



**Braathens Regional Airways AB (BRX)
&
Braathens International Airways AB (BIX)**

Safety and Emergency Procedures Manual

**Revision 6
2025-10-18**



Safety and Emergency Procedures Manual

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INTRODUCTION

0.1 Introduction**0.1.1 Introduction by Chief Cabin Crew (CCC) and Fleet Managers***ORO.CC.005*

The Safety and Emergency Procedures Manual is written for two AOCs,

Braathens Regional Airways (BRX) SE.AOC.0006 and

Braathens International Airways (BIX) SE.AOC.0091.

The manual is from herein called SEP manual contains details of safety and emergency equipment fitted to and carried onboard and the procedures to be followed onboard during normal and emergency situations.

It also describes aircraft systems relevant to crew operations on all BRA aircraft.

All crew members must be fully conversant with, and shall comply with, all the information and instructions described within this manual.

As crewmembers, we are required to keep updated with amendments in the SEP manual as well as other relevant company manuals.

Note:

- If discrepancies are found between OM-A and SEP manual, the information in OM-A shall prevail.
- If discrepancies are found between OM-B /FCOM and SEP manual, the information in OM-B/FCOM shall prevail.

Chief Cabin Crew and Fleet Managers*Braathens International Airways**Braathens Regional Airways*

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0.1.2 Regulation Compliance

This manual complies with:

- applicable parts of Annex IV to Regulation (EU) 2018/1139, (EU) 965/2012, (EU) 1178/2011, (EU) 923/2012 and according to **CM 3.2.1.1**
- IOSA standards
- Applicable ICAO standards and recommended practices, conventions and annexes.

0.1.3 Description of manual**a. Multiple AOC:s**

The SEP manual contains procedures valid for more than one AOC. When a procedure is described specifically for one AOC the text is within following markings:

<BIX. *Specific text for Braathens International Airways BIX* /BIX>

or

<BRX *Specific text for Braathens Regional Airways BRX* /BRX>

In all other cases the text applies to all AOC incorporated into this manual.

b. Multiple A/C type

The SEP manual contains procedures valid for more than one A/C type. When a procedure is described specifically for one A/C type the text is within following markings (A320) or (ATR) .

In all other cases the text applies to all A/C types in this manual.

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0.1.4 Abbreviations

See **OM-A 0.1.6.4.3** for abbreviations and definitions of all operational manuals

Here below are listed the abbreviations for this manual.

Abbreviation Definition	
A/C	Aircraft
AAP	Aft Attendant Panel
ABP	Able Bodied Person
ACP	Area Call Panel
ACW	Alternating Current Wild
AED	Automated External Defibrillator
AF	Amount and Fastening
AIP	Attendant Indication Panel
ATC	Air Traffic Control
ATL	Aircraft Technical Log
BAK	Bandaid Kit
BCF	Bromochlorodifluoromethane or Halon 1211
BELT	Infant/Extension Belt
BRT	Bright
BT	Overhead Bin Release Tool
CAPT	Captain
CCL	Cabin Check List
CCM	Cabin Crew Member
CCTV	Closed-circuit television
CDCP	Cockpit Door Control Panel
CGO	cargo
CIDS	Cabin Intercommunication Data System
CLJ	Crew Life Jacket
CMD	Command
CMDR	Commander
COPD	Chronic Obstructive Pulmonary Disease
CPR	Cardiopulmonary Resuscitation
CRD	Child Restraint Device

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Abbreviation Definition	
CRM	Crew Resource Management
CX	Crash Axe
DC	Direct Current
DEMO	Demonstration Kit
DEPA	Deportee Accompanied
DEPU	Deportee Unaccompanied
DVT	Deep Vein Thrombosis
ECAM	Electronic Centralized Aircraft Monitor
ECL	Emergency Checklist
EFB.	Electronic Flight Bag
ELT	Emergency Locator Transmitter
EMC	emergency
EMER	Emergency
EMK	Emergency Medical Kit
EVAC	Evacuation
F/O	First Officer
FAK	First Aid Kit
FAP	Flight Attendant Panel
FCM	Flight Crew Member
FCOM	Flight Crew Operation Manual
FD	Flight Deck
FG	Fire Gloves
FOI	Flight Operations Information
FOX	First Aid Oxygen
FOXM	First Aid Oxygen Mask
FWD	Forward
HAFEX	Halon Alternative Fire Extinguisher
HI-VIS	High Visibility
IFE	In-Flight Entertainment
ILJ	Infant Life Jacket
INOP	Door Inoperative Kit
INTPH	Interphone

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Abbreviation Definition	
LAV	Lavatory
LED	Conventional Torch
LJ	Life Jacket
LO	Low
LRBL	Least Risk Bomb Location
LS	Left Side
LVO	Low visibility operation
MEG	Megaphone
MEL	Minimum Equipment List
MRT	Manual Release Tool
N/A	Not applicable
OCC	Operation Control Center
OH	Overhead
OM-A	Operations Manual Part A
OW	Overwing
PA	Public Announcement
PBE	Protective Breathing Equipment
PED	PED Bag
PFI	Pre-flight inspection
POX	Personal Oxygen
PRM	Persons with Reduced Mobility
PSU	Passenger Service Unit
PTT	Push to talk
QDM	Quick Donning Mask
RK	Restraint Kit
RM	Resuscitation Mask
RS	Right Side
RVR	Runway visual range
SBC	Safety Briefing Cards
SCCM	Senior Cabin Crew Member
SCP	Special Category of Passenger
SD	Smoke Detector

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Abbreviation Definition	
SEAL	Seal Kit
SEC	Security Manual
SEP	Safety and Emergency Procedures Manual
SG	Smoke goggles
SLJ	Spare Life Jacket
SPBELT	Spare Seat Belt
SPFOXM	Spare First Aid Oxygen Mask
TUC	Time of Useful Consciousness
U/S	unserviceable
UM	Unaccompanied Minor
UPK	Universal Precaution Kit
WCH	Wheelchair
WE	Water Extinguisher

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INTRODUCTION

0.2 System of Amendment and Revisions

0.2.1 Responsibility of Issuance

The operations manual including its subordinate and supporting manuals and handbooks including any and all revisions and amendments are published and issued under the control of NP Flight Operations. NP Flight Operations is responsible to uphold the compliance to applicable rules and in so, control that the contents, instructions and information given in the OM is current, valid and reliable.

Furthermore, NP Flight Operations has delegated the authority to revise and amend flight operations manuals to other managerial and coordinating positions. The descriptions in 0.1.5.3 show these delegations. However, final responsibility of issuance shall always rest with NP Flight Operations.

0.2.2 Record of Amendments and Revisions

Below is a list of revisions which are inserted in this manual.

Revision Number (Former BIX SEP manual)	Revision Date
0	2023-01-30
1	2023-06-09
2	2023-09-05
2.1	2023-09-13
2.2	2023-09-19
2.3	2023-10-04

Revision Number	Revision Date
0	2024-02-15
1	2024-05-31
2	2024-07-31
3	2025-04-03
4.0	2025-06-10
5	2025-08-20
6	2025-10-18

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0.2.3 Handwritten Amendments

Handwritten amendments and revisions are not permitted except in situations requiring immediate amendment or revision in the interest of safety.

0.2.4 Annotation and Text Presentation

See [OM-A 0.2.4](#)

0.2.5 Distribution system

See [OM-A 0.2.8](#)

0.2.6 Access the Online Library

See [OM-A 0.2.9](#)

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0.3 List of Effective Pages

This Manual is based on and fully complies with Commission Regulation (EU) No 965/2012 of 5 October 2012, and any amendments there-of. In addition, this document includes and conforms with the latest revision and/or amendments of the aeroplane manufacturer ATR CCOM revision 5.3, Airbus CCOM 25 JUL 23 and FCOM revision according to OM-B. It is reviewed, accepted and/or in some parts approved in its complete form by the Swedish Civil Aviation Authority.

Approved by:

Date:

Sign:

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0.4 Change Log

A Change Log should be issued with all *Operations Manuals* and *Handbooks*. It is a description related to the latest revision and informs the reader about what parts or paragraphs that has undergone changes.

The Change Log should briefly explain what kinds of changes have been made; in terms of if anything has been added, removed, changed etc. The Change Log is a guide for the reader to view changes related to the current revision.

Possible comments in Change Log are:

Type of Comment	Meaning of Comment
Added:	New information has been added
Aligned:	Information has been adjusted to match another manual
Clarified:	Information has been clarified, or more specified
Corrected:	Information has been corrected, since an error was detected
Removed:	Information has been removed from the manual
Revised:	Information has been changed
<i>No comment</i>	Prior the comment named “Editorial”. Minor changes have been made, regarding lay-out and/or presentation. No information has been changed, removed or added

In order to fully understand the changes the reader is required to read the actual text.

To view the revised text in its entirety and in context, click on the page number of the change in Change Log.

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Page	Date	Comment
2-18	2025-08-25	Clarified: When to give "CABIN SECURE" before take-off
4-38	2025-10-17	Revised: General info about PBE
4-39	2025-10-17	Clarified: Instructions on how to use Air Liquide PBE
5-88	2025-10-17	Revised: Water draining procedure ATR
5-100	2025-10-17	Revised: Responsibility areas pre-departure check
5-105	2025-09-16	Added: Avoiding tail tipping on ground ATR
9-4	2025-09-16	Added: Chapter on unruly passengers procedures

UNCONTROLLED DOCUMENT

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INTRODUCTION

0.5 List of Appendices

This section contains a summary of the valid Appendices for SEP manual.

No.	Description	Reference
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GENERAL

ORO.CC.005

The SEP manual contains details of safety and emergency equipment fitted to and carried onboard all BRA aircraft and the procedures to be followed onboard during normal and emergency situations. It also describes aircraft systems relevant to crew operations.

The manual is divided into 9 chapters.

All chapters except chapter 5 are non type specific.

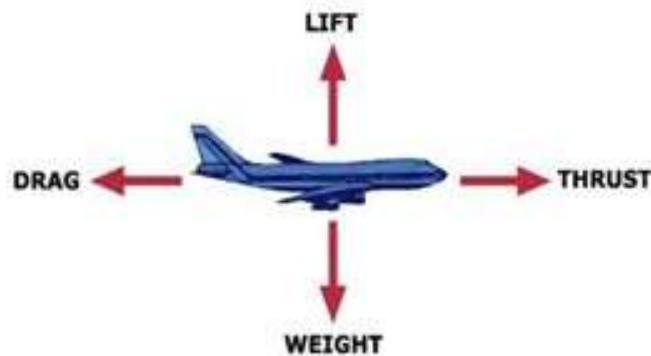
All crew members must be fully conversant with, and shall comply with, all the information and instructions described within this manual.

NOTE: If discrepancies are found between OM-A and SEP manual, the information in OM-A shall prevail.

1.1 Theory of flight*Appendix 1 to PART-CC 1.1***The four aerodynamic forces**

The four aerodynamic forces acting on an aircraft are:

- Lift, provided by the wings
- Thrust provided by the engines
- Drag caused by the fuselage and wings
- Weight caused by the gravity of earth.



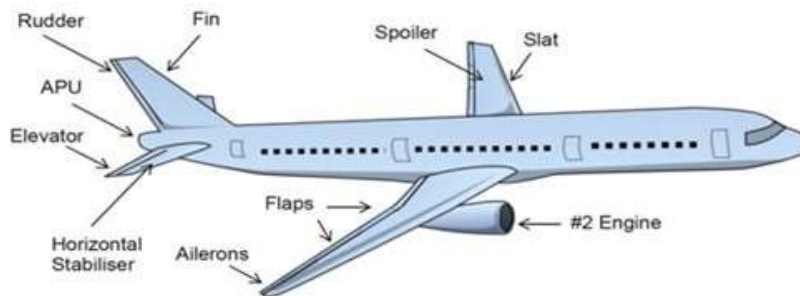
The engines provide the thrust required to accelerate the aircraft along the runway, enabling the wings to develop the lift necessary for the aircraft to fly.

Once in motion the wings of the aircraft have air passing over the top and bottom surfaces. As the wing is slightly curved, the resulting pressure will be greater along the bottom surface than the top surface of the wing. This resulting upward force (lift) enables the aircraft to fly.

Once airborne, the engines provide the thrust necessary to regulate the speed, in order to overcome the drag resulting from the friction of air passing over the wings and fuselage.

GENERAL

1.1.1 General Description of an Aircraft



- **Ailerons** – Movable part on the trailing edge of the wings. They enable the pilot to turn the aircraft. As one moves up one wing, the other moves down on the other.
- **APU** – Auxiliary Power Unit. Small extra engine that provides electrical and pneumatic power. This is replaced on ATR by Hotel mode (locking of propeller on RS engine).
- **Elevator** – a moveable horizontal surface attached at the aft part of the horizontal stabilizer. It controls the nose of the aircraft (up/down).
- **Engines** – to provide thrust. They are referred to by numbers. No.1 on the left wing and No.2 on the right wing. Propulsion can be either from fan(called jet or fanjet) or propeller(called turboprop). Both driven by a jet engine.
- **Fuselage** – the body of the aircraft
- **Flaps** – movable parts attached at the rear/trailing edge of the wings. When deployed, the flaps increase the curvature of the wing and increase lift during take-off and landing.
- **Landing gear** – consists of wheels and legs
- **Rudder** – a moveable vertical surface attached on the aft part of the fin. It assists in turning the aircraft.
- **Slats** (if applicable) – movable parts on the leading edge (front) of the wing and used for take-off and landing to improve lift.
- **Spoilers/speed brakes** – movable plates on the upper surface of the wings that when deployed destroy parts of the airflow on the wing. This slows down during the aircraft during take-off/landing.
- **Wings** – provide lift force, enabling the aircraft to fly. The wings can be mounted below, on or above the fuselage depending on the aircraft model. Low, mid or high winged aircraft.

GENERAL

1.2 Communication

This section lays down specific standard operating procedures required to conduct the safe operation of all aircraft.

1.2.1 Communication and Co-Ordination

Effective communication and co-ordination between the crew is essential. This requires all crew members to have a comprehensive knowledge of the aircraft they are operating on and the equipment carried.

Changes in the performance of the aircraft, such as noise, vibrations, smoke must be effectively reported/communicated to the FCMs. This should include any observations from passengers, which could suggest that the aircraft may not be operating normally.

In the event of an emergency each crew member has designated tasks to perform which shall be learned in a set order or “checklist”. This ensures individual actions contribute to an effective evacuation and increases the chances of passenger survival.

1.2.2 Using the Interphone

When using the interphone, either answering or instigating a call, the CCM shall state their first name.

When calling the FCMs, there could be a delay in them responding to the call as they may be busy with operational requirements. If an interphone call to the FCM is not answered within a reasonable time frame, a second call shall be made, to eliminate the possibility of pilot incapacitation.

Note: The FCMs shall not be contacted during the critical phases of flight other than in exceptional circumstances where an interruption is necessary to safeguard the safety and/or security of the aircraft.

1.2.3 Weight and Balance

The weight and balance are of great importance for an aircraft to fly in a safe manor.

Weight means that there are limitations of maximum weight for certain phases of the flight. The weight limit can vary and depends on many factors such runway length, runway conditions (ice, snow) etc.

Balance of an aircraft is also of the utmost importance. The aircraft cannot be too nose- or tail heavy, the CMDR might therefor ask CCMs to reseat passengers to balance the aircraft before departure.

