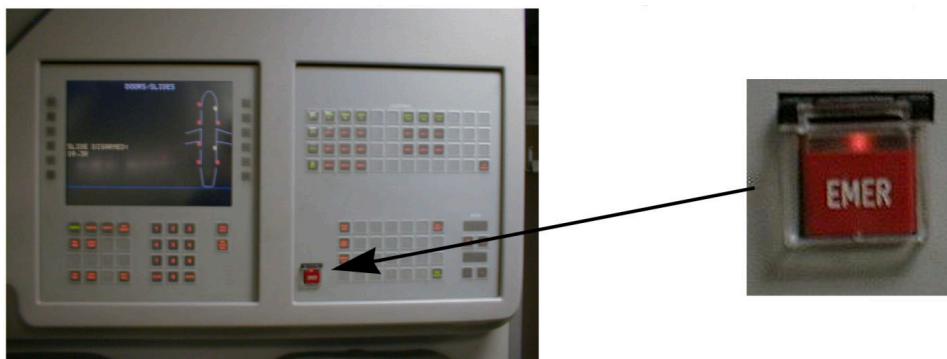
All aeroplanes are provided with an automatic emergency light system. The system has 2 switches, 1 on the Flight Deck and 1 in the cabin. The "EMER"-light-button in the cabin is located on the FAP at station 1L.

When activated, emergency lighting is provided for 12 minutes.

In case of an emergency, as soon as the aeroplane stops press the "EMER"-light-button. If pressed, the following lights illuminate in the cabin:

- Emergency lights;
- Exit signs.

The "EMER" button has a protection cover against accidental operation.



A340

5.2.6 Evacuation signalling system

An EVAC SIGNALLING SYSTEM is installed to assist the C/C during an evacuation with an additional aural command in form of an interrupted high pitch EVAC SIGNAL audible in the whole cabin.

The FAP at station 1L is equipped with an evacuation CMD - button. To initiate an evacuation, in addition to oral commands (see [CSPM Initial evacuation orders](#)) the "EVAC CMD"-button must be pressed.



The direct consequence of pressing the "EVAC CMD" - button depends on the position of a switch located on the flight deck. There are two positions possible:

1. Position "CAPT & PURSER":

If the switch on the flight deck is in "CAPT & PURSER" position pressing the "EVAC-CMD" - button will activate the EVAC SIGNALLING SYSTEM on the flight deck and in the cabin.

a. Signal on the FLIGHT DECK

- The flight deck horn will be activated and the "EVAC"-light flashes.

b. Signal in the CABIN

- EVAC signal sounds in the cabin;
- EVAC/RESET pushbutton flashes red.

2. Position "CAPT":

If the switch on the Flight Deck is in "CAPT" position pressing the "EVAC-CMD" - button will activate the EVAC SIGNALLING SYSTEM on the flight deck only for 3 seconds.

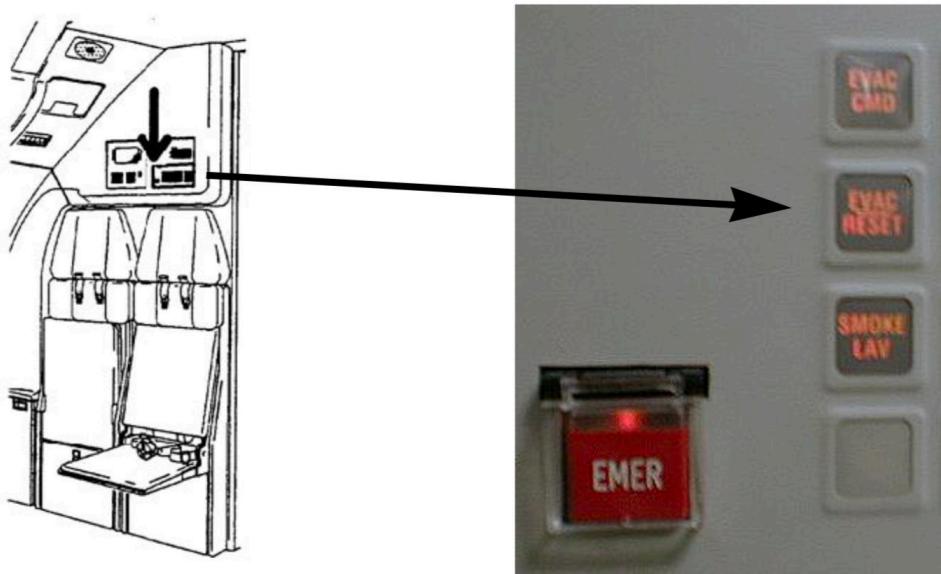
Flight crew will then activate the EVAC SYSTEM for the cabin:

AS AN EDELWEISS POLICY THE SWITCH ON THE FLIGHT DECK WILL ALWAYS BE IN "CAPT" POSITION

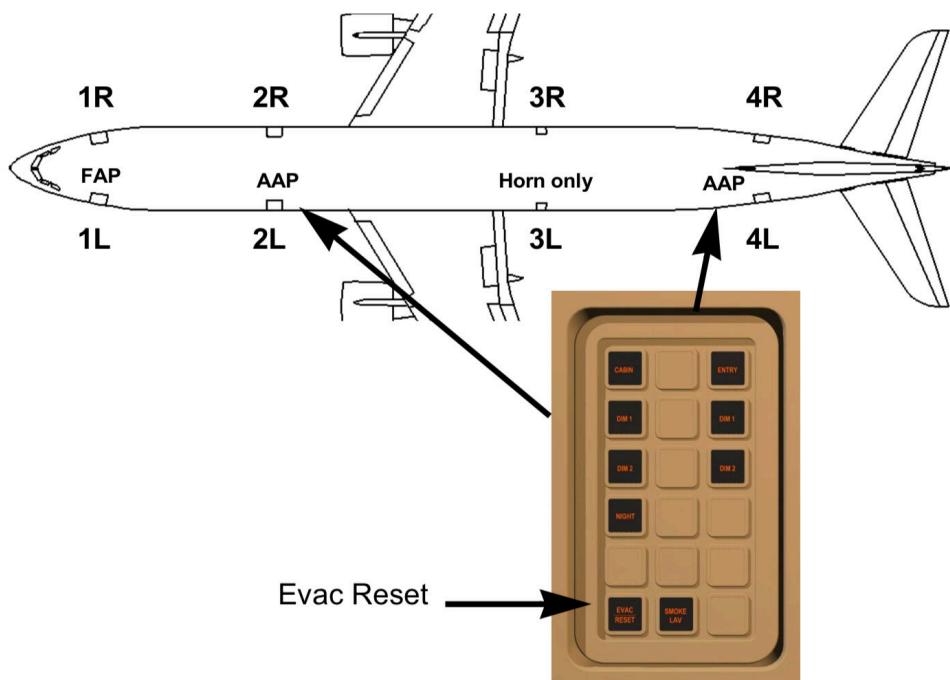
Note: To silence the EVAC signal (beeping sound) at a specific C/C station press the "EVAC-RESET" - button at the respective panel.

If "EVAC-CMD" - button is pressed inadvertently: Silence the signal by pressing the "EVAC-CMD" - button again and inform the flight crew immediately. Make a suitable announcement as soon as possible.

Station 1: S/C Forward attendant panel (FAP)L



Station 2L and 4L: Additional attendant panel (AAP).



A340

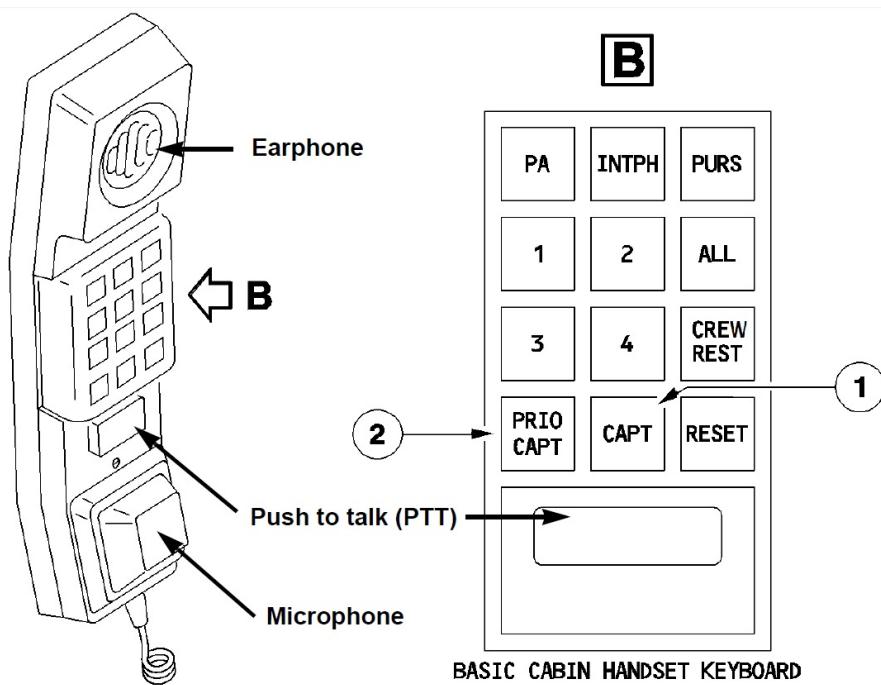
5.2.7 Telephone / interphone system

A340

5.2.7.1 General

Each A340 is equipped with 10 (HB-JMC: 11) telephone sets:

- 1 on the flight deck;
- 1 at each station (1L, 2L, 3L, 4L, 1R, 2R, 3R, 4R) and 1 in the LDMCR when installed.
- HB-JMC only: 1 additional telephone set in the VCC.



1. CAPT key:

Pressed: In the flight deck the "ATT" lights up on the ACP and a buzzer sounds. In the cabin "CAPTAIN" appears at the AIP where the CAPT button was pressed.

2. PRIO CAPT key:

Pressed: In the flight deck the "ATT" lights up on the ACP and three buzzers sound. In the cabin "PRIO CAPTAIN" appears at the AIP where the PRIO CAPT button was pressed.

A340

5.2.7.2 Public address

Public address		
Station	Action	Audible in
All	Press "PUSH TO TALK"	Whole aeroplane incl. LDMCR
	"PA" and "ALL"	Whole aeroplane excl. LDMCR
	Press "PUSH TO TALK"	
	"PA" and "1"	C-Class only
	Press "PUSH TO TALK"	
	"PA" and "2"	HB-JMD/E/F/G
	Press "PUSH TO TALK"	Y-Max & Y-Class
		HB-JMC
		Y-Max only

	“PA” and “3” Press “PUSH TO TALK”	Y-Class only
	“PA” and “CREW REST” Press “PUSH TO TALK”	LDMCR only

A340

5.2.7.3 Possibilities of calls

Possibilities of calls				
From	To	Push-button	Chime	Remarks
Each station	Each station	“INTPH” + respective C/C station	High/low	Normal communication: Example: to call station 4L/4R push “INTPH” + 4 only
	LDMCR	“INTPH” + “CREW REST”		Normal communication
	All other stations	“INTPH” + “ALL”		Conference talk with all other stations (without F/D)
	S/C station 1L	“INTPH” + “PURSER”	High/high/low	Normal communication (for relevant operational reasons only). The chimes can be heard at stations 1, 2 and 4. A pending “PURS” call can be transferred from station 1L to any other station when pressing “PURS” on the respective handset.
	Flight deck	“CAPT”	Buzzer	Normal communication
		“PRIO CAPT”	Triple Buzzer	URGENCY CALL TO FLIGHT DECK Buzzer sounds three times on the flight deck; overriding any call or announcement.

A340

5.2.7.4 Indication on area call panel (ACP)

Indication on area call panel (ACP)		
	Call	Colour
With following calls, respective call indication lights will illuminate on all ACP.	Passenger	Blue
	Cabin crew (station) to cabin crew (station)	Green
	Flight deck to cabin crew	red
	Toilets	Amber

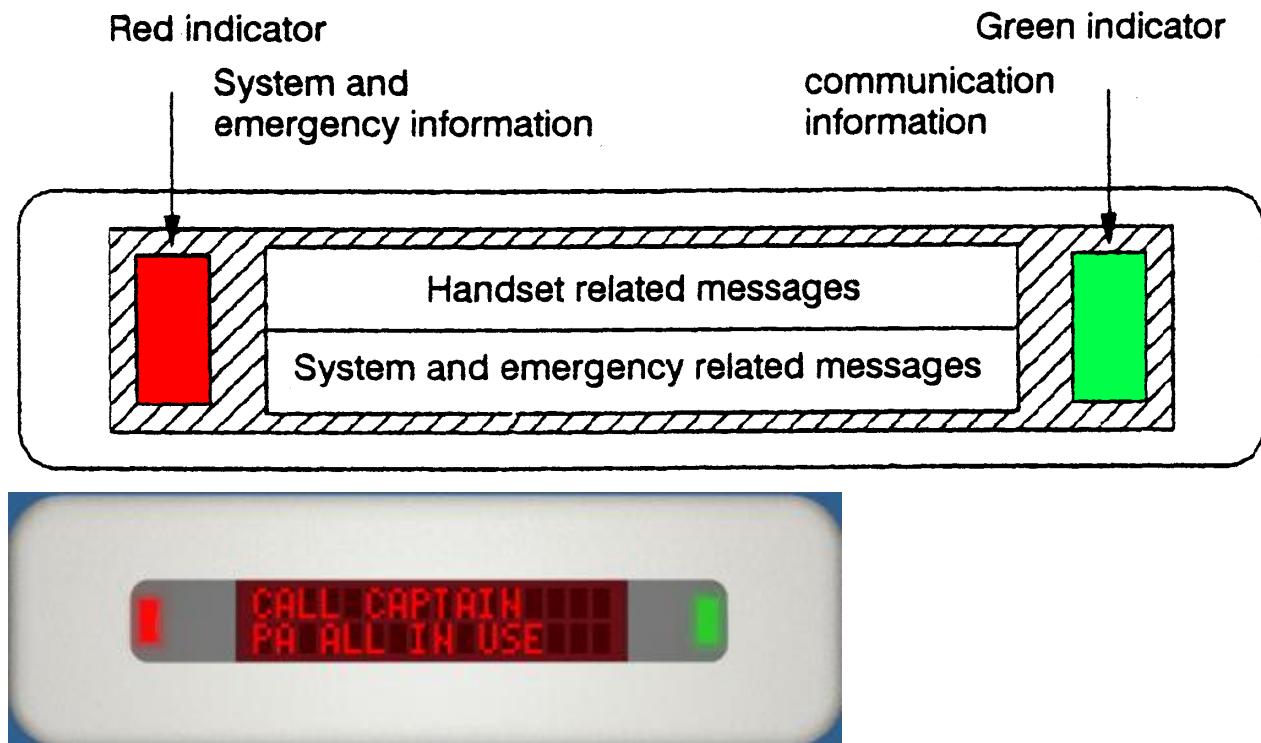
A340

5.2.7.5 Area call panel (ACP)



A340

5.2.7.6 Attendant indication panel (AIP)



A340

5.2.8 Cabin intercommunication data system (CIDS)

A340

5.2.8.1 General

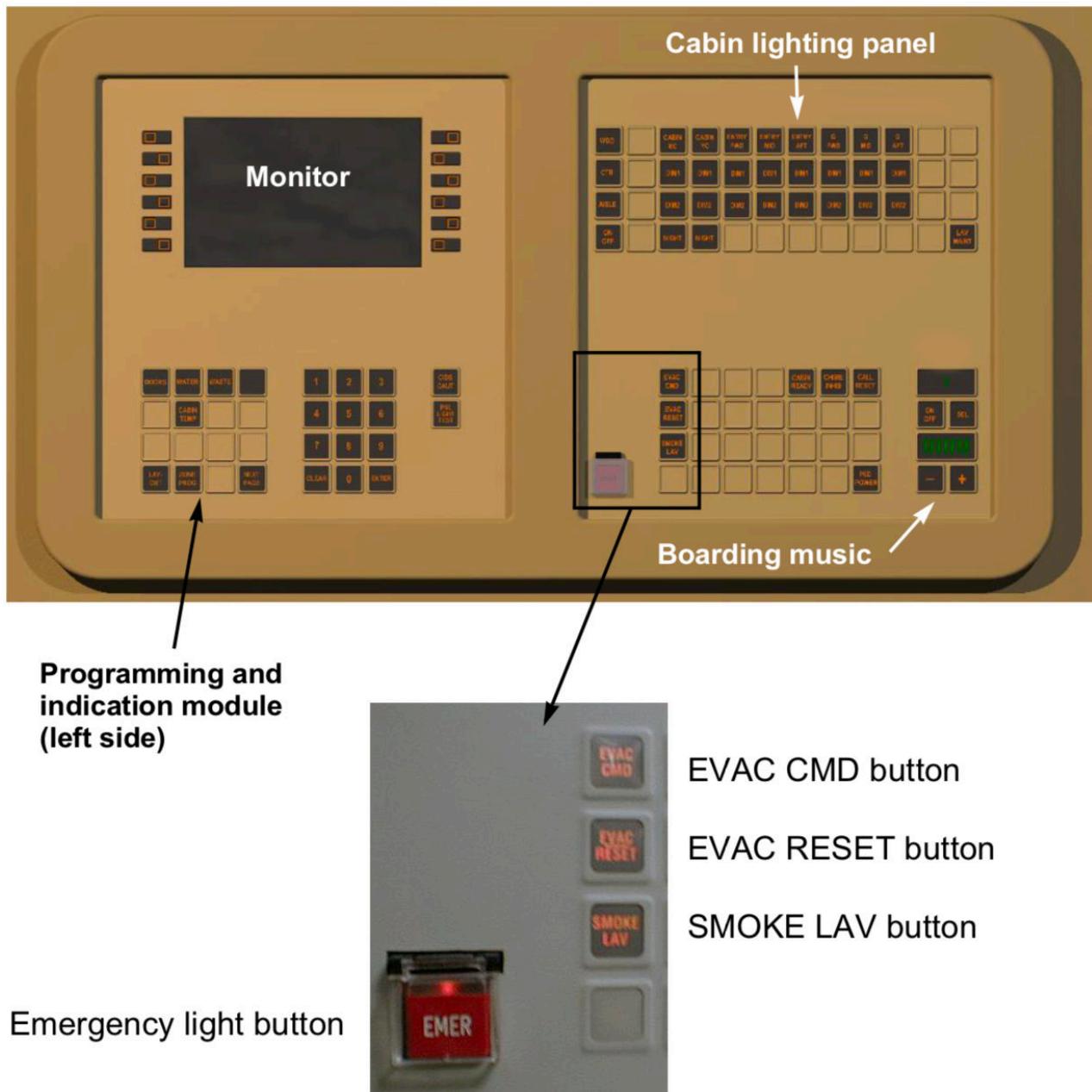
The CIDS is a microprocessor-based system. It is used to do functional control, testing and monitoring of the cabin systems. The CIDS integrates most of the cabin systems for communications, calls and indications:

- Public address
- Cabin and flight deck Interphone
- Cabin illumination
- Passenger reading lights
- Evacuation signalling
- Pre-recorded announcement
- Lavatory smoke indication

- Boarding music controls
- Passenger lighted signs
- Passenger entertainment music control
- Passenger call
- Passenger entertainment video control
- Service interphone
- Doors / slides related indication
- Air conditioning (temperature indication and control)
- Water / waste related indication

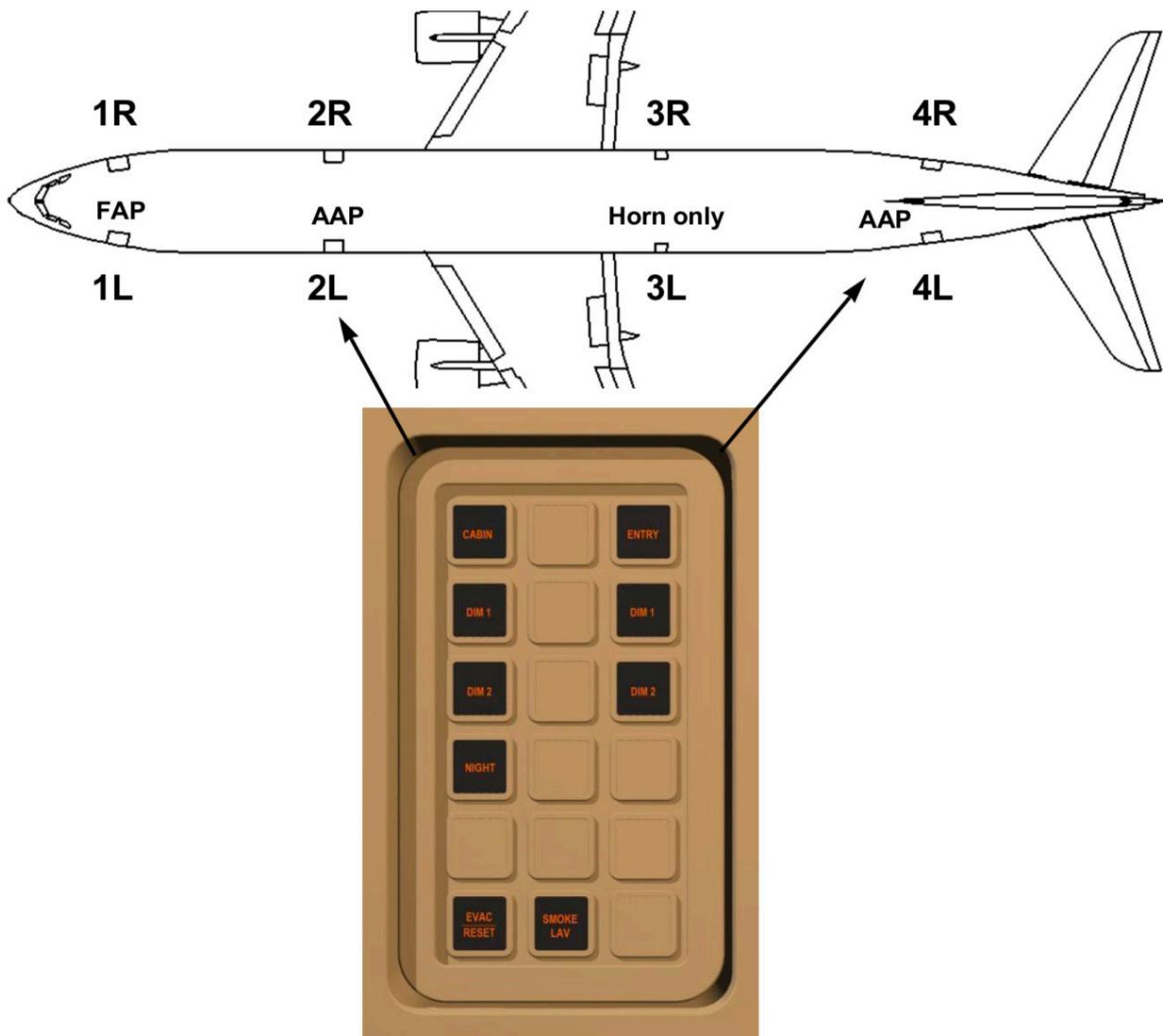
A340

5.2.8.2 S/C Forward attendant panel (FAP)



A340

5.2.8.3 Additional attendant panel (AAP)



A340

5.2.8.4 Passenger information signs

Cabin



Toilet



A340

5.2.9 Oxygen system

A340

5.2.9.1 HB-JMD/E/F/G

Y-Max Class:

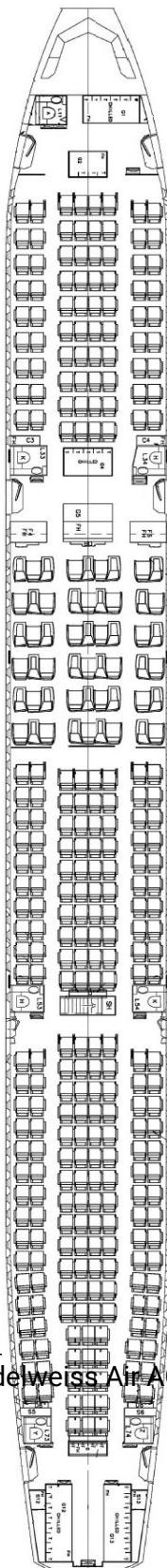
- Row 1 seat DEFG:
 - 4 additional masks.
- Row 1 seat AB, JK and Row 2-10 seat DEFG
 - 2 additional masks
- Row 2-9 seat AB, JK:
 - 1 additional mask.

C-Class:

- Row 11 seat A, DG, K and Row 12-17 seat DG:
 - 2 additional masks.
- Row 12-17 seat A/AB, K:
 - 1 additional mask.

Y-Class:

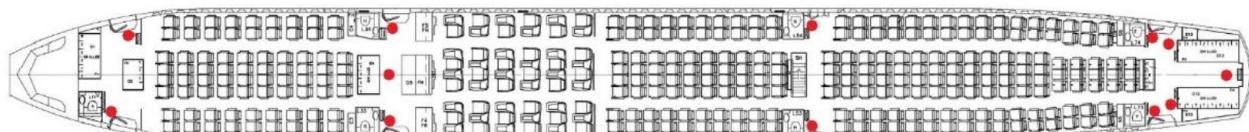
- Row 18 and 28 seat DEFG:
 - 4 additional masks.
- Row 18 seat AB, JK and Row 19-27 / 29-45 seat DEFG/DEG:
 - 2 additional masks.
- Row 19-27 / 29-44 seat AB, JK:
 - 1 additional mask.



Toilets and jumpseats:

In the toilet and overhead each C/C jumpseat (or double-jumpseat) a unit containing 2 masks is installed.

Additionally, to the oxygen unit above each jumpseat (or double-jumpseat), one extra oxygen unit containing 2 masks is installed in the MID galley. There are no extra oxygen units in the FWD and AFT Galley. (The units are marked as red dots in the illustration.)

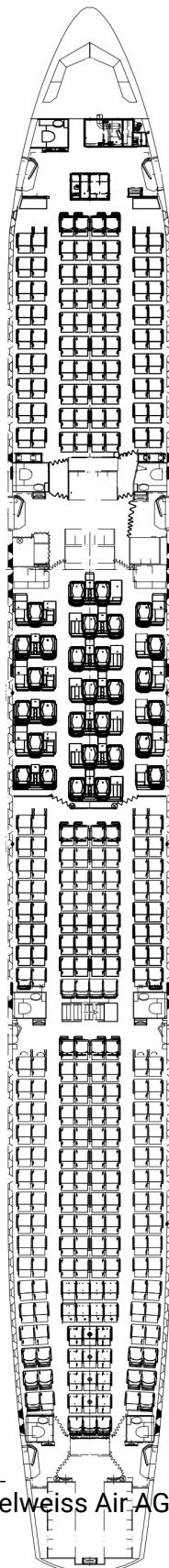


A340

5.2.9.2 HB-JMC

Y-Max Class:

- Row 1 seat DEFG:
 - 4 additional masks.
- Row 1 seat AB, JK and Row 2-10 seat DEFG:
 - 2 additional masks.
- Row 2-9 seat AB, JK:
 - 1 additional mask.



C-Class:

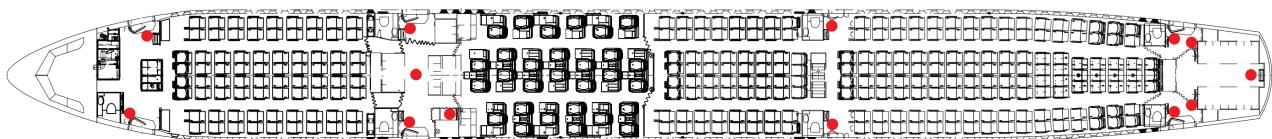
- Row 11 seat DG:
 - 4 additional masks.
- Row 11 seat A, K and Row 12-18 seat DG:
 - 2 additional masks.
- Row 14 and 16 seat A and Row 12-17 seat K:
 - 1 additional mask.
- Row 12, 15 and 17 seat AB:
 - No additional masks.

Y-Class:

- Row 20 and 28 seat DEFG:
 - 4 additional masks.
- Row 20 seat AB, JK and Row 21-27 / 29-45 seat DEFG/DEG:
 - 2 additional masks.
- Row 21-27 / 29-44 seat AB, JK:
 - 1 additional mask.