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GENERAL

1.3 Meteorology

Appendix 1 to PART-CC 1.1

During a flight we can experience various meteorological or weather conditions. Prior to departure the CMDR will inform the SCCM of expected weather conditions:

- Clouds – A visible mass of minute liquid and/or frozen droplets made of water that are suspended in the atmosphere above the earth's surface.
- Precipitation – This term describes rain, sleet or snow which falls from clouds when the water becomes too heavy for the cloud to suspend.
 - In above freezing temperatures this will fall as rain.
 - When only part of the water has frozen this will fall as sleet.
 - When all the water freezes this will fall as snow.
- Turbulence – Any disturbance to the smooth flow of air in the atmosphere is referred to as turbulence. Turbulence can be categorized into 3 divisions:
 - Light – Turbulence that causes slight, rapid, and somewhat rhythmic bumpiness without appreciable changes in attitude or altitude
 - Moderate – Turbulence that is like light but of greater intensity. It causes rapid bumps or jolts without appreciable changes in attitude or altitude
 - Severe – Turbulence that causes large, abrupt changes in attitude and/or altitude. The aircraft may be momentarily out of control

To avoid injuries, advise passengers to fasten their seat belts whenever seated.

See **OM-A 8.3.8.3** and **SEP 2.16** for procedures relating to turbulence.

1.4 Surface Contamination

The accumulation of ice on an aircraft worsens its flying qualities. On the ground, when the temperature is close to freezing and there is moisture in the air (such as rain, snow or even fog) ice can form on the aircraft.

Normally, the aircraft will be de-iced before taxiing for take-off but, where considerable time elapses between the de-icing process and the take-off, it is possible that ice can reform and that a further de-icing is required.

Though the FCMs are aware of this possibility, it is important that CCMs alert them if they notice any ice (surface contamination) on the surface of the wings.

NOTE: See **OM-A 8.2.4**

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NORMAL PROCEDURES

AMC1 ORO.GEN.110(f)(h)

2.1 Pre-departure Safety Briefing of Cabin Crew

ORO.CC.200, AMC1 ORO.CC.200(e), AMC2 ORO.CC.200(e), GM1 ORO.CC.200(e)

At the beginning of each duty period, the CMDR and the SCCM must conduct a pre-flight safety briefing in a suitable place that is away from passengers and preferably not in a public place.

Throughout the briefing the SCCM will:

- Assign each CCM to a specific position, taking experience levels into consideration
- Ask safety questions/scenario to assess the CCM on their cabin safety and first aid knowledge. This can be achieved in several ways:
 - A discussion around a specific scenario relating to the aircraft type which may include CRM elements
 - A question for each individual or a discussion relating to the flight, designated CCM position or a medical situation
- If applicable, review and discuss recently published FOIs
- Specials – Miscellaneous information about special categories of passengers or other relevant information
- Check that all CCM comply with uniform regulations and that all required valid forms, documents are carried
- Service briefing – if non-standard
- In case of their incapacitation in the absence of another SCCM in the crew, CMDR will nominate the most appropriately qualified CCM to act as SCCM.

When a CCM has been called out from standby and is absent from the briefing, the SCCM will ensure that the joining CCM boarding the aircraft is briefed as to their working position asked safety/first aid questions and is current with the latest notices.

If the SCCM is called from standby, to prevent a delay the briefing may be conducted by another CCM who is current on the aircraft type and previously completed the promotion course. Alternatively, the pre-flight safety briefing will take place on the aircraft when the SCCM reports.

NORMAL PROCEDURES

2.1.1 Joint Crew Briefing

CMDR will brief CCMs with the following information, when relevant:

- Identify succession of command e.g., under training.
- Flight time
- Weather on-route (expected time and level of turbulence)
- Special procedures peculiar to the airport (taxi time, runway conditions, climb procedures...)
- Aircraft technical status affecting cabin
- Special information for the flight (SCP, UM, DEPU/DEPA etc.)
- Additional information such as refueling, security issues, expected de-icing and/or wing contamination.

2.2 Pre-departure Checks

The checks must be performed:

- On each crew's first flight of the day
- When an aircraft is left unattended
- During crew change.

2.2.1 Safety Equipment

AMC1 ORO.GEN.110 (f)(h) paras (b)(2), CAT.GEN.MPA.105 (a)(13), CAT.IDE.A.100 (e)

On boarding the aircraft, each CCM must complete pre-departure safety equipment checks in their designated area using their "Pre-departure Equipment checklist" in the CCL available in Web Manuals on the company device. This includes a check on the condition and serviceability of:

- Exits:
 - Condition of all exits
 - (A320) Slides disarmed
- Safety equipment in designated area:
 - Amount and Fastening (AF)
 - Free from obstructions (no blankets, baggage...)
- Crew seat including seat harness and PA
- Lavatory
- Water/waste check (if applicable)
- Safety briefing cards
- Galley area – cart brakes and galley latches in good working order

When the pre-departure check is complete, irregularities must be reported to the SCCM who forwards them to the CMDR. Engineers shall be advised to replace/repair before departure. If this cannot be addressed, an entry must be entered in ATL as applicable and SCCM must inform remaining CCMs.

NORMAL PROCEDURES

2.2.1.1 Reporting

After completion of their pre-departure check, relevant CCM will pass on the confirmation “EQUIPMENT CHECK DOORS < no > COMPLETE”

(A320) from each pair of doors via the PA

(ATR) face to face

If no security search is requested on this flight, SCCM shall request permission from the CMDR to begin passenger boarding.

2.2.2 Security Search

AMC1 ORO.GEN.110 (f)(h), paras (b)(3)

When required CCM will complete a security search in accordance with the “Security Search checklist” in the CCL.

NOTE: For details of security procedures and the method on how the security search is completed see **OM-A 10.2.2** and **SEP 9**.

2.2.2.1 Reporting

After completion of their security search, relevant CCM will pass on the confirmation “SECURITY SEARCH DOORS < no > COMPLETE”

(A320) from each pair of doors via the PA

(ATR) face to face

SCCM shall pass the information to the CMDR.

At this point SCCM shall request permission from the CMDR to begin passenger boarding.

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NORMAL PROCEDURES

2.3 Passenger Boarding and Distribution

2.3.1 Crew Duties

ORO.CC.200, AMC3 ORO.MLR.100 Part A 8.3.10

Prior to passengers boarding, CCMs shall ensure that crew baggage is correctly stowed (not in the lavatories, under passenger seats or where space is needed for the passengers).

- One FCM must be present in the FD.
- One SCCM must be present in the cabin
- SCCM/CMDR will make a PA to inform the CCMs when passenger boarding is about to start.
- (ATR) lock internal door
- CCMs to take up their respective boarding positions at passenger doors or in the cabin.

2.3.1.1 Boarding Announcement

Welcome onboard PA shall be carried out as required; this is to include:

- Stowage of hand baggage
- Electronic devices into flight mode and/or switched off
- Fueling operations are in progress (if applicable).

2.3.1.2 Boarding Complete

SCCM/CMDR shall carry out the PA “BOARDING COMPLETE” to inform CCM that all passengers are onboard. If not already done so, this will initiate the closing of all doors except the main entry door.

2.3.1.3 “No Smoking” Announcements

AMC1 CAT.OP.MPA.170 (f)

“No smoking” announcement must be made before take-off and after landing.

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NORMAL PROCEDURES

2.3.2 Passenger Seat Allocation/Restrictions

CAT.OP.MPA.155, GM1 CAT.OP.MPA.155(b), GM3 CAT.OP.MPA.155(b), GM2 CAT.OP.MPA.155(c), CAT.OP.MPA.165, AMC1 CAT.OP.MPA.165, AMC2 CAT.OP.MPA.165, GM1 CAT.OP.MPA.165, GM2 CAT.OP.MPA.165.

There are restrictions on the type of passengers that can be seated near emergency exits in order to ensure a rapid evacuation should the need arise.

CCMs are responsible for ensuring that:

- passengers seated in exit rows are mentally and physically able to assist in an evacuation of the aircraft
- passengers occupy at least one seat on each side of a seat row with direct access to an unstaffed emergency exit
- persons that may hinder an evacuation should be seated at a non-exit row window seat.

See **OM-A 8.2.2** and (A320) **SEP 5.1.14.2** / (ATR) **SEP 5.2.14.2**

2.3.2.1 Carriage of Special Categories of Passengers (SCP)

AMC2 CAT.OP.MPA.155(b), GM1 CAT.OP.MPA.155(b), GM3 CAT.OP.MPA.155(b),

An individual briefing will be given to SCPs as well as a safety demonstration provided for all passengers prior to departure.

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

Assisting passenger

If an accompanying passenger is required and the SCP is travelling alone, then a person shall be nominated to assist in the event of an emergency. This is a person with no other responsibility that would prevent him from assisting the SCP; for example, an adult travelling alone.

See **OM-A 8.2.2.1.2** and **SEP 2.9.3**

2.3.2.1.1 Person With Reduced Mobility (PRM)

CAT.OP.MPA.155

A PRM is a person whose mobility is reduced due to any physical, intellectual, sensory or locomotory, or any other cause of disability, of permanent or temporary nature. This also includes age.

See **OM-A 8.2.2.1.2**

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NORMAL PROCEDURES

2.3.3 Hand Baggage Restrictions

CAT.OP.MPA.160, AMC1 CAT.OP.MPA.160

See **OM-A 8.2.2.4**

Hand baggage shall be stowed:
• In overhead compartment – providing it is within the size and weight limitations for the overhead compartment • Under a seat - provided it is equipped with a restraint bar • Other designated stowages - wardrobe, cupboard, or other similar areas
Hand baggage must NOT be stowed:
• In the lavatories • Safety equipment stowages - must be free of any obstructions. • Against bulkheads, in the aisles or exit pathways • In passenger seats - do not strap baggage into spare seat

If hand baggage is to be relocated to the aircraft hold, the passengers must be asked to remove medicines, valuables, and dangerous goods such as batteries, e-cigarettes, power banks and thermometers (mercury) before the baggage is removed from the cabin.

See **OM-A 9** and **GOM 7.1.3.4.4.5**

2.3.4 Live Animals in the Cabin

Appendix 1 to PART-CC 4.4, GM2 CAT.OP.MPA.155(b) AMC2 CAT.OP.MPA.160(a)(2)

Service animals (SVAN) and pets (PETC) are accepted in the cabin.

The seating differs on each A/C type.

NOTE: See **OM-A 8.2.2.3.7**

2.3.5 Use Of Portable Electronic Devices

AMC2 CAT.GEN.MPA.140

Passengers are permitted to use specific handheld PEDs during all phases of flight including boarding, taxi, take-off, and landing.

Flight Mode

The “flight mode” must be enabled once all the doors have been closed. Any PED that does not have this capability of disabling the transmitting must be switched off for the duration of the flight. At no point are passengers permitted to enable transmitting functions once the aircraft doors are closed, with the exception that the use of PEDs in transmitting mode (T-PED) may be allowed upon landing when the aircraft has left the active runway.

NORMAL PROCEDURES

Handheld PEDs

PEDs that can be used during all phases of flight are those which are “handheld” and have all their transmitting functions disabled (i.e. in “Flight Mode”), as appropriate. “Handheld” PEDs are described as those which can be comfortably held in one hand (such as tablets/iPads, e-books, smartphones, cameras, games consoles and other gadgets).

NOTE: The definition of handheld is any device that fits within the dimensions of a magazine, including depth and weighs less than a kilo.

PEDs Completely Switched Off

See **OM-A 8.3.16.6.2**

The CMDR shall dictate all PEDs must be completely switched OFF and securely stowed when:

- Conducting Low visibility (LVO) take-off and landings
- Suspecting aircraft systems interference
- Deems it necessary for safe operations

Personal Headphones

Passengers may use their personal headphones however trailing wires must not obstruct aisles and exits.

Non-Handheld PEDs

Larger electronic devices such as laptops, larger tablets, and Bluetooth accessories, such as computer mice and keyboards must be securely stowed for taxi, take-off and landing:

- In hand baggage under the seat in front
- In hand baggage in the overhead compartment.

2.3.5.1 Use of Mobile Phones Onboard

See **OM-A 1.6**

2.3.5.2 CCM iPads

iPads must be placed in a suitable aircraft stowage for take-off and landing.

2.4 Passenger Restraint

Ref: CAT.IDE.A.205,

All passengers must wear a seat belt for taxi, take-off, landing or whenever the seat belt sign is illuminated.

The seat belt is adjustable and equipped with a quick release buckle. If a passenger cannot be secured due to physical size an extension belt must be used.

2.4.1 Passenger Seating and Restraint Requirements

All passengers of 2 years and above must occupy a designated passenger seat.

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NORMAL PROCEDURES

2.4.2 Child Restraint Devices (CRD)

Infants under the age of 2 years must be properly secured with an infant seat belt or other CRD which is secured to an aircraft seat with the passenger seat belt during taxiing, take-off, landing, turbulence and anytime the CMDR decides so.

See [SEP 4.7.1](#)

2.4.2.1 Infant Seat Belts

These must be worn by all infants when seated on an adult's lap.

2.4.2.2 Child Restraint Harness

Passengers may purchase and use a child restraint harness such as CARES if they consider appropriate for their child. This is considered an acceptable method of restraint for a child who occupies a passenger seat and **must be used in conjunction with** the passenger seat belt.

2.4.2.3 Car Seat

The infant/child must be properly secure in its seat whenever the "Seat Belt" sign is ON.

See [SEP 4.17.2.1](#)

2.4.3 Supplemental Restraint Devices for PRMs

Ref: AMC2 CAT.OP.MPA.155(c)

A supplementary restraint device for PRMs is permitted subject to the following conditions:

- Passenger has obtained prior permission.
- This may be used if the aircraft safety belt is part of the restraint system.
- If the device requires to be secured around the back of the seat it should not be used if there is a person seated behind.
- CMDR shall be satisfied that it can be adequately secured in a passenger seat.

2.5 Smoking Onboard

There shall be no smoking onboard and the "No Smoking" signs, if available, must remain either illuminated or placarded throughout the flight. Pre-departure announcements advise passengers that smoking is not permitted and that the lavatory compartments are fitted with smoke detector equipment.

The use of electronic cigarettes is not permitted at any time.

2.6 Head Count

When a head count is performed, this must include the total number of passengers in each section plus infants onboard.

All CCMs shall memorise the total number of passengers and specials until end of flight.

See [OM-A 10.2.1](#)

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 NORMAL PROCEDURES

2.7 Closing Doors*Ref: ORO.SEC.100*

SCCM to FCM:

- Number and categories of SCPs
- ATR always /A320 when head count completed – confirm total number of passengers plus infants.
- Ask “PERMISSION TO CLOSE DOORS” to close the last cabin door. FCM to answer “CLOSE DOORS”.
- A320 – Close the FD door and check the door is securely locked.
- Close main door

The closed door indicates to the FCMs that the cabin is ready for aircraft movement.

2.8 Arming Slides (if applicable)*Ref: CAT.OP.MPA.220*

“Arming of slides” means that the girt bar of the slide/slide raft is attached to the aircraft interior floor brackets located in the door sill and that a slide/slide raft will deploy automatically when opening the door.

Once the steps/air bridge have been removed from the aircraft.

SCCM PA to CCMs – “CABIN CREW ARM SLIDES”

- On hearing the SCCMs announcement:
- Arm slide – starting with the left side designated CCM shall arm their slide.
- Cross check – second CCM (usually responsible for opposite door) shall physically cross check slide armed.
(These two points must then be repeated on the right side).
- Report – Once both slides armed return to your designated crew station.

Note: Slides shall not be armed in case of obstruction outside the door.

2.8.1 Confirmation of Arming

- SCCM makes an “ALL CALL”.
- SCCM requests confirmation that slides are armed, and cross checked.
- CCM to report: “DOORS < no > SLIDES ARMED AND CROSS CHECKED”.
- SCCM to report: “DOORS < no > SLIDES ARMED AND CROSS CHECKED”.
- SCCM shall pass on total number of passengers onboard and any other special info while all CCMs are on handsets.

2.8.2 Door Arming Fault / Ground Staff Re-Boarding

If there is a fault indication in the FD, or necessary for the ground staff to re-board the aircraft once the slides have been armed the FCM will inform the SCCM immediately

- The SCCM will give the command to disarm all slides.
- Follow the disarming procedure
- The affected door/exit will be opened,
- Once the door/exit has been re-closed and the steps/air bridge removed all slides will be re-armed.

NORMAL PROCEDURES

2.8.3 Single CCM Responsible for Pair of Exits

When there is no second CCM positioned at the opposite door, the single CCM must carry out the arming and disarming procedures for both slides by themselves (if applicable)

2.9 Passenger Safety Briefing

Ref: CAT.OP.MPA.170, AMC1 CAT.OP.MPA.170

A passenger safety briefing should start once the aircraft doors have been closed, if applicable the slides have been armed, and all passengers are seated.

2.9.1 Demonstration Positions

See Summary table (A320) [SEP 5.1.16](#) / (ATR) [SEP 5.2.16](#)

2.9.2 How to perform a safety demonstration

Seat belt

- Hold the seat belt at head height
- Fasten the seat belt – buckle and clip facing passengers
- Turn the buckle to face the ceiling and adjust by tightening the strap
- Open – lift the buckle and remove the clip

Floor proximity lighting

- Point to the low-level lighting using straight arms and with a sweeping movement

Exits

When indicating exits, arms and hands shall point straight at the exit.

- First point out exit towards the rear of the aircraft
- Second point out exits next to you, or turn left to point out exits behind you
 - (A320) SCCM turns left to face FD to point out FWD exits. Do not walk into galley.

Oxygen (applicable to A320)

SCCM drops oxygen mask from the left side PSU, next CCM drops oxygen mask from right side, continue on every other side

- Wrap the oxygen mask tubing around your hand
- Move the mask below the PSU and indicate the location of oxygen on opposite side with other hand.
- Drop one loop of tubing on the mask. With your other hand pull the mask firmly towards you and place over nose and mouth.
- Release mask and place hands along your body

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NORMAL PROCEDURES

Life jacket

- Hold life jacket at arm's length and head height
- Place the life jacket over your head
- Pass the tapes around your waist
- Clip at the front and tighten
- Clearly show the red toggle/s (DO NOT PULL)
- Point out inflation tube/s

Safety Briefing Card (SBC)

- Pick a safety briefing card in nearest passenger seat pocket
- Show the SBC, arms straight at head height

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NORMAL PROCEDURES

2.9.3 Additional Briefings / Instructions for Certain Passengers

Ref: CAT.OP.MPA.155, AMC2 CAT.OP.MPA.155(b), GM1 CAT.OP.MPA.155(b), GM2 CAT.OP.MPA.155(b), GM3 CAT.OP.MPA.155(b)

	ADDITIONAL BRIEFING/INSTRUCTIONS
Deaf	Establish how to communicate (e.g. by lip reading, sign, or written language...). Offer a copy of the Safety PA to read prior to departure. Explain the need to observe CCMs/ other passengers reactions around them during takeoff and landing for signals to brace and to evacuate if required.
Visually impaired	• how to fasten and open their own seat belt • location of their nearest exit (e.g. number of seat rows to nearest exit) • (if applicable) the oxygen masks and where it will drop from. Allow the passenger to feel the mask and bag and which part would cover their nose and mouth • location of their life jacket (LJ) and allow them to feel its position. Place the LJ in front of the passenger, and ask the passenger to feel the straps, inflation toggle and manual inflation/deflation tube • brace position • location of the call button In an emergency evacuation, an Assisting Passenger should sit behind the blind passenger, and hold onto them securely before going down the slide. If a guide dog is carried, the blind passenger instruct them to hold the dog on their lap while going down the slide.
Passengers With Infants on Lap	Distribute infant life jacket and infant/extension belt during boarding and brief the adult on: Infant belt: • Slip the flat part of the adult's seatbelt through the loop of the belt. • Fasten the adult's belt. • Place infant in belt facing forward. • Avoid having the parents seat buckle against the infant's spine. Infant life jacket: Advise the parent that it must be readily accessible from their seat, how to fit it and when to inflate it. Refer to the safety briefing card. Turbulence: Fasten the infant in the belt whenever the "seat belt" signs is illuminated. Decompression: (if applicable) Remind the adult to put on own mask first before assisting the infant. Brace position: Show how to hold the infant in the correct position. Refer to the safety briefing card. Evacuation: inform the adult to hold the infant upright in front of them being aware of the exits height when leaving the aircraft.

NORMAL PROCEDURES

	ADDITIONAL BRIEFING/INSTRUCTIONS
Unaccompanied Minors	Brief the UM on how and when to: - fasten the seatbelt - (if applicable) don the oxygen mask - flight mode on PEDs In an EMC situation, an Assisting Passenger should assist the UM.
Emergency Exit Awareness Briefing	• You are sitting by an emergency exit that you may have to open in the unlikely event of a sudden emergency. • If you hear the command “CABIN CREW EVACUATE, EVACUATE”: ◦ Check outside for fire or hazard, if clear open exit ◦ Hold grip at bottom of exit ◦ Pull handle to open ◦ Throw out the exit ◦ (If applicable) Pull the red handle in the exit frame to inflate the slide. • Do you understand or have any questions, are you still OK to sit here?

2.9.4 Crew Seat Briefing

Passengers occupying observer/jump seats shall be reminded to not interfere during safety related duties.

2.9.4.1 Flight Deck Observer Seat Briefing

Procedures	• Observer seat – operation • Seat belt – how and when to use it • FD Door – operation • Exits – location as applicable (doors, FD hatch, FD windows, escape ropes) • Brace position – how and when • PEDs – see OM-A 8.3.30
Equipment	• Oxygen – location and operation of QDM + SG (if applicable) • Life Jacket – location and operation
Communication	• Headset – operation • Sterile FD – critical phases of flight, checklists, radio communication

NORMAL PROCEDURES

2.9.4.2 Cabin Jumpseat Briefing (A320)

Procedures	• Seat belt – how and when to use it (when seat belt sign ON) • Exits – location • Brace position – how and when
Equipment	• Oxygen – location and operation • Life Jacket – location and operation
Communication	• Silent Review – critical phases of flight • Headphones – not to be used during critical phases of flight

2.10 Sterile Flight Deck

Ref: AMC1 ORO.GEN.110(f), GM1 ORO.GEN.110(f)

The sterile FD lasts from:

A320

- engine start to 10 000 ft/signs OFF
- 10 000 ft (“Seat Belt” signs ON) to engine shutdown and signs OFF

ATR

- engine start to 10 000 ft or cruise flight
- 10 000 ft (“Fasten Seat Belt” signs ON) to engine shutdown and signs OFF

On this A/C in all communication to FD, never start a conversation unless FCMs answer “Flight Deck”.

Under normal circumstances, the FCMs shall not be contacted at this time, except for safety and security related duties. Depending on the stage of take-off or landing, the FCM may not answer immediately.

On flights shorter than 30 minutes, sterile flight deck applies during the entire flight.

See **OM-A 8.3.23**

NORMAL PROCEDURES

2.11 Cabin Secure Procedure – Take-Off

Ref: AMC1 ORO.GEN.110(f)(h), CAT.OP.MPA.225, CAT.OP.MPA.230, CAT.OP.MPA.240)

Before take-off, landing and whenever deemed necessary in the interest of safety, the cabin, galleys, and all associated equipment must be secured. For take-off, this will be done after the safety demonstration has been performed and the aircraft is moving forward on its on power, and before landing when the “Seat Belt” signs are switched on.

When the CMDR receives “CABIN SECURE” it is understood that:

- Passengers have observed a safety briefing
- Cabin, galleys, and lavatories are secured
- Passengers and CCM other than the SCCM are strapped in using a seat belt and full harness in preparation for take-off or landing. SCCM to be seated immediately
- A320 – Doors are armed

CCM will receive a double chime when take-off is imminent

CABIN SECURE	
Passengers, passenger seats and cabin area	• Passenger seating restrictions observed, seat belts fastened • Infant belts distributed and secure • Electronic equipment switched off. • Awareness briefing at unmanned exits performed • Tables stowed • Seat backs upright • Armrests down • Window blinds open • Overhead compartments closed • Curtains secured open • Hand baggage securely stowed • Aisle, bulkhead and EMC exits clear from baggage / loose items
Lavatories	• Lavatory seat down • No loose items, compartments closed, sink drained • Waste bags closed • Lavatory door locked
Galleys	• Electrics off • Cart brakes on, restraining clips in place. • Tables, and cupboards secure • No loose items • (if applicable) Cargo net and smoke curtain in place • Curtains secured open
Cabin Crew	• Seated and secure wearing jacket and gloves

 NORMAL PROCEDURES

2.11.1 Reporting Cabin Secure – To FCMs

“CABIN SECURE” will be reported to the FCM via the interphone or Cabin Ready button on the FAP (if applicable).

2.11.2 Reporting Cabin Not Secure

If cabin secure is not given in time, the Pilot Monitoring (PM) will contact the SCCM via the interphone to liaise on the cabin situation.

If a situation in the cabin may delay “cabin secure”, this must be communicated at the earliest opportunity.

2.12 Cabin Crew at Stations – Take-Off

Ref: CAT.OP.MPA.210, AMC3 ORO.MLR.100 Part A 8.3.10

All CCMs shall be seated at their assigned crew seat for taxi, take-off and landing except to perform safety related duties, and at any time when instructed to do so by the CMDR.

2.12.1 Silent Review

A silent review shall be carried out prior to each take-off and landing since these are the most critical phases of the flight.

CCM must be vigilant and refrain from talking to their colleagues, remain alert and prepare mentally for any incident/emergency that may occur.

SILENT REVIEW		
A	Aircraft	Your doors and equipment
B	Brace	Your correct sitting/brace position
C	Commands	Your commands at this exit
D	Duties	Your duties during and after an emergency

NORMAL PROCEDURES

2.13 After Take-Off Release

CCMs are released when CMDR cycle “Seat Belt” or “No Smoking/No Device” signs and passengers when the “Seat Belt” signs are switched off.

CCMs will be released after flap retraction and above Minimum Sector Altitude (MSA). This may be delayed if CMDR finds it necessary for turbulence or weather avoidance after take-off.

2.14 General Monitoring/Surveillance

Crew must be alert to any potential hazardous situation that could arise during all phases of the flight.

All areas of the aircraft and its safety equipment, including the EMK (if applicable), shall be kept under constant surveillance.

Unusual situations should be dealt with before they can develop further.

2.14.1 Flight Deck

Periodic checks of the FCMs, approximately every 30 minutes, using the interphone or face to face contact to check their welfare and if required to provide refreshments.

When delivering refreshments to FCM:

- To avoid spillage use lid (fall back procedure, fill cup 3/4 full maximum)
- (A320) do not cross the centre pedestal
- FCMs must acknowledge they are ready to accept

When meals are provided and to avoid the risk of food poisoning, FCMs should select different items from the menu.

2.14.2 Cabin Surveillance

When there is a break in cabin service, CCMs must make a check of the cabin approximately every 30 minutes to ensure there is no sign of:

- Disruptive passenger behaviour
- Breach of security
- Passengers smoking
- Passenger illness

2.14.3 Lavatories

The lavatories must be monitored approximately every 30 minutes to ensure:

- Waste bin flap remains serviceable and waste bin door is closed
- Smoke detector has not been tampered with.

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NORMAL PROCEDURES

2.14.4 Galleys

- Waste bin flap remains serviceable and waste bin door is closed
- Smoke curtain closed (if applicable)
- Restrainer clips engaged
- Ovens:
 - Never place other items in oven other than food that needs heating
 - Never operate without oven insert.
 - Never pre-heat meals on the ground to avoid spillage during takeoff
 - If spillage is noticed, clean and make an entry into ATL

2.14.5 In-Flight Service

- Carts:
 - Engage brakes when stationary
 - Never leave unattended when in use.
 - Must be stowed and secured with restraint clips when not in use

2.15 Controlled Rest

A controlled nap/sleep could be advantageous to the wellbeing and alertness of the crew.

2.15.1 FCM Controlled Rest

Ref: GM1 CAT.OP.MPA.210

Only one FCM at a time shall take rest at his station; the seat belt shall be used, and the seat positioned to minimise unintentional interference with the controls

- The rest period shall be no longer than 45 minutes
- Limit rest to approx. 30 minutes to limit deep sleep and related recovery time
- After this 45-minute period, there shall be a recovery period of 20 minutes during which control of the A/C shall not be entrusted to the FCM. This shall be followed by an appropriate briefing
- The commander shall inform the SCCM of the intention to take controlled rest, and of the time of the end of that rest
- The non-resting FCM shall communicate with CCMs after the controlled rest period / 30 minutes verifying that the resting FCM is awake.
- There shall be a minimum of 20 minutes between two controlled rest periods
- Controlled rest periods shall end at least 30 minutes before the top of descent.

See **OM-A 8.3.10.1.4**

2.15.2 CCM Rest in the Cabin

- One person at the time and this may not be done in full view of the passengers.
- SCCM must be aware and agree before any naps are taken.
- Inform the CMDR before the SCCM takes a nap.
- Naps must not last more than 20 minutes (to avoid deep sleep).

NORMAL PROCEDURES

2.16 Turbulence – All Categories

The intensity of turbulence is classified into three levels: light, moderate, and severe.

Prior to departure – If turbulence is forecast, the CMDR should brief the CCMs on its expected duration and at what point in flight it is likely to occur to allow the SCCM to adjust the service accordingly

In-flight – If turbulence is experienced, the CMDR will liaise with the SCCM to advise on the level of turbulence and expected duration. If deemed necessary, the CMDR will switch “Seat Belt” signs on. If not already done by the FCM, SCCM will make a PA to advise the passengers.

The FCM will give command “CABIN CREW BE SEATED” if they require the CCMs to be seated and secured into a seat during turbulence. If no seat available CCM to ensure they secure themselves as safely as possible.

If, following “CABIN SECURE” for turbulence the seat belt signs are likely to remain on until the arrival phase, the SCCM must confirm with the CMDR when landing “cabin secure” procedures are to be conducted and reported.

See **OM-A 8.3.34.6**

2.16.1 Cabin Secure for Turbulence

Ref: AMC1 ORO.GEN.110 (f) (h), Appendix 1 to PART-CC 4.5, AMC1 ORO.CC.200(d)

If you consider it safe to carry out cabin secure, the checks for turbulence should include:

- Lavatories unoccupied and locked
- Seat belts fastened (including infants/children)
- Overhead compartments closed
- Galley equipment stowed.

SCCM shall pass the “CABIN SECURE” for turbulence check to the FCM via the interphone.

NOTE: (S)CCMs can at any time request the “Seat Belt” signs to be switched on due to turbulence in the cabin.

2.17 Top of Descent

On international flights over 90 minutes, to advise the CCM that it is time to prepare for landing, the FCM will make a PA approximately 30 minutes to landing:

“CABIN CREW 30 MINUTES TO LANDING”

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NORMAL PROCEDURES

2.17.1 Preparing the Cabin for Landing

Following the “CABIN CREW 30 MINUTES TO LANDING” PA from the FCM, SCCM shall make a PA to advise the passengers that we will be landing shortly. Inform to re-stow hand baggage and that the lavatories will soon be locked.