Toilets and jumpseats:

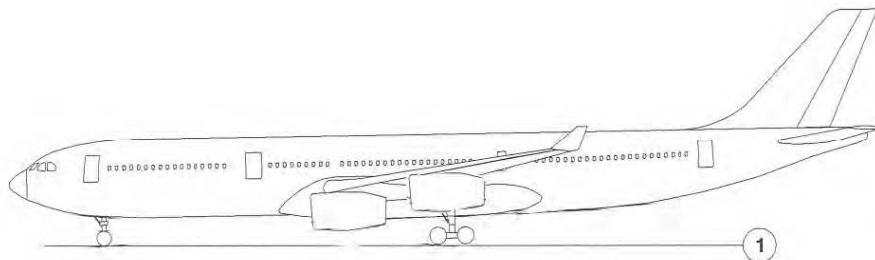
In the toilet and overhead each C/C jumpseat (or double-jumpseat) a unit containing 2 masks is installed. Additionally, to the oxygen unit above each jumpseat (or double-jumpseat), one extra oxygen unit containing 2 masks is installed in the MID galley. There are no extra oxygen units in the FWD and AFT Galley. (The units are marked as red dots in the illustration.)



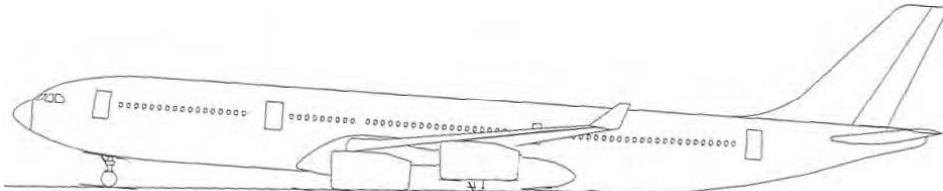
A340

5.2.10 Aeroplane attitude

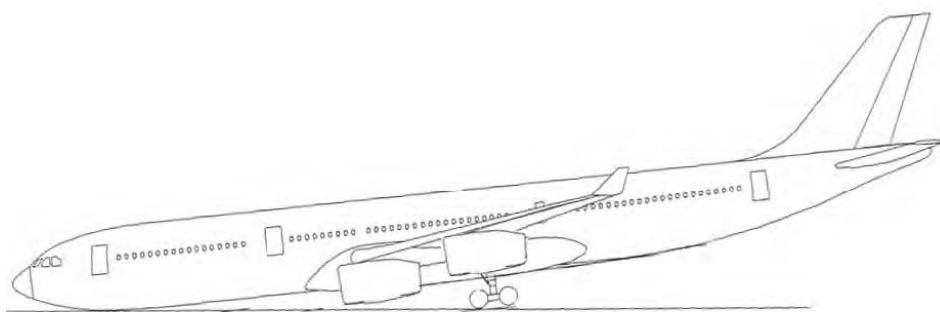
1: All gears down (normal)



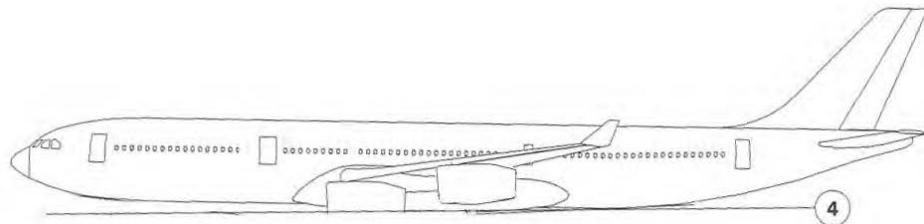
2: Main gears up, nose gear down



3: Main gear down, nose gear up



4: All gears up



Sill height (in meters) relative to critical crash condition

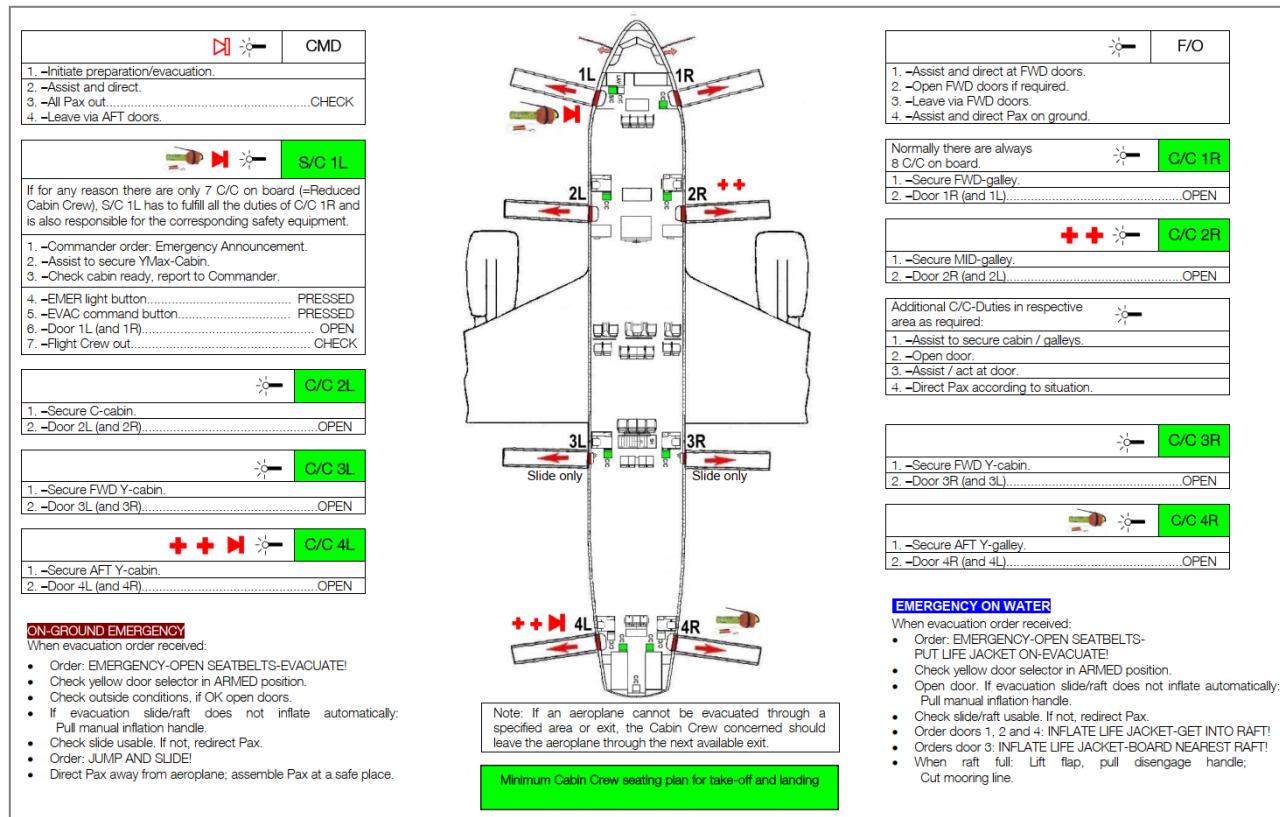
	Configuration	Doors 1	Doors 2	Doors 3	Doors 4
1	All gear down (normal)	4.45	4.65	5.00	5.50
2	Main gear up - nose gear down	4.40	3.80	3.00	2.50
3	Main gear down - nose gear up	2.40	3.60	5.45	7.20
4	All gear up	3.55	3.30	3.00	2.95

A340

5.2.11 Planned Emergency Preparation / Evacuation Checklist

A340

5.2.11.1 HB-JMD/E/F/G



1. ANNOUNCEMENT ON BEHALF OF THE COCKPIT CREW
 Ladies and Gentlemen, may I have your attention please. On behalf of the Captain, I must inform you that due to technical problems, we have to make an emergency landing on land/on water in about minutes.
 We are now flying towards the nearest airport/ship/coast. The rescue station has already been informed. We are carrying the necessary rescue equipment on board and the Cabin Crew will instruct you how to use it. Please remain seated, keep calm and follow our instructions carefully.

2. CABIN CREW'S ANNOUNCEMENT
 Ladies and Gentlemen, this is your purser speaking. Further to the Captain's announcement, please keep calm and carry out the following preparations:

★ - Remove the life jackets from your seats, put them on but do not inflate them.
 ★ - Remove your shoes.
 ★ - Remove ties and sharp objects, open collars.
 ★ - Place your seatback in fully upright position and fasten the seat belt tightly.
 ★ - We shall be distributing padding material for impact protection and will show you how to brace for impact.
 - You will brace for impact when the FASTEN SEAT BELTS OR NO SMOKING sign flashes, or when ordered to do so by the Captain.
 - Please remain in brace-for-impact position until the aeroplane comes to a complete stop and only then proceed to the emergency exits as directed by the Cabin Crew.
 - Please note that the crew will wear red life jackets.
 ★ - Additional information you will find in the safety-on-board instructions in the seat pocket in front of you.

BRACE FOR IMPACT ORDER
 In order to protect passengers in case of an unplanned emergency, shout:
BRACE! BRACE!

INITIAL EVACUATION ORDERS As soon as the aeroplane stops, order:
 EMERGENCY - OPEN SEAT BELT - **PUT LIFE JACKET ON** - EVACUATE!
 NOTFALL - SITZGURTE LOSEN - **SCHWIMMWESTE AN** - RAUS!
 URGENCIE - OUVRIZ LES CEINTURES - **METTEZ LES GILETS DE SAUVETAGE** - EVACUZ!
 EMERGENZA - SLACCiate LE CINTURE - **INDOSSATE IL SALVAGENTE** - USCITE!

SMOKE ON BOARD
 - Inform Commander immediately.
 - Call another C/C to assist.
 - Use protective breathing equipment.
 - Investigate reason of smoke.
 - Instruct passengers on smoke protection.

FIRE ON BOARD
 - Attack a fire immediately.
 - Call another C/C to assist.
 - Inform Commander and S/C.
 - Switch off affected electrical system.
 - Calm/inform passengers if advisable.

ORDERS AT THE EXITS (ON GROUND)
All Doors
 JUMP AND SLIDE!
 SPRINGEN UND RUTSCHEN!
 SAUTEZ ET GLISSEZ!
 SALTADE E SCIVOLATE!
 To the first passengers:
 ASSIST ON GROUND! / ASSISTEZ EN BAS DU TOBOGGAN!
 HELFEN SIE UNTER! / AUTATE ALLA BASE DEL SCIVOLO!

ORDERS AT THE EXITS (ON WATER)
Doors 1, 2 and 4
 INFLATE LIFE JACKET - GET INTO RAFT!
 SCHWIMMWESTE AUFBLASEN - INS BOOT STEIGEN!
 GONFLEZ LE GILET DE SAUVETAGE - MONTEZ DANS LE CANOT DE SAUVETAGE!
 GONFATE IL SALVAGENTE - SALUTE NEL CANOTTO DI SALVATAGGIO!
Door 3
 INFLATE LIFE JACKET - BOARD NEAREST RAFT!
 SCHWIMMWESTE AUFBLASEN - INS NACHSTE BOOT STEIGEN!
 GONFLEZ LE GILET DE SAUVETAGE - MONTEZ DANS LE CANOT LE PLUS PROCHE!
 GONFATE IL SALVAGENTE - SALUTE NEL CANOTTO DI SALVATAGGIO PIU' VICINO!

A340

5.2.11.2 HB-JMC

CMD
 1. -Initiate preparation/evacuation.
 2. -Assist and direct.
 3. -All Pax outCHECK
 4. -Leave via AFT doors.

S/C 1L
 If for any reason there are only 7 C/C on board (=Reduced Cabin Crew), S/C 1L has to fulfill all the duties of C/C 1R and is also responsible for the corresponding safety equipment.
 1. -Commander order: Emergency Announcement.
 2. -Assist to secure YMax-Cabin.
 3. -Check cabin ready, report to Commander.
 4. -EMER light buttonPRESSED
 5. -EVAC command buttonPRESSED
 6. -Door 1L (and 1R)OPENCHECK

C/C 2L
 1. -Secure C-cabin.
 2. -Door 2L (and 2R)OPEN

C/C 3L
 1. -Secure FWD Y-cabin.
 2. -Door 3L (and 3R)OPEN

C/C 4L
 1. -Secure AFT Y-cabin.
 2. -Door 4L (and 4R)OPEN

ON-GROUND EMERGENCY
 When evacuation order received:
 • Order: EMERGENCY-OPEN SEATBELTS-EVACUATE!
 • Check yellow door selector in ARMED position.
 • Check outside conditions, if OK open doors.
 • If evacuation slide/raft does not inflate automatically: Pull manual inflation handle.
 • Check slide usable. If not, redirect Pax.
 • Order: JUMP AND SLIDE!
 • Direct Pax away from aeroplane; assemble Pax at a safe place.

F/O
 1. -Assist and direct at FWD doors.
 2. -Open FWD doors if required.
 3. -Leave via FWD doors.
 4. -Assist and direct Pax on ground.

Normally there are always 8 C/C on board.
 1. -Secure FWD-galley.
 2. -Door 1R (and 1L)OPEN

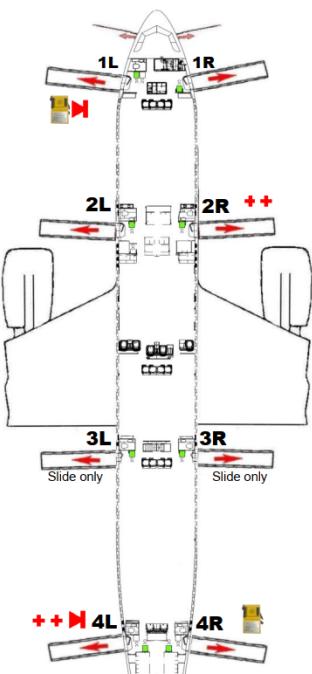
C/C 2R
 1. -Secure MID-galley.
 2. -Door 2R (and 2L)OPEN

Additional C/C-Duties in respective area as required:
 1. -Assist to secure cabin / galleys.
 2. -Open door.
 3. -Assist / act at door.
 4. -Direct Pax according to situation.

C/C 3R
 1. -Secure FWD Y-cabin.
 2. -Door 3R (and 3L)OPEN

C/C 4R
 1. -Secure AFT Y-galley.
 2. -Door 4R (and 4L)OPEN

EMERGENCY ON WATER
 When evacuation order received:
 • Order: EMERGENCY-OPEN SEATBELTS-PUT LIFE JACKET ON-EVACUATE!
 • Check yellow door selector in ARMED position.
 • Open door. If evacuation slide/raft does not inflate automatically: Pull manual inflation handle.
 • Check slide/raft usable. If not, redirect Pax.
 • Order doors 1, 2 and 4: INFLATE LIFE JACKET-GET INTO RAFT!
 • Orders door 3: INFLATE LIFE JACKET-BOARD NEAREST RAFT!
 • When raft full: Lift flap, pull disengage handle; Cut mooring line.



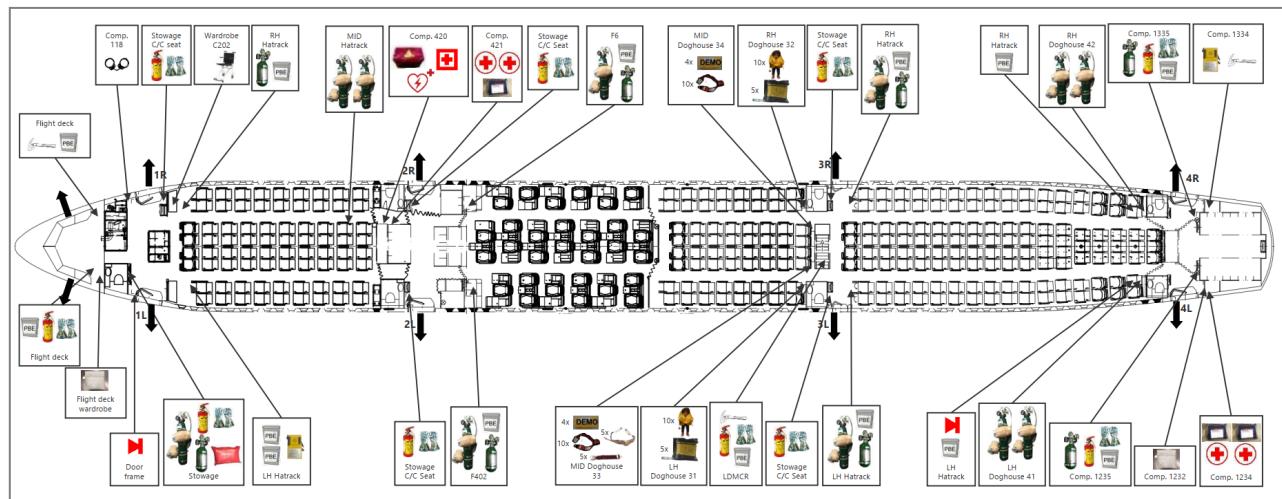
Note: If an aeroplane cannot be evacuated through a specified area or exit, the Cabin Crew concerned should leave the aeroplane through the next available exit.

Minimum Cabin Crew seating plan for take-off and landing

Flight deck only:		Cabin only:	
Life jacket for flight crew and observer	4	Life jacket for passenger (1 under each seat)	314
Flight deck / Cabin / LDMCR:			
Halon fire extinguisher and fire fighting gloves	1/8/1	Reserve life jacket	12
PBE (Protective Breathing Equipment)			
Flashlight (Cabin: 1 at each C/C seat)	2/11/1	Infant life jacket	10
Fire axe			
Fire bag	3/12/1	120l C/C portable oxygen bottle with 2 masks (supplemental oxygen)	20
Manual release tool			
(1 at each C/C jumpseat and one in the LDMCR)	1/1/1	310l oxygen bottle with 2 masks (first aid oxygen)	8
Planned Emergency preparation/Evac. checklist			
Emergency exit and door	0/12/1	Megaphone	11
UPK (Universal Precaution Kit)			
2/8	FAK (First Aid Kit)	2	
	PMK (Pocket Mask Kit)	4	
	EMK (Emergency Medical Kit)	3	
	Defibrillator	1	
	UPK (Universal Precaution Kit)	1	
	Safety equipment checklist (1 at each standard crew C/C jumpseat, the crew bunk checklist is at the position 3L)		9

A340

5.2.12.2 HB-JMC



Flight deck only:		Cabin only:	
Life jacket for flight crew and observer	4	Life jacket for C/C (1 at each C/C jumpseat)	13
Flight deck / Cabin / LDMCR:			
Halon fire extinguisher and fire fighting gloves	1/8/1	Reserve life jacket	300
PBE (Protective Breathing Equipment)			
Flashlight (Cabin: 1 at each C/C seat)	2/11/1	Infant life jacket	10
Fire axe			
Fire bag	3/13/1	120l C/C portable oxygen bottle with 2 masks (supplemental oxygen)	20
Manual release tool			
(1 at each C/C jumpseat and one in the LDMCR)	1/1/1	310l oxygen bottle with 2 masks (first aid oxygen)	8
Planned Emergency preparation/Evac. checklist			
Emergency exit and door	0/13/1	Megaphone	11
UPK (Universal Precaution Kit)			
2/8	FAK (First Aid Kit)	2	
	PMK (Pocket Mask Kit)	4	
	EMK (Emergency Medical Kit)	3	
	Defibrillator	1	
	UPK (Universal Precaution Kit)	1	
	Safety equipment checklist (1 at each standard crew C/C jumpseat, the crew bunk checklist is at the position 3L)		9

A340

5.3 LDMCR

A340

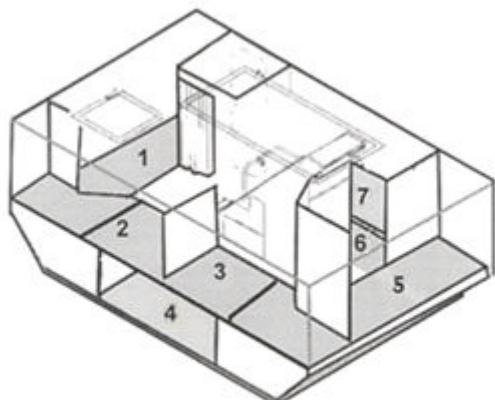
5.3.1 Lower Deck Mobile Crew Rest (LDMCR)

A340

5.3.1.1 General

The crew rest area on the A340 is a mobile module which is loaded into the lower deck cargo area.

The lower deck mobile crew rest (LDMCR) is located adjacent to the 3L/3R doors. Access to it is by a lockable door and steps contained in a stairhouse compartment near door 3L. To reduce the risk of injury, it is recommended to descend the stairs backwards.



A340

A340

5.3.1.2 Components

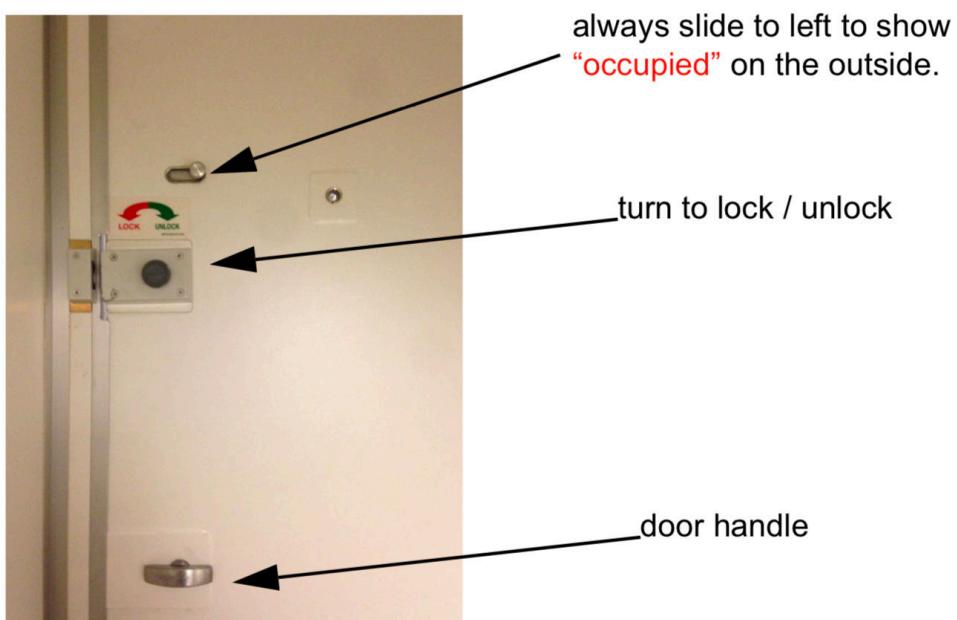
The crew rest consists of

- a stairhouse with
 - the hatch;
 - the Fire Extinguishing Switch (FES);
 - the 'do not open hatch' sign; and
 - an additional attendant panel with lighting controls.
- seven bunks, each equipped with:

- a seat belt; and
- a service unit with:
 - Lighted sign (LEAVE MCR);
 - Oxygen container;
 - Reading light;
 - Air outlet;
 - Fasten Seat Belt Sign.
- an escape hatch in the right hand aisle near door 3R;
- a lighting and emergency light system;
- interphone and an additional attendant panel;
- acoustical and optical panels; AIP
- an air conditioning system with a temperature setting and a low airflow warning system;
- a smoke detection system with sensors between bunks;
- a fixed fire extinguishing system; and
- loose emergency equipment in the compartment under the stairs of the LDMCR.



Primary exit A340



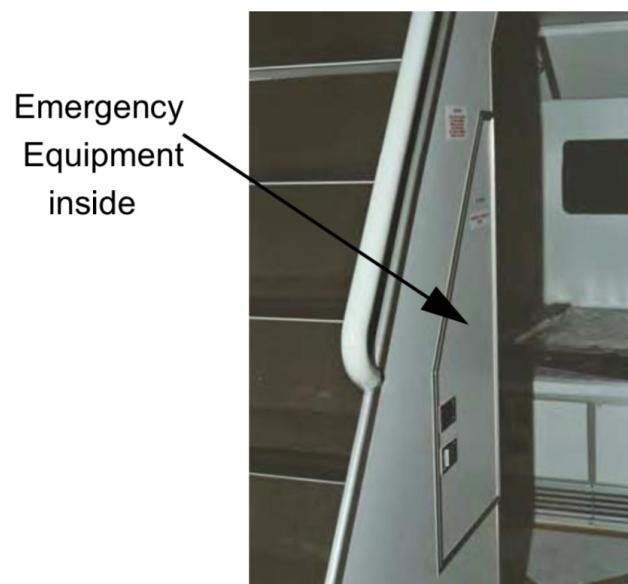
Hatch A340



Stairs A340



A340





A340

5.3.1.3 Crew Bunk assignment

S/C	Bunk 1
Station 1	Bunk 7
Station 2	Bunk 6
Station 3	Bunk 3
Station 4	Bunk 4
Flight Deck	Bunk 5
FSE / 4L+	Bunk 2

A340

5.3.1.4 Master power switch

A340: The power switch is under a red cover located on the RH in front of the coat hanger. The orange illuminated light shows that power is on.



A340

5.3.1.5 AAP

The AAP installed in the stairhouse controls the related illumination.

The AAP installed in the LDMCR has one more pushbutton: "CREW REST TEST". This pushbutton is to test the CIDS components of the LDMCR (e.g. loudspeakers, illumination, lamps/signs, AAP and AIP) before each flight. See Emergency Equipment Checklist Crewbunk.

A340

5.3.1.6 Reset of reading lights

If the reading lights cannot be switched off, you may switch off the main power in the LDMCR for a minimum of 10 seconds and turn it back on. This is only practicable if nobody else is using the crew rest because the low air flow warning (buzzer, "LEAVE MCR"-signs, light fully bright) will come on for 30 seconds, which in this case can be disregarded.

A340

5.3.1.7 Air conditioning

The air supplied to the LDMCR is a mixture of fresh and recirculated air, taken from the cabin air supply. An air supply isolation valve is installed in the supply duct, which is controlled by the ventilation controller. The valve is closed, when the access hatch is not fully open, or smoke is detected in the LDMCR or aft bulk cargo compartment.

Note: When performing the LDMCR internal smoke detection system test, the air supply isolation valve closes. In addition, the FLT REST SMOKE warning is triggered on the flight deck. For this reason the flight crew (if already on the flight deck) needs to be informed before performing the smoke test.

"Leave MCR" signs may be ON on ground with air conditioning switched to OFF. If the signs are ON (or remain ON after the crew rest test), recheck when boarding is completed. If they are still illuminated, report to Flight Deck.

During engine start and take-off when the air conditioning packs are turned off, The "LEAVE MCR" including a buzzer warning for 30 sec. may come on and can be noticeable in the cabin. There is no danger, however, and no need for further action.

An independent electrical heating system is installed in the LDMCR. Temperature control inside the LDMCR allows the selection of a temperature within the range of +20 to +25 C. The heating only operates in flight.

A340:



A340

5.3.1.8 Use of the lower deck mobile crew rest

A340

5.3.1.8.1 General

- The equipment and system checks must be conducted as stated on the equipment checklist by the C/C assigned to station 3L whenever a new cabin crew assumes control of the aircraft cabin or the aircraft cabin has been left unattended for any period of time.
- After the preflight check the LDMCR must be locked with the key.
- During normal operations, access to the LDMCR is permitted with the LDMCR keys only. The key for the flight crew is stowed on the flight deck.
- The hatch (smoke barrier) in the stairhouse must be opened, the stair-house door must be kept locked at all times during the flight.
- When the LDMCR is in use, the lighting should be set to DIM 2 or NIGHT and the fresh air nozzles should be opened to avoid the Low Airflow Warning from being

triggered unnecessarily. The temperature setting is to be set to and remain at 11 o' clock.