CCMs who are not involved in service transactions shall start to prepare the cabin for landing:

- Clear aisles and exits from loose items i.e., pillows and blankets
- Clear galleys areas from loose items.

2.18 “Seat Belt” Signs Switched On

When “seat belt” signs are switched on, advise the passengers to fasten seat belts and secure cabin for landing.

2.19 Cabin Secure Procedure – Landing

As per take-off procedure [SEP 2.11](#)

2.20 Cabin Crew at Stations – Landing

Ref: AMC3 ORO.MLR.100 Part A 8.3.10

As per take-off procedure [SEP 2.12](#)

2.21 Post Landing

Post landing PA shall be made once the aircraft is at a normal taxiing speed. This must include:

- Smoking regulations
- Use of seat belt.
- Caution when opening the overhead compartments.

CCM and passengers shall remain in their seats with their seat belt/full harness fastened until the aircraft has come to a complete stop.

CCM shall monitor that passengers remain in their seats with their seat belts fastened. If necessary FCM/CCM to make a PA advising passengers to remain seated until aircraft comes to a final stop and seat belts signs extinguished.

2.22 Disarming Slides (if applicable)

CMDR will switch off “Seat Belt” signs

SCCM PA to CCMs – “CABIN CREW DISARM SLIDES”

On hearing the SCCM announcement:

- **Disarm slide** – Starting with the left side designated CCM shall disarm their slide.
- **Cross-check** – second CCM (usually responsible for opposite door) shall physically cross-check slide disarmed. (These two points must then be repeated on the right side).

NORMAL PROCEDURES

2.22.1 Reporting and Confirming of Disarming

- SCCM makes an “ALL” call
- SCCM requests confirmation that slides are disarmed, and cross checked
- CCM to report: “DOORS < no > SLIDES DISARMED AND CROSS CHECKED”
- SCCM to report: “DOORS < no > SLIDES DISARMED AND CROSS CHECKED”
- SCCM to FCM: “SLIDES DISARMED – PERMISSION TO OPEN DOORS?”
- SCCM PA to CCMs – “CABIN CREW OPEN DOORS”

2.23 Opening Doors

CCM must wait for a knock or visual indication from the ground staff to indicate that it is safe to open the door. Once the door is opened, the CCM must ensure the steps/air bridge are safely and securely in position before allowing passengers to disembark.

Cabin Empty

When the last passenger has disembarked the aircraft, SCCM shall inform FCMs that the cabin is empty either face to face or via interphone.

- SCCM to FCM: “CABIN EMPTY”

2.24 Lost Property Search

Once all passengers have disembarked and prior to cleaning/catering staff boarding the aircraft, a search of the cabin shall be made for lost property or forgotten items and report to SCCM

2.25 Post Flight – De-Brief

At the end of the day, CMDR and SCCM shall review the flight and discuss the crew performance and the necessity to conduct a de-briefing. Such de-brief may be initiated by any crew member.

2.26 Fuelling Procedures with Passengers Embarking, Onboard or Disembarking**2.26.1 Fuelling Supervisor**

Crew can act as Fuelling Supervisor during fuelling with passengers embarking, onboard or disembarking.

One FCM on FD and a designated person outside, acting as fuel supervisor, with the ability to immediately inform FCM on FD via headset in case of an emergency.

Headset is stored in the same location as the PFI jacket. Two-way communication must be established.

See **GOM 9.1.5** for procedures.

Ref: *CAT.OP.MPA.195, AMC1 CAT.OP.MPA.195*

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NORMAL PROCEDURES

2.26.2 When Fuelling Starts

When there are passengers onboard, minimum cabin crew complement must include an SCCM.

A FCM must be present in the FD with established two-way communication with fuel supervisor during any fuelling activity with passengers onboard.

FCM shall inform the SCCM that fuelling is imminent or in progress.

- FCM will switch the “Seat Belt” signs off.
- FCM PA to CCMs – “CABIN CREW FUELLING IN PROGRESS”.

2.26.3 Fuelling Procedure

Ref: CAT.OP.MPA.195, CAT.OP.MPA.240

FUELLING PROCEDURE	
CCM	One CCM must remain by each pair of doors/exit
DOORS	Open doors must have steps/air bridge
PA	Advise fuelling is taking place and seat belts to be open
ENSURE:	• Exits and aisles are free from baggage • “No Smoking” signs on (if applicable) • “Seat Belt” signs off • FCM immediately notified if hazardous conditions are detected
IF EVACUATION IS REQUIRED	Arm slides (if applicable) and open after checking outside for hazards

NOTE: Boarding must not start whilst more than one servicing task is taking place. Passengers may board the aircraft whilst it is being catered or fuelled/defuelled but not a combination of all three.

2.26.4 When Fuelling is Complete

- FCM PA to CCMs – “CABIN CREW FUELLING COMPLETE”
- FCM will switch the “Seat Belt” signs on.

2.27 Light Settings - Cabin and Galley

Ref: AMCI ORO.GEN.110 (f)(h) paras (a)(2) & (b)(10)

The light setting in the cabin is controlled from control panels in the galley.

At no time during cruise must galley ceiling lights be dimmed, or cabin lights be entirely switched off.

During take-off / landing, set the light inside the aircraft to match the light outside to enable CCMs and passengers’ vision to adjust to the outside conditions should an incident occur.

NORMAL PROCEDURES

2.27.1 Lights to Bright

The lights shall be set to bright:

- When crew board the aircraft (to charge the luminescent strips)
- During boarding
- During safety demonstration
- After landing, when seat belt signs have been switched off.

2.27.2 Lights Dimmed

- Before entering FD during hours of darkness
- Before take-off/landing during hours of darkness after securing the cabin
Return lights to their normal setting once the seat belt signs go off after take off, and once the aircraft has taxied to stand after landing.

2.28 Go Around

A go around, although unusual and unsettling is not considered an emergency. This may be executed by the FCM due to a request from ATC, weather/runway conditions or a technical problem.

When a go around occurs, the FCMs are initially too busy to inform the passengers of the reason for the go around.

SCCM shall:

- Make an announcement to reassure the passengers informing them to remain seated.

CCMs shall:

- Remain in their seats
- Observe and reassure the passengers that are nearby
- Await further instructions from the CMDR .

CMDR will:

- Update the (S)CCMs and passengers of the situation when safe to do so.

2.29 Unintentional Slide Deployment (applicable to A320)

Should a crew member unintentionally open an armed door and the slide either inflates or drops onto the steps/air bridge, he/she will be removed from operational flying duties pending assessment of the occurrence.

If this occurrence happened down route, the CCM may be required to operate the return sector. SCCM will ensure that:

- Concerned CCM is supervised whilst arming/disarming a slide, and does not open or close a door
- If the concerned CCM is the only operating SCCM onboard, he/she should continue to operate in his position but must be supervised whilst arming/disarming a slide, and not open or close a door.

NORMAL PROCEDURES

2.30 Inoperative Door/Exit

Should a door, exit or slide be faulty or damaged, it is still possible to operate the aircraft if the following procedure is followed:

- Place a strap across the door or a “NO EXIT” placard to identify the inoperative door/exit
- Cover or remove exit signs/lights.
- Reduce passenger figures according to MEL

See [SEP 4.17.6](#)

2.30.1 Cabin Crew Briefing

- CCMs must be aware of the condition and location of the inoperative door/exit.
- CCM responsible for the inoperative door/exit should remain at their exit to re-direct passengers to the nearest usable exit in an emergency.
- Use this door/exit as a last resort if no other exits are available

2.30.2 Passenger Briefing

- Do NOT point out the inoperative exit during the safety demonstration.
- Following the demonstration, advise the passengers of the clearly marked inoperative exit.

2.31 Ferry Flight Without Active CCMs Onboard

- Preparation of the cabin for taxi, take off, descent and landing are performed by active FCMs to include:
 - Arming and disarming of slides (if applicable)
 - Securing of galleys, overhead compartments
- Security search according to procedure.
- Keep FD door open to monitor situation in the cabin
- Smoke curtain secure (if applicable)

2.31.1 Arming (if applicable)

- F/O will arm all slides

2.31.2 Disarming (if applicable)

- F/O will disarm all slides and must receive slides disarmed confirmation from CMDR before opening any door.

NORMAL PROCEDURES

2.32 Safety PA

Ref: AMC1 CAT.OP.MPA.170

Safety PAs in this manual can be found in their full length and in language relevant to the operation in a PA booklet. In this chapter, only the safety related information is found. Safety announcement may be filled out with service related information.

2.32.1 Prior To Take-Off

Ref: AMC1 CAT.OP.MPA.170 (a)

We are now preparing the cabin for departure,

Please place all cabin baggage either under the seat in front of you or in the overhead compartment. If you are seated behind a wall or by an emergency exit, place all loose items in the overhead compartment.

For take-off, select flight mode on your mobile device. Larger devices such as laptops must be stowed away and placed in your cabin baggage for take-off.

Smoking and the use of electronic cigarettes is not permitted onboard. For safety reasons our lavatories are fitted with smoke detectors.

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NORMAL PROCEDURES

2.32.2 Passenger Safety Briefing

Ref: AMCI CAT.OP.MPA.170 (a)

We will now perform a safety demonstration. Please remove your headset and pay attention.

The crew is onboard for your safety and it is important that you follow our instructions on board.

Seat Belt: Whenever the seat belt signs are illuminated, your seat belt must be securely fastened. It is fastened, adjusted, and opened like this.

Exits: Exit signs and low-level lights will guide you to the emergency exits. The cabin crew will now point out your nearest exits, which may be behind you.

(A320) Oxygen: Should we need supplemental oxygen, masks like this will drop in front of you. Pull a mask towards you, place it over your nose and mouth, and breathe normally. Put on your own mask first, before assisting others.

Life Jackets: There is a life jacket under your seat. To fit the life jacket, place it over your head, pass the strap around your waist, clip at the front and tighten the strap. Inflate when you leave the aircraft by pulling the red toggle(s). Use the mouthpiece(s) to adjust the inflation.

Safety Card: Please study the safety card which is located in your seat pocket. It illustrates the brace position, which must be adopted, if you hear the command “HEADS DOWN, HEADS DOWN”. We ask those of you seated next to an exit to review the exit operation. In the unlikely event of an evacuation, leave all cabin baggage behind.

If an electronic device is hot or produces smoke, please inform the cabin crew immediately.

Your seat belt must now be securely fastened, your seat back and tray table in an upright position your armrest down and window blinds open.

Electronic devices may be used in flight mode. Smoking is of course, not permitted onboard.

2.32.3 After Take-Off

Ref: AMCI CAT.OP.MPA.170 (b)

Please remain seated with your seat belts securely fastened until the captain has switched off the seat belt sign. We recommend that you keep your seat belt fastened whenever seated.

Please use caution when opening the overhead compartments.

(Charter) Lying or sleeping on the floor is not permitted at any time

NORMAL PROCEDURES

2.32.4 Before Landing

Ref: AMC1 CAT.OP.MPA.170 (c)

The “Seat Belt” sign has been switched on. Please return your larger devices such as laptops in your cabin baggage for landing.

Place your cabin baggage under the seat in front of you or in the overhead compartment. In the unlikely event of an evacuation, leave all cabin baggage behind.

Raise your seat back and tray table to an upright position, ensure that your window blind is open, the armrest is down and your seatbelt is securely fastened.

PED restriction – *(If advised by the Commander before landing)*

The Commander has advised us that for operational reasons ALL electronic devices need to be switched off for landing, this includes all mobile devices.

Please take the time to look over the safety card before landing.

2.32.5 After landing

Ref: AMC1 CAT.OP.MPA.170 (d)

Please remain seated, with your seat belt fastened until the seat belt sign has been switched off.

Use caution when opening the overhead compartment and please don't forget any of your personal belongings onboard.

As a reminder, smoking and the use of electronic cigarettes will be permitted once you leave the terminal building

2.32.6 Re-/Defueling

Ref: AMC1 CAT.OP.MPA.195

As the aircraft is being re-/defueled we ask that you remain seated with your seat belts open.

Emergency exits and aisles must be kept free from obstruction, and we remind you that smoking is not permitted.

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ABNORMAL AND EMERGENCY PROCEDURES

AMC3 ORO.MLR.100 PART B 3

3.1 General and Crew Co-Ordination

An emergency is a situation that could endanger the lives of both passengers and crew. This can develop during flight or on ground. The procedures in this section are designed to provide a structure to assist in a safe and successful outcome to such situations.

Written procedures, no matter how comprehensive could never cover all eventualities therefore it shall be necessary for the crew to use their initiative to adapt the procedures as needed.

The effective co-ordination and communication of each crew member in the event of an emergency is vital to ensure the safe operation of the aircraft.

Never assume that the FCMs are aware of any non-normal situation, FCMs must always be informed of anything that is unusual or concerning from a safety perspective which could potentially develop into a more serious situation if not communicated.

Any emergency requires close liaison between flight crew and cabin crew to provide accurate, timely information to effectively manage the situation.

The use of a “NITS” briefing will ensure that a structured and clear description of the situation is communicated.

NITS BRIEFING	
N	NATURE of the emergency
I	INTENTIONS of the CMDR
T	TIME remaining to prepare the passengers and cabin
S	SPECIAL INSTRUCTIONS • precautionary or emergency landing/ditching • difficulties to expect • passenger relocation •

Note: When the NITS briefing is complete, the crew member must repeat the information back using their own words to ascertain an understanding of the briefing (closed loop).

3.2 Types of Emergencies

Most accidents occur during approach and landing, to a lesser extent during take-off and initial climb. In these situations, there would be no time to prepare the cabin.

However, if an emergency arises in-flight this may allow more time to prepare ourselves and the passengers. Any time available must be used effectively to enable a successful outcome.

ABNORMAL AND EMERGENCY PROCEDURES

There are two categories of emergencies:

PLANNED – Warning given.

CCMs have time to prepare the cabin and organise the passengers.

UNPLANNED – No warning given.

CCM actions must be spontaneous and effective.

In an emergency evacuation on land or water, all crew members have designated tasks to perform which are set out in a checklist.

- The planned emergency landing checklist contains overall information of crew member responsibilities.
- The summary tables contain specific information of CCM responsibilities.

NOTE: for summary table, see (A320) **SEP 5.1.16** / (ATR) **SEP 5.2.16**

3.3 Emergency Call

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The emergency call is used to alert and share information:

- with all crew members of an unexpected safety occurrence in flight, taxiing or on stand.
- after landing in a planned or unplanned emergency to gather information from all crew stations which will be communicated to the CMDR
- for serious first aid incidents where immediate assistance is required.

The information passed shall be accurate and concise.

Note: If the emergency call is missing or inoperative, FCM will call “CABIN CREW - FLIGHT DECK, FLIGHT DECK”. SCCM (or nearest CCM) to proceed to the FD.

Emergency Call from Cabin

- A320 – Chime in FD
- ATR – Repetitive HI-LO chimes in FD

Emergency Call from FD

- A320 – Three HI/LOW chimes through the PA system
A pink call light will flash at all ACPs
- ATR – Three HI chimes through the PA system
Amber indication on FAP and white light on AIP

On hearing an emergency call:

- Pick up handset and state location
- Assess inside/outside conditions
- On the ground: arm slide (if applicable)

Note: If the Emergency call is used by mistake, the SCCM/CCM/FCM must be informed immediately.

ABNORMAL AND EMERGENCY PROCEDURES

3.3.1 Sharing Information - Incident/Emergency During Normal Operations

When an incident or emergency occurs on ground or in-flight during normal operations:

- Upon discovery, CCM must immediately initiate an Emergency call from the nearest handset
- FCM receives details of the incident/emergency – CCM then handles the situation at hand
- FCM either informs remaining crewmembers of the situation or initiate relevant action.

3.3.2 Gathering Information - Planned/Unplanned Emergency and Rejected Take-Off

When the aircraft has come to a complete stop:

- CMDR might initiate an emergency call
- All CCMs gather information
- Those CCMs with a handset shall pass all information in sequence left then right, starting from the rear. If nothing to report, state the door number only. Remain on handset
- CMDR will give the command “CABIN CREW AT STATIONS, AT STATIONS”
- Following this, CMDR will give “CABIN CREW REMAIN SEATED, REMAIN SEATED” or “CABIN CREW EVACUATE, EVACUATE”

3.4 Able Bodied Persons (ABPs)

ABPs are passengers who due to their physical and mental ability are the most suitable to assist crew members during an emergency.

3.4.1 Suitable ABPs

- Positioning/supernumerary crew members
- Other airline personnel
- Fit persons such as policemen, firemen, military, or medical personnel
- Persons travelling alone

Select 2 ABPs per door/exit

- Ask if they are willing to help.
- Take the ABP to the door/exit.

Instruct ABPs to:

- Hold back passengers until the door is opened by a CCM.
- Operate CCM seatbelt and how to replace them if incapacitated.
- Assist PRMs.

Do not overload with information. Speak clearly, firmly and avoid airline terminology.

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ABNORMAL AND EMERGENCY PROCEDURES

3.4.2 ABP Briefing

Brief on the following duties (if deemed relevant for the situation) at the door/exit:

ABP BRIEFING	
WHEN	To open the door/exit: • When you hear the CMD: “CABIN CREW EVACUATE, EVACUATE” • If no fire or hazard outside
IF	Necessary: • Release CCM from shoulder harness and seat belt
HOW	To open the exit: • Operation of door/exit • (if applicable) Operation of slide
HOW	To evacuate on... ...land: • Stay outside (if applicable) at bottom of slide • Send passengers away from aircraft ...water: • Inflation of life jacket (outside) • (if applicable) Explain use of slide (raft)
HOW	To block unsafe exits: • Redirect passengers • Shout positive commands
When briefing is complete to confirm understanding ask APB to repeat the key points of the instructions (time permitting)	

3.5 Brace Positions

Following extensive research brace positions have been designed to increase survivability in an emergency landing/ditching situation.

Passengers and crew must maintain the brace position until the aircraft has come to a complete stop and be prepared for more than one impact.

3.5.1 Cabin Crew Members

The brace position will be adopted by CCMs before take-off or landing in normal and emergency situations. By adopting this position CCMs are not only preparing themselves for any safety occurrence, but also protecting their body should the landing be more firm than normal. At this point, CCMs will go through their silent review.

ABNORMAL AND EMERGENCY PROCEDURES

CCM Brace Position:

- Full seat belt/harness securely fastened
- Legs and feet forward of seat and slightly apart
- Feet flat on the floor
- Sit on hands with palms up, arms slightly bent, and elbows close to body
- Back straight

FWD Facing Brace Position	AFT Facing Brace Position
	
Head down, chin against chest	Head back against headrest

3.5.2 Passenger Brace Position

- Seat belts shall be worn tight and low
- Feet flat on floor, legs and feet together slightly behind the knees
- Place hands, one on top of the other, behind the head, bring elbows forward to protect the face – DON'T interlock the fingers
- Lean forward, tuck elbows in

**3.5.2.1 Brace Position with Infant**

- Secure infant with infant/ extension belt.
- Advise the adult to:
 - Small infant – Lay the infant across the lap
 - Large infant – Seat infant on lap
 - Cradle the infant's head with one arm and use the other to support and protect own head
 - Lean forward as far as possible, using arms and head to protect the infant.
 - Feet firmly on the ground with knees and feet together, feet slightly behind the knees.

**Notes:**

- In an EMC the infant/child is to remain in the CRD.
- In an evacuation, the CRD must remain onboard.

ABNORMAL AND EMERGENCY PROCEDURES

3.5.3 Demonstrating the Brace Position During Emergency PA

- CCM to stand upright with feet together
- Place hands one on top of the other behind the head
- Bend forward from the waist, bring elbows in and bend knees

3.6 Crowd Control**3.6.1 Assist Space**

Each door/exit has at least one dedicated assist space near the door/exit opening that provides a safe position without blocking the evacuation path of the passengers during an evacuation.

Hold the assist handle if possible and press heels and upper back against the surface behind where possible.

3.6.2 Passenger Management

CCMs must be calm and control any sign of panic in the cabin during the passenger briefing and preparation of any emergency. Actions and commands will influence the outcome of the evacuation.

The control of passenger movement begins when they have been instructed to open seat belts and evacuate using positive and assertive commands, directing them towards the nearest available door/exit.

During door opening, slide deployment and inflation, passengers must be physically and verbally restrained.

3.6.2.1 Passenger Management During Evacuation

Situational awareness is vital in an evacuation. CCMs must assess what is happening at their exit, at other exits as well as inside the cabin.

They must be able to:

- Assess passenger flows and be aware to changes in flow rate,
- Be aware of the status of the other exits, especially when redirecting the passengers,
- Adapt their actions and commands to situations at hand (congested or a dried-up exit) to maximise the use of all exits.

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ABNORMAL AND EMERGENCY PROCEDURES

To optimise an evacuation CCMs will:

- Make verbal contact with approaching passengers as far back as possible
- Instruct passengers to leave all baggage behind.
- Use necessary physical force to keep passengers moving and maintain contact until they have made a positive commitment to evacuate
- Keep physical contact below shoulder level, preferably in the lower back. If a passenger is hesitant or sits down, push them in the small of the back with your foot or knee. When using a dual lane slide, instruct passenger behind to “give him a push”
- Do not lean into the passenger flow and do not cross the exit area to give physical assistance unless a major threat is evident.

3.6.2.1.1 Exit By-Pass

This is to direct passengers past a useable exit to another useable or dried up exit.

3.6.2.1.2 Unusable Doors/Exits

An unusable door/exit cannot be operated or opened for:

- Exit is jammed
- Slide does not deploy correctly, or is damaged
- External hazards (fire...)

CCM responsible for the unusable exit must inform passengers that the exit is blocked and redirect them to the nearest usable exit:

- Using verbal commands and arm/hand movements to direct passengers.
- Informing passengers why door/exit cannot be used and give alternative “EXIT BLOCKED – GO THAT WAY”.

CCM remains at and blocks the unusable exits to ensure no one tries to open it.

3.6.2.1.3 Dried Up Exit

A dried-up exit is a usable exit at which there are no evacuating passengers. CCM at the dried-up exit shall encourage passengers to move forward.

3.6.2.1.4 Cabin Crew Members Responsible For a Pair of Exits

In a planned emergency brief ABPs to hold other passengers back to enable the CCM to operate the doors/exits.

CCM to:

- Open their first door/exit and establish a flow of passengers through that door/exit
- Ensure that the opposite door/exit is also opened. This may require an increased level of assertiveness, including physically moving passengers out of the way, to reach the other side of the aircraft.

Once the second door/exit is opened the CCM will position themselves where they will be seen, but not obstruct the exit route.

Clear concise commands supported by use of body language shall be used to ensure passengers use both available doors/exits.

ABNORMAL AND EMERGENCY PROCEDURES

3.6.2.2 Evacuation of PRMs

The priority in an evacuation is to ensure the maximum number of passengers leave the aircraft as quickly as possible.

If time and circumstance permits, assist in the evacuation of the PRMs:

- support disabled passenger's head and neck through the door/hatch

(if applicable)

- sit down with his legs surrounding PRM's lower body and slide down
- two ABPs to assist disabled person at the bottom of the slide

If the crew believe their own safety is compromised note the location of remaining persons onboard and evacuate immediately. Pass relevant information to the rescue services.

3.6.2.3 Passenger Management after Evacuation

Once the passengers have been evacuated:

- direct them upwind away from the aircraft
- assemble them in groups, ideally in a protected area
- perform a passenger and crew head count
- assist passengers and give first aid

The crew must remain in control of the situation until rescue services take over. Megaphones will assist with post evacuation crowd control.

3.7 Planned Emergencies

The duties of the CCMs in a planned emergency landing are detailed below and are relevant to any aircraft type. Additional information and guidance are detailed in the expanded checklist.

No two emergency situations are the same, so crew must be prepared to adapt procedures on the day.

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ABNORMAL AND EMERGENCY PROCEDURES

3.7.1 Planned Emergency Landing Checklist

The CMDR can decide to enter this checklist at any stage.

PLANNED EMERGENCY LANDING CHECKLIST	
Drill	Action
CMDR to SCCM	NITS briefing FD door status
Brief	- Cabin crew (NITS) - Passengers - ABPs
Cabin preparation	Passengers Cabin/galley/lavatories
Crew preparation	SCCM call for cabin secure and crew seated checks
SCCM to CMDR	Cabin secure
Brace	On command “BRACE, BRACE”, – continuously shout “HEADS DOWN, HEADS DOWN” – and brace
When the aircraft comes to a complete stop	
PA from CMDR	“CABIN CREW AT STATIONS, AT STATIONS”. Await possible Emergency call
PA from CMDR	“CABIN CREW REMAIN SEATED, REMAIN SEATED” OR “CABIN CREW EVACUATE, EVACUATE”
Open	Door/exit if safe to do so
Evacuate	Passengers
Check	FCMs, CCMs and passengers
Remove	Equipment
Post evacuation	Passenger management

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ABNORMAL AND EMERGENCY PROCEDURES

3.7.2 Planned Emergency Landing Checklist – Expanded

The CMDR can decide to enter this checklist at any stage.

PLANNED EMERGENCY LANDING CHECKLIST – EXPANDED		
Drill	Action	Explanatory Notes
CMDR to SCCM	NITS briefing	SCCM shall proceed to FD for NITS briefing. Depending on circumstances the FCM may communicate via the interphone. (S)CCM shall confirm their understanding by paraphrasing the NITS briefing. N = Nature of the emergency I = Intention T = Time available to prepare passengers and cabin S = Special instructions
	FD door	Following NITS agree if/when FD door shall be unlocked to facilitate communication. Agree who briefs the passengers. Remaining CCMs stow carts, secure galleys, prepare to receive NITS briefing.
Brief	(1) Cabin Crew (NITS)	SCCM will NITS brief CCMs. Check the understanding. SCCM informs CMDR when CCMs have been briefed.
	(2) Passengers	CMDR/SCCM briefs passengers of the situation CCM briefs passengers using emergency PA/demonstration NOTE: In case of ditching, use own life jacket. Do not inflate!
	(3) ABPs	Select and reseat suitable ABPs to door/exit Brief as necessary Check the understanding

ABNORMAL AND EMERGENCY PROCEDURES

Cabin preparation	Passengers	(ATR) Reseat passengers away from propeller area when possible. Remove and stow in overhead compartments: - sharp objects (A320) high-heeled/rubber soled shoes Switch OFF all electronic devices Understanding and location of nearest and alternative exits. Operation of seat belt. Correct brace position and time this should be maintained Obligations of PRMs and accompanying persons – awareness of how and when they may be helped during an evacuation Ditching: Assist passengers with fitting of their life jackets Time permitting: Repeat emergency PA/demonstration
	Cabin/galleys/lavatories	Secure cabin, galleys, and lavatories
Crew preparation	SCCM call for cabin secure and crew seated checks	Remove sharp objects (wings/earrings), ties, scarves etc Put on HI-VIS jacket – if time permitting (not ditching). Dim lights in cabin and galleys – if relevant CCMs secure themselves into their crew seat SCCM to receive cabin secure as per normal procedures.
SCCM to CMDR	Cabin secure	SCCM gives “CABIN SECURE” to the CMDR. Update NITS if necessary. <i>Note: If feasible pass “Cabin Secure” face to face</i>
Brace	On command: “BRACE, BRACE”	FCM will give commands: “BRACE, BRACE” below 500 ft (approx. 30 secs)
	Continuously shout “HEADS DOWN, HEADS DOWN” and brace.	CCMs to continuously shout “HEADS DOWN, HEADS DOWN”. Adopt and maintain own brace position until aircraft has come to a complete stop. Be prepared for more than one impact. If the PA is unserviceable, the CMDR will signal the command “BRACE, BRACE” by cycling the no-smoking/no-device sign/chime switch – chimes heard in cabin.

ABNORMAL AND EMERGENCY PROCEDURES

When the aircraft comes to a complete stop		
PA from CMDR	“CABIN CREW AT STATION, AT STATION”	On hearing the CMD “CABIN CREW AT STATION, AT STATION”, get up, check outside conditions, assess the situation inside/outside the cabin Await possible Emergency call from CMDR: CCMs with a handset shall pass information to the CMDR, starting from the rear. If nothing to report, state door number only. <i>NOTE: If “At Station PA” is not received after 10 seconds, SCCM or CCM shall check FCMs condition via interphone or enter the FD to ensure they are not incapacitated.</i>
PA from CMDR	“CABIN CREW REMAIN SEATED, REMAIN SEATED” OR “CABIN CREW EVACUATE, EVACUATE”	CMDR will give one of the two commands: “CABIN CREW REMAIN SEATED, REMAIN SEATED” Evacuation is NOT necessary, normal procedures apply. CMDR will brief and reassure passengers accordingly. “CABIN CREW EVACUATE, EVACUATE” • Turn on EMC light and EVAC signal (if applicable) • Start the evacuation <i>NOTE: When in a life-threatening situation and all communication has failed, CCMs shall initiate an evacuation IF:</i> • Uncontrollable fire or dense smoke inside the cabin • Severe damage to the aircraft • Ditching • FCMs are incapacitated
Open	Door/exit if safe to do so	Open door/exit if it is safe to do so, Ditching – check water level (If applicable) shout “WAIT, WAIT SLIDE INFLATING”.

ABNORMAL AND EMERGENCY PROCEDURES

Evacuate	Passengers	Initiate passenger evacuation by shouting “OPEN SEATBELTS – COME THIS WAY”. Send down ABPs – Instruct them to help passengers and move them away from the aircraft. As passengers approach the exit, use suitable positive commands such as “get out/ go this way / ...” to speed evacuation. Ditching – “INFLATE OUTSIDE” <i>NOTE: These commands may be repeated in a different language.</i> (If applicable) Continuously assess your exit to ensure the slide has not become damaged or deflated. Be prepared to redirect passengers or use as an apron slide
Check	FCMs, CCMs and passengers	If safe to do so CCM will: • Check status of FCMs • Check status of CCMs Ensure all passengers are off the aircraft, including injured and PRMs. Leave the aircraft immediately if the cabin condition becomes too dangerous.
Remove	Equipment	Collect emergency equipment as suggested in summary table giving priority to what is useful on the day. Time permitting, gather other useful items (i.e. water, blankets/clothing..) Leave the aircraft.
Post evacuation	Passenger management	CCMs where possible: • Direct and assemble passengers upwind of the aircraft using the megaphone. Keep passengers together • Carry out a head count – passengers and crew • Assess survivors for injuries, administer first aid FCM will where possible: • Assist CCMs with the evacuation • Bring equipment relevant for the situation (torch..) • F/O to exit the aircraft with EFB. and assist with coordination of rescue until the CMDR is available. • If safe to do so, CMDR shall pass through the cabin and exit at the rear ensuring the aircraft is clear.

3.8 Unplanned Emergencies

Unplanned emergencies usually occur whilst on the ground, on take-off or landing. CCMs must be aware of any unusual behaviour of the aircraft, which could lead to an emergency.