- The use of the LDMCR is only permitted for the operating flight and cabin crew. Exception: Crew members on a direct positioning, if the CMD has been consulted in advance.
- On night flights the LDMCR may be used additionally for breaks. On day flights without a planned inflight rest, the LDMCR may only be used in consultation with the CMD.
- The LDMCR shall not be occupied during taxiing, take-off and landing and must be vacated at the latest before beginning the descent.
- In case the LDMCR is not working due to technical reasons, a curtain is available for C- / Y-Class passenger seats in order to use them as a crew rest facility. If the LDMCR is functioning properly, the passenger cabin (C- / Y- Class Seats) may not be used for crew rest or other breaks.
- The flight crew must be informed by the S/C of the beginning and the end of the occupation of the LDMCR.
- As a handover needs to take place between the cabin crew, their rest times cannot be planned back to back.
- The on-duty cabin crew shall be aware when and by whom the LDMCR is in use, in particular if the LDMCR is occupied by one person only, as this person could overhear any acoustic alarms.
- Before the S/C uses the LDMCR, the S/C must inform the flight crew and let them know which person will undertake the S/C duties in his or her absence.
- Each crew member should use his assigned bunk, any changes made must be made known to the rest of the crew.
- Curtains of unoccupied bunks shall be fastened open.
- It is mandatory that seat belts are always fastened and any personal belongings are stowed securely.
- Care must be taken to avoid disturbance (noise and light) of sleeping crew members. Please consider entering and leaving the LDMCR in groups. An on-duty cabin crew member should be nominated to wake up the sleeping crew members at the end of the IFR.

- Always take care to open and close the doors and compartments as quietly as possible.
- Eating and talking in the LDMCR is not allowed.
- The use of ear-plugs, noise-cancelling headphones and eye-masks is permitted.
- If a flight crew member occupying a pilot seat for landing is assigned for the last rest period during the flight, he should be back on the flight deck at least 30 minutes before top of descent.
- During turnaround abroad the LDMCR remains locked and will not be cleaned.
- In ZRH, after disembarking of the passengers, the LDMCR must be unlocked.

A340

5.3.1.8.2 Aircraft Security Search

The security search of the LDMCR must also be done by the C/C assigned to station 3L with exception flights to the US, in which case the search will be carried out by a partner company.

A340

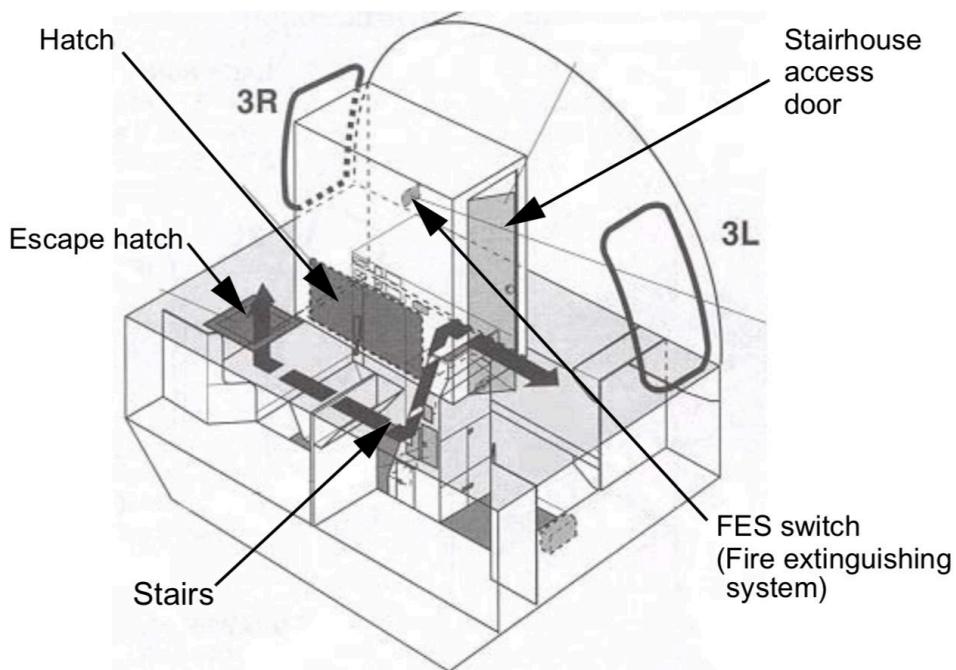
5.3.1.9 Evacuation from the lower deck mobile crew rest

A340

5.3.1.9.1 General

In the event of crew members needing to evacuate from the LDMCR, the escape routes are:

- The steps;
- The escape hatch.



A340

5.3.1.9.2 Steps - the primary emergency exit

As the steps are the primary emergency exit, the outward opening stairhouse access door in the left hand aisle should not be obstructed at any time.



Smoke barrier hatch open and secured for normal operations:



Fastening system



Smoke barrier hatch closed



(A340)

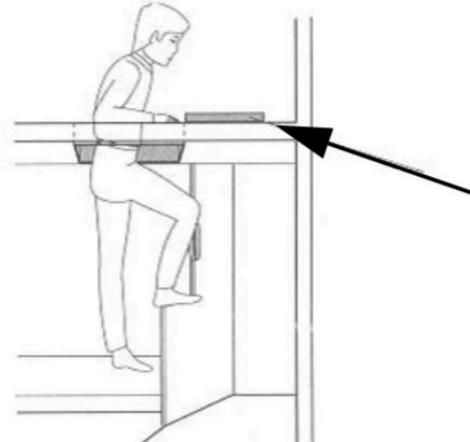
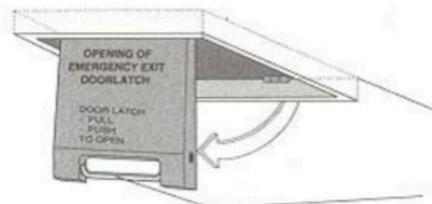
5.3.1.9.3 Escape hatch - the secondary emergency exit

(A340)

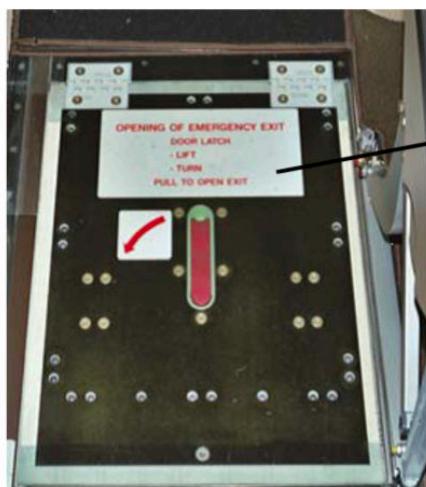
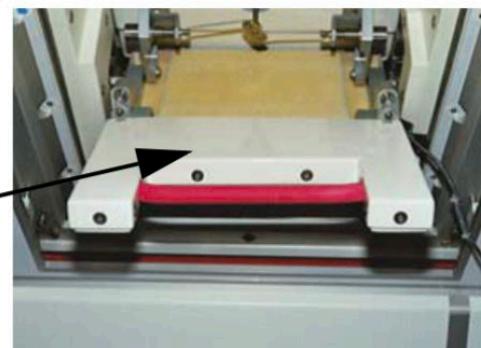
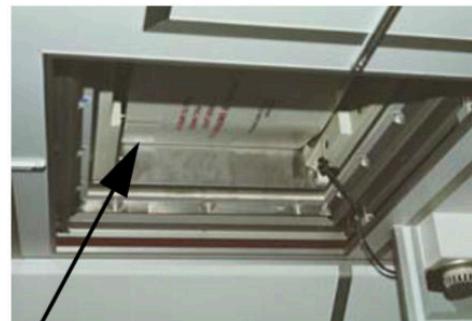
5.3.1.9.3.1 Overview

Cabin crew should not park service carts over the hatch in the right hand aisle (3R).

FWD

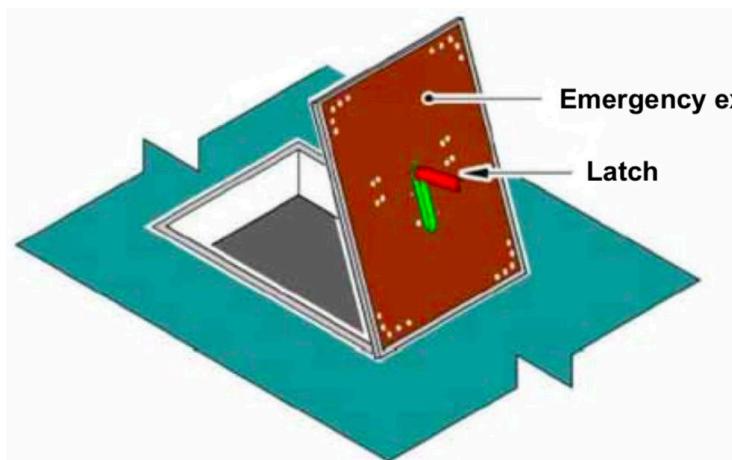



Escape
Hatch



A340

5.3.1.9.3.2 Handling of emergency exit hatch



Opening the emergency exit hatch from inside the LDMCR

1. Pull the handle (red) and guide it into the vertical position.
2. Using the handle, push the emergency exit hatch upwards and swing it fully outwards.

Opening the emergency exit hatch from the cabin side

1. Remove the piece of carpet fixed at the emergency exit hatch with velcro.
2. Lift the latch (red), swivel it counterclockwise and lift the emergency exit hatch upwards into the vertical position.
3. With the outer hand, grasp the top side of the emergency exit hatch and hold it.
4. Swivel back the latch and release it.
5. Lower the emergency exit hatch fully into the cabin.
6. Release the emergency exit hatch.
7. Grasp the handle (red) and push it against the emergency exit hatch until it is locked.

Closing the emergency exit hatch from the cabin side

Necessary in case of fire in the LDMCR. In closed position the emergency exit hatch serves as a smoke barrier. It is to be closed only from the cabin side.

Warning: Before closing the emergency exit hatch, make sure that all crew members have left the LDMCR. Otherwise injury of suffocation to the LDMCR occupants is possible!

1. Pull the emergency exit hatch upwards into the vertical position.
2. With the other hand, grasp the latch (red), lift it and swivel it counterclockwise until the handle (red) is unlocked.
3. Swivel the latch and lower the emergency exit hatch until it threads in the guiding rails and it stops moving downwards.
4. Release the latch.
5. Push the emergency exit hatch fully downwards.

A340

5.3.1.10 Warnings and fire extinguishing system

A340

5.3.1.10.1 General

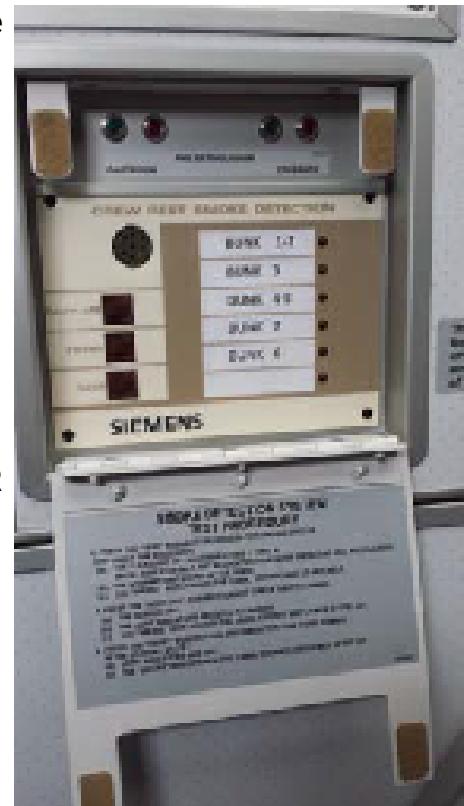
Following warnings may be initiated by the respective systems:

- Decompression;
- Low Airflow;
- Smoke and fire in the LDMCR.

During the safety equipment check of the crew bunk, the crew rest smoke detection system test has to be performed according to the checklist. Before performing the test, the flight crew (if on board) has to be informed. The test procedure includes the following:

1. Press the TEST button for more than 3 seconds on test panel
2. Each indicator light (red bunk light) on test panel goes on
3. LDMCR loudspeaker buzzer / high chime sounds
4. LDMCR light changes to full bright
5. LDMCR AIP smoke message appears ("SMOKE CR CR")
6. "Leave MCR" signs come on at each bunk (signs can take up to one minute to illuminate)
7. Cabin and cockpit smoke warning is active
8. Press HORN OFF button, horn / buzzer / high chime goes off
9. Press RESET button, all warnings go off

→ Test passed! Smoke Circuit is correct



If one or more of these points are not fulfilled, call maintenance for trouble shooting.

Note: During the performance of this test, the low airflow warning might come on (see General). **“Leave MCR” sign may be ON on ground, if the air-conditioning is switched off, and may stay on after performance of this test. If the sign is on during the LDMCR check, recheck when boarding is completed. If it is still on, report to Flight Crew.**

A340

5.3.1.10.2 Decompression

A340

5.3.1.10.2.1 Indication:

- The lighting in the LDMCR comes on to 100% intensity.
- NO SMOKING and FASTEN SEAT BELT signs flashes for 5 sec, afterwards continuously illuminated.
- A high chime sounds for 30 seconds.
- The oxygen masks are released at each bunk.

Note: No pre-recorded announcement will be audible in the LDMCR.

A340

5.3.1.10.2.2 Action:

- Take/use oxygen mask.
- Crew member remain in bunk with seat belt fastened.
- Leave LDMCR only when ordered by flight crew.



A340

5.3.1.10.3 Low airflow warning system

A340

5.3.1.10.3.1 Description

- An airflow sensor is installed to measure the quantity of air entering the ventilation system of the LDMCR. If insufficient air flow is provided to the LDMCR, a warning system exists to warn the cabin crew that the airflow is insufficient.
- In addition, it will also activate should there be a fault in the heating system or if smoke is detected in the LDMCR. In both these instances the airflow is shut down thereby activating the warnings.
- It is recommended to have the air outlets over each bunk open. This can prevent an unnecessary activation of the airflow warning system.

A340

5.3.1.10.3.2 Indications

- A buzzer sounds through the LDMCR loudspeakers for 30 seconds.
- The "LEAVE MCR" signs comes on at each bunk.
- The lighting will come on bright.
- The heating system is automatically turned off.

Note: No warning will be displayed in the cockpit.

A340

5.3.1.10.3.3 Action

- Evacuate other crew members in the crew rest.
- Immediately leave LDMCR.
- Inform flight crew.
- DO NOT reenter LDMCR until the flight crew has given permission to do so.

CAUTION: The low air flow warning can come on when the hatch is not properly locked in

- closed position (A340).

A340

5.3.1.10.4 Smoke warning in the LDMCR

A340

5.3.1.10.4.1 General

A smoke condition is when the staircase-housing smoke detector senses smoke. If the variable voltage in the smoke detector increases to more than the smoke threshold (for more than 5 seconds), the SDCU 20WH receives a smoke alarm signal. The SDCU then sends smoke alarm signals to the Flight Warning Computer (FWC) in the Flight Deck and to the CIDS.

A340

Crew Rest Smoke Detection



A340

5.3.1.10.4.2 Indications in the LDMCR

- A triple low chime sounds every 30 seconds.
- On the Crew Rest Smoke Detector control unit, the red indicator of the applicable smoke detector flashes.
- The air conditioning isolation valve closes, the low air flow buzzer sounds for 30 Seconds.
- On the AIP, the "SMOKE CR CR" message appears and red indicator flashes.
- All "LEAVE MCR" signs illuminate.
- The light intensity switches to 100%.

A340

5.3.1.10.4.3 Indication in the staircase housing

- The visual "DO NOT OPEN HATCH" warning appears (when both the emergency exit and exit hatches are closed).

A340

5.3.1.10.4.4 Indication on the flight deck

- The Continuous Repetitive Chime starts and the MASTER WARN lights come on.

A340

5.3.1.10.4.5 Indication in the cabin

- On the FAP and respective AAP, the SMOKE RESET / SMOKE LAV button comes on, the FAP Smoke page shows the location and a low, repetitive, triple chime sounds every 30 seconds.
- On the respective ACP's, the amber light flashes.
- On all AIP's, the "SMOKE CR CR" message appears, and red indicator flashes.
- On the staircase housing, the amber light flashes.

On the AAP, when you push the SMOKE LAV pushbutton switch:

- The amber call lights go off.
- The crew-rest smoke chime stops.

A340

5.3.1.10.4.6 Smoke and fire procedure in the LDMCR

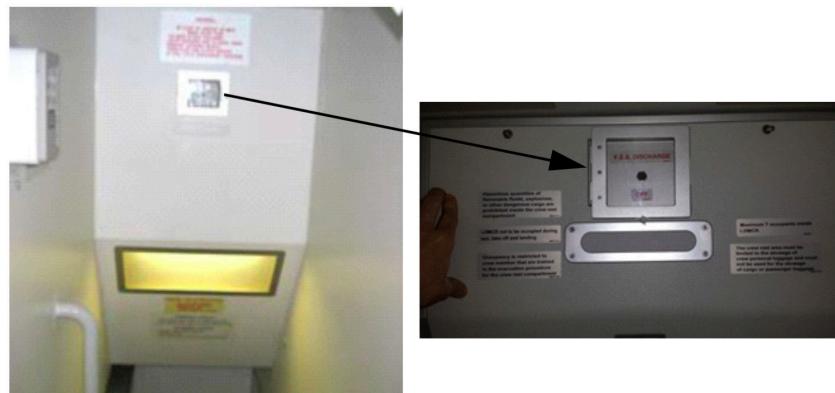
- Check for the presence of smoke and fire:
 - If smoke / fire is not visible in the LDMCR, the smoke warning is unjustified:
 - Press HORN OFF at the CRSD (Crew Rest Smoke Detector) control unit.
 - Note, which smoke detector is flashing (For entry in Tech Log book).
 - Press RESET on the CRSD.
- If smoke / fire is visible:
 - Apply basic fire fighting procedure with portable fire extinguisher.
- If unable to extinguish the fire with portable fire extinguisher:
 - Immediately evacuate LDMCR.
 - Close and lock hatch.
 - Set fire extinguisher switch at the F.E.S. in the stairhouse to "DISCHARGE".
 - Inform flight crew LDMCR evacuated and F.E.S. activated.

WARNING: Further access to the LDMCR is prohibited until arrival.

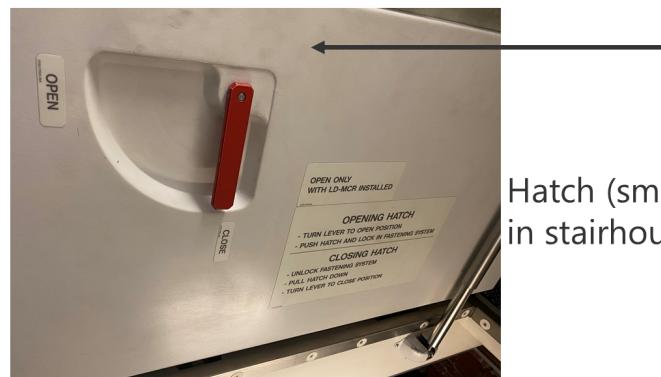
A340

5.3.1.11 Description of the fire extinguisher system (F.E.S.)

The fire extinguisher system in the LDMCR will be activated manually. When activated, Halon is discharged through outlets below the stairs.



- Pre-flight check:
 - Fire extinguisher switch at the F.E.S. in the stairhouse is OFF.
 - Hatch (smoke barrier) is secured open and red handle is in closed position.



Hatch (smoke barrier)
 in stairhouse open

- Ensure both green lights are on and red lights are off on control panel in the upper part of crew rest smoke detection panel.
- If the two red lights are on, the F.E.S. system is NOT ready for use → report immediately to S/C!
- Escape hatch is closed and locked.

A340

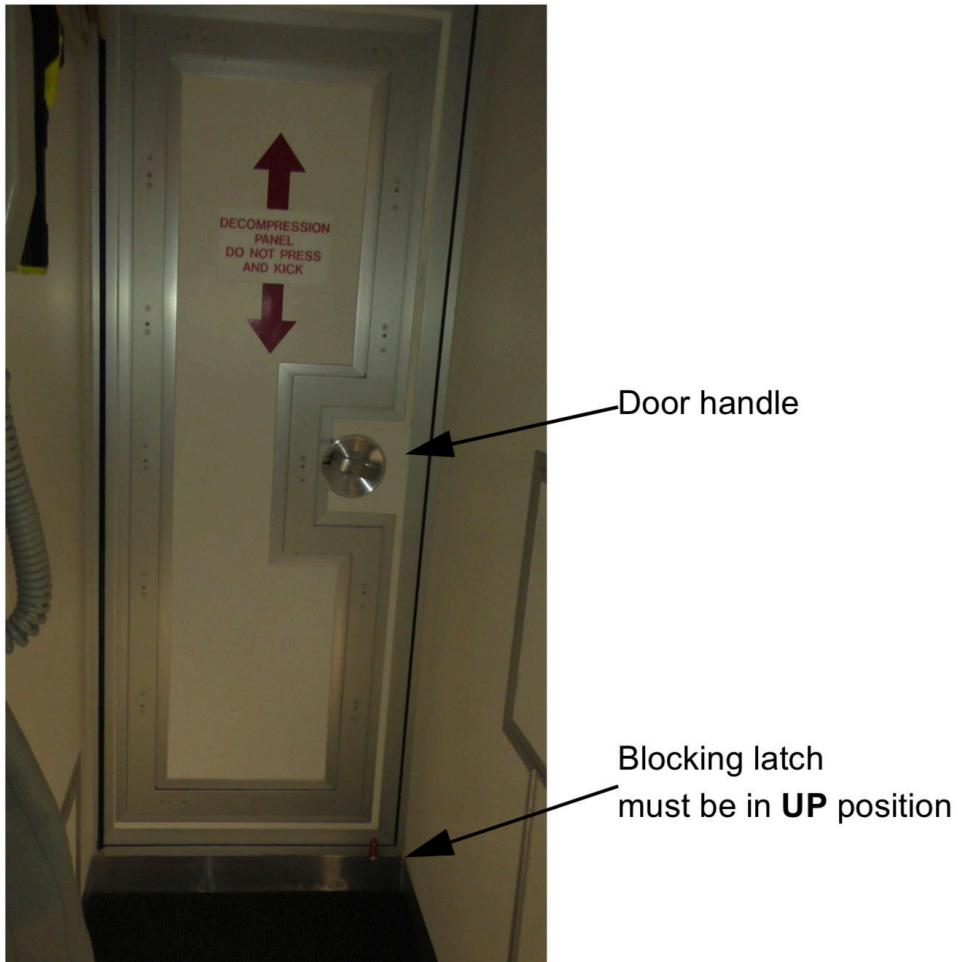
5.3.1.12 Door leading to the cargo compartment

C/C is not allowed to touch the door handle and to open this door!

- Pre-flight check
 - Check the door is in locked position.

Note: If this door is not properly locked, the cargo loading system is deactivated which can result in an operational delay.

A340:



6 First aid

6.1 First aid

6.1.1 Medical emergency on board

6.1.1.1 General

In many cases, the fate of a patient is already decided at the location on which the accident or serious illness occurs. The so-called "basic life support" represents the central feature of first aid. Where there is direct danger to life, first aid measures must be implemented immediately and continued until professional medical staff takes over. A patient, who suffers acute illness or life threatening injury on board, will be counting on your prompt and skillful help. The correct response must become automatic. Beyond that, you should be able to recognise a number of health - related problems.

6.1.1.2 Responsibility

6.1.1.2.1 Cabin Crew

- assess the passenger
- administer first aid:
 - includes immediate life saving measures
- inform S/C and flight deck:
 - situation and observations in detail
- call for a medically qualified person / have the emergency medical kit ready:
 - decision in consultation with S/C
 - in urgent severe medical cases without previous consultation with S/C
- fill in "Report Inflight medical case" in serious cases:
 - must contain name of patient and attending medically qualified person
 - to be completed even when no medically qualified person attended.

6.1.1.2.2 Flight Crew

- disembarkation of highly intoxicated or seriously ill passengers (unaccompanied);
- diversion due to a serious medical emergency aboard;
- call for a medically qualified person (if not already done by cabin crew);

- establish contact with doctor on ground:
 - MedAire;
- order ambulance (depending on seriousness of illness or injury) and/or order airport medical staff to attend the passenger.

6.1.1.3 Liability

Edelweiss accepts liability for all first- aid measures administered on board by:

- crew
- passengers acting as physician within their specific areas of responsibility.

The following text, which is available on each crew member's electronic device, may be shown by cabin crew to the passenger providing emergency medical assistance on board:

"Edelweiss thanks you for accepting the call of the flight crew to provide emergency medical assistance to a fellow passenger and/or a crew member on board. We are happy to confirm and to warrant that the insurance policy of our company covers any legal liability for incidental medical malpractice by you performing any medical service or assistance on board for and on behalf of our company."

6.1.1.4 Assessing a patient

Passengers with medical problems can lead to a serious medical case inflight. Therefore the cabin crew should pay special attention during boarding to passengers who appear to be unwell or show signs of illness.

By using all their senses (see c) and if necessary proactively addressing the passenger and asking questions (see b) the cabin crew should gather information to be able to assess the significance of the problem at hand. If there is any doubt about the passenger's fitness to fly, inform S/C.

The following is a basic guideline to be used when assessing a patient on board, and should be adapted to the specific situation.

6.1.1.4.1 General

- always check that the scene of the incident presents no hazards either to you or the patient.
- stay calm.
- always keep the patient informed about what you are doing.
- never leave a patient with severe symptoms alone.
- always talk to the patient at eye level.

- keep S/C and PIC informed.
- communicate with your colleagues (share observations and medical knowledge).
- in serious cases make notes e.g. on the “Report inflight medical case” form.
- if the patient is unable to reply ask accompanying or other passengers for observations/more information. Get more information by having a look through the patient's personal belongings (medication, medical card to alert others, etc.). You should never check a passenger's personal belongings on your own (always check it with another person).

Assessing a medical case



6.1.1.4.2 Ask for main problem

- what is the main problem, what happened?
- when did it start?
- where (affected part of body)?
- how did it start (circumstances)?
- what helps to improve the symptoms?
- call for help from a colleague if necessary.

6.1.1.4.3 Check symptoms

Scan patient from head to toe so as to get an overview of his condition.

Use all your senses!

look: skin colour (pale, red, blue, yellow...), sweating, wounds, injuries, bruising, swelling, deformities, bleeding,...



also look for external clues: medication, inhalers, syringes,...

listen: breathing (short of breath, noisy, fast, shallow...), unusual sounds, clear/ slurred speech,...



smell: alcohol, body fluids,...



feel: temperature of skin, cold sweat/warm sweat,...



talk: check state of consciousness: normal, drowsy, confused,...



What would help to improve the patient's condition.

Administer first aid to treat SEVERE symptoms IMMEDIATELY

e.g.:

- immediately administer oxygen if patient is suffering from shortness of breath;
- apply a pressure bandage and lift extremity if patient is suffering from a heavy bleeding.

6.1.1.4.4 Ask for medical history

Ask patient:

- if he knows the problem/ had the problem before.
- about any recent/current medical treatment/ pre-existing diseases.
- if he has taken any medication, drugs or sleeping pills (patient should show you the medication, write down name of medication in case you need to contact MedAire).

- about allergies.
- about possible pregnancy.

6.1.1.4.5 Administer first aid

- treat the symptoms of the patient (if not already started before).
- offer medication if necessary (always according to the list in the [First aid kit \(FAK\)](#))

6.1.1.4.6 Call for help if necessary (if not already done)

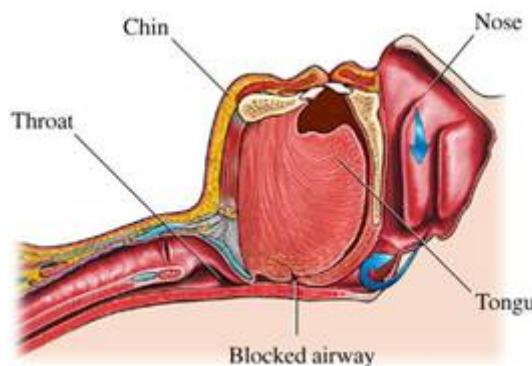
- call for help loudly or via pa, or send other passenger to call for your colleagues;
- call for a medically qualified person and/or call MedAire if necessary;
- in serious cases use the "Report inflight medical case".

6.1.2 Loss of consciousness

6.1.2.1 General

Regardless of the cause, unconsciousness entails two life-threatening risks:

- **aspiration** (inhalation of vomit/liquid)
- **asphyxiation** (blocked airways by tongue, see picture below).



6.1.2.2 Evaluating unconsciousness

6.1.2.2.1 Safety of rescuer and passenger

If a rescuer finds an unresponsive adult it is important, that the working area contains no hazards to you or the passenger.

6.1.2.2.2 Symptoms of unconsciousness

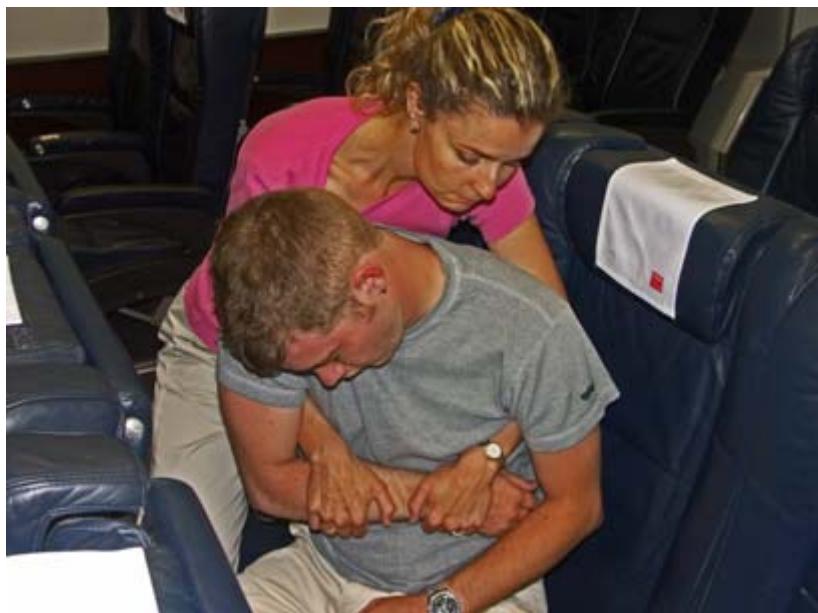
Loss of external function (awareness, voluntary muscle movement, etc.); internal functions are usually not affected.

An unconscious person:

- does not respond when spoken to;
- moves no muscle.

6.1.2.3 Lifting an unconscious passenger by using the Rautek grip

- the first c/c sits or stands behind the passenger, slides both arms under the passengers arms from behind and grasps one of the passengers arms across the upper abdomen.



- the second c/c stands in front of the passenger and places both arms around the passenger's knees.
- keeping their backs as straight as possible, both c/c bend their knees (squat); the first C/C gives the order to lift. While continually bending their knees and keeping their backs straight, they lift the passenger and place him gently onto the floor, remembering to support his head.

6.1.2.4 Moving a patient to lateral position

- Turn shoulders and hips at the same time and to the same degree. By doing so, you minimise the strain on the spine.

- Tilt the head back gently, turn the face to an angle toward the floor (allows liquid to flow out);
- Administer oxygen;
- Cover and constantly observe passenger (respiration);
- Do not administer any solids or liquids (threat of aspiration);
- Call for a medically qualified person;



- always position on uninjured side. Exceptions: passengers with chest and lung injuries should be placed on the injured side. Pregnant women should be placed on their left side.

There are several ways of positioning an unconscious person.

The most important action in positioning an unconscious person is positioning his head correctly: protection against asphyxiation and aspiration.

6.1.3 Basic life support (BLS)

Basic life support (BLS) is the foundation of saving lives following cardiac arrest.

There are many causes of cardiac arrest/circulatory standstill (e.g. heart attack, stroke, accident involving electric shock, etc.) The lack of oxygen in the brain that results, leads to unconsciousness within a few seconds, followed by respiratory arrest and after a few minutes to irreversible brain damage. In the event of circulatory standstill, resuscitative measures can, under favourable conditions, ensure that adequate blood circulation (oxygen supply) directly necessary for the survival of vital organs (brain, kidneys, lungs, etc.) is re-established.

6.1.3.1 Chain of survival

Successful BLS following cardiac arrest requires an integrated set of coordinated actions represented by the chain of survival.



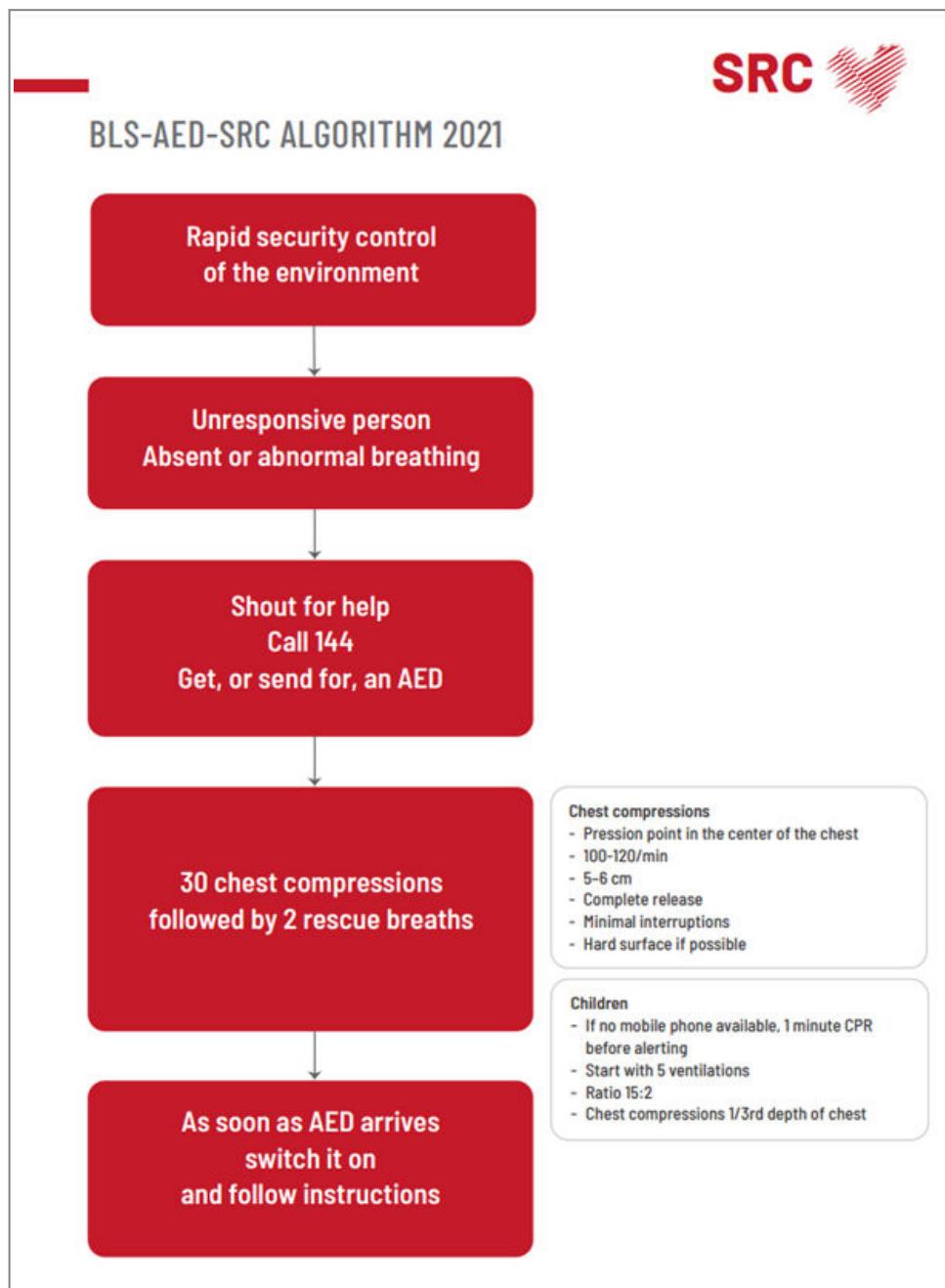
Step 1: Early recognition and call for help - to prevent cardiac arrest

Step 2: Early CPR (Cardiopulmonary resuscitation = Herz-Lungen-Wiederbelebung) - to buy time

Step 3: Early defibrillation - to restart the heart

Step 4: Post Resuscitation Care - to restore quality of life

6.1.3.2 Algorithm for adults, children and infants



6.1.3.3 Live saving procedures

1. Check for a response by tapping the victim on the shoulder and shouting at the victim
2. Call for help (another C/C, able body); then call for a medically qualified person, get emergency equipment ready, inform S/C, flight deck

3. Check for breathing;
4. If there is no breathing or no normal breathing (gasping) start with CPR.

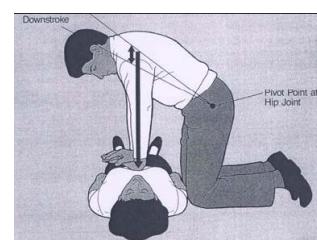
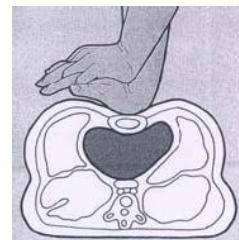
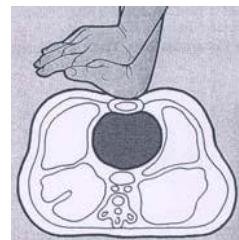
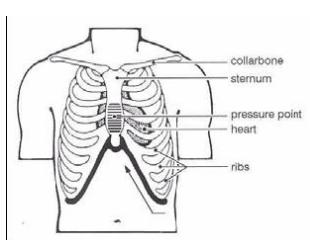
6.1.3.4 CPR for adults

A compression-ventilation ratio of 30:2 is recommended. Effective chest compressions are essential for providing blood flow during CPR. For this reason, all patients in cardiac arrest should receive chest compressions as soon as possible.

6.1.3.4.1 Compression technique

To provide effective chest compression it is important to:

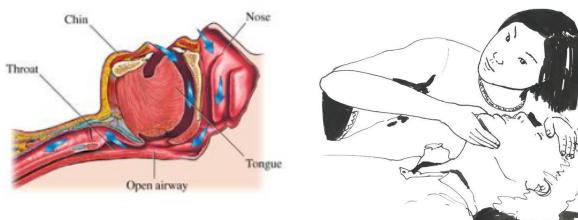
- place the patient on a firm surface
- expose the thorax
- place the heel of your hand in the middle of the chest
- place the heel of your other hand on top of the first
- keeping your elbows straight, bring your shoulders up, until they are directly over the patient's chest
- push hard and fast
- perform chest compressions at a rate of 100-120 compressions per minute
- compress with a compression depth of 5-6 cm
- allow the chest to return completely to its normal position after each compression
- keep the interruptions of chest compressions to a minimum



If multiple rescuers are available, they should rotate the task of compressions every 2 minutes. (While the AED is conducting a new analysis).

6.1.3.4.2 Respiration technique

Make breathing possible by overstretching the head and lifting the chin. This manoeuvre pulls the tongue away from the rear wall of the throat and relieves and/or prevents airways blockage (picture below).



As soon as the pocket mask is available deliver 2 rescue breaths.

- deliver each rescue breath over 1 second;
- give a sufficient volume to produce visible chest rise;
- avoid excessive ventilation.

If time allows connect the pocket mask with an oxygen bottle.

If the chest is not rising when giving rescue breaths:

- make sure the head is sufficiently tilted and the chin is lifted;
- check passenger's mouth and remove any obstruction;
- if still not successful continue with chest compressions only;

For detailed information about pocket mask kit refer to CSPM [Pocket mask kit \(PMK\)](#)

6.1.3.5 CPR for children

The algorithm is a little different as that for adults. Start with 5 ventilations. The compression-ventilation ratio is 15:2, with a rate of 100-120 compression per minute.

6.1.3.5.1 Pressure point

Infant and child: In the middle of the chest

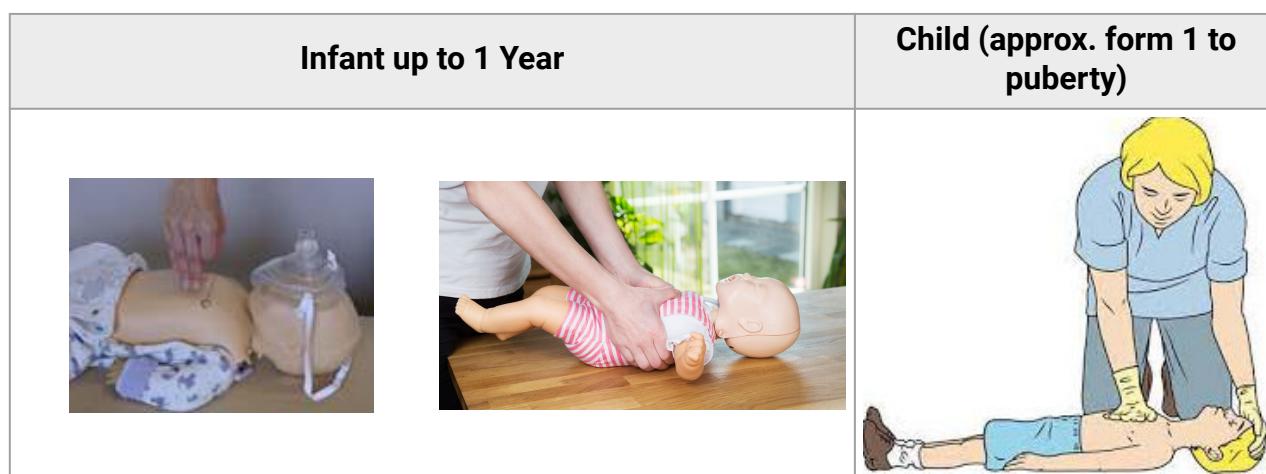
6.1.3.5.2 Depth of compression

Infant and child: a depth of least 1/3 of the diameter of the chest from front to back.

6.1.3.5.3 Compression technique

In the case of infants up to 1 year, the sternum can be pressed down with two fingers.

In case of children, the sternum can be pressed down with one hand.



6.1.3.5.4 Respiration technique

Place the pocket mask upside down (with the pointed part over the chin) over the mouth and nose (see picture 1 above).

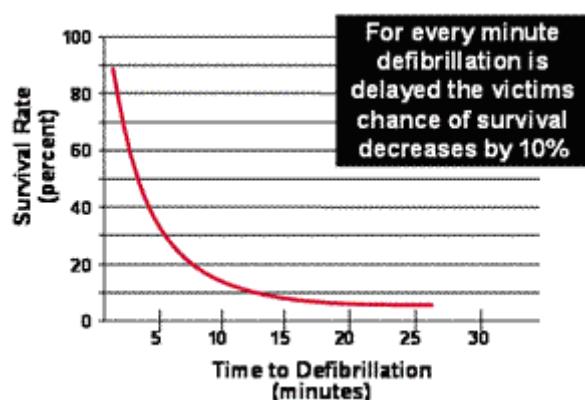
If time allows connect the pocket mask with an oxygen bottle.

6.1.3.6 Defibrillation

The most common cause of sudden cardiac arrest is called ventricular fibrillation (Kammerflimmern), a circulatory element that can quickly lead to fatal results. The sole treatment for this is immediate defibrillation.

Defibrillation must be done as soon as possible after cardiac arrest in order to maximise the patient's chance for successful therapy.

Every minute of delay in treatment after starting of ventricular fibrillation reduces the chance of survival by 7-10%.



For detailed information about the AED refer to [CSPM Automated external defibrillator \(AED\)](#).

6.1.3.7 Procedure following successful resuscitation

- place patient in stable lateral position (keep respiratory passages clear);
- supply first-aid-oxygen, high (4 l/min.);
- cover and constantly observe passenger (respiration).

6.1.3.8 Chances in success

Some emergency patients with circulatory standstill can initially be kept alive by means of the resuscitative measures described above; however, survival cannot always be guaranteed even with subsequent medical treatment.

The following can have an unfavourable effect:

- delay in beginning or interruption of resuscitative measures;
- unsatisfactory technical execution of the resuscitation;
- advanced age of the patient;
- the presence of other illnesses.

6.1.3.9 BLS during landing

The timing of the CPR interruption must be arranged with the flight deck beforehand;

- all rescuers not directly involved must take their seats;
- C/Cs perform CPR until immediately before touchdown;
- the flight deck will order C/Cs to take the jump seats;
- right after touchdown, C/Cs must resume CPR.

Every variation has to be arranged with the flight deck.

6.1.3.10 Discontinuation of resuscitation

- when resuscitation has proved successful, when the patient can breath adequately;
- upon doctor's instruction (if the doctor deems that resuscitation has failed or that the situation is hopeless); if there is no doctor on board, contact MedAire;
- flight deck orders for safety reasons (e.g. heavy turbulences and/or forecasted difficult landing).

If all of the following conditions are met:

- MedAire cannot be contacted;
- no doctor can give instruction to stop resuscitation;

- CPR has been continued for 30 minutes or longer with no signs of life within this period;
- no shocks advised by an on board AED;

then resuscitation can be discontinued and the person can be declared as PRESUMED DEAD (note time).

6.1.3.11 Flight deck briefing

- the flight deck must be kept informed continuously of patient's condition and respiration progress;
- the flight deck decides on what action is required in regard to the flight (interim landing/continue flying) and takes the necessary steps to ensure that the patient will be treated on the ground;

6.1.3.12 Handling the deceased

A death in flight is a very distressing experience for both crew and passengers. The following guidelines may help the crew deal with such a death efficiently and tactfully.

If resuscitation efforts have been stopped, the crew will need to move the body to a private place in order to avoid upsetting other passengers.

- if possible, place the body in a clear area such as on a seat row or in the galley, but not in the toilets or blocking an emergency exit.
- close the eyes and stabilize the lower jaw with a bandage.
- as there might be seepage of body fluids consider using the body bag (from the UPK) as a wrapping or at least as a lining underneath with a blanket as cover.
- leave any medical devices such as electrode pads, catheters or intravenous cannulas attached to the body.
- inform the flight deck of the cessation of resuscitation efforts. He/she will pass the information on to the EDW station manager/ station at the next point of landing and will fill in the necessary paperwork (refer to CSPM [Death](#)).
- note the time when life-saving procedures were carried out and when they were stopped.
- be sensitive to different cultural beliefs and practices. passengers travelling with the deceased may have specific requests.
- take relatives and friends of the deceased to a private area and offer them any comfort, support and assistance that they may need.
- Disembark other passengers first and make sure the family members stay with the body. Do not disembark the body until the proper local authority has arrived to take

care of the body and that the ground personnel is available to assist the family members.

6.1.4 Cardio-circulatory disorders

6.1.4.1 Circulatory collapse

Circulatory collapse is a condition which occurs frequently in flight. It is a brief period of unconsciousness and occurs when the brain temporarily receives too little blood and thus too little oxygen.

6.1.4.1.1 Causes

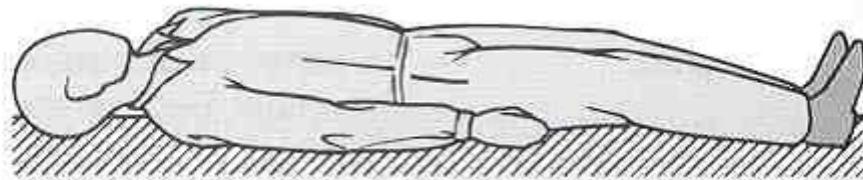
- fatigue, standing up quickly or standing for long periods;
- muggy weather, humid air;
- generally low blood pressure;
- stress, nerve factors, pain, dehydration.

6.1.4.1.2 Symptoms

- dizziness, trembling, nausea;
- paleness, sweating;
- pulse often slow and weak;
- brief loss of consciousness.

6.1.4.1.3 First aid

- protect patient from falling down (risk of injury);
- lie patient flat, legs in a horizontal position, or slightly raised.
- loosen restrictive clothing;
- wipe face and neck with cool damp cloth;
- provide fresh air.



In this position (shock position), the blood drains back to the brain. Circulation and oxygen supply are restored and the patient regains consciousness.

- After the patient has regained consciousness:
- have them sit up and give time to recover;
- offer cola or coffee (caffeine stimulates circulation and boosts blood pressure);
- help them stand up slowly.

If the patient does not regain consciousness soon, then something more serious than simple circulatory collapse has occurred. Refer to 1.2 Loss of consciousness

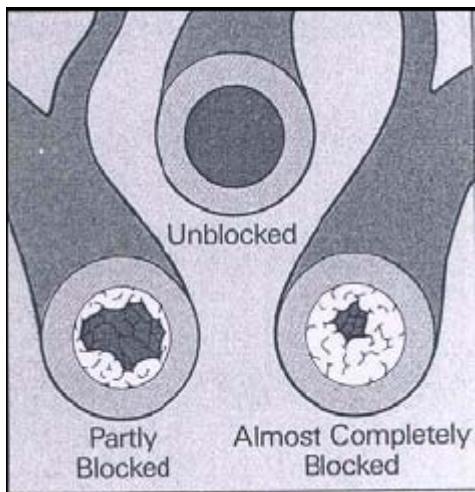
6.1.4.2 Heart attack / angina pectoris

6.1.4.2.1 Definition

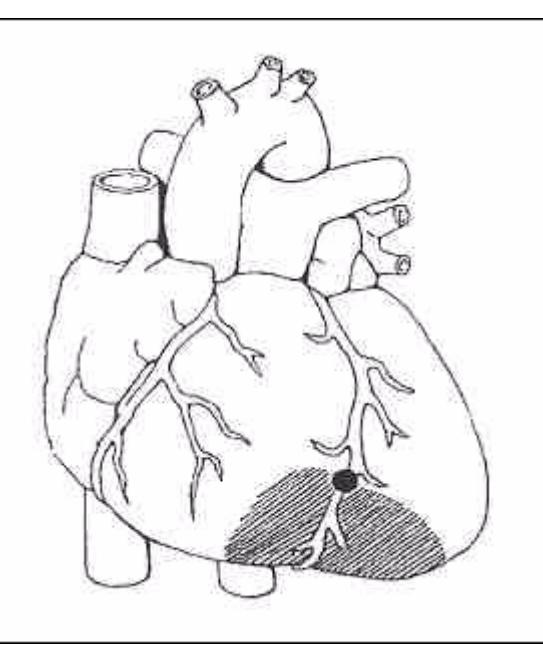
The heart is a powerful muscle pump, which supplies the blood (and therefore also oxygen) to all the organs. In order to perform this work, the heart requires oxygen which is supplied with the blood through the coronary arteries (coronary vessels).

Angina pectoris (chest pain) is due to a narrowing of the coronary arteries that results in an insufficient blood supply to part of the heart muscle. Narrowing of the arteries is caused by arteriosclerosis (thickening of the artery wall). It causes the same symptoms as a heart attack.

A **heart attack** (myocardial infarction) occurs when a blood clot blocks a coronary artery. The area beyond the clot is deprived of oxygen and dies. The severity of the heart attack depends on the amount of muscle damage. Some attacks cause the heart to stop pumping effectively (cardiac arrest).



Arterial occlusion



Affected part of myocardial muscle

6.1.4.2.2 Risk factors

- stress, physical inactivity;
- high blood cholesterol level, overweight;
- nicotine abuse;
- high blood pressure;
- age (elderly people);
- diabetes, genetic predisposition.

6.1.4.2.3 Symptoms

- persistent, stabbing, cramping chest pain often radiating along the arms (particularly the left side), lower jaw, back, upper abdomen (see picture);
- anxiety, fear of death;
- sweating, pale, cold, clammy skin;
- shortness of breath;
- nausea, vomiting;
- possibly circulatory failure, loss of consciousness.



Pain area (red area)

6.1.4.2.4 First Aid

- upright position;
- administer oxygen 4lt/min;
- give Nitrolingual spray; refer to [CSPM Use of EMK by C/C in an emergency](#) for detailed dosage instructions;
- give 1 ASA tabs (blood-thinning effect);
- call for a medically qualified person, have EMK and AED ready;
- inform S/C and flight deck;
- constantly observe passenger;
- if patient becomes unconscious, refer to [CSPM Evaluating unconsciousness](#).

6.1.4.2.5 Difference between angina pectoris and heart attack

	Angina Pectoris	Heart Attack
Time	Mostly on exertion	Also when not exerting oneself
Pain	Disappears with rest and by taking nitro glycerine	Continuous, slight or no improvement after nitro glycerine
Risks	May develop into a heart attack	Circulatory standstill

6.1.5 Respiratory disorders

6.1.5.1 Hyperventilation

6.1.5.1.1 General

Due to the fast breathing an increased exhaling of carbon dioxide (CO₂) and a consequently decreased CO₂ content in the blood occurs.

The decreased CO₂ content in the blood causes the typical symptoms.

6.1.5.1.2 Cause

- emotional stress (fear of flying, anxiety, airsickness etc.);
- intense pain.

6.1.5.1.3 Symptoms

- feeling of shortness of breath, rapid deep breathing (these symptoms may not always be visible as breathing may be superficial);
- tingling and/or numbness in fingers and/or toes and around the mouth;
- dizziness;
- agitation, anxiety;
- advanced state: muscle cramps in hands, feet and around the mouth;
- in rare cases unconsciousness.

6.1.5.1.4 First aid

- calm passenger and position yourself next to or in front of the passenger, keep eye contact;
- breathe with the passenger, encourage to slow down breathing rate;
- give short and clear instructions and explanations;
- if the above mentioned measures do not help, advise the passenger to breathe in and out an airsickness bag (reinhalation of carbon dioxide);
- if hyperventilation persists offer Valverde, call for a medically qualified person and inform the flight crew;
- observe passenger.

6.1.5.2 Asthma

6.1.5.2.1 General

This is a condition in which breathing becomes difficult due to muscle spasms that constrict the airways (bronchi) in the lungs. In addition the lining of the airways become inflamed and produce excess mucus which can block some of the smaller passages.

6.1.5.2.2 Causes

Asthma attacks can be caused/triggered by allergy (e.g. pollen, animal hair), medication, respiratory infections, physical effort, cold and dry air. In most cases asthma has already been diagnosed: ask for history.

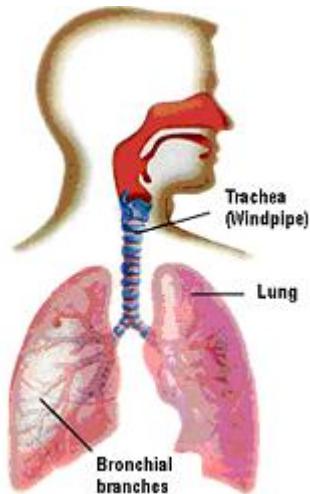
6.1.5.2.3 Symptoms

- dry coughing;
- respiratory distress accompanied by whistling/rattling sounds;
- anxiety, excited state;
- cyanosis;
- confusion, in extreme attacks loss of consciousness.

6.1.5.2.4 First aid

- upright position;
- loosen tight fitting clothing;
- administer oxygen 4lt/min;
- help the patient to take medicine, offer Ventolin spray (dosage: refer to list of content);
- call for a medically qualified person;
- inform S/C and flight deck;
- constantly observe passenger.

A severe asthma attack can be life-threatening!



6.1.5.3 Chronic lung disease

6.1.5.3.1 General

Chronic obstructive pulmonary disease (COPD) is one of the most common chronic lung disease and characterized by inflammation of the airways, chronic bronchitis (chronic

cough) and damage of the lung tissue. The disease is most often caused by smoking. In an advanced stage of COPD even mild exertion can cause shortness of breath and are also likely to develop hypoxia under cabin conditions. Therefore they may need supplemental oxygen throughout the flight. It can be provided either by the passengers Portable oxygen concentrator (POC) or by ordered Medical oxygen unit (WS = Wenroll system) through Edelweiss Services Team.

Transient respiratory infection (e.g. common cold or pneumonia) can dramatically worsen the symptoms of a COPD patient.

6.1.5.3.2 Symptoms

- shortness of breath on exertion or even at rest;
- coughing with sputum;
- cyanosis.

6.1.5.3.3 First aid

- upright position;
- loosen tight-fitting clothing;
- administer oxygen (4l/min);
- help the patient to take medicine, offer Ventolin spray (dosage: refer to list of content);
- call for a medically qualified person;
- inform S/C and flight deck;
- constantly observe passenger

6.1.5.4 Choking

6.1.5.4.1 General

Choking is a partial or total blockage (= obstruction) of the airways caused by a foreign object. In adults it's often a piece of food or vomit. Sometimes this happens under the influence of alcohol or drugs. In children it can be a chewing gum, sweets, a peanut or a part of a toy.