3.8.1 Landing

In an unplanned emergency, there will be no time to brief the passengers. CCMs must immediately tell the passengers to get into the “brace position”. They will shout continuously, as loud as they can “HEADS DOWN, HEADS DOWN”.

When the aircraft comes to a complete stop:

Follow the Planned Emergency Landing checklist.

Examples of such events could be a runway excursion or an unplanned ditching.

3.8.2 Ditching

In the event of an unplanned ditching, initiate the evacuation and add “GET LIFE JACKET”.

At door shout “INFLATE OUTSIDE”

See [SEP 3.7.2](#)

3.8.3 Rapid Disembarkation

A rapid disembarkation is required when a situation develops during:

- Boarding
- Disembarkation
- Any time passengers are onboard when an airbridge and/or stairs are attached

This procedure may be initiated in circumstances that may lead to an emergency situation.

Passengers and crew should leave the aircraft quickly without the use of the emergency exits/evacuation slide.

ABNORMAL AND EMERGENCY PROCEDURES

RAPID DISEMBARKATION CHECKLIST	
Drill	Action
FCM	- Shut down engines - Inform ATC and ground handling of the imminent rapid disembarkation
PA from FCM	“CABIN CREW CLEAR THE AIRCRAFT, CLEAR THE AIRCRAFT”
SCCM	Make the rapid disembarkation PA
CCMs to:	- Reverse passenger flow during boarding - Disembark passengers immediately, instructing them to leave all hand baggage behind. - Manage and direct passengers to a safe area wearing your high visibility vest (if possible).

NOTE: Should the situation deteriorate consider a full emergency evacuation with the use of slides (if applicable). If so, follow the Planned Emergency Landing Checklist.

See [SEP 3.7.1](#)

3.9 Decompression

This is caused by a leak (window/door seal leak or a fault in the pressurization system) but can also be caused by a sudden loss of cabin pressure (explosion, cargo door failure or other damage to the aircraft structure leaving an opening).

See [OM-A 8.3.34.5](#)

3.9.1 Time of Useful Consciousness (TUC)

In a decompression, unconsciousness would develop very quickly. It is essential to put on your drop-down oxygen before helping others. The higher the altitude, the shorter the time of useful consciousness. See table below for approximate TUC for a healthy individual. These times can be affected by the state of health, tiredness, smoking, age etc.

TIME OF USEFUL CONSCIOUSNESS		
ALTITUDE	SITTING	ACTIVE
40 000 ft	30 seconds	18 seconds
35 000 ft	45 seconds	30 seconds
30 000 ft	75 seconds	45 seconds
28 000 ft	90 seconds	1 minute
25 000 ft	3 minutes	2 minutes
22 000 ft	10 minutes	5 minutes

ABNORMAL AND EMERGENCY PROCEDURES

3.9.2 Decompression Checklist

DECOMPRESSION CHECKLIST	
Drill	Actions
Pilot monitoring (via PA)	“CABIN CREW EMERGENCY DESCENT, EMERGENCY DESCENT”
Put on	Nearest oxygen mask
Sit	- Down (if applicable) - Ensure PSU masks are fitted/operational
When descent complete – at safe altitude	
Await (via PA)	“CABIN CREW MASK OFF, MASK OFF”
Collect	First aid oxygen bottles
Assist	Passengers: - Administer oxygen to passengers with breathing difficulties - Administer first aid - Keep passengers warm using blankets/coats - Reassure
Await call from CMDR	Brief CMDR
Continuously keep CMDR informed of the status of CCMs, passengers and cabin.	

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ABNORMAL AND EMERGENCY PROCEDURES

3.9.3 Decompression Checklist – Expanded

DECOMPRESSION CHECKLIST – EXPANDED		
Drill	Actions	Explanatory Notes
Pilot monitoring (Via PA)	“CABIN CREW - EMERGENCY DESCENT, EMERGENCY DESCENT”	The FCM (Pilot monitoring) will give the command “CABIN CREW - EMERGENCY DESCENT, EMERGENCY DESCENT” just before initiating the descent. If no PA received from FCM, or if there are any other signs of insufficient cabin pressure, SCCM (or nearest CCM) shall contact FCMs and confirm that they wear their oxygen mask.
Put on	Nearest oxygen mask (If deployed)	Put on nearest oxygen mask. Dependent on your A/C type, this could be: • (A320) crew or a spare PSU mask. • (ATR) your oxygen bottle and mask
Sit down	Ensure PSU masks are fitted/operational	Sit on nearest seat and fasten seatbelt. If no seat is available, sit on an armrest or the floor. (A320) Give audible/visual (hand) signals to ensure passengers are on PSU oxygen. Hold on to carts, wedged between seats, or otherwise secured. Check that your nearest passengers (including infants) have fitted their masks correctly and oxygen is flowing.

Continues on next page

ABNORMAL AND EMERGENCY PROCEDURES

When descent complete - at safe altitude		
Await (via PA)	“CABIN CREW MASK OFF, MASK OFF”	On hearing “CABIN CREW MASK OFF, MASK OFF” from FCM It is now safe to remove your mask.
Collect	First aid oxygen bottles	Once CCM are off oxygen, (A320) make a decompression PA Collect the nearest first aid oxygen bottle.
Assist	Administer oxygen	Administer oxygen to passengers with breathing difficulties. (ATR) open PSUs to deliver oxygen
	Administer first aid	Check galleys/ lavatories for passengers and CCMs. Injuries may have occurred during the rapid descent. Administer first aid, as necessary.
	Reassure	Reassure and inform concerned passengers about the decompression.
	Keep passengers warm	Depending on the type of decompression the temperature could drop rapidly in the cabin. Use available means to keep passengers warm (curtains, coats...).
Await call from CMDR	Brief CMDR	SCCM will proceed to the FD Brief the CMDR on the condition of the cabin, passengers and CCMs.
Continuously keep CMDR informed of the status of CCMs, passengers and cabin.		

3.10 Pilot IncapacitationSee **OM-A 8.3.14.5.1**

In the event of an FCM suffering an incapacitation in-flight, the assistance of CCM may be required.

FCM Action:

FCM will summon assistance by initiating the Emergency Call or using the command “CABIN CREW – FLIGHT DECK, FLIGHT DECK”

ABNORMAL AND EMERGENCY PROCEDURES

CCM Actions:

One CCM will proceed to the FD using normal procedures for access to carry out the “Pilot Incapacitation” checklist.

PILOT INCAPACITATION CHECKLIST	
Drill	Action
PULL	Incapacitated pilot upright and support.
MOVE	Pilot’s feet from the rudder pedals, pull the seat backwards and to the side ensuring it locks into position.
DECIDE	If first aid can be given in the seat – If not, remove the pilot.
FIRST AID IN THE SEAT	PILOT REMOVAL
• Fasten full harness • Place hands under harness and lock • Administer first aid	• Recline the seat – if possible, • Put armrest up • Open seat belt • Remove pilot
CCM to remain on FD and assist as required.	

Note: When administering first aid, preferably use first aid oxygen

ABNORMAL AND EMERGENCY PROCEDURES

3.11 Fire and Smoke

3.11.1 Theory of Fire

Should fire or smoke be discovered, the crew must deal with the situation immediately and aggressively to establish the location and source as quickly as possible.

Give FCMs accurate and concise information throughout any fire situation.

Frequently check all areas of the cabin, including the lavatories and galleys for hazards that might result in a fire to avoid such situations.

See [SEP 2.14](#) for general surveillance duties.

3.11.2 Principles of Combustion

For any fire to take place, three factors are essential, best illustrated by the “Triangle of Combustion”.

FUEL: Any substance that will burn.

HEAT: Source of ignition such as matches, lighters, electrical cables.

OXYGEN: This is supplied from the surrounding air.



3.11.3 Classes Of Fire

CLASS	MATERIALS	
A	Solid materials: combustion takes place with the formation of glowing embers (paper, wood, plastic, textiles, and rubber). – These fires require extinguishers with cooling effect.	Non-alcoholic liquids + Halon fire extinguisher
B	Flammable liquids and gasses (alcohol, petrol, grease, propane)	Halon fire extinguisher
C	Electrical items (ovens, IFE). Although electricity does not burn, it is classed as a type of fire because it can cause a fire due to heat or a spark.	Halon fire extinguisher
D	Combustible metals (magnesium, potassium,) Lithium (-ion) battery fire is not considered a Class D fire	Halon fire extinguisher

3.11.4 Fire Fighting Techniques

The basic principle to extinguish a fire is to take away one of the required elements to create fire.

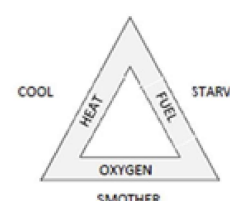
COOL: Remove heat source and/or lower the temperature to below ignition point of the material.

STARVE: Remove or limit the fuel which is feeding the fire.

SMOTHER: Starve or dilute the oxygen content around fire.

3.11.5 Fire Fighting Equipment

See [SEP 4.13](#)



ABNORMAL AND EMERGENCY PROCEDURES

3.11.6 Fire Fighting Team

To ensure that the fire is extinguished as quickly as possible with the available equipment, the firefighting team consist of three interchangeable roles. This can be done with 2 or more CCMs.

FIRE FIGHTING TEAM	
Roles	Actions
Fire Fighter	Attacks the fire
Communicator	Provides the FCMs with the most accurate information possible
Assistant	Takes over from fire fighter with relevant back-up equipment (PBE, fire extinguisher, fire gloves, crash axe)

3.11.7 Theory of Smoke and Fumes

The main cause of incapacitation in a fire is from smoke and toxic fumes. These rise towards the ceiling with the breathable air at floor level.

3.11.7.1 Smoke Protection

To avoid the worst effect of smoke:

SMOKE PROTECTION CHECKLIST	
Instruct passengers to	• Move away from smoke • Keep heads down as low as possible • Breathe through wet cloths
Crew Members to	• Put on PBE

3.11.7.2 Smoke Removal Procedure

Should smoke in the cabin make breathing difficult, the Flight Crew will carry out a “smoke removal procedure”. This involves initiating a descent to a lower altitude to vent the cabin and allow smoke to be evacuated from the cabin.

ABNORMAL AND EMERGENCY PROCEDURES

3.11.8 General Fire Fighting Checklist

GENERAL FIRE FIGHTING CHECKLIST	
Roles	Actions
Fire Fighter	- Initiate an Emergency call to alert other crew members - Collect firefighting equipment - Identify the source of fire - Switch off/unplug any electrics (SHED/pull circuit breakers) - Fight the fire
Communicator	Inform to the FCMs of: - Source (severity/density, color of smoke/odor) - Location/type of fire - Actions taken (firefighting progress, equipment used, passenger reactions and relocation) If possible, maintain communication links open with FCMs from handset near the fire
Assistant	- Bring additional equipment - Put on PBE and fire gloves (if required) - When fire is out, dampen any smoldering material
As soon as possible: Relocate passengers, remove first aid oxygen and other combustible materials, check surrounding area, administer first aid, and reassure, as necessary. Monitor situation until landing	

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ABNORMAL AND EMERGENCY PROCEDURES

3.11.8.1 Galley/Cabin Circuit Breakers

A circuit breaker is designed to automatically cut off the power to electrical equipment when a fault is detected.

CIRCUIT BREAKER CHECKLIST	
If circuit breaker pops/ SHED illuminates in flight	• Inform CMDR • Note occurrence into ATL • Do NOT Reset
Note: Do NOT reset circuit breakers in flight unless specified in OM-B/FCOM. Reset can only be done on ground once the cause is identified and this has been sanctioned by maintenance.	

3.11.8.2 Electrical Fires

In case of a galley fire, the cabin crew shall pull the circuit breaker/SHED to remove the electrical power and to avoid spreading of the fire in the electrical system.

ELECTRICAL FIRE – INITIAL ACTIONS	
• Switch off electrics • Pull galley circuit breakers/SHED (some may be in FD) • Keep door closed if applicable	
If situation deteriorates	
Ovens	Water boilers Other electrical equipment
Crack open door	Locate smoke/fire source
If flames present – Discharge a short burst of fire extinguisher in/around the unit If no flames present – Do not discharge fire extinguisher, monitor the situation	
Close door and wait for 30 seconds Re-check to ensure: • Smoke cleared • Fire extinguished Check contents to identify source of fire/smoke Remove and dampen as required.	
Do NOT use for the remainder of flight	

ABNORMAL AND EMERGENCY PROCEDURES

3.11.8.3 Lavatory / Cargo Compartment (Cabin Accessible) Fires

A smoke detector activation can be the first sign of a lavatory/cargo fire.

To minimise exposure to smoke and optimise visibility, the firefighter should crouch down low before opening the door which should be used for protection.

LAVATORY / CARGO COMPARTMENT FIRES – Initial Actions	
Using the back of the hand, gently touch the outside of the door. This gives an indication of the severity of the fire.	
Additional actions	
Open door / smoke curtain	
If flames present	If no flames present
- Discharge full bottle of fire extinguisher (ATR: for aft CGO, use extinguisher connection) - Close door for 30 seconds - Re-check and repeat as necessary	Do not discharge fire extinguisher
Check contents to identify the source of fire/smoke Remove and dampen as required avoiding electrics	
Do NOT use for the remainder of flight	

3.11.8.4 Flight Deck Fires

Fire or smoke in the FD will most likely be electrical and will be dealt with by the FCMs. When the use of a fire extinguisher is required, don mask (and goggles as applicable) on 100% oxygen.

The FCMs may require the assistance of CCMs to bring additional fire extinguishers and equipment to the FD.

ABNORMAL AND EMERGENCY PROCEDURES

3.11.8.5 PEDs and Lithium Battery Overheating / Fires

Lithium batteries are found in a wide range of portable electronic equipment. Battery fires may emit smoke, flames, and explosions. They can reignite once they appear to have been extinguished and should therefore be cooled with a non-flammable liquid. The procedure below is applied when PED-bag is unavailable.

PED AND LITHIUM BATTERY OVERHEATING/FIRES	
Extinguish	• Disconnect device from power supply • Discharge fire extinguisher
Cool	• Submerge the device in non-flammable liquid (Do not cover or use ice to cool the device) • Once cool, secure in container to prevent spillage
Monitor to ensure device does not reignite	

Notes:

- See “ICAO Emergency Response Drill Chart”
GOM 7.1.4.4.3 and **7.1.4.4.4**
- A device which has been on fire may not be transported on return flight.

3.11.8.6 Hidden Fires

Smoke coming from sidewall panels, ceiling panels and vents may indicate a hidden fire. In some cases, smoke may appear some distance away from its actual source. Locating the source of fire is of prime importance and this can often be achieved by searching for “hot spots” behind the aircraft panels using the back of the hand.

HIDDEN FIRES
• Remove panel or create a small opening into the panel with the crash axe • Discharge fire extinguisher behind the panel, towards the fire source • Replace the panel for 30 seconds • Discharge further fire extinguisher as necessary

ABNORMAL AND EMERGENCY PROCEDURES

3.12 Summary of Communication in Emergency Situations

COMMUNICATION IN EMERGENCY SITUATIONS	
FCM Call	When
“BRACE, BRACE”	At 500 ft (approx. 30 secs prior to landing)
“CABIN CREW AT STATIONS, AT STATIONS”	After complete stop
“CABIN CREW EVACUATE, EVACUATE”	Start evacuation
“CABIN CREW REMAIN SEATED, REMAIN SEATED”	Normal procedures apply
“CABIN CREW CLEAR THE AIRCRAFT, CLEAR THE AIRCRAFT”	Rapid disembarkation
“CABIN CREW EMERGENCY DESCENT, EMERGENCY DESCENT”	Rapid descent (decompression)
“CABIN CREW MASK OFF, MASK OFF”	It is now safe to remove your mask (decompression)
“CABIN CREW FLIGHT DECK, FLIGHT DECK”	• Pilot incapacitation • Emergency call system is inoperative

3.13 Emergency Safety PAs**3.13.1 Planned Emergency Landing**

Attention, attention, this is an emergency announcement. I repeat, this is an emergency announcement.