6.1.5.4.2 Symptoms

In case of mild obstruction:

- coughing forcefully;
- can speak and breathe;

In case of severe obstruction:

- difficulty to speak or breath; wheezing sounds
- attempting to cough;
- cyanosis;
- panic;
- unconsciousness

6.1.5.4.3 First aid

In case of mild obstruction:

- encourage passenger to cough and observe.

In case of severe obstruction and patient is conscious:

1. give 5 **back blows**:

adult



child



infant < 1 year



2. adult: give 5 **abdominal thrusts** (Heimlich manoeuvre), infant < 1 year: give 5 **chest compressions**

Abdominal thrusts

adult



child



Chest compressions

infant < 1 year



For adults and children place the fist between the navel and well below the tip of the breast bone. Grasp this hand with your other hand and pull sharply inwards and upwards.

For infants the pressure point is the same as for chest compression.

- Call for a medically qualified person
- Repeat steps 1 and 2 until object is forced out and patient can forcefully breath. Observe patient.
- If the patient becomes unconscious start CPR (refer to 1.3)

Note: Abdominal thrusts can cause internal injuries; all patients treated with abdominal thrusts should be checked by a doctor.

For pregnant women or obese passengers use chest thrusts rather than abdominal thrusts. Procedure as in abdominal thrusts but position of the fist on the lower breast bone.

6.1.6 Neurological disorders

6.1.6.1 Airsickness

Refer to OM A Air sickness.

6.1.6.2 Seizures / Epilepsy

6.1.6.2.1 Definition

Seizures are due to abnormal electrical activity in the brain. Epilepsy is a chronic neurologic disorder characterized by repetitive seizures. The generalized seizure is one of several different forms. Others are the absences (twilight sleep) or focal attacks (shaking or cramps of single parts of the body e.g. arm, leg, face).

A medical treatment diminishes the risk of a seizure.

Look for a special identification card or personal medication!

6.1.6.2.2 Causes

- brain damage - (head injury, tumour, stroke);
- hypoglycaemia;
- hypoxia;
- intoxication;
- infections;
- febrile seizures affected child refer to [CSPM Febrile seizures](#).

6.1.6.2.3 Symptoms

- sudden falling down;
- unconsciousness;
- first muscles stiffening throughout the body, then convulsive movement of arms and legs;
- face may turn blue (as patient has stopped breathing);

- possible injury by biting of tongue, lips and mouth;
- possible loss of control of bladder and bowels;
- increased saliva flow; foam may be emitted from mouth due to rapid tongue movement;
- after the seizure confusion and/or deep sleep.

6.1.6.2.4 First aid

- remain calm, note time;
- protect patient from injuries;
- if several seizures occur in succession; seizure lasts longer than 3 minutes, the patient is injured or remains unconscious call for a medically qualified person and inform flight crew;
- if several seizures occur in succession or seizure lasts longer than 3 minutes give one Temesta tablet (also refer to [CSPM Emergency medical kit \(EMK\)](#)); prolonged seizure can be life-threatening due to lack of oxygen in the brain or aspiration;
- let the patient rest after the seizure is over:
 - move him/her into a stable lateral position and cover him with a blanket;
 - administer oxygen (flow 4 l/min);
- observe and stay with the patient until he/she has fully recovered.

Do not:

- attempt to use force suppress the convulsions;
- force an object between the patient's teeth (risk of injury);

6.1.6.3 Febrile seizures

6.1.6.3.1 General

Febrile seizures are the most common type of seizures affecting children between 6 months and 5 years old. They are caused by rapid rise in temperature.

Ask for history: child may already have experienced fever convulsion.

6.1.6.3.2 Symptoms

- high fever;
- symptoms similar to cerebral convulsion (see above).

6.1.6.3.3 First Aid

- cooling (compress);
- if carried by parents: medication to lower fever, given by parents!
- call for a medically qualified person and inform flight crew.

6.1.6.4 Stroke

6.1.6.4.1 General

Sudden neurological symptoms caused by cerebral haemorrhage or cerebral thrombosis. Both conditions lead to a sudden, mostly partial loss of the brain function.

6.1.6.4.2 Causes

- in 85% of the cases: cerebral thrombosis due to embolism or arteriosclerosis;
- in 15% of the cases: cerebral haemorrhage.

6.1.6.4.3 Symptoms

- dizziness, sometimes headache;
- speech disorder;
- hemiplegia (arm, leg);
- impaired vision;
- often hanging mouth (face paralysis);
- unconsciousness.

6.1.6.4.4 First aid

- if the patient is conscious = lie patient flat in horizontal position;
- if the patient is unconscious = check breathing - if breathing adequately - lateral position;
- administer oxygen 4lt/min;
- inform S/C and flight deck;
- call for a medically qualified person;
- constantly observe passenger.

Remember: "FAST" Face-Arm-Speech-Time

A passenger with the above mentioned symptoms should obtain professional medical care as soon as possible (stroke unit). A prompt treatment in a stroke unit (within a few hours) after a stroke occurred can cause a significant better outcome! Time is brain!

6.1.6.5 Headache

6.1.6.5.1 General

Headache is a very common condition. Typical causes include muscle tension resulting from neck or shoulder problems, stress, fatigue, ear or sinus infection, and dehydration. Serious causes of headache are rare. It may include infections such as meningitis, bleeding inside the skull, head injuries and brain tumour. Warning signs of such conditions may be a sudden onset of fever, nausea and vomiting.

6.1.6.5.2 Symptoms

- mild to moderate pain;
- dull to piercing or throbbing sensation.

6.1.6.5.3 First Aid

- offer a cool wet towel to place on the forehead or on the nape of the neck;
- give painkiller.

Call for a medically qualified person and inform flight crew if:

- recent head injury;
- sudden, severe headache
- neurologic symptoms such as weakness, abnormal sensations on one side of the body, speech disorder;
- fever, stiff neck, sensitivity to bright light and persistent vomiting (meningitis).

6.1.6.6 Migrane

6.1.6.6.1 General

Migraine is a chronic neurologic disorder characterized by recurrent moderate to severe headaches often in association with a number of additional symptoms and can be triggered by various factors such as certain food, premenstrual hormonal changes, weather conditions etc.

6.1.6.6.2 Symptoms

- moderate to severe, throbbing headache;
- usually affecting one side of the head;
- occasionally nausea, vomiting and sensitivity to bright light or noise;

- sometimes transient neurological deficits such as visual disturbances.

6.1.6.6.3 First Aid

- assess medical history;
- if possible darken the area around passenger;
- ask the passenger if he/she is carrying any medication for migraine;
- give Domperidon Mepha and painkiller.

6.1.7 Trauma / injuries

6.1.7.1 Wounds / bleeding

6.1.7.1.1 General

A wound is an injury that damages the skin (cut, bruise, puncture). In bleeding we differentiate between:

- externa, visible bleeding (capillary, venous, arterial bleeding)
- internal, invisible bleeding

6.1.7.1.2 General first aid

- put on gloves;
- major wounds require treatment by a medically qualified person;
- do not try to remove foreign objects, call for a medically qualified person;
- if a painkiller is necessary do not use ASA-tabs

Type of bleeding	First aid
Capillary bleeding <ul style="list-style-type: none">• Droplets of blood	Wound disinfection, bandage
Venous bleeding <ul style="list-style-type: none">• Steady flow,• dark red blood	<ul style="list-style-type: none">• stop bleeding• wound disinfection• for gaping wounds use steri strips bandage
Arterial bleeding <ul style="list-style-type: none">• Spurting	<ul style="list-style-type: none">• apply direct pressure on the wound (see picture)• raise injured limb

Type of bleeding	First aid
<ul style="list-style-type: none"> • bright red blood 	<ul style="list-style-type: none"> • apply additional pressure on the feeding artery (see picture) • beware of shock!
Internal bleeding <ul style="list-style-type: none"> • often only to be recognized by symptoms of shock due to loss of blood 	<ul style="list-style-type: none"> • treat shock • refer to shock 1.7.3

A typical adult has a blood volume of approximately 4.5 to 5.5 litres (approx. 70ml/kg body weight). A constant and sufficient volume of blood is important to sustain the blood pressure and to supply the body tissues with oxygen and nutritive substances. The loss of $\frac{1}{2}$ litre of blood is usually well tolerated. However, higher blood losses can cause a shock and be life threatening.

6.1.7.1.3 Pressure bandage



Direct pressure: Apply a dressing with strong pressure and fix a second one (e.g. elastic bandage) over a role of gauze to increase the direct pressure.



Indirect pressure: If the bleeding can't be controlled apply additional pressure on the feeding artery. A major arterial bleeding needs to be attended in a hospital.

6.1.7.2 Shock

6.1.7.2.1 Definition

Shock is a severe disturbance of the blood supply to the vital organs (brain, kidneys, lungs, heart).

Three main factors are responsible for ensuring a constant flow of blood, which in turn ensures that organs receive the vital supply of oxygen:

- satisfactory heart activity;
- blood vessels intact and elastic;
- correct amount of blood.

Depending on the situation, the body can adapt to these factors and regulate them, to ensure that the supply of oxygen to the organs remains constant. This happens by the following mechanisms:

6.1.7.2.2 Causes

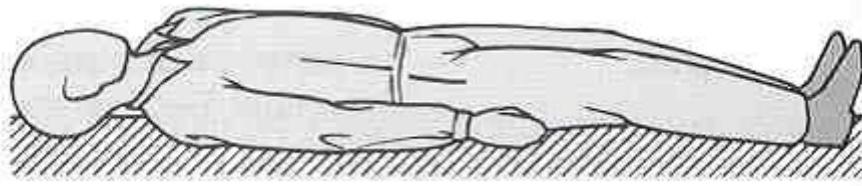
- internal or external bleeding;
- widespread burns: fluid loss from the skin and underlying tissues;
- allergies, poisoning, severe infection (sepsis): widening and leaking of blood vessels (blood pressure falls);
- massive heart failure: heart does not pump properly (e.g. heart attack, pulmonary embolism).

6.1.7.2.3 Symptoms

- skin is damp, pale and cool
- pulse is rapid and weak;
- patient is apathetic (rarely confused and agitated);
- rapid breathing.

6.1.7.2.4 First aid

- whenever possible, treat the cause of shock (stanch external bleeding);
- call for a medically qualified person, get EMK and AED ready;
- inform S/C and flight deck;
- administer oxygen 4 l/min;
- place passenger in shock position. exception: in case of chest pain, upright position;
- keep passenger warm (blanket);
- do not give anything to drink or to eat;
- if passenger is unconscious, refer to [CSPM Evaluating unconsciousness](#).



6.1.7.3 Nose bleed

6.1.7.3.1 Cause

- nose-picking;
- high blood pressure;
- a cold;
- illness.

6.1.7.3.2 First aid

- upright position (do not tilt head back);
- press nostrils together for approx. 5 minutes;

- place a wet cold towel on the back of the patient's neck and forehead;
- if you are unable to stop the bleeding, call for a medically qualified person.

6.1.7.4 Eye injury

6.1.7.4.1 Cause: Foreign object in eye

6.1.7.4.1.1 Symptoms

- scratchy feeling in the eye, worsening when blinking or moving eyes;
- redness of the eye;
- increased flow of tears.

6.1.7.4.1.2 First aid

- advise passenger not to rub his/her eye;
- put on gloves;
- sometimes object can be rinsed out by blinking;
- if not possible, rinse the eye with lukewarm water;
- do not remove any particle that is firmly lodged;
- if object can not be removed call for a medically qualified person and/or cover both eyes with a soft bandage. It prevents the passenger from rubbing the eye and the eye from moving.

6.1.7.4.2 Cause: Chemical splash to the eye

6.1.7.4.2.1 Symptoms

- pain, burning or scratchy feeling;
- redness of the eye;
- increased flow of tears.

6.1.7.4.2.2 First aid

- put on gloves;
- advise the passenger to tilt the head towards the affected side;
- flush the affected eye with ample lukewarm water;
- apply cold compresses;

- cover the eye with a soft bandage;
- call for a medically qualified person.

6.1.7.5 Head and neck injury

6.1.7.5.1 Symptoms

Severe head injuries can lead to temporary disturbance of the brain (concussion) or even to fractures of the skull due to swelling or bleeding. All passengers with head injuries should always be evaluated for possible neck injury.

6.1.7.5.2 Symptoms

- visible symptoms: bruise, cut, swelling;
- concussion: headache, nausea or vomiting, drowsiness, temporary loss of memory, partial to complete loss of consciousness.
- neck pain or tenderness in the neck;
- weakness, numbness or loss of sensitivity (arms, legs).

6.1.7.5.3 First aid

- wound treatment, if necessary;
- cool area after a blunt trauma to minimize swelling;
- assess severity of the injury;
- inform S/C and flight deck;
- in case of unconsciousness refer to [CSPM Evaluating unconsciousness](#);
- call for a medically qualified person in case of weakness, numbness, paralysis or loss of consciousness.

6.1.7.6 Sprain, dislocation, fracture

6.1.7.6.1 General

Injury to joint caused by over-stretching, frequently occurring on shoulder joint and ankle.

6.1.7.6.2 Symptoms

- pain;
- limited ability of function;
- swelling;

- blood effusion;
- definite symptoms of fracture are: incorrect position, visible bone fragments.

6.1.7.6.3 First aid

First aid for sprain, dislocation and fracture is identical:

- remove jewellery;
- if possible stabilise and immobilise with Sam splint, in arm fractures fix additionally with sling;
- cool with cold compresses;
- raise injured limb;
- give painkiller;
- open fracture: apply sterile bandage before further treatment;
- inform SC and flight deck;
- call for a medically qualified person.

Beware of shock symptoms in upper leg fractures (loss of blood e.g. up to 2'000ml for a fracture of the femur).





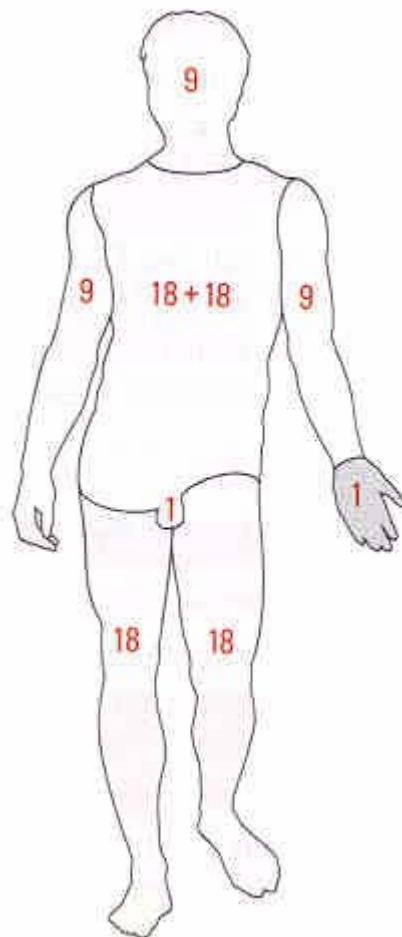
6.1.8 Burns

6.1.8.1 Severity

1st degree	Reddening of skin, painful
2nd degree	Blistering, very painful
3rd degree	Skin white, brown or black, leathery, painless
4rd degree	Charring, painless

6.1.8.2 Size

The size of a person's palm is approximately 1% of their total body surface area.



6.1.8.3 First aid

- Put gloves on
- Cool burned area with running tap water (15-20°C) for max. 10 minutes
- Apply hydrogel burn dressing, keep it wet (water), secure with a bandage; hydrogel burn dressing can even be used for children and babies
- Remove jewellery as well as clothing that is not stuck to the passenger's skin
- Offer painkiller if necessary
- If size of burned area is more than 1% or burns to the face, joints, genitals:
 - Call for a medically qualified person
 - Inform SC and flight deck
 - Constantly observe passenger

Do not:

- Cut blisters (risk of infection)
- Apply ice or dry ice
- Use any "home remedies"

Beware of causing hypothermia when using cold water on larger burned areas and on small children.

6.1.9 Various medical disorders

6.1.9.1 Diabetes mellitus (Sugar diabetes)

6.1.9.1.1 General

To produce energy, the body needs glucose, which is absorbed into the blood from food. The level of the glucose in the blood is controlled by a hormone called insulin (which is formed in the pancreas). In case of diabetes the body does not produce enough insulin and/or does not efficiently use it and the blood glucose level becomes too high (=hyperglycaemia). Symptoms usually develop over weeks or months.

People with diabetes are often following a special diet and may also take tablets or need insulin injections to control their glucose levels.

There are two classifications of diabetes.

Type 1	absolute insulin deficiency
Type 2	relative insulin deficiency

6.1.9.1.2 Hypoglycaemia

Hypoglycaemia occurs when the blood glucose level falls below normal. Symptoms of hypoglycaemia develop quickly, e.g. within minutes to hours.

Possible causes:

- excess dose of insulin;
- patient has not had enough to eat (Diarrhoea and/or vomiting);
- intense physical activity/stress.

Symptoms of hypoglycaemia:

- weakness, tiredness;
- perspiration, paleness;
- hunger, trembling;
- disorientation, agitation, aggressive behaviour;

- nausea; headache;
- later: unconsciousness
 - hypoglycaemic coma.

6.1.9.1.3 First aid for hypoglycaemia

If the patient is conscious:

- Fruit juice, sweetened with 2 - 3 sachets of sugar;
- offer carbohydrates such as chocolate, bread or a meal;
- constantly observe passenger;

If the patient is unconscious:

- refer to [CSPM Evaluating unconsciousness](#);
- call for a medically qualified person, get EMK ready;
- inform S/C and flight deck;
- Put sugar under the tongue only when instructed to do so by the MedAire doctor;
- constantly observe passenger.

A sick passenger, a family member or a medically qualified person may use the glucometer contained in the EMK if familiar with measuring the blood glucose.

If a diabetic is in a critical medical state, always treat as hypoglycaemia and give sugar.

6.1.9.2 Abdominal pain

6.1.9.2.1 Cause

There are many different possible causes:

- flatulence (the most frequent cause on board);
- gastric irritation, heartburn (indigestion);
- inflammation (appendicitis, cystitis, pancreatitis);
- kidney colic (kidney stones), biliary colic (gallstone);
- obstipation, diarrhoea (food poisoning);
- painful menstruation, pregnancy, childbirth;
- urinary retention;
- psychical (aviophobia, stress);

- tumour; bleeding.

6.1.9.2.2 Symptoms

Wide range of pain symptoms: mild to severe, diffuse or localised, persistent or intermittent spastic (colic). Depending on the cause abdominal pain can be accompanied by nausea, vomiting, diarrhoea, fever or urinary symptoms.

6.1.9.2.3 First aid

- keep passenger in most comfortable position;
- flatulence: have the passenger move around;
- heartburn: Gaviscon chewable tablets;
- inflammation: offer painkiller;
- colic, painful menstruation: offer a PET bottle filled with warm water to place on their belly and spasmolytic medication (Buscopan);
- severe diarrhoea: Loperamid, offer passenger to drink;
- vomiting: offer patient antiemetic (Domperidone-Mepha);
- generally:
 - if pain is serious or if cause unknown call for a medically qualified person.

6.1.9.3 Intoxication

6.1.9.3.1 General

Intoxication is a condition of being mentally or physically impaired due to the ingestion of alcohol or drugs. Drugs can be legal (medication) or illegal (heroin, cocaine etc). There is a broad spectrum of psychic symptoms depending on substance and dose. Mild hypoxia in-flight can increase the symptoms as well as the combination of alcohol and drugs.

6.1.9.3.2 Symptoms

- breath smells of alcohol, slurred speech;
- sleepiness, agitation, confusion, unruly behaviour;
- nausea, vomiting;
- severe intoxication: slow breathing, unconsciousness.
- a wide variety of symptoms can occur depending on the type of drug.

6.1.9.3.3 First aid

- remain calm and friendly;
- constantly observe passenger;
- keep passenger warm;
- if passenger is unconscious, refer to [CSPM Evaluating unconsciousness](#):
- administer oxygen 4lt/min;
- call for a medically qualified person;
- inform S/C and flight deck.

Symptoms of a stroke, hypoglycaemia or hypoxia can easily be misread as symptoms of intoxication.

6.1.9.4 Allergy

6.1.9.4.1 General

Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens.

6.1.9.4.2 Causes

Possible allergens:

- food (e.g. animal protein, nuts, fruits and spices);
- medication and other chemical substances;
- insect bite;
- animal hair and skin particles, pollen;
- sun, latex, nickel (necklace, ring) etc.

6.1.9.4.3 Symptoms

Allergic reactions may range from harmless to life threatening situations and can affect different organs. The faster the symptoms develop, the more severe the reaction will be.

Moderate Symptoms

- skin: reddening, itching, weals, oedema.
- eyes: itchy, red;
- nose: runny nose, sneezing;

- lungs: coughing, wheezing, asthma;
- intestinal disorder, nausea, vomiting.

Severe Symptoms

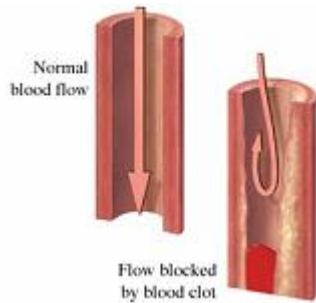
- severe breathing difficulties;
- symptoms of shock (anaphylactic shock).

6.1.9.4.4 First Aid

- remove allergen if possible;
- help the patient take own medicine for allergy or offer Cetirizine Mepha
- breathing problems: administer oxygen, Ventolin spray;
- inform S/C and flight deck;
- call for a medically qualified person;
- symptoms of shock: refer to [CSPM Shock](#).

6.1.9.5 Deep vein thrombosis (DVT)

Deep vein (or venous) thrombosis is a condition in which a small blood clot (thrombus) develops in the deep veins usually of the leg. The condition itself is not dangerous but the complication of pulmonary embolism can be life threatening. Refer to [CSPM Pulmonary embolism](#).



6.1.9.5.1 Risk factors

- prolonged immobilisation;
- pregnancy, childbirth, medications (e.g. contraceptive pills);
- increasing age;
- personal or family history;
- smoking;
- obesity and varicose veins (krampfadern);

- cardiovascular disease or recent surgery or trauma (fracture);
- cancer.

Additional factors in-flight may also be a risk for a DVT:

- dehydration (to less fluid intake);
- not moving for a long time (e.g. excessive alcohol and sleeping pills).

6.1.9.5.2 Symptoms

- swelling;
- leg pain that may increase with walking, standing or exertion;
- tenderness or warmth in the leg;
- bluish or reddish discolouration of the skin.



6.1.9.5.3 Prevention

- frequent and regular stretching particularly of the lower limbs;
- changing position while seated;
- enough fluid intake;
- eventually anti thrombotic medication (e.g. heparin);
- compression stockings (Stützstrümpfe) if indicated.

6.1.9.5.4 First aid

- immobilization (to prevent pulmonary embolism);
- elevate the leg (avoid manipulation);

- apply cool compresses;
- if necessary give painkiller;
- after the flight: get medical treatment (evaluate transportation method).

6.1.9.6 Pulmonary embolism

6.1.9.6.1 General

Pulmonary embolism is a blockage of an artery of the lung by a blood clot that has travelled through the blood stream and commonly results from a deep vein thrombosis. The obstructed blood flow causes a reduced oxygen uptake and in severe cases leads to a heart failure.

A very large or numerous clots (emboli) can lead to acute heart failure and/or circulatory standstill.

6.1.9.6.2 Symptoms

- Chest pain, often stabbing
- Shortage of breath
- Rapid breathing, cyanosis
- Coughing, sometimes with bloody sputum
- Palpitations
- Anxiety
- In severe cases: collapse, circulatory standstill

6.1.9.6.3 First aid

It is very difficult to distinguish the pulmonary embolism from a heart attack, therefore the same therapy as for a [CSPM heart attack](#) can be applied.

6.1.10 Pregnancy and birth on board

6.1.10.1 Vaginal bleeding in early pregnancy

6.1.10.1.1 General

If the bleeding is accompanied by abdominal cramps and feels like period pain it may be a sign of miscarriage.

6.1.10.1.2 First Aid

- Advise the woman to rest;
- give clear liquids if she is thirsty, but do not give anything to eat;

- monitor the woman for blood loss, if the loss is heavy treat her for shock (refer to [CSPM Shock](#)), call for a medically qualified person;
- if tissue is expelled, save it in a biohazard bag from FAK which should be transported to the hospital with the mother upon landing.

6.1.10.2 Cramps/Contractions during pregnancy

6.1.10.2.1 General

False contractions are often irregular, may stop when you walk or change position, they are usually not strong and only felt in the front of the abdomen.

6.1.10.2.2 First Aid

Comfort the woman.

6.1.10.3 Birth on board

6.1.10.3.1 General

A normal pregnancy lasts for about 40 weeks. Birth is a natural process and is usually routine in its course. The process of giving birth is called labour. There are three stages:

- In the first stage the woman's body is preparing for giving birth;
- In the second stage the infant is born;
- In the third stage the placenta is expelled from the uterus.

The three stages usually take several hours.

6.1.10.3.2 Preparation for birth on board

- Inform S/C and flight deck;
- Call for a medically qualified person or midwife
- If possible provide a birth area for the woman and prepare with plastic sheets, (newspapers, blankets, pillows)

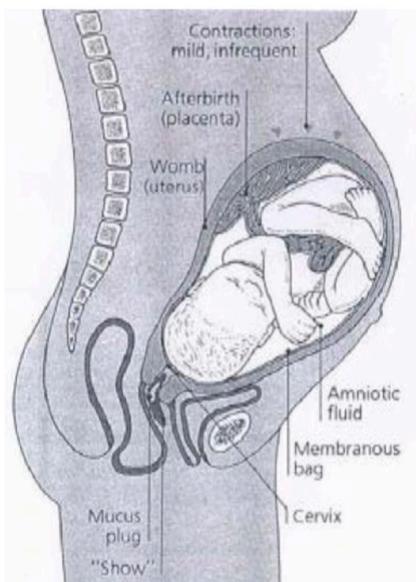
6.1.10.3.3 Required equipment

- FAK, EMK (scissors, umbilical cord clamps, gloves, sterile dressings);
- Oxygen;
- Several clean towels in which the baby can be wrapped
- A plastic bag (for the afterbirth).

- If a cradle is used, it should be warmed first.

6.1.10.3.4 The first stage

The uterus begins with strong muscular contractions and the neck of the uterus (cervix) gradually opens (see picture below). Contractions becoming regular, stronger and more frequent until they are 1-2 minutes apart.

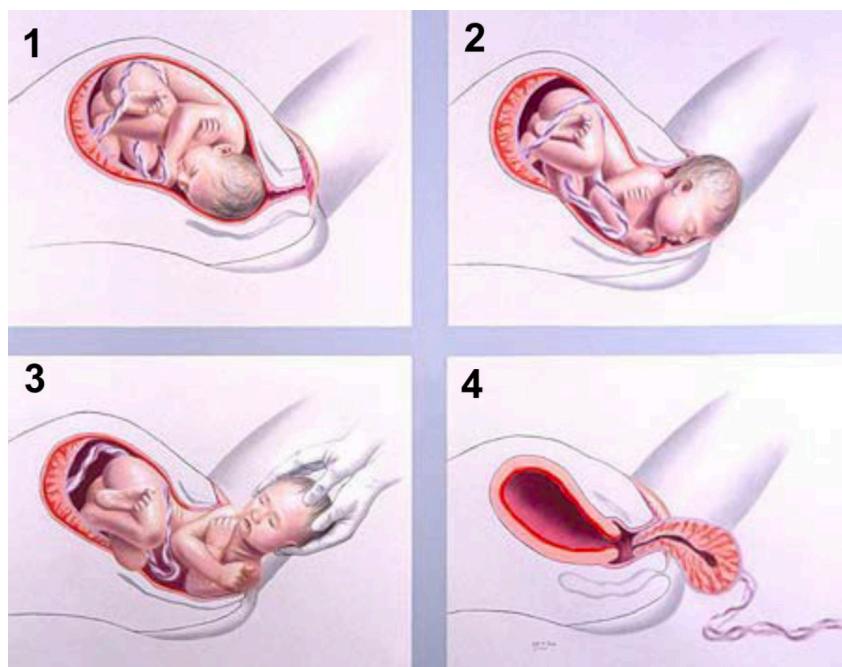


Your support:

Stay with the woman. Encourage her and help her to remain calm. Allow her to take her preferred position.

6.1.10.3.5 The second stage

This stage of labour begins when the cervix is fully open and the infant's head enters the mother's vagina and ends when the baby is delivered (see pictures 1 to 3).

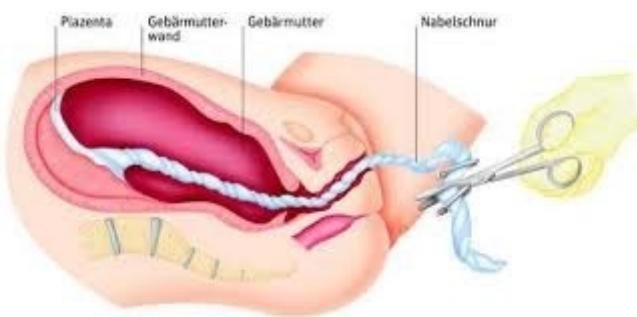


Your support

- wear gloves;
- support the infant's head. Encourage the woman to blow out gently to avoid pushing while the head is delivered;
- check baby's breathing. Gently wipe its mouth and nose with a clean dressing to clear the airways;
- if the baby does not breathe, rub its back and the soles of its feet firmly. If after 2-3 minutes these actions have no effect, begin artificial respiration;
- if necessary give oxygen (4lt/min);
- dry the baby, wrap it in warm towels (including head) to avoid hypothermia;
- give the baby to the mother and advise her to place it on the lower part of her bare abdomen;
- cut the umbilical cord.

6.1.10.3.6 To cut the umbilical cord:

- Clamp the first umbilical cord clamp a hand's width (10-15cm) away from the infant's abdomen and the second clamp some cms further away;
- check if both of the clamps are tightly secured;
- cut the umbilical cord between the clamps with a scissor;
- wrap umbilical cord with clamp in a sterile dressing on baby's abdomen.



6.1.10.3.7 The third stage: The afterbirth

After the infant's birth the final stage of labour begins. The placenta detaches from the wall of the uterus and will be expelled (see picture 4).

Your support

- let the baby suck at its mother's breast. This triggers the contraction of the uterus.
- Keep the afterbirth in a plastic bag. It has to be examined later for its completeness at the hospital;
- Control bleeding. If heavy bleeding occurs: place cold pack on woman's lower part of the abdomen or press firmly on her abdomen with both hands, if necessary place her in shock position; Refer to Shock 1.7.3
- help mother to clean herself and give her some food - she will be very hungry by this time!

Never pull on the umbilical cord as it may tear and cause heavy bleeding!

6.2 First aid equipment

6.2.1 General

For detailed information about the location of the first aid equipment refer to the respective Aircraft Type in the [CSPM Aeroplane Type Specific - Systems and Equipment](#)



Knowing where first aid equipment is kept and how to use it, is a very important part of flight preparation.

Description	Contents and use	On Board	Re-marks
FAK (first aid kit)	Medication and bandages for daily use and more serious injuries or in case of emergency	A320 / A340	
EMK (emergency medical kit)	Medication and equipment mainly to be used by a medically qualified person on board with some exceptions	A320 / A340	
UPK (universal precaution kit)	UPK for use in pandemic situation or heavy spill of body fluid	A320 / A340	
Slide raft first aid kit	Medication and bandages for landing on water	A340	Report usage via ELB
AED (automatic External Defibrillator) kit	Resuscitation device, to be used to treat a ventricular fibrillation	A320 / A340	
Oxygen bottles (O2)	For passenger suffering from a shortage of oxygen	A320 / A340	
PMK (Pocket Mask Kit)	Pocket mask for artificial respiration	A320 / A340	

6.2.2 First aid kit (FAK)

The first aid kit is provided for medical care on board or in case of an emergency on land and water.

It is the passenger's decision to accept an offered treatment or take a medication, but the passenger is not free in choosing the medication.

The "max. dosage per 24 hours" implies a repetitive application of the medicine distributed over the period of 24 hours. For higher doses, a doctor's consent is required.

Children from 12 years of age and above are considered as adults. For children between 2 and 12 years of age, refer to list of contents.

For children (under 12 years of age), parental approval must be obtained.

6.2.2.1 General

- Identify the medication in the list of contents and check indications, dosage, precautions, contraindications and side effects. Advise the passenger on use and dosage.
- Always ask the passenger whether he is allergic to the medication you want to give.
- Ask the passenger whether they have taken any medication for the present medical problem.
- When offering a medication, show the list of content together with the medication to the passenger.
- Do not cut the blister packaging as this may destroy the printed expiry date of the Medication. Use up already opened blisters before opening new ones.
- Remove the medication by pressing the blister firmly and give the tablets/capsules directly to the passenger.
- After use of the FAK, check in the list of content if the minimum required quantity (last column) is still available:
 - If yes, no further action is required.
 - If no, attach an offload tag on the handle of the FAK, an ELB entry shall be made. The FAK will be replaced at the next opportunity.

Consider: In combination with alcohol, the sedative effect of certain medications (e.g. Cetirizin Mepha, Stugeron) can lead to an enhanced reaction.

Do not give medication without a doctor's advice to:

- infants /unaccompanied minors
- an unconscious passenger (except seizure)
- pregnant or breast feeding woman without consulting a medically qualified person
- passengers who are under the influence of psychoactive substances or when drunk.

Do not give:

- any injections.
- any medication out of your personal medical kit (without a doctor's advice).

For use of medication by crewmembers refer to [OM A Use of Pharmaceutical Products by Crew Members](#).

6.2.2.2 Contents of the first aid kit

Refer to [Content List First Aid Kit \(FAK\)](#).

6.2.2.3 Use of painkillers (Paracetamol Mepha/Irfen)

c) Use of painkillers

In case of mild to moderate pain:

- Give 1-2 Paracetamol Mepha tablet(s);
- After having administered 2 tablets Paracetamol Mepha and if no significant improvement within 20 - 30 minutes, give 1 Irfen tablet.

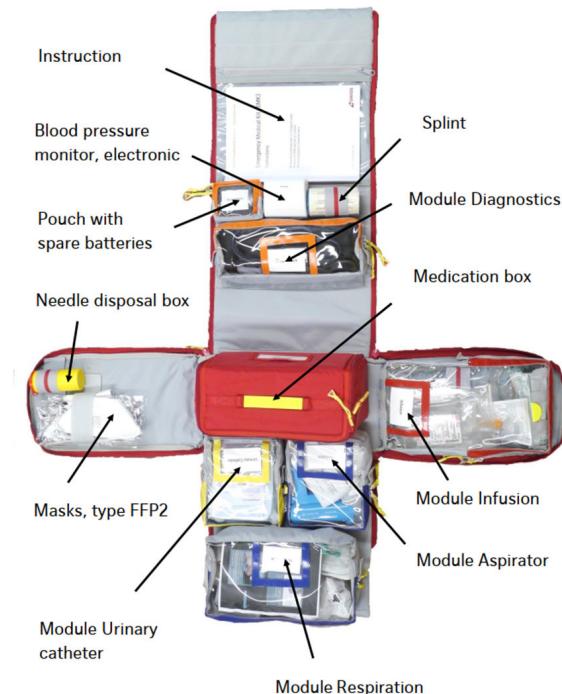
In case of severe pain:

- Give 1 Irfen tablet plus 2 Paracetamol Mepha tablets immediately.

6.2.3 Emergency medical kit (EMK)

The medication may only be administered by a medically qualified person or with a doctor's consent (Doctor on board, Medical Services, MedAire)!

Exception: refer to [CSPM Use of EMK by C/C with professional medical training](#) and [CSPM Use of EMK by C/C in an emergency](#) below.



Miscellaneous items (not contained in module bags)

blood pressure monitor, electronic
biohazard bag


Module: Diagnostics (orange)

Sam Splint
Masks, type FFP2
Form:

- Evaluation & Report Inflight Medical Case

Instructions with (not included in picture, see above):

- EMK, list of contents
- Advanced Cardiac Life Support cards
- List of medicine (trade and generic names, indications, dosage, side effects, contraindications)

needle disposal box
orange pouch with spare batteries for

- pulse oximeter
- electronic blood pressure monitor
- glucometer
- digital thermometer

blood pressure monitor, manual
stethoscope
pulse oximeter
glucometer with:

- sensors
- lancing device
- antiseptic swabs
- plaster
- conversion table
- instructions

dress scissors, bent
reflex hammer
oral spatula
flashlight
disposable gloves, non sterile

	digital thermometer (does not contain mercury) antiseptic swabs catheters, single use or with cuff urinary bag urinary catheter kit: <ul style="list-style-type: none"> • lubricant • antiseptic • swabs & small bowl • normal and split sheet • syringes • tweezers • big bowl • surgical gloves, sterile
Module: Urinary catheter (yellow)	
Module: Aspirator (blue)	 <p>suction pump with:</p> <ul style="list-style-type: none"> • tubes, 3 sizes <p>disposable gloves, non sterile</p>
Module: Respiration (blue)	<p>oropharyngeal airways, 4 sizes</p> <p>laryngeal mask, 2 sizes with instructions</p> <p>Ambu bag with:</p> <ul style="list-style-type: none"> • masks, 2 sizes, for adults and children <p>disposable gloves, non sterile</p>



Module: Infusion (red)



Medication box (red)

Ringer's lactate 1000 ml

NaCl 0.9% saline solution 500 m

Infusion set with three-way valve

Infusion plug

Intravenous cannulas, standard, 2 sizes

Intravenous cannula, type butterfly

pneumothorax needle, for treating tension pneumothorax

razor

tourniquet

antiseptic swabs

adhesive tape for intravenous cannula

tape

disposable gloves, non sterile

cannulas, 4 sizes

syringes 2/5/10 ml

antiseptic swabs

MAD (Mucosal Atomization Device) & syringe 2ml

scalpel



umbilical cord clamps

Spacer (to be used with the Ventolin spray)

Scissors, sterile (to cut the umbilical cord)

disposable gloves, non sterile

(red)	Medication	Adm. form	Active ingredient
Analgesics	Morphine - HCL	Inj.	Morphinhydrochlorid
	Aspégic	Inj.	Acetylsalicylic acid
Antiallergics	Certirizin Mepha	Tab	Cetirizin
	Prednison	Tab	Prednison
	Tavegyl	Inj.	Clemastin
Antibiotics	Ceftriaxon Labatec	Inj.	Ceftriaxon
Antiemetic	Paspertin	Inj.	Metoclopramid
	Akineton (for neurol. side effects of Pas-pertin)	Inj.	Biperiden
Antipyretic	Aspégic	Inj.	Acetylsalicylic acid
Antispasmodic	Buscopan	Inj.	Scopolaminbutylbromid
Antithrombotic	ASA-Tabs	Tab	Acetylsalicylat
	Aspégic		
	Heparin	Inj.	Heparin
Bronchodilators	Ventolin	Spray	Salbutamol
Cardiovascular Drugs	Nifedipin Mepha	Ret tab	Nifedipin
	Metoprolol Mepha	Tab	Metoprolol
	Nitrolingual Spray	Spray	Nitroglycerin
	Adrenalin	Inj.	Adrenalin
	Cordarone	Inj.	Amiodaron

Diuretic	Lasix	Inj.	Furosemid
Glucose	Glucose 40%	Inj.	Glucose
Intravenous Fluids	NaCl 0,9%	Inj.	
	Aqua ad inject.	Inj.	
	see also Infusion Module		
Steroid	Prednison	Tab	Prednison
	Solu-Medrol	Inj.	Methylprednisolon
Tranquilizer	Temesta	Expidet	Lorazepam
	Valium	Inj.	Diazepam
	Midazolam	Inj.	Midazolam

6.2.3.1 Use of EMK by C/C with professional medical training

C/Cs with professional medical training have access to all the utensils/medication in the EMK and may use these according to their medical competence and qualification.

6.2.3.2 Use of EMK by C/C with no professional medical training:

Scissors	Splint
Gloves, protective masks (FFP2)	Thermometer
Needle disposal box	Umbilical cord clamps
Glucometer (for passengers only if familiar with the handling)	Pulse oximeter
Electronic blood pressure monitor	Biohazard bag

6.2.3.3 Use of EMK by C/C in an emergency

Before offering any of the medications of the EMK (without doctor's advice), always first consult the EMK instruction booklet or the list below. Make sure that you check indications, dosage, precautions and side effects before administering the medication to the passenger.

C Cetirizin Mepha	Indication: Allergies Administration: Administer with water or tea
-------------------------	---

	<p>Dosage: Adults and children over 6 years: 1 tablet children from 2-6 years: 1/2 tablet</p> <p>Main side effects: Drowsiness, headache, dizziness</p> <p>Precaution, contra indication: Hypersensitivity to Cetirizin, crew on duty</p>
A ASA-Tabs	<p>Indication: Severe chest pain (heart attack, angina pectoris, pulmonary embolism)</p> <p>Administration and Dosage: Adults: Give one tab (blood thinning effect) Also for patients who are already on blood thinning medication.</p> <p>Main side effects: Upset stomach or heartburn, seldom bleeding from the stomach or the intestine</p> <p>Precaution, contra indication: Aspirin allergy, bleeding, if Pax takes blood thinning medications</p>
T Temesta-Ex- pidet	<p>Indication: Repeated convulsive seizures or convulsive seizure lasting more than three minutes.</p> <p>Administration: Put gloves on. Place the tablet on the inner side of the lower lip.</p> <p>Dosage: Adults and children over 12 years 1 tablet.</p> <p>Main side effects: Sedation, low blood pressure.</p>
V Ventolin Spray	<p>Indication: Asthma, expiratory wheezing</p> <p>Administration: Shake well, remove cap, direct the spray away from you and press a few times until a "white mist" (medication) appears. The spray is now ready for use.</p> <ul style="list-style-type: none"> • Insert the spray into the rubber adapter of the spacer

- Sit patient upright
- Press the nozzle once to release the spray into the spacer.
Note: The white mist inside the spacer is only visible for a very short time, although the medication is still in it.
- Patient should exhale completely, if possible
- Place the mouthpiece of the spacer in patient's mouth and tell him to seal the mouthpiece with the lips
- Patient should breathe in deeply and at the same time press the nozzle once firmly
- Patient should hold his breath for 5-10 seconds (to optimize the therapeutic effect) and then breathe normally
- Repeat the procedure a second time if necessary

Dosage:

Adults and children over 12 years: 1-2 puffs (3-4x daily)

Children from 4-12 years: 1 puff, in emergency 2 (3-4x daily)

Children under 4 years: not recommended as correct handling of spray is not possible.

Main side effects:

Headache, tremor (hands), irritation mouth/throat, tachycardia

Note: For hygienic reasons, the Ventolin spray (and Spacer) shall not be put back into the EMK after being used. They may be handed over to the patient.

Indication:

Angina pectoris, sudden, severe chest pain

Administration and Dosage for adults:

N
Nitrolingual
Spray (Nitro-
glycerin)

- Ask about sexual booster within the last 48 hours.
- Take blood pressure first.
- If the upper pressure is 100 or above give one spray.
- Remove cap and press a few times until a "mist" (medication) appears. The spray is now ready for use.
- Spray once under the tongue whilst the passenger is holding the breath (not inhaling!).

- If there is no improvement within 3 min. take blood pressure again.
- If the upper blood pressure is 100 or above spray a second time.
- If there is no improvement after the second spray repeat the above procedure a third time after 3 min (max. 3 sprays).

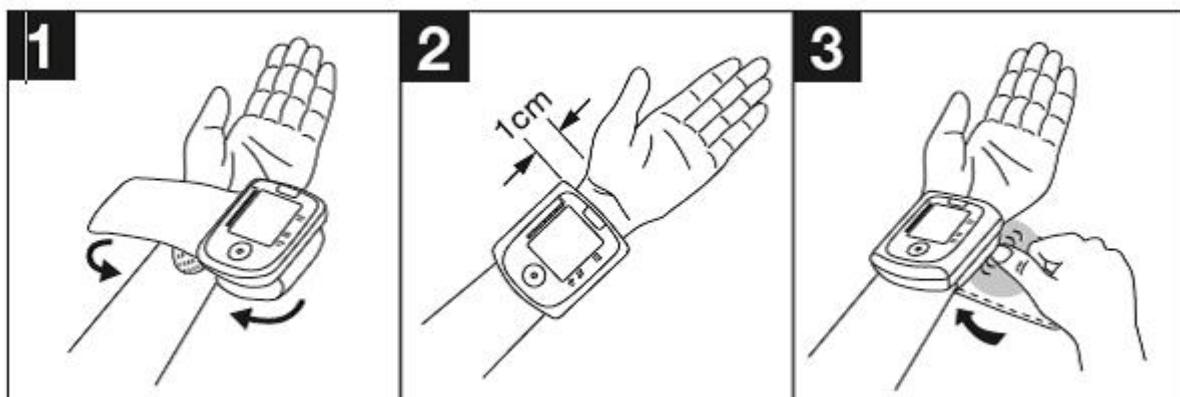
Main side effects:

Low blood pressure, headache or restlessness

Precautions, contra indications:

Hypotension (upper blood pressure < 100mmHg), when Viagra, Cialis, Levitra and similar drugs have been taken within the last 48 hours, dazed state, unconsciousness.

6.2.3.4 Measuring blood pressure on the wrist



- Position the cuff on the inside of the passenger's wrist;
- Fasten the cuff with the Velcro fastening so that the upper edge of the monitor is positioned approx. 1cm below the ball of the thumb;
- The cuff has to be fitted tightly around the wrist but should not constrict it.
- It is essential to support your arm and have it at an angle. Always make sure that the cuff is level with your heart;
- Start the blood pressure monitor with the start/stop button.



Adult blood pressure is normal, when the upper pressure is between 100 and 140 mmHg and the lower pressure between 60 and 90 mmHg.

6.2.3.5 If EMK is used

1. "Report Inflight medical case" must be filled in thoroughly
2. Put all used non-disposable items back in the EMK after use
3. Make sure needles are disposed of properly

6.2.3.6 Spacer

A spacer is an aerochamber which serves as a reservoir for medicine. It is positioned between an inhalation spray and the mouth. It facilitates the inhalation of the medicine and improves the therapeutic effect. Using the Ventolin spray without a spacer requires good coordination of releasing the spray and inhaling at the same time. The spacer should therefore always be used for children and passengers who do not use the spray regularly or are short of breath. Picture 1 shows where to insert the spray into the spacer, picture 2 how to hold the spacer when inhaling. Find the detailed instruction how to administer Ventolin in chapter [CSPM Use of EMK by C/C in an Emergency](#).



Picture 1

**Picture 2**

6.2.4 Automated external defibrillator (AED)

6.2.4.1 General

There are three different types of AEDs. All devices are semi-automated external defibrillators. They can recognize ventricular fibrillation and certain ventricular tachycardia and guide you through defibrillation with screen and step-by-step instruction.

All AED's are equipped with two sets of pads for adults, which can also be used for infants and children. While the pads of the FR3 and the Zoll AED 3 are pre-connected, the pads of the FR2 have to be plugged in. The FR3 and the Zoll AED 3 are equipped with a metronome that provides an audio beat for each chest compression. The Zoll AED 3 in addition indicates the chest compression depth on its monitor. A "child button" is an additional feature, that the Zoll AED 3 provides.



Zoll AED 3**6.2.4.2 Contents of the AED**

Philips FR 2	Philips FR 3	Zoll AED 3
2 pad packages	2 pad packages, of which one is preconnected	2 pad packages, of which one is preconnected
1 AED handling form	1 AED handling form	1 AED handling form
2 razors	1 razor	Two hygiene kits including a shaver, alcohol swabs, a towel and face shield
	A pair of scissors	A pair of scissors attached to each pad package

6.2.4.3 Equipment and battery check

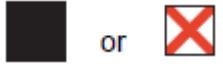
All AEDs regularly perform self-initiated function tests. If the function test reveals a problem, the AEDs status indicator will indicate so (see below) and, depending on the nature of the problem, additionally with a chirping sound.

Beside the daily equipment check (refer to the Emergency Equipment Checklist) the defibrillator requires no other maintenance. The visual function check is conducted by checking the status indicator in the viewing window on the upper front side of the device. A flashing hourglass (FR2), or a green flashing light (FR3), or a green check (Zoll AED 3)

indicates that the AED is ready for use. There is no spare battery. However, if the AED signalises that the battery is low, it is still usable for a sufficient time of monitoring and/or to deliver several shocks.

Visual function check FR2



	flashing hourglass	AED ready for use
	flashing red cross with a chirping sound	AED has detected a problem but is still functioning -> AED must be replaced in ZRH
	grey field or red cross	AED not ready for use ->AED must be replaced in ZRH

Visual function check FR3



Green light flashing (every 3 sec)	Ready for use
Green light steady	AED in use or conducting a self-test • wait until self-test is finished and check status indicator again

Light off, triple chirps or no chirps	AED has to be repaired and must be replaced in ZRH	
Light off, single chirps (every 8 sec)	Press on/off button. When voice prompt begins, press the button again. The display will give information about the nature of the problem and how to resolve it (see below)	
	Battery low	AED still usable for a sufficient time of monitoring and/or a few shocks AED must be replaced in ZRH
	Plug not inserted properly	Insert plug properly
	Pads need replacement	Replace pads with spare ones. AED must be replaced in ZRH
	Temperature of AED to low	Take AED out of its compartment and expose it to the warm cabin air

Visual function check Zoll AED 3


Status indicator

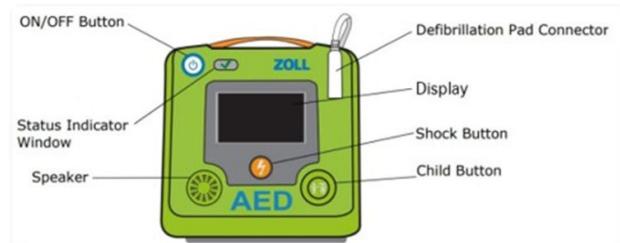
	Green check	AED ist ready for use
	Blank, grey field	AED has detected a problem but is still functioning. > AED must be replaced in ZRH

6.2.4.4 Zoll AED 3

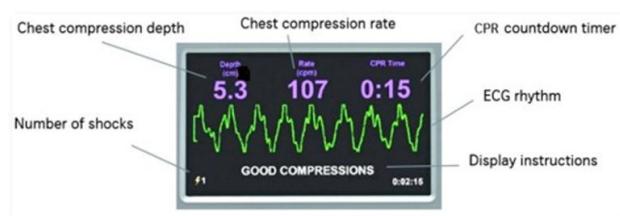
To use the Zoll AED 3, pull the flap down and fold back the cover:



Controls and indicator:



Example of information displayed during use:



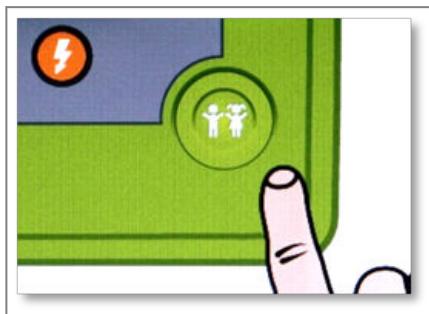
6.2.4.5 AED in use

- Switch AED on as soon as available.
- Continue CPR at all times unless the voice prompt tells you not to do so.
- Shave off any excessive hair and wipe off moisture.
- Apply pads to the patient's bare chest (FR2: plug in pads connector).
- Before the AED starts analyzing the heart rhythm, a voice prompt will instruct you not to touch the patient.
- Stop CPR and stand clear. Shout to the other helpers loudly: "Do not touch the patient!". Scan the passenger from head to toe and make a visual check to ensure that nobody is touching the patient. Oxygen bottle has to be stowed away by 1 m. Press the shock button, if directed by the AED.

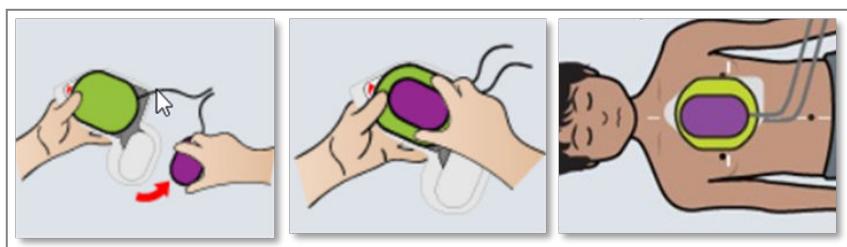
- After a shock has been delivered continue immediately with CPR 30:2.
- If no shock is advised continue immediately with CPR 30:2.

Zoll AED 3 in use on infants/children (0 to 8 years or less than 25 kg)

- Switch on the Zoll AED 3 by pressing the On/Off button.
- Press the Child button. A voice will confirm with the prompt "Child patient selected".



- Place the blue pad on the back of the infant/child.
- Detach the violet sensor next to the green pad and place it directly on top of the green pad.
- Place the green pad with the sensor on top of it in the middle of the infant's/child's chest.

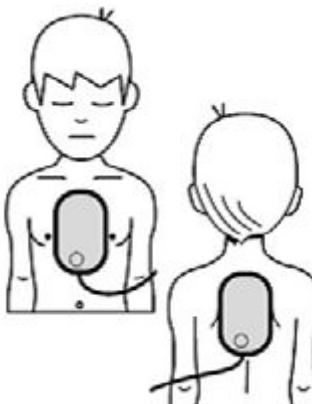


With the AED in the "child" mode, there is no voice feedback about the depth of the chest compression. The depth of the chest compression is only visible on the display of the AED (Chest compression depth).

Warning: If the child button is not pressed, the AED Zoll 3 will not recognize that it is an infant/child and will advise to press harder. This can be dangerous and may lead to chest injury!

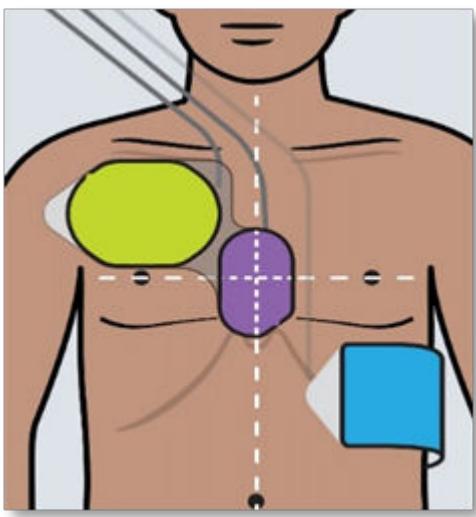
6.2.4.6 Pads description and application

Philips FR2 and FR3

Adult (> 8 years)	Infant/Child up to 8 years
<p>Place the pads on the chest, the first one below the patient's right collarbone (Schlüsselbein), the second one below the patient's left armpit towards the back.</p> 	<p>Place the first pad in the centre of the chest and the second one on the back (opposite the first one).</p> 

Zoll AED 3

Adult (> 8 years)	Infant/Child up to 8 years
<p>The pads package is equipped with two pads (green and blue) and one sensor (violet). The violet sensor is connected to the green pad. The violet sensor registers the rate and depth of chest compressions.</p> <p>Place the violet sensor in between the nipples in the middle of the breastbone as indicated by the white dashed lines in the pic-</p>	<p>Place the blue pad on the back of the infant/child</p> <p>Place the green pad with the sensor on top of it in the middle of the infant's/child's chest.</p>

Adult (> 8 years)	Infant/Child up to 8 years
<p>ture below, then apply the green pad and finally the blue pad.</p> 	

Specific situation from wet surface before defibrillation.

- Remove any medical application (e.g. nitro patches);
- If the patient has a heart pace maker, place the PADs beside it;
- Pregnant women: normal application;
- Remove patient from wet surface before defibrillation.

6.2.4.7 Additional AED prompts during use

If the AED detects a problem during its use, it will provide a voice or screen prompt, or both, to guide you through the correct actions required.