We will shortly be making an emergency landing.

Stay calm, watch and listen carefully.

- Put your seat back upright and your armrest down
- Stow your table
- Switch off all electronic devices and remove headsets.
- Place your cabin baggage under the seat or in the overhead compartment

ABNORMAL AND EMERGENCY PROCEDURES

When you hear the command “HEADS DOWN, HEADS DOWN” adopt the brace position as demonstrated by the cabin crew.

- Place feet flat on the floor, feet together and slightly behind the knees
- Place hands, one on top of the other, behind the head, bring elbows forward to protect the face.
- Lean forward, tuck elbows in.

Remain in this position until the aircraft comes to a complete stop. I repeat, Remain in this position until the aircraft comes to a complete stop.

When given the command to leave the aircraft:

- Open your seat belt
- Leave everything behind
- Follow the lights along the aisle to your nearest exit.

The EXIT signs are clearly marked throughout the cabin and the cabin crew will now point out your nearest exits – bear in mind your nearest exit may be behind you.

Fasten your seat belt tight and low.

Remove your spectacles and put them away.

(REPEAT IF TIME PERMITS)

3.13.2 Planned Ditching

This is an emergency announcement. I repeat, this is an emergency announcement.

We will shortly be making an emergency landing on water.

Stay calm and watch and listen carefully.

- Put your seat back upright and your armrest down
- Stow your table
- Switch off all electronic devices and remove headsets.
- Place your cabin baggage under the seat or in the overhead compartment

Your life jacket is under your seat. Take it out of its package but do not inflate the life jacket until you are outside the aircraft. The cabin crew will now demonstrate how to use it.

- Pass the strap around your waist and clip at the front.
- Tighten belt by pulling the loose end.

When you reach the exit pull sharply on the red toggle(s) to inflate the life jacket.

Blow into the tube(s) if you need to top it up.

The cabin crew will advise you how to use the flotation equipment for children and infants.

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ABNORMAL AND EMERGENCY PROCEDURES

When you hear the command **"HEADS DOWN, HEADS DOWN"** adopt the brace position demonstrated by the cabin crew.

- Place feet flat on the floor, legs, and feet together, slightly behind the knees
- Place hands, one on top of the other, behind the head, bring elbows forward to protect the face.
- Lean forward, tuck elbows in.

You must remain in the brace position until the aircraft comes to a complete stop. I repeat, you must remain in the brace position until the aircraft has come to a complete stop.

When given the command to leave the aircraft:

- Open your seat belt
- Leave everything behind
- Follow the lights along the aisle to your nearest exit.

The EXIT signs are clearly marked throughout the cabin and the cabin crew will now point out your nearest exits – your nearest exit may be behind you.

Fasten your seat belt tight and low.

Remove spectacles and put them away.

(REPEAT IF TIME PERMITS)

3.13.3 Rapid Disembarkation

You must leave the aircraft quickly. Open your seat belt and exit the aircraft. Leave all your cabin baggage behind.

3.13.4 Decompression

The aircraft has suffered a loss in cabin pressure. Check that your seat belts are fastened.

A320 - The smell of burning in the cabin is caused by the activated oxygen system.

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SURVIVAL AND EMERGENCY EQUIPMENT

Ref: CAT.IDE.A.100; AMC3 ORO.MLR.100 B.10

This Section covers all equipment potentially carried on BRA aircraft with their pre-departure checks, description, and operation.

In Section 5 you will find aircraft type specific relevant descriptions and tables which summarise the equipment carried on each specific aircraft.

All safety and emergency equipment will be:

- Inspected periodically to confirm that the contents are maintained in the condition necessary for their intended use
- Replenished at regular intervals, in accordance with instructions contained on their labels, or as circumstances permit.

Used equipment

When equipment has been used, the following procedure applies:

- Re-stow equipment in its original location
- Report to FCM who will enter a note into ATL
- Inform all CCMs

Malfunctioning equipment

When equipment is missing, cannot be securely fastened, or is in a non-working order:

- Report to FCM who will enter a note into ATL
- Inform all CCMs

In case of any malfunctioning equipment or cabin defects, SCCM shall write a Cabin Defect Report and hand over to CMDR who will transfer the defect into the ATL. Any piece of paper would do (ex Napkin). If loaded, use the form.

BRA		Cabin Defect Report	
Date	Flight number	Aircraft registration	
Description of defect item			
SCC/CC signature and employment number			

Flight Operations Cabin Defect Report Issue 01/2016-07-01 1/1

Should service equipment be unserviceable, immediately tag with a U/S tag. Malfunctioning carts should be offloaded before departure.



SURVIVAL AND EMERGENCY EQUIPMENT

4.1 Cabin Checklists

Ref: ORO.GEN.110 (h)

4.1.1 Cabin Checklist (CCL)

The CCL is available in Web Manuals to be used in:

- Normal procedure for the pre-departure check and security search
- Emergency and non-normal situations time permitting

The CCL is divided into 4 sections

4.1.1.1 Normal Procedures

- Pre-departure equipment check
- General layout
- Security search
- Summary table
- Re-/Defueling procedure
- Passenger briefings

4.1.1.2 Emergency Procedures

- Planned emergency landing checklist
- ABP briefing
- Rapid disembarkation
- Decompression
- Pilot incapacitation
- Fire

4.1.1.3 Non-Normal Procedures

- Dangerous goods response procedure
- Conflict management

4.1.1.4 First Aid

- Primary survey
- Basic life support flow chart

SURVIVAL AND EMERGENCY EQUIPMENT

4.1.2 Emergency Checklist (ECL)

The ECL is available under each crew seat to be used in an emergency situation. All information is also available in CCL and Announcements in Web Manuals.

The ECL is divided into 2 sections:

- Planned emergency landing checklist
- Planed emergency landing/ditching announcements

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SURVIVAL AND EMERGENCY EQUIPMENT

4.2 Doors and Exits

Doors/exits must not be left unattended on ground:

- at any time whenever passengers are onboard
- if door is open, responsible crew members must be in the vicinity to observe and control access to the aircraft.

However, these responsibilities may be delegated to another CCM.

The pre-departure check of the doors will be done by the responsible CCM.

4.2.1 Main Doors

Main doors are used for passenger and service entry/exit. They can be opened from either the inside or the outside. Each CCM shall be responsible for their assigned door, this includes opening/closing and arming/disarming process if applicable.

Entry doors: Left side used for boarding and disembarkation of passengers.

Service doors: Right side used for servicing the aircraft.

4.2.1.1 Doors with Slides

The pressure difference between inside and outside the aircraft, makes it impossible to open plug type doors in flight.

Description:

- A viewing window – to observe the area outside the door
- Door handle – for opening and closing the door
- Gust lock – mechanism that keeps a door in a fully open position
- Assist handle – to be used for support when operating the door, in normal and emergency operation
- An arming/disarming mechanism – to prepare the slides for an evacuation
- A slide/slide raft – is located inside the door and will automatically deploy when a door is opened while a slide is in armed mode.

4.2.1.1.1 Door Safety Straps

Safety straps are fitted inside/next to the door frame at waist level to alert persons that the door is open without air bridge, stairs, or truck in front.

Notes:

- Ensure the safety strap is properly stowed before closing the door.
- NEVER leave an open cabin door unattended.



SURVIVAL AND EMERGENCY EQUIPMENT

4.2.1.2 Doors without Slides

Doors without slides are locked in place with the help of shoot bolts in the door frame.

Description:

- Door handle - for opening and closing the door
- Gust lock - mechanism that keeps a door in a fully open position (if applicable)
- Assist handle - to be used for support when operating the door, in normal and emergency operation (if applicable)
- Can be fitted with own stairs.

4.2.1.3 Normal Operation**Opening**

- Check that the slide is disarmed before opening (if applicable)
- Secure yourself before opening
- Ensure that the gust lock engages (if applicable)

Closing

Ground handling personnel shall only remove stairs/air bridge after agreement from the CCM.

- Ensure door is free of all obstructions
- Disengage gust lock (if applicable)
- Secure yourself before closing

4.2.1.4 Emergency Operation**Opening**

- Ensure slide is armed (if applicable)
- Check outside conditions – in a ditching check water level
- If conditions are safe:
 - Secure yourself
 - Open door
 - If applicable, pull red manual inflation handle
 - Stand clear of the door, in designated assist area
 - If applicable, wait for the slide to inflate
 - Initiate evacuation of passengers

If exit is unusable due to:

- Slide inflation failure or incorrect inflation
- Structural damage
- Outside life threatening conditions

Remain by the exit and redirect passengers to nearest usable exit – be assertive, use arm movements to direct passengers and give clear instructions.

Closing

If a situation deteriorates (ie fire entering the cabin), if possible close the door. When fitted and depending on the type of slide/slide raft at the door, detach the slide/slide raft.

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SURVIVAL AND EMERGENCY EQUIPMENT

4.2.2 Emergency / Overwing Exits

The pressure difference between inside and outside the aircraft, makes it impossible to open plug type exits in flight.

Emergency exits will only be opened in an emergency evacuation.

They are fitted with opening instruction placards. Passengers seated at these exits shall be given an awareness briefing on door operation during boarding, at the latest before cabin secure.

For awareness briefing, see [SEP 2.9.3](#)

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SURVIVAL AND EMERGENCY EQUIPMENT

4.3 Slides and Slide Rafts

Ref: CAT.IDE.A.265

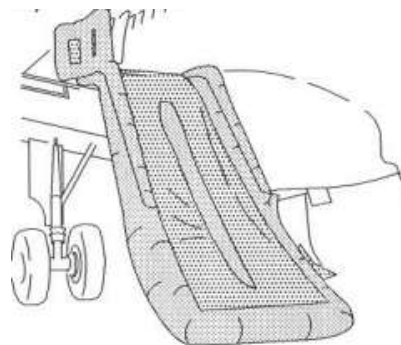
Slides and slide rafts can be installed at main doors and would deploy whenever the slide is armed, and the door is opened. They provide a faster and safer way to evacuate the passengers from the aircraft in case of an emergency.

Slides and slide rafts have either single or dual lane evacuation pathways. They can be used on the ground (as a slide) or on water as a slide raft or certified flotation device.

When opening a door in an emergency, the slide is released from its casing but remains attached to the aircraft floor brackets by the girt bar. As the slide falls from its casing the weight of the slide triggers a mechanism which inflates the slide, this will take approximately 3-10 seconds.



Single Lane Slide



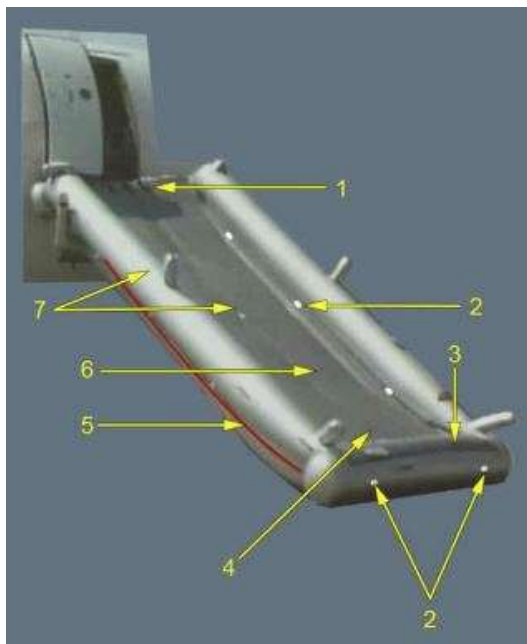
Dual Lane Slide



Dual Lane Slide Raft

SURVIVAL AND EMERGENCY EQUIPMENT

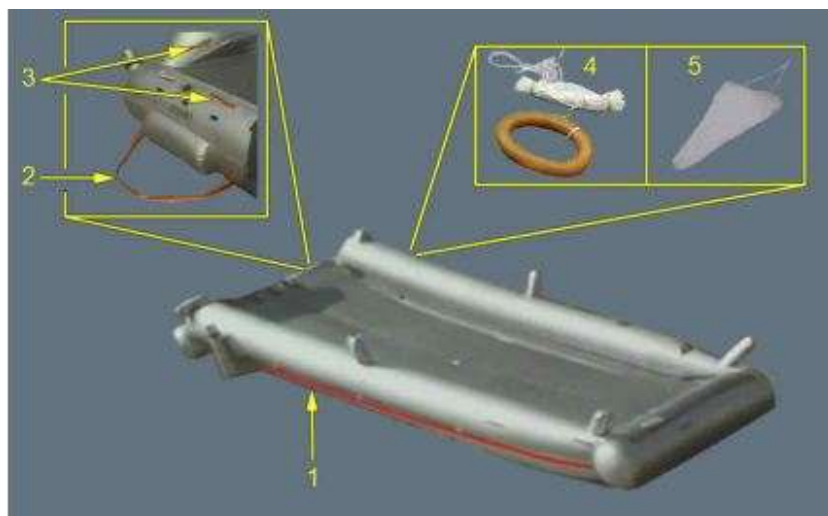
4.3.1 Slide and Slide Raft Features



1. Head End – head end of slide raft attached to the girt bar.
2. LED lights – provide lighting to the surface at the end of slide
3. Toe End – part the slide raft that touches the ground during evacuation
4. Deceleration Strips – to decrease the speed of evacuees
5. Life Line – hold the lines to use as a hand held slide if slide is damaged.
6. Sliding Surface
7. Slide Tubes – to stabilise the structure

Note: A knife is located at the head end.

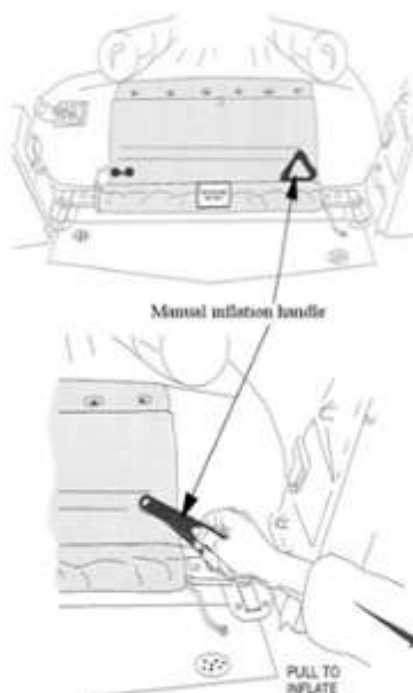
4.3.2 Additional Slide Raft Features for Ditching



1. Life Line – for passengers to hold on to when in water
2. Boarding Ladder – to climb into the raft
3. Boarding Handle – to climb into the raft
4. Heaving Ring – to throw to passengers to pull them out of the water
5. Sea Anchor – attached to the raft to stabilise and act as a break

SURVIVAL AND EMERGENCY EQUIPMENT

4.3.3 Manual Inflation Handle



The red manual inflation handle is always pulled as a back up to the automatic inflation. The manual inflation handle is labelled PULL and is visible at floor level on the right side of the girt bar when the slide is released from its casing. If the slide still fails to inflate, redirect passengers to the nearest available exits.