Possible problems are:

1. Patient's motion interferes with the analysis of the heart rhythm:
 - Stop the patient's motion if possible.
 - If turbulence is causing passenger motion, turn off the defibrillator without interrupting CPR. Restart the AED when the turbulence has ceased.
2. Plug is not inserted properly:
 - Make sure that the plug connector is inserted properly.
3. Pads are not placed properly:
 - Press the pads firmly to the passenger's bare chest.

- If not successful, remove pads, wipe moisture and/ or shave excessive hair from the chest.
 - Check pad placement. Use the pictures on the pads to make sure that they are in the correct location.
4. Zoll AED 3: CPR compressions are consistently less than 5 cm:
- Press deeper (in adults).



6.2.4.8 After each use of the AED

There is a form "AED handling" in the AED box. Fill it out and leave it inside the AED box. The use of the AED must be noted via S/C in the electronic log book (ELB) for replacement in ZRH.

SWISS Medical Services will perform a subsequent analysis of the data recorded.

Phillips FR 3

Install a new set of pads. Open the pads package and insert the pads plug connector firmly into the pads socket.

Zoll AED 3

Install a new set of pads. Do not open the pads package. Insert the pads plug connector firmly into the pads socket.

6.2.5 Pocket mask kit (PMK)

A passenger who is not breathing or not breathing normally (Schnappatmung), must receive CPR. This is done by doing chest compressions and artificial breathing. The artificial breathing is carried out with the aid of the pocket mask.



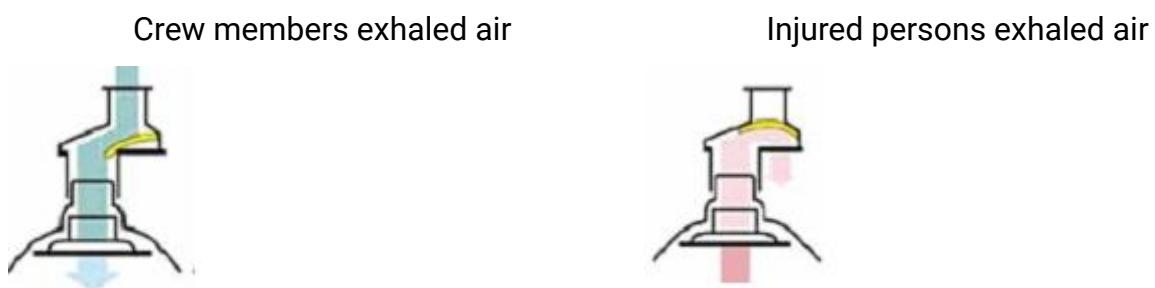
Possibility to connect the oxygen tube (no replacement for artificial respiration)

Additional content in the pocket mask kit:

- oxygen tube
- disposable gloves

The mask has three advantages over the mouth-to-nose method:

- Hygiene (no direct contact with the injured persons mouth or nose);
- Sealing of the injured persons mouth and nose;
- One-way valve (the air exhaled by the injured person is “re-routed” via the membrane in the valve).



6.2.6 Universal precaution kit (UPK)

6.2.6.1 General

The UPK is to be used in the following situations:

1. In a pandemic situation respective instructions will be given how to use masks (surgical masks and masks type FFP2) and gloves;
2. In case of heavy body fluid spill the body fluid clean-up kit should be used:
 - if it is from a sick passenger who is suspected to have a serious infectious disease;
 - if the cleaning process with gloves cannot be done safely without contaminating oneself and where the use of the self-protecting equipment such as apron, mask and eye shield becomes necessary.

3. In case of death on board.

Note: Body fluids are vomit, blood, faeces and urine.

For detailed information refer to [CSPM Communicable disease](#).

Contents

There are two types of masks, surgical masks and masks type FFP2. When used correctly the masks type FFP2 provides a somewhat higher protection to a C/C than a surgical mask. However, for most infectious agents surgical masks are absolutely sufficient. At times of pandemic threats which require the use of masks type FFP2, special instructions will be given for its use and handling.

- 1 box of 50 surgical masks;
- 4 face masks type FFP2
- 1 box with 100 plastic gloves;
- 1 body bag;
- 2 long sleeved gowns
- 2 body fluid clean up kits containing:
 - instruction sheet;
 - apron;
 - surgical face mask with eye shield;
 - body fluid absorbent powder;
 - scoop and scraper;
 - clinical waste bag;
 - 2 ties = Kabelbinder.



6.2.6.2 The UPK has to be used as follows

Universal Precaution Kit

Instructions for Use

1

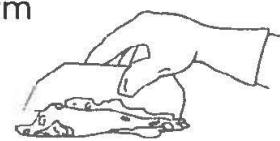
- Locate paper tissues, disinfection gel.
- Don apron, protective gloves, face mask/shield.

2

- Open the pouch with absorbent powder.
- Distribute contents evenly over spill areas.
- Allow 2 minutes for powder to absorb the spill.

3

- Use scoop and scraper to pick up the substance.
- Dispose in the yellow waste bag.
- Clean the spill area with warm soapy water.
- Use paper tissues to absorb remaining moisture.

**4**

- Dispose of all used items (gloves, scoop, tissues etc.) into yellow waste bag and seal with tie provided.
- Avoid cross contamination – do not touch outside of yellow waste bag with contaminated hands.
- Seal bag securely with second tie.
- Dispose bag in appropriate waste bin.

5

- Clean hands with antiseptic gel/fluid.
- Wash thoroughly with soap and water.



6.2.7 Wheelchair

6.2.7.1 General

On the A340 a special wheelchair is loaded (for the location refer to FAM 1 Wheelchair). This wheelchair can be used to transport a disabled person through the cabin during the flight.



A340 Wheelchair

6.2.7.2 Procedure

If required, the C/C shall:

- Make the wheelchair available to the handicapped person during flight; and
- assist the handicapped passenger when being transferred from seat to wheelchair, if needed;
- accompany the handicapped passenger to the toilet.
- after use, put the wiped wheelchair back to its place.

Folding the wheelchair: At the lower part of the back there is a release cable. A quick tug undoes two latches and the wheelchair folds automatically into its compact form. To unfold the chair simply push the back upwards, as far as it will go.

6.2.8 Movable armrest

To help WCHC passengers reach their seats, it is possible to fold up the aisle-side armrest on some seats. The folding mechanism varies depending on the type of aircraft and is identified accordingly. For the location of movable armrests refer to FAM Checklists.

6.2.9 Oxygen bottles (O2)

If a passenger appears to be suffering from a shortage of oxygen, you should administer oxygen. For detailed information refer to [CSPM Oxygen](#).

When administering oxygen, ensure that:

- The green indicator for oxygen has been checked - flow;
- Oxygen bottle is secured;

- The flight crew has been informed;
- The time has been noted (it is important to know when the oxygen bottle is empty)!

6.2.10 Medical Oxygen Unit - WS (Wenoll System) 120

6.2.10.1 General

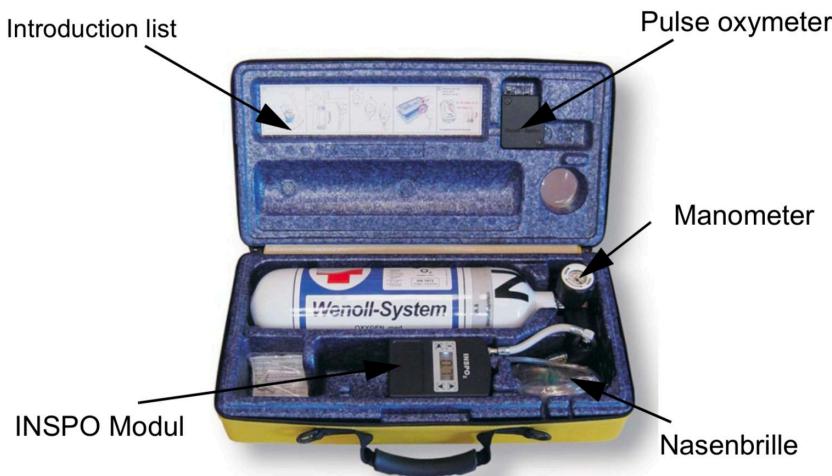
The medical oxygen unit Wenoll WS 120 is a mobile system for the oxygen therapy of passengers with increased oxygen requirements. It can be ordered in advance through the booking office. Instead of providing a continuous flow of oxygen it provides oxygen on demand, that is on inhalation.

The medical oxygen unit will be delivered and offloaded by Gate Gourmet ZRH.

- The crew needs to check if the Oxygen Unit is on board.

6.2.10.2 Operation Introduction

- Prior to operating the system check the expiry date and the cylinder pressure display on the manometer (should be 300 bar +/- 15 bar).
- The oxygen flow is already set at 0.7. This should be adjusted with use of the arrow-buttons if instructed to do so in "TOI". Or it can be adjusted by a medical doctor on board or by a MedAire doctor.
- Follow the instructions (pictures/diagrams) on the inner lid of the box.
- When in use, the box should be closed and placed securely under the seat in front of the PAX.
- The passenger should be instructed that, in the event of a decompression, he should use the oxygen provided from the fixed oxygen system (yellow mask)
- Inform Flight crew as soon as the oxygen system is started.
- The medical oxygen unit may be used during taxi, take-off and landing.
- The pulse oximeter should only be used if the passenger shows signs of lack of oxygen (shortage of breath/cyanosis). Note that nail varnish or gel nails can have an impact on the correct result!.



A340

6.2.11 Medical outlet (A340)

Medical outlets are sockets for passengers to plug in medical equipment (CPAP devices only). Because CPAP has an increased power consumption, the sockets can only be used on reservation. The medical outlet will be activated through SWISS maintenance in ZRH and deactivated again after the aircraft is back in ZRH. Should maintenance not have activated the outlet, information on how to do so can be found in the [CCOM A340 Medical Outlet](#).

6.2.12 Stretcher & stretcher case

6.2.12.1 General



Stretcher A320

Sick, injured or handicapped passengers are transported by Edelweiss and are designated as "medical transportation". Such cases may require a stretcher for the passenger to lie down.

The stretcher is accompanied by a box containing the following items:

- disposable linen, blanket and pillow;
- disposable bedpan and bedpan liner;

- disposable urinal;
- diapers;
- flexislide for transferring passenger to stretcher.

6.2.12.2 Procedure

A stretcher passenger must always be accompanied by a doctor, nurse or a medically qualified person.

A stretcher passenger does not require any special medical care from the cabin crew. This is the responsibility of the person accompanying the passenger.

Make sure that the stretcher passenger is fastened with the security belt. Ground staff installs and removes the stretchers on designated seats. The passenger on the stretcher has to be placed AFT facing.

6.2.13 Fever thermometer

6.2.13.1 General

There are two different kinds of thermometer on board. There is a digital thermometer in the EMK and a glass thermometer in the FAK. Neither contain mercury.

6.2.13.2 Glass thermometer (FAK)

The glass thermometer is for the oral measurement of body temperature. In children below 5 years, you can take the temperature either rectally or in the armpit (axillary). The axillary measurement is less accurate than the oral and rectal measurement.

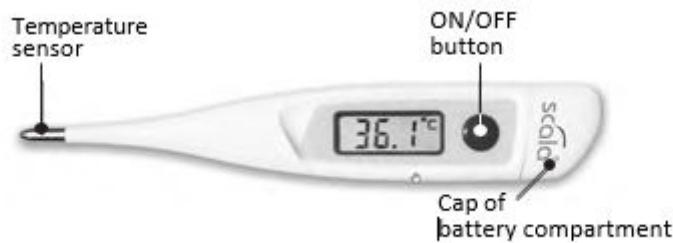
- Before use clean the thermometer with a steriwipe.
- Shake the thermometer downwards until the blue line reads less than 35.6 °C.
- The passenger should now insert the thermometer into the mouth under the tongue and keep the lips closed.
- The oral and axillary measurements take 5 minutes, the rectal measurement takes 3 minutes until the temperature can be read.
- Clean the thermometer with a steriwipe after use and place it back in the FAK.

6.2.13.3 Digital thermometer (EMK)

The digital thermometer should only be used for the oral measurement. Drinking a cold or hot beverage influences the temperature in the mouth. Therefore, wait 5 minutes before taking the temperature.

- Disinfect the thermometer with an alcohol swab (content of module "Diagnostics")
- Press the ON/OFF button, wait until "L" appears on the display.

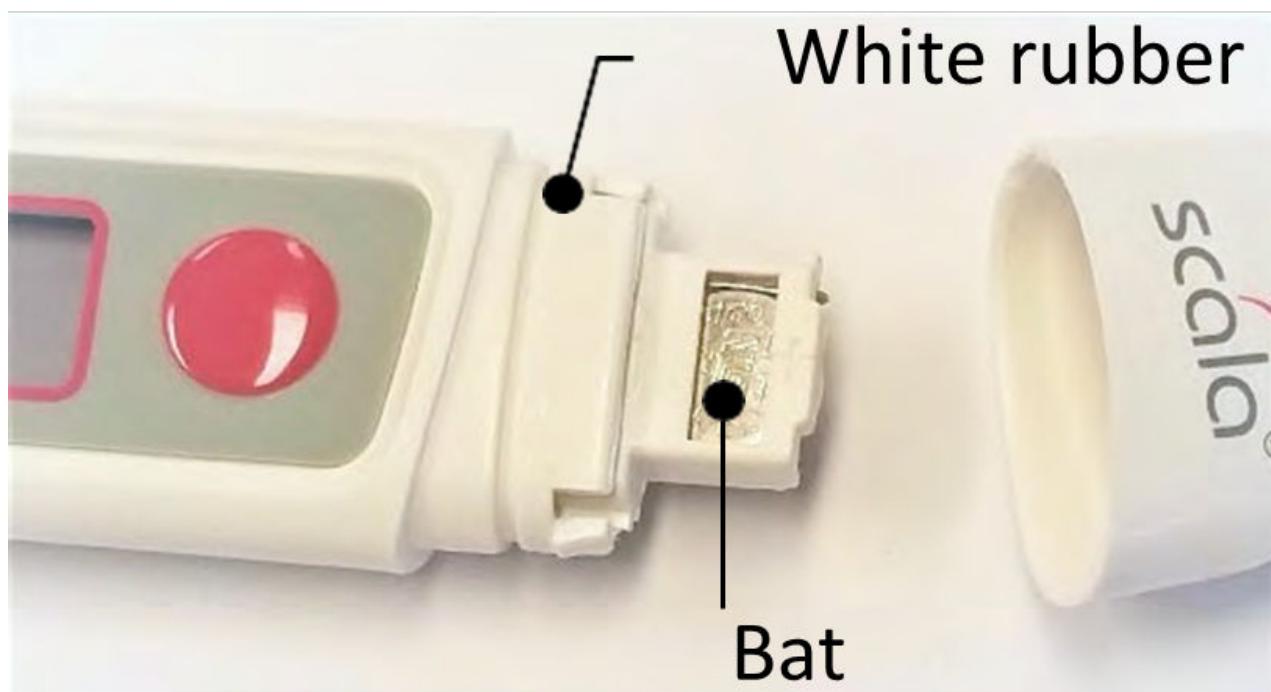
- The passenger should now insert the thermometer into the mouth under the tongue and keep the lips closed.
- The measurement is completed after approx. 20 seconds, which is indicated by an aural signal.
- Press the ON/OFF button to switch off.
- Disinfect the thermometer again after use, place it in its holder and put it back into the EMK.



6.2.13.3.1 Changing the battery

If you see no "L" after switching on the thermometer or if you see the low battery sign, change the battery.

- Pull the cover off the battery compartment carefully and make sure the white rubber seal stays in place.
- The battery can be accessed by pulling out the battery compartment approx. 1 cm (see picture below).
- Remove the battery with the help of a pointed object (e.g. pen).
- Insert a new battery (to be found in the Spare Battery Pouch) and make sure that the positive terminal ("+" side) is on the side of the thermometer display.



6.3 Annex

6.3.1 Report inflight medical case

In serious medical cases make notes on the [Inflight Medical Case Report](#). The form is loaded in the EMK and is also to be taken on each flight by the S/C. It can be filled out by the S/C, C/C or any medically qualified person to report any medical treatment provided on board. For MedAire contact, fill in the highlighted parts first. The form must be attached to the IQSMS report (via photo) and the original should be handed to the ambulance, medical staff or to the patient if requested. Otherwise the report shall be correctly disposed of after the flight (with the passenger lists in the shredder bin).

6.3.2 Glossary

A		
abdomen	Unterleib	abdomen
abdominal cramps	Unterleibskrämpfe	spasmes abdominaux
ability	Fähigkeit	capacité
absence	Kurzdauernde Bewusstseins-Trübung	absence
afterbirth	Nachgeburt	placenta

aching	schmerzend	douleur
aggravate	verschlimmern	aggraver
agitation	Unruhe	agitation
amniotic fluid	Fruchtwasser	liquide amniotique
amniotic sac	Fruchtblase	poche amniotique
anxiety	Angst	angoisse
anti-emetic drug	Antibrechmittel	médicament anti vomissement
apathetic	apathisch	apathique
appendicitis	Wurmfortsatzentzündung des Blinddarms	appendicite
arrested breathing	Atemstillstand	arrêt respiratoire
arterial	arteriell	artérielle
artificial respiration	Künstliche Beatmung	respiration artificielle
asphyxiation	Erstickung	etouffement
aspiration (inhaling of liquid)	Aspiration (Einatmen von Flüssigkeit)	aspiration (...de liquide)

B

bandage	Verband	pansement
barotrauma	Druckverletzung	barotraumatisme
bladder	Blase	vessie
bleeding	Blutung	hémorragie
blistering bloating	Blasenbildung Blähung	formation de cloques ballonnement
blood corpuscles	Blutkörperchen	globules
blood effusion	Bluterguss	effusion de sang
blood pressure falls	Blutdruckabfall	chute de tension
blood vessel	Blutgefäß	vaisseau sanguine
blood volume	Blutmenge	quantité sanguine
blood supply of the organs	Organdurchblutung	irrigation sanguine des organes

blow	Schlag / Hieb / Stoss	coup
blurring of vision	verschwommenes Sehen	troubles de la vision
body temperature cools	Abkühlung der Körpertemperatur	abaissement de la température corporelle
bone marrow	Knochenmark	moelle épinière
bowl	Darm	Intestin
brain damage	Gehirnschaden	lésion cérébrale
breastbone	Brustbein	sternum
breathe without help	Eigenatmung	respiration spontanée
bronchospasm	Verkrampfung der Bronchien	bronchospasme
bruise	Prellung / Quetschung	contusion
build	Körperbau	stature
burns	Verbrennungen	brûlures
buttocks	Gesäß	fesses
by means of	Mittels	au moyen de

C

capillary bleeding	Kapillarblutung	hémorragie capillaire
carbohydrate	Kohlenhydrat	hydrate de carbone
cardiac arrest	Herzstillstand	arrêt cardiaque
cardiac arrhythmia	Herzrhythmusstörungen	troubles du rythme cardiaque
cavities	Hohlräume	cavité
cerebral haemorrhage	Gehirnblutung	hémorragie cérébrale
cheek	Backe / Wange	joue
cheekbones	Wangenknochen	Pommette / os de joue
chest cavity	Brusthöhle	cavité pectorale
choking	sich verschlucken	avaler de travers
cholesterol free	cholesterinfrei	sans cholestérol
circulatory failure	Kreislaufkollaps	collapsus
circulatory insufficiency	Kreislaufschwäche	insuffisance circulatoire
circulatory standstill	Kreislaufstillstand	arrêt circulatoire

circulatory system	Blutkreislauf	circulation sanguine
clammy skin	feuchtkalte Haut	peau moite et froide
collarbone	Schlüsselbeinbruch	clavicule
comatose conditions	Komatöse Zustände	etats comateux
confusion	Verwirrtheit	confusion
conjunctivitis	Bindegauentzündung	conjunctivite
consciousness	Bewusstsein	conscient
constipation	Verstopfung	consipation
convulsion	klonischer Krampf / Spasmus	convulsion / crampe
convulsive	krampfartig / zuckend	convulsif
coronary constriction	Verengung der Herzkrankgefäße	rétrocession des vaisseaux coronaires
cosmit radiation	Höhenstrahlung	rayonnement cosmique
CPR (cardio-pulmonary resuscitation)	Herz-Lungen-Wiederbelebung	réanimation cardiopulmonaire
cyanosis	Zyanose	cyanose

D

damp skin	feuchte Haut	peau humide
dazedness	Benommenheit	étourdissement
deem	erachten	estimer
deteriorate	verschlechtern	détériorer
dehydration	Austrocknung	dessécher
diabetes	Zuckerkrankheit	diabète
diaphragm	Zwerchfell	diaphragme
diarrhoea	Durchfall	diarrhée
digestive system	Verdauungssystem	appareil digestif
digestive tract	Magen-Darm-Trakt	système gastro-intestinal
diminish	vermindern	diminuer
discharge	entladen	décharger
disorder	Störung	trouble

dizziness	Schwindel	vertige
droplets	tröpfchenförmig	gouttelettes
drowsiness	Benommenheit	assoupissement
dull	dumpf	terne
dummy	Uebungsphantom	fantôme d'exercice

E

ease	Mühelosigkeit	facilité
effusion of blood	Bluterguss	hémorragie
emerge	herauskommen	sortir
emit	ausströmen	couler
erroneously	fälschlicherweise	faussement
Eustachian tube	Ohrentrompete	trompe d'Eustache
exertion	Anstrengung	effort
exhalation / expiration	Ausatmung	expiration
exhaled air	Ausatmungsluft	air d'expiration
exhaustion	Erschöpfung	épuisement
expel	ausstossen	expulser

F

fat embolism	Fettembolie	embolie graisseuse
fatigue	Ermüdung / Erschöpfung	fatigue / épuisement
febrile seizures	Fieberkrämpfe	crampes de fièvre
femur	Oberschenkelknochen	fémur
flatulence	Blähungen	flatulence
flow of blood	Blutversorgung	irrigation sanguine

G

gasping	Schnappatmung	respiration anormal
gastrointestinal tract	Magen-Darm Trakt	tube digestif
germ free	keimfrei	stérilisé

H		
heart activity	Herztätigkeit	activité cardiaque
heart attack	Herzinfarkt	infarctus du myocarde
heart beat	Herzschlag	battement du coeur
heart burn	Sodbrennen	aigreurs d'estomac
heart failure	Herzstörung	troubles cardiaques
heart massage (external)	externe Herzmassage	massage cardiaque externe
hemiplegia	Halbseitenlähmung	hémiplégie
hereditary	erblich	héritaire
hip	Hüfte	hanche
hyperglycaemia	Ueberzuckerung (zu viel Zucker im Blut)	hyperglycémie
hypersensitivity	Ueberempfindlichkeit	hypersensibilité
hypoglycaemia	Unterzuckerung (zu wenig Zucker im Blut)	hypoglycémie
hypothermia	Unterkühlung	hypothermie
I		
ill-fitting dentures	schlecht sitzendes Gebiss	dentiers mal fixés
impaired sight	Sehstörung	trouble de la vue
incapacity	Unfähigkeit	incapacité
inconspicuous incubation	unauffällig/unmerklich/ Ansteckungszeit bis Krankheitsausbruch	imperceptible incubation
infected mammal	infiziertes Säugetier	mammifère contaminé
ingestion	Einnehmen	ingestion
injuries	Verletzungen	blessures
insanity	Geisteskrankheit	folie / frénésie
intestinal disorder	Darmstörung	trouble intestinal
intestinal flora	Darmflora	flore intestinale
intestinal ulcer	Darmgeschwür	ulcère intestinal
intestines	Darm	intestins

intolerance intoxication	Unverträglichkeit Vergiftung	intolérance intoxication
irritability	Reizbarkeit	irritabilité
itching	juckend	démangeaisons

J		
jaw	Kiefer	mâchoire
joint	Gelenk	articulation
judge by colour	Farbbeurteilung	évaluation de la couleur

K		
kidney	Niere	rein

L		
labour	Geburtsakt	accouchement
larynx	Kehlkopf	larynx
lateral position	Seitenlage	position latérale
liable	haftbar	responsable
ligation	Abbinden	ligature
lifespan	Lebensdauer	durée de vie
listlessness	Antriebslosigkeit / Apathie	apathie
liver	Leber	foie
loss of blood	Blutverlust	perte de sang
loss of consciousness	Bewusstseinsverlust	perte de connaissance

M		
meninges	Hirnhaut	méningite
mental condition	Psychische Verfassung	état mental
mental retardation	geistiges Zurückbleiben	retardement mental
metabolism	Stoffwechsel	métabolisme
midwife	Geburtshelferin/Hebamme	sage-femme
moderate	mässig	modéré
mucous membrane	Schleimhaut	membrane muqueuse
mucous plug	Schleimpfropfen	bouchon muqueux

N		
narrowing of blood vessels	Blutgefäßverengung	rétrécissement des vaisseaux sanguins
nausea	Übelkeit / Brechreiz	nausée
negligent	fahrlässig	négligent
nitrogen	Stickstoff	nitrogène
nostril	Nasenloch	narine
numbness	Taubheitsgefühl	engourdissement

O		
occupational sickness	Berufskrankheit	maladie professionnelle
obstruction	Verlegung	obstruction
one-way valve	Einwegventil	soupape à sens unique

P		
paleness	Blässe	pâleur
pancreas	Bauchspeicheldrüse	pancréas
pathogen	Krankheitserreger	pathogène
perineal rupture	Dammriss	rupture du périnée
perpendicular	senkrecht	perpendiculaire
perspiration	Schweiss	transpiration
piercing	stechend	piquant
poisoning	Vergiftung	intoxication
positioning of the head	Kopflagerung	positionnement de la tête
precipitate	herbeiführen	amener
pressure bandage	Druckverband	pansement compressif
prosecution	Strafverfolgung	poursuite pénale
pulmonary embolism	Lungenembolie	embolie pulmonaire
pulmonary resuscitation	Lungen Reanimation	réanimation pulmonaire
pump function	Pumpleistung	fonction de pompage

Q		
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R		
rabies	Tollwut	rage
radation	Bestrahlung	radiation
random	zufällig	fortuit / par hasard
ratting	Röcheln	râler
regulatory mechanisms	Regulationsmechanismen	mécanisme de regulation
remedies	Heilmittel	remède
respiratory failure / arrest	Atemstillstand	suspension respiratoire
respiratory mask	Beatmungsmaske	masque respiratoire
respiratory passages	Atemwege	voies respiratoires
restless	unruhig	agité
resuscitation	Wiederbelebung	réanimation
retain warmth	Wärmeerhaltung	préservation de la température corporelle
ribcage muscles	Zwischenrippenmuskulatur	muscles intercostaux
rupture	Zerplatzen / Zerreissen	rupture
S		
scrape	Schürfung	écorchure
seizure	Anfall	crise / attaque
sense	Sinn	sens
sepsis	Blutvergiftung	infection du sang
serum	Blutserum	sérum
shivering	Schüttelfrost	frissons
shock position	Schocklagerung	positionnement d'état de choc
shoulder	Schulter	épaule
side position	Seitenlagerung	position de coté
sinuses	Nebenhöhlen / Stirnhöhle	sinus
slurred speech	undeutliche Aussprache	problème d'élocution
speech disorder	Sprachstörung	trouble de la parole

spine	Wirbelsäule	colonne vertébrale
spleen	Milz	rate
stanching	Blutstillung	arrêt de l'hermorrhagie
sterility	Keimfreiheit / Sterilität	sterilité
sternum	Brustbein	stérnum
stiffening	Versteifung / Erstarrung	raidissemment / raideur
stipulated	vorgeschrieben	stipuler
stomach inflation	Magenüberblähung	gonflement de l'estomac
strike	einen Schlag geben	taper / frapper
stroke	Schlaganfall	attaque cérébrale
subsequent	nachfolgend	suivant
sucking reflex	Saugreflex	réflexe de succion
suffocation	Erstickung	suffocation
supine position	Rückenlage	positionnement sur le dos
supply of oxygen	Sauerstoffversorgung	approvisionnement en oxygène
suppress	unterdrücken / hemmen	empêcher
surgical	chirurgisch	chirurgical
susceptibility	Empfänglichkeit	réceptivité / susceptibilité
syringes	Spritzen	seringues

T

tachycardia	Herzrasen	tachycardie
tension	Anspannung	tension
thigh	Oberschenkel	cuisse
thorax	Brustkorb	thorax
threat of aspiration	Aspirationsgefahr	risque d'aspiration
throbbing	pochen / klopfen	pulsations
thrusts	Stöße	coups
tingling sensation	kribbelndes Gefühl	sensation picotement
tilt head back	Kopf überstrecken	incliner la tête en arrière

treatment	Behandlung	traitement
trembling	zittern	trembler
trigger	auslösen	provoquer
twilight sleep	Dämmerschlaf / Dämmerzustand	état de somnolence
type of bleeding	Blutungsart	type d'hémorragie

U

Umbilical cord	Nabelschnur	cordon ombilical
unconsciousness	Bewusstlosigkeit	perte de connaissance
unresponsive	teilnahmslos	passif / indifférent
uterus	Gebärmutter	matrice

V

vaccination	Schutzimpfung	vaccination
vascular malformation	Gefäßmissbildung	malformation vasculaire
venous	venös	veineuse
ventricular fibrillation	Kammerflimmern	fibrillation ventriculaire
vigilance phase	Wachsamkeitsphase	phase de vigilance
visual disturbance	Sehstörung	trouble de la vue
vomiting	Erbrechen	vomissement

W

weals	Schwielen	collosités
wound treatment	Wundbehandlung	traitement de plaie

X

X-ray	Röntgenaufnahme	radiographie
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Y

Z

7 Survival

7.1 Survival

7.1.1 General

Survival means staying alive until rescued. The four basic principles for survival are:

PROTECTION - LOCATION - WATER - FOOD

7.1.2 The human body

The human body is like a machine and can only operate within certain limits. It is these limits which determine whether life can exist. Let us look at the average human body.

Temperature

Normally 36.9°C, but can fluctuate between 34.4°C and 41.1°C. If it goes beyond these limits then death may occur (unless intensive medical care is available).

Water

The average body contains approximately 50 litres of water. If it loses 25% of that figure i.e. 12.5 litres, death will occur. However, after the loss of about 6 litres one becomes comatose and unfit for physical exertion.

Chemical Balance

The balance of chemicals within the body must be maintained within fairly fine limits - anything which adds or takes away chemicals to the body can be injurious to health.

Blood

The average person has about 5.7 litres of blood and the loss of 2.3 litres will result in death.

It can be seen from this that when surviving, we must keep the body within the working limits.

Let us first of all consider temperature. If we would sit in a refrigerator for a prolonged period of time we would freeze to death because the body temperature drops to below 34.4°C. Conversely, if we would sit in an oven for a prolonged period of time we would cook until our temperature is above 41.1°C, thus resulting in death.

Therefore, it follows that to survive we must protect the body from any hostile environment which surrounds it with regard to temperature.

Under normal flight conditions we have a cabin temperature of about 22°C and are dressed accordingly. So if we have a forced landing we are unlikely to be dressed for the occasion, and our best form of protection is to get out of the environment into a shelter.

We must also, during this phase, protect ourselves from loss of blood and infection of the body through wounds. This means rendering first aid.

Let us now consider water. Under ideal conditions, the body will lose about one litre of water a day. This is lost by perspiration, respiration and normal body functions. A quick sum tells us that unless we put some water back into the body, again under ideal conditions, we could live for about 11 days and after 5 days coma may set in.

Let us now consider the chemical balance of the body. This can be disturbed by anything which creates infection of wounds, the eating of poisonous substances or being bitten by poisonous insects or snakes.

Obviously protection must be the first stage of surviving, and it would appear that having adequate water supply is next.

However, before we consider water as a priority, we must remember we are surviving and want people to find us. Therefore we must help them to locate us. We do this by having all our location aids in use or available for use as soon as we are protected from the environment. This must take priority over water, think how silly we would feel if whilst obtaining water, an aeroplane flew over the vicinity and we could not attract its attention because our location aids are still in the emergency pack.

Therefore the second priority for survival is location.

Now we can think about water, and do this in the form of two questions:

- How can we stop the body from losing or using water?
- How can we obtain more water?

These questions will be considered in detail later on.

To live successfully we need food, but we can live for about a month without it providing we have water. Food can be broken down into two main categories:

1. Protein which the body breaks down into usable chemicals for the building of bone, flesh and tissue. However, in the process of doing this it must use some of the body's water supply to bring about the change;
2. Carbohydrates which provide energy only. These are assimilated by the body very quickly and use very little water during assimilation.

From this it is apparent that if we have no water, we should not eat any protein food, and since carbohydrates take less water than proteins we should limit our food to carbohydrates only if water is scarce.

Therefore, for survival the order of priorities must be:

PROTECTION - LOCATION - WATER - FOOD

This is the priority for all forms of survival, at sea, on land, in the desert and the arctic. On top of that come two more important factors to be considered:

- The will to survive;
- Knowledge.

The will to survive varies with each individual and is increased by a sound knowledge of equipment and procedures.

7.1.3 Sea survival

7.1.3.1 General

The four basic principles for survival are:

PROTECTION - LOCATION - WATER - FOOD

We will consider each of these.

7.1.3.2 Protection

It is essential to protect the body from extremes of heat or cold, and to avoid continuous immersion in sea water. The aeroplane life rafts provide this protection and it is essential to board them as soon as possible.

It is better to board the life raft dry if possible and to keep the inside of the life raft dry.

Once aboard, the static line must be severed, and the life raft paddled clear of the aeroplane and joining up with other life rafts if possible.

When clear of the aeroplane, the floor should be inflated for added protection, where applicable. The life raft should be inspected for leaks and first aid given to the injured. All equipment should be secured to the life raft to prevent loss overboard, the sea anchor streamed and the canopy erected if applicable.

7.1.3.3 Location

The survivors must do all they can to help the search and rescue forces find them. The equipment which can be used may include:

- ELT or radio beacon;
- Heliograph mirrors;
- Day/night signals (flares);
- Water - proof torch;

- Sea dye marker;
- Whistle.

Continuous watch should be maintained with all location aids available for immediate use should an aeroplane be seen or heard.

It is not practical or desirable to navigate the life raft. It is better to stay in the vicinity of the aeroplane and be influenced by the winds and forces. However, if a favourable wind or current will drift the life raft into shore or towards other life rafts, then full advantage can be taken of this by pulling in the sea anchor.

7.1.3.4 Water

The only water supplies available to us are:

- Water from the aeroplane supplies.

The tins should be used last of all, apart from the injured who will require some to minimize the effects of shock or loss of blood. We can supplement our water supply by using:

- Any water we have brought from the aeroplane;
- Any soft drinks we have brought from the aeroplane;
- Rain water;
- Sea ice.

We can prevent the body from losing water by:

- Keeping perspiration to a minimum;
- Not being seasick.

7.1.3.5 Food

The only food available is:

- What we have removed from the aeroplane;
- What we can catch.

It must be remembered that food intake is limited by the amount of water available. Most fish in the open sea are edible. However, it is wise to reject any fish which is slimy, scale less, has sunken eyes, flabby skin or unpleasant odour. Spiny fish, brightly collared fish or fish with a puffed up appearance should be avoided, since they may not only be poisonous to eat but also poisonous to touch.

7.1.3.6 Hazards

The risk of heatstroke and the loss of body fluids in warm climates can be reduced by allowing a breeze of fresh air within the raft.

Sunburn and sore eyes are easier to prevent than cure. Therefore the skin should be fully covered and the eyes protected by sunglasses.

Sharks are scavengers, but have been known to attack swimmers and dinghies. Therefore when sharks are sighted the following action should be taken:

- Stop fishing;
- Shout under the water if they come too close or slap the surface with your hands;
- If it comes too close try to hit it on the snout.

7.1.3.7 Immediate actions for sea survival

- Keep raft in vicinity of plane;
- Pull survival kit into raft;
- Inspect raft tube. Repair punctures immediately with clamps from survival kit;
- Raft tube should be firm - not drum tight, if soft pump up;
- Sit low on raft floor, your back to the tube;
- Erect canopy when needed.

Subsequent action:

- Keep life preservers on;
- Bail out raft with bucket;
- Place sea anchor overboard to reduce drift and improve stability. Adjust length of line so raft and sea anchor are not on wave crest at the same time. Be sure sea anchor is open.
- Keep sharp items out of pockets and away from buoyancy tube and floor. Discard shoes with high heels or sharp buckles. They may puncture raft;
- Protect against exposure and sunburn. Keep covered - wear your clothes and shoes. Use protective sunburn cream and chap - stick;
- Do not stand up;
- You cannot navigate the raft. Don't try to reach the rescue craft. It will come to you;
- Don't consider yourself rescued until you are aboard the rescue craft.

7.1.3.8 Survival outside a raft

Hypothermia is the major problem when no slide rafts are available. This process can be slowed by:

- Do not swim.

If in groups:

- Huddle together;

Form a tight circle, minimize movement

- Wrap arms around each others waists and make as much body contact as possible;
- Put infants, children and injured persons in the centre of the huddle;



The huddle blocks cold water, shares body heat, boosts morale and makes it easier for rescuers to locate survivors.

If you are alone:

- Make yourself as small as possible;
- Raise knees to the chest and put your arms around the legs.



7.1.3.9 Summary

The sea is a vast, lonely, inhospitable place for surviving.

7.1.4 Desert survival

7.1.4.1 General

Deserts are large, dry, barren tracks of land where the temperature is hot in the day time and cool at night. The surface of the desert can be undulating sand, gravel, rocky, shrubcovered, mountainous, have a river or river bed, have plant life and even have pools or oasis. However, all deserts have two things in common - they are hot and water is scarce.

To survive, we apply the four basic principles of survival:

PROTECTION - LOCATION - WATER - FOOD

7.1.4.2 Protection

It is essential to leave the aeroplane as quickly as possible, find or improvise some shade and give first aid to the injured. When the risk of fire has abated, it is desirable to return to the vicinity of the aeroplane and erect a more durable and efficient shelter.

The life rafts, shade from cliffs, shrubs or a shallow trench in the sand can provide temporary shelter, but more efficient shelter can be constructed utilizing the aeroplane and its equipment.

7.1.4.3 Location

Rapid location is of prime importance and the ELT is our main location aid.

The aeroplane itself is a valuable aid to location and should be accentuated by disturbing the survival area as much as possible. This can be done by scattering suitcases, luggage, clothing etc., so that anyone sighting it is left in no doubt that a disaster has occurred.

The possibility of utilizing the aeroplane radio should not be overlooked, but this may require the APU running.

At night we need a fire for warmth and since one of the international distress signals consists of three fires forming a triangle, we should have one fire alight and two ready to light. In the day time, smoke would be more noticeable. Therefore we could burn oil or rubber obtained from the aeroplane.

7.1.4.4 Water

The only water supplies available to us are:

- The aeroplane water supplies;
- The aeroplane's soft drinks.

Additional water may be available from:

Rain:

- The outside bend of a dried - up river bed;
- Condensation of moisture in the air overnight;
- The foot of a cliff or escarpment on the windward side.

It is also possible that you may discover wells that have been dug previously by nomadic tribesmen or caravans. When looking for wells it should be remembered that:

- Roads usually lead to water;
- Camp fire ashes, animal droppings and generally disturbed surface will tell you that others have camped there and that a well is not very far off;
- The wells are often covered by a flat stone or wooden board to prevent them being filled in again by the sand. This covering can be hidden by drifting sand.

7.1.4.5 Food

In addition to the food from the aeroplane, there is animal life in the desert in the form of:

- Snakes;
- Lizards;
- Desert rats;
- Tortoises;
- Locusts etc. all of which are edible. It must be remembered that food intake is limited by the amount of water available.

The risk of heatstroke is reduced if the survivors stay in the shade and keep perspiration to a minimum. If water supplies are adequate, then small quantities of salt should be taken.

Sunburn and sore eyes are very real dangers and are easier to prevent than cure. The skin should be fully covered and sunglasses worn.

All desert snakes must be regarded as poisonous. If bitten, immediately apply a tourniquet between the snake bite and the heart. Cut across the bite to increase bleeding, then try to suck the venom out of the bite and spit it out. The tourniquet should be released after 20 minutes. If after two hours the bitten person is still alive, you have been successful.

Other insect and animal lives in the desert such as scorpions, spiders, beetles etc., are more of a nuisance, although the bite of some can be fatal to small children.

7.1.4.6 Immediate actions for desert survival

- Improvise some form of shade and treat the injured with first aid;
- When the risk of fire has abated, return to the vicinity of the aeroplane;
- Make improved shelter;
- Have all location aids ready for instant use;
- Do nothing else until after sunset;
- Set fires and light one;
- Look for water.

7.1.4.7 Summary

The desert is the most difficult of all environments, but many people have crashed and survived in it.

There will be a great temptation after the crash to rush around trying to do everything at once. This must be resisted. Take it easy and get into the shade and wait until sundown then work slowly and deliberately with your allocated tasks.

The rule for desert survival is "Do not ration your water severely, but ration your sweat".

7.1.5 Winter survival

7.1.5.1 General

The principle of winter survival must be applied to any region where low temperatures, high winds and a covering of snow prevail at various times.

The terrain can range from the bare ice cap to coniferous forests with some form of tundra between.

To survive we apply the four basic principles of survival:

PROTECTION - LOCATION - WATER - FOOD

7.1.5.2 Protection

It is essential to leave the aeroplane as quickly as possible, find some shelter from the wind and render first aid to the injured. When the risk of fire has abated, it is desirable to return to the vicinity of the aeroplane and construct a more permanent shelter.

Caves, tree holes, the life rafts or a shallow trench in the snow can provide temporary shelter, but more efficient shelters, such as snow caves or community trenches should be constructed. The quality of the snow and ice will determine the type of shelter you can construct. If there is no snow or ice (e.g. summer tundra and below the tree line), carpets etc. supported by a wooden frame, should be constructed.

7.1.5.3 Location

The ELT is our main location aid. Fire is one of the basic needs for survival, so one must be lit as soon as possible. The other two fires should be set so that the three fires, when alight, form a triangle (International Distress Signal). In the day time the smoke should be of a contrasting colour to the terrain and we should burn oil or rubber to produce black smoke or wood to provide white smoke.

The aeroplane can be very useful to assist being located quickly. In order to help rescuers find survivors as swiftly as possible, the survival area should be made more visible by disturbing it as much as possible in order to distinguish it from the surrounding environs.

If it snows, then the aeroplane and other items we have scattered around should be brushed clean, otherwise they would merge with the background.

7.1.5.4 Water

Where there is snow and ice, the amount of drinking water available is limited only by the ability to melt it. Snow and ice should never be eaten, since this will reduce body temperature and cause soreness to lips, gums and tongue. Where possible melted ice should be used rather than snow as it produces more water and takes less time.

If snow or ice is unavailable, then any other water obtained should be purified by boiling.

7.1.5.5 Food

Since there is no shortage of water, whatever food we have, or can obtain, should be used. Apart from what we have recovered from the aeroplane, we can supplement our food with:

- Fish;
- Seals;
- Birds;
- Rabbits;
- Berries etc. most of which are edible.

When experimenting with new food forms, it is advisable to take a small quantity at first (give it to a selected individual) and see if there are any adverse body reactions, such as pain or cramp, before preparing a general meal for everyone.

7.1.5.6 Hazards

Exposure is the continual drainage of body heat without the actual freezing of any local area. The treatment consists of returning the body temperature to normal and this can be achieved by various methods:

- Use of heating units (such as hot water bottles) placed strategically over the body - the following being the priority for sitting:
 - The pit of the stomach;
 - The small of the back;
 - Under the armpits;
 - The back of the neck;
 - The wrists;
 - Between the thighs down to the ankles;

- The feet.
- Stripping the patient completely and placing him/her between two naked individuals in a sleeping bag;
- Hot drinks if the survivor is able to drink (no alcohol).

The patient is not cured as soon as his/her body temperature returns to normal. The building up of the body heat reserves by eating and rest is essential.

Frostbite is the freezing of the living tissue usually caused by carelessness or neglect. The treatment in the initial stages is by warming at body temperature, which results in the thawing of the tissues and resumption of circulation. In later stages of frostbite, the tissue is permanently damaged when thawing takes place. The return of circulation is always painful.

Snow blindness is a temporary form of blindness caused by the reflection of light from the snow. It can be intensely painful and the only practical treatment is to rest the eyes in complete darkness, using a blindfold if necessary.

7.1.5.7 Immediate actions for winter survival

- Improvise a wind break;
- Treat the injured with first aid.

When the risk of fire has abated, return to the vicinity of the aeroplane and make an improved shelter. Collect clothes from baggage and use for warmth:

- Have all location aids ready for instant use;
- Allocate duties to everyone, these to include:
 - Making the sit more noticeable and habitable;
 - Lighting of fires and the collection of fuel;
 - Hunting for food;
 - Collecting berries;
 - Keeping a person on watch.

7.1.5.8 Summary

Cold regions present serious problems to survivors, the greatest of which is death from exposure. It is therefore essential to have a large number of people in a confined space to conserve heat.

In the extreme cold conditions of the Arctic in winter the fire risk after a crash may be obviated. The aeroplane fuselage will provide the best form of shelter. Do not evacuate the aeroplane unless the fire risk is obvious.

7.1.6 Jungle survival

7.1.6.1 General

There is no standard form of jungle. The terrain can range from large trees up to 60 meters in height, growing closely together with relatively little undergrowth (this is primary jungle), to trees varying in height with dense undergrowth and creepers (this is known as secondary jungle).

In both types of jungle, there are clearings, shrubs and rivers of varying sizes. There is a multitude of animal and insect life, but most of the animals are so timid that although you may hear them, it may be several days before you see them. The insects can vary from nuisance value to those which are health hazards.

Most jungles are inhabited and with very few exceptions the natives are friendly. These natives tend to make their villages near the major rivers and it has been said that the rivers are the roads of the jungle.

In the event of a forced landing in wooded areas there will be a large loss of life and multiple injuries. Statistics indicate approximately 98% of passengers and crew will be killed or injured, therefore the CMD will endeavour to crash either in a clearing or on a river or lake.

To survive we must apply, again the four basic principles:

PROTECTION - LOCATION - WATER - FOOD

7.1.6.2 Protection

It is essential to leave the aeroplane as quickly as possible and since there is little real hostility in the environment apart from the torrential rain, then a roof over your head where you can give first aid to the injured is all that is required initially. When the risk of fire has abated, return to the aeroplane and make a more desirable and efficient shelter.

The slide rafts, if available, can provide both these shelters and since most jungle trees and plants have large, broad leaves, these can be supported by branches etc., to give overhead shelter.

7.1.6.3 Location

This presents a real problem in the jungle, since the canopy of trees overhead will probably obscure all visual signals and reduce the efficiency of our radio beacons. To overcome this it may be possible to:

- Position and operate the radio beacons on the highest clear ground available;
- Scatter lifejackets and clothing to give contrasting colours in any clear space;
- Move to site, such as a river, lake or clearing, where your location aids will be more efficient. This is only practical if you know where you are and where you are going.

Travel through the jungle can be slow (as little as two or three miles per day - dependent on the type of jungle) and if it is decided to travel then it is better to start as soon as possible when you are at your fittest. It is also important when travelling to blaze a trail to ensure you are going in the right direction and to give you a marker should you decide you have to backtrack.

As a general recommendation: stay in the vicinity of the aeroplane.

7.1.6.4 Water

There is no shortage of water in the jungle, since apart from the rain and the small streams, many plants and vines contain water in their stems. Any water obtained from pools, streams, rivers must be purified by boiling or the use of water purifying tablets.

7.1.6.5 Food

There is no shortage of food in the jungle, but too much reliance should not be placed on animals since they are difficult to find and catch. However there are many more unconventional sources such as:

- Rats;
- Lizards;
- Snakes;
- Fish;
- Grubs;
- Plants;

As in all forms of survival experiment with new food, but when dealing with plants apply the following rules:

- Avoid brightly collared plants;
- Don't eat anything with a milky sap;
- Avoid all jungle fungi.

7.1.6.6 Hazards

The hazards of jungle survival can be summarized as follows:

- Panic;
- Poisoning by eating or contact with plants.
- Danger from all forms of animal and insect life;
- Sickness - fever.

Poisoning by eating plants is unlikely if the general rules are applied, but many plants are like the nettle and can cause symptoms ranging from skin irritation to fever.

Large game is not likely to be encountered but snakes are. There are two broad varieties of snake:

- Those that live in trees drop on their prey and then crush them to death. This takes time and if the survivors travel in pairs, then even a big snake can be killed or deterred by hitting its head or eyes with a sharp instrument;
- Those that slither along the ground. Most of these are poisonous and if a survivor is bitten then the normal procedure must be adopted.

Insect life varies from flies which contaminate food and malaria carrying mosquitoes, to repellent life in the form of leaches and ticks. Never pull leaches or ticks off the body otherwise part of them will remain in the bite and probably fester. They must be persuaded to let go their hold by the application of tobacco juice, heat, salt or wood ash on them, in which case they will drop off. It is unusual to feel a leach or tick on the body, so it is advantageous to adopt a "buddy - buddy" system, whereby survivors examine each other for these parasites.

Insects may be considered the biggest danger in tropical forest. If you have no insect repellent you may cover the exposed skin with mud as a protection against insect bites.

Sickness and fever can be caused by eating poisonous food, contact with poisonous animals, snakes or insects or drinking non-purified water. All must be treated; otherwise the infection will weaken the survivor.

7.1.6.7 Immediate action for jungle survival

- Treat the injured with first aid, remembering there may be multiple injuries;
- When the risk of fire has abated, return to the vicinity of the aeroplane;
- Make a "plan of action", this will be influenced by:
 - Number and physical state of survivors;
 - If a distress signal was sent and acknowledged;
 - Knowledge of present position and relative position of nearest river, clearing etc;
 - If the decision is to travel, then do so as quickly as possible, blazing a trail;
 - Allocate everyone a task which will include a "buddy".

The jungle is the easiest place to survive in, since there is an abundant supply of food and water. The biggest hazards are panic and the risk of ill-health caused by insects and plant life.

It is the one environment where one may elect to leave the aeroplane and if there is a large number of survivors, then it may be desirable to send a small party of them to the nearest area where location is more likely.

As a general recommendation, stay in the vicinity of the aeroplane and activate radio beacons.

7.2 Search and rescue

7.2.1 General

By international agreement, most of the world's land and sea areas have air-sea rescue coverage; this cover is usually being provided by the various countries military forces.

The area of responsibility is normally that of the F.I.R. (Flight Information Region) boundaries, but can be extended by mutual and international agreement.

To control any search and rescue operation there are rescue coordination centre's (RCC's) which are permanently manned by a skeleton staff and have all other staff on stand-by. These RCC's are linked with an ATC (Air Traffic Control) but not necessarily in the same geographical position.

Once alerted, the RCC is fully activated and has at its disposal all military and civil aeroplanes, plus all the units of the Navy, Merchant, Army, Police Forces, Coast Guard and Trinity House Lighthouses and Vessels within its area of responsibility to use as it sees fit. If the RCC feels there is a need for additional rescue forces it can call on the resources of the neighbouring RCC's.

The RCC will direct search operations until all survivors are found and rescued, or until all hope of survival has passed, in which case the search is continued for the wreckage.

Remember: Because the search forces have found you, you are not RESCUED until out of your survival environment, which may occur some time later.

7.2.2 Search and rescue standards

- Uncertainty phase where doubt exists as to safety of the aeroplane, 30 minutes after failure to report at scheduled point or time;
- Alert phase apprehension as to the safety of an aeroplane, 1 hour after failing to send a position report;
- Distress phase reasonable certainty that an aeroplane is in imminent or grave danger.

These are only initiated if the aeroplane is not in radio contact.

The RCC is alerted at the "Alert Phase", but the search aeroplanes do not commence searching until:

- The aeroplane's E.T.A. (Estimated Time of Arrival) at destination has been exceeded (if jet aeroplane);
- The aeroplane's total fuel endurance has been exceeded (if piston engine aeroplane).

Naturally, if the aeroplane is in radio contact the RCC would be alerted and search aeroplane launched (if required) upon receipt of a MAYDAY call.

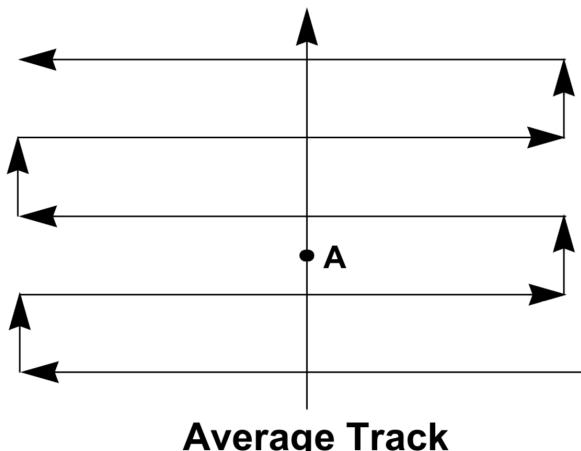
To prevent false call - outs, wherever and whenever an aeroplane lands a Telex signal is sent to:

- Departure aerodrome;
- Planned arrival airport (if different);
- Other interested parties such as:
 - Operator; and
 - Air Traffic Control Centre in whose area the aeroplane planned to fly.

7.2.3 Search procedures

The most common technique used by search aeroplane is called "Tracking Line Ahead". This is best explained and illustrated as follows:

- The search aeroplane goes to the last known position of the aeroplane he is looking for "A";



- He then flies tracks as illustrated above. The average track being the same as the missing aeroplane;
- Whilst flying this pattern, the search aeroplane projects green pyrotechnics at regular intervals (every 10 - 15 min.) and always before and after turning;

- As soon as the survivors see a green pyrotechnic signal, they must endeavour to attract the aeroplane's attention by all means at their disposal.

For example:

- Launch a red rocket, if you have one;
- Use a mirror;
- The search aeroplane, on seeing the survivors signal will turn the aeroplane towards them and fire a series of green pyrotechnics to indicate to the survivors that they have been sighted;
- The search aeroplane will then continue in his new course firing green signals at regular intervals;
- When the search aeroplane is nearly overhead or appears to be going off course, then the survivors should again attract his attention;
- Once the survivors have been located, additional survival equipment will be dropped to them and a search aeroplane will remain on patrol overhead whenever possible until they are rescued;
- It is possible that one of the items of equipment dropped will be a radio with a fixed frequency of 121.5 MHz and 243 MHz (similar to the VHF Transceiver). The operation of this type of radio is very simple, consisting of a "press to talk" button and a "press to listen" button;
- Since this radio is utilising an international distress frequency, it is desirable that users should know and understand the priorities that can be used in an emergency message.

Three degrees of precedence are designated:

1. Safety: Aeroplane not in immediate danger but under difficult conditions which may lead to danger;
2. Urgency: Aeroplane in danger and in urgent need of assistance with the aid of which the danger may be overcome.
3. Distress: Aeroplane threatened by serious and imminent danger. Crew in need of immediate assistance.

The following table indicates how these priorities are indicated to the other users of the frequency. The table indicates the first words and symbols of the transmission.

	Distress	Urgency	Safety (military only)
R/T	Mayday (3 times)	Pan (3 times)	SECURITY (3 times)
W/T	S.O.S. (3 times)	XXX (3 times)	TTT (3 times)

...	- .. -	-
---	- .. -	-
...	- .. -	-

It follows that once the survivors have been located and had additional supplies they are no longer in distress, but may be in a lower form of emergency. In this case, should they hear on the radio a higher priority than they need to use they must not use their transmit on radio until the frequency is clear.

7.2.4 Ground- air visual signal code used by survivors

Boden/Luft Sichtsignale zu gebrauchen von Überlebenden

(Symbole sollen min. 2.5m lang und so auffällig wie möglich sein)

Ground-air visual signal code for use by survivors

(Symbols shall be at least 2.5m long and as conspicuous as possible)

No.	Message / Nachricht	Symbol
1	Brauchen Hilfe Require assistance	V
2	Brauchen medizinische Hilfe Require medical assistance	X
3	Nein oder verneinend No or Negative	N
4	Ja oder bejahend Yes or Affirmative	Y
5	In diese Richtung gehen Proceeding in this direction	↑

8 Dangerous Goods

Refer to [OM A Dangerous Goods and Weapons](#).

9 Security

Refer to [OM A Security](#).