4.3.4 Evacuation on Land – Slide and Slide Rafts

During evacuation on land, both slides and slide rafts are used in the same way. It has two buoyancy chambers. The maximum capacity of occupants can be supported with only one buoyancy chamber inflated or with a slide raft in the inverted position.

4.3.4.1 Apron Slide

If an inflated slide deflates it may be used as an apron slide. Instruct 4 ABPs to climb down the slide using the hand holds on either side, hold the slide taut for passengers to evacuate down and direct them quickly away.

4.3.4.2 Tip Back Position

If on landing there is a single main landing gear loss or failure, the aircraft may come to rest in a “Tip Back” position. Tip Back means that the aircraft after landing could come to rest on one engine with the opposite side being much higher off the ground. This would result in the aircraft tipping back onto its rear fuselage/tail causing the slide angle being too steep or not reaching the ground.

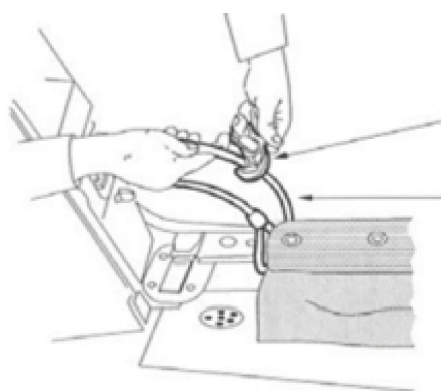
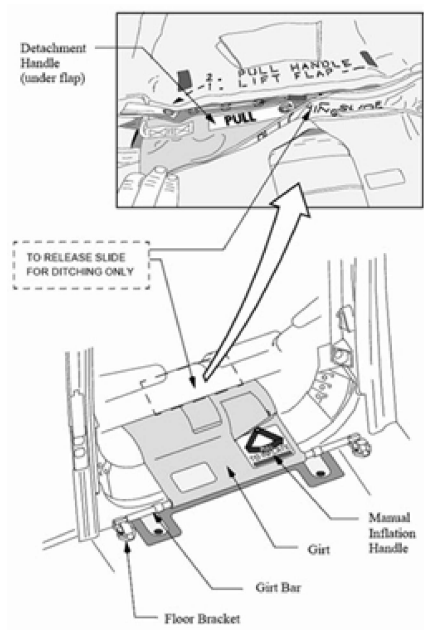
SURVIVAL AND EMERGENCY EQUIPMENT

4.3.5 Evacuation on Water

4.3.5.1 Releasing the slide or slide raft from the aircraft:

- Lift flap marked “For ditching use only”
- Pull white detachment handle to release the lacing
- The slide/slide raft is still attached to aircraft by a mooring line – this can be released; by cutting with the knife provided.

Note: In case of fire during an evacuation on land, the same procedure can be used if you need to close a door.



4.3.5.2 Use of a Slide Raft in a Ditching

A slide raft is used in an emergency evacuation on water as a means of flotation and as protection for survivors until rescued.

Boarding the deployed slide raft:

1. Advise passengers to inflate life jackets prior to boarding.
2. Seat passengers with their backs to the slide tubes in a “zipper position”. This allows the greatest number of people to be seated in the slide raft. Once passengers are in the raft, give instructions to keep life jackets on, stay low and remain seated on the floor. When required to move, do so on hands and knees.
3. Once all passengers have boarded, check cabin area is clear if safe to do so. Remove emergency equipment from stowage, board raft and then release from A/C.

4.3.5.3 Use of a Slide in a Ditching

An inflated detachable slide may be used as a buoyancy support, by holding onto the lifelines on the sides whilst in the water.

A slide is not a raft; however, it can be used to place infants, small children and PRMs.

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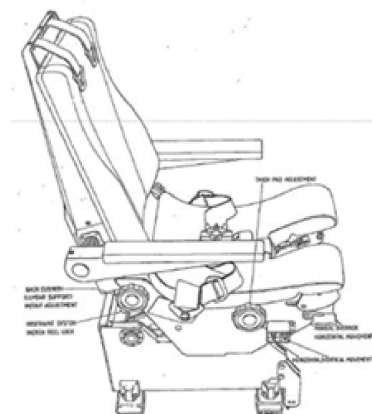
4.4 Flight Deck (FD)

4.4.1 Seats

Ref: AMC2 CAT.IDE.A.205

All FCM seats have the following:

- Recline lever
- Vertical lever
- Horizontal lever
- Harness locking lever
- Adjustable armrests
- Inertia-reel harness and adjustable 4 or 5-point straps which may be used independently.



In addition, there are one or more observer seats.

4.4.2 Door

Ref: CAT.IDE.A.215, ORO.SEC.100

The FD is separated from the cabin by a reinforced FD door. This reinforced door is designed to resist penetration by small firearms, grenade shrapnel etc.

Cameras allow FCMs to monitor the area outside FD.

The door may be locked/unlocked from the inside by a switch and has an electric locking mechanism controlled by the FCMs.

Access keypad:

- to request access from the cabin
- to unlock the door from the cabin

4.4.2.1 Admission to Flight Deck

Normal access

- Enter normal access function
See (A320) [SEP 5.1.3.2.1](#) / (ATR) [SEP 5.2.3.2.1](#)
- Look into the camera

Emergency access

- Enter EMC access function

4.4.3 Windows

The windows are situated on either side of the FD.

(A320) On A320 they can be used as emergency exits.

4.4.3.1 Escape Ropes (ER)

Ref: CAT.IDE.A.265

Escape ropes are found in stowages on FD to assist crew in an evacuation.

See (A320) [SEP 5.1.3.3.1](#) / (ATR) [SEP 5.2.3.5](#)



SURVIVAL AND EMERGENCY EQUIPMENT

4.4.4 Flight Crew Oxygen System (FCO)

Ref: CAT.IDE.A.235, GM1 CAT.IDE.A.235(b)(1)

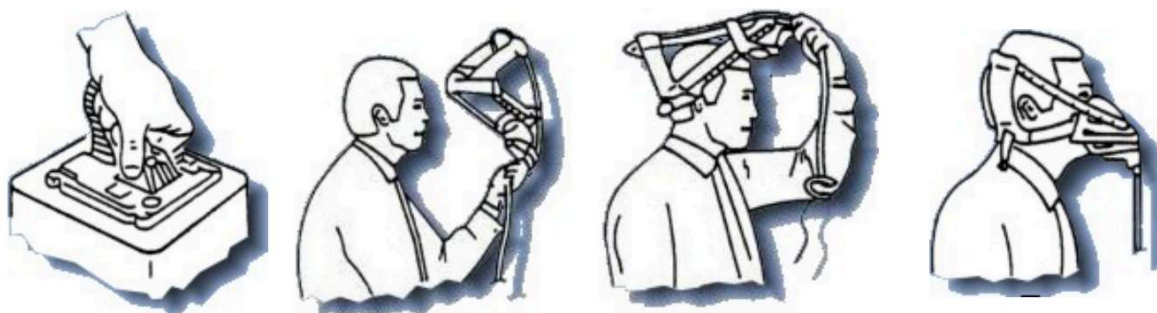
- Independent from cabin oxygen system
- A single bottle supplies the oxygen
- Quick-donning masks are located near each crew seat
- Used in case of decompression or smoke

4.4.4.1 Quick donning mask (QDM)**Description**

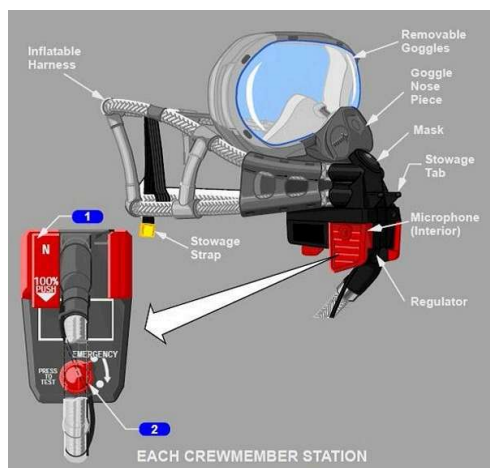
- 100% oxygen is available on demand (use selector switch)
- Select NORMAL if air-oxygen mix on demand is sufficient, and no harmful vapors are present in the Flight Deck
- Opening the left compartment door will select the mask microphone and deselect the boom microphone (if mask is supplied with a microphone)
- Closing the left compartment door and pressing the test/reset lever will deselect the mask microphone.
- Designed to enable one hand operation

Operation

- Grip the two red levers and keep them squeezed
- Pull the mask from stowage
- Place the harness over the head
- Release the levers.



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**Full-face mask****Oro-nasal mask****4.4.4.2 Smoke goggles**

The smoke goggles are to be used if smoke is present on FD, they can be used in conjunction with the oro-nasal type QDM.



SURVIVAL AND EMERGENCY EQUIPMENT

4.5 Lavatories

Lavatories work on a vacuum or water flush system.

Waste water from the sinks is drained overboard through heated drain masts.

Any overflow of liquids should always be poured into the actual lavatory and not into the washbasin to avoid discolouring of the fuselage.

Each lavatory includes:

- Washbasin
- Waste bin
- Mirror
- Lights
- (A320) Water shut off valve
- Automatic fire extinguisher
- (A320) Water heater
- Smoke detectors
- Call button
- “Return to seat” sign

Pre-departure check:

- Smoke detector
- Automatic fire extinguisher
- Water heater – ON (if applicable)
- Water shut off valve – ON (if applicable)
- Lavatories have been serviced.
- Waste bin – empty
- Springloaded waste flap operational
- Vent the water heaters by opening faucets (to release any air trapped in the system and check that water is hot at the same time)

Note: Lavatory seats shall be placed down for take-off and landing.

4.5.1 Lavatory Doors

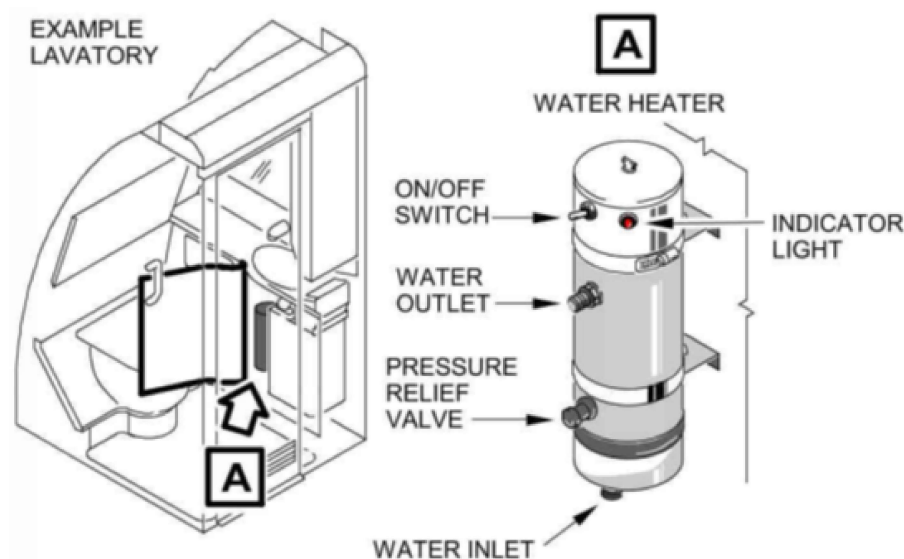
Lavatory doors can be locked and unlocked from the inside and outside.

They are locked and unlocked from the outside by moving the lock slide.

SURVIVAL AND EMERGENCY EQUIPMENT

4.5.2 Water Heater

When installed, the water heater is under the sink.

**Pre-departure check:**

- Water heater indicator light is illuminated.
- Vent the water heaters by opening faucets (to release any air trapped in the system and check that water is hot at the same time)

4.5.3 Water Shut-Off Valve (A320)

A water shut-off valve is located below the sink in each lavatory. In the event of a leak, the supply of water can be stopped by turning the shut-off valve to the off position.

Note: The heater must be switched off when the water supply to the sink is cut off.

4.5.4 Smoke Detectors (SD)

A smoke detection system is installed in each lavatory.

The systems may differ, but they always provide visual and audible warnings that may be noticed near the lavatories, in the passenger cabin and sometimes in the FD.

See (A320) **SEP 5.1.10.4** / (ATR) **SEP 5.2.10.4**

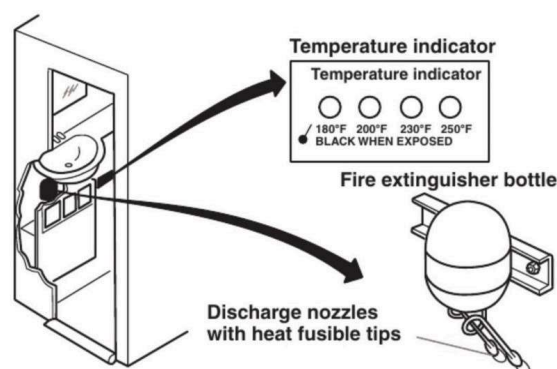
SURVIVAL AND EMERGENCY EQUIPMENT

4.5.5 Automatic Fire Extinguisher

Each lavatory is equipped with a waste bin which is fitted with a flap.

An automatic fire extinguishing system is located near the waste bin and the wash basin. The waste bin flap must spring back to its closed position so that in the event of a waste bin fire, the extinguishing agent is contained within.

The extinguisher nozzles are covered with wax seals that melt when the temperature reaches approximately 80°C. Its content automatically discharges into the waste bin area.



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SURVIVAL AND EMERGENCY EQUIPMENT

4.6 Seats

Ref: CAT.IDE.A.205, GM1 CAT.IDE.A.285(a)

Seat cushions are not considered to be flotation devices.

4.6.1 Cabin Crew Seats

Ref: AMC2 CAT.IDE.A.205

- Each CCM is allocated a crew seat.
- They are either forward or aft facing.
- Each seat is equipped with a quick release seatbelt/harness.
- These crew seats are pull-down type.

Pre-departure check:

- CCM to sit and fasten full harness to ensure it fits correctly and is fully functional
- Quick-release seatbelt/harness operational and untangled
- Crew seat retracts fully and automatically

Note: Never let the belts hang on the outside of the seat.

4.6.1.1 Inoperative Crew Seats

When CCM seat is inoperative, CCM will:

- occupy an adjacent cabin crew seat or the most accessible passenger seat to perform their assigned duties.
- inform surrounding passengers that this seat must not be occupied at any time during the flight.
- stow/secure seat in the retracted position.



4.6.2 Passenger Seats

All passengers, 2 years old and above, must have a fixed seat with a seatbelt.

Description:

- A reclinable seat back (except rows in front of exits where reclined seats may obstruct the evacuation path).
- A two-point safety belt.
- A restraining bar under the seat



4.6.2.1 Inoperative Passenger Seats

- If possible, relocate passenger to spare seat.
- If none is available and there is a vacant crew seat, relocate there for take-off and landing.
- If relocated to a vacant crew seat, the passenger must be given a briefing of actions in an emergency, including doors operation, location of life jacket and drop out oxygen mask.

SURVIVAL AND EMERGENCY EQUIPMENT

4.7 Seat Belts

4.7.1 Infant/Extension Belt (BELT)

Ref: *AMC1 CAT.IDE.A.205*

The same belt can be used either to secure an infant when sitting on an adult's lap or as an extension to a standard seatbelt.



As an infant belt



As an extension belt

Pre-departure check:

- AF

Operation:

- Strap the infant by passing the seatbelt through the loop of the infant belt
- The infant shall preferably be seated facing forward on the lap of the adult. If not possible, lay the infant horizontally across the lap of adult, with one arm supporting the infant's head with its legs towards the aisle.

Note: Not more than one infant can be secured to a parent's/guardian's seatbelt

4.7.2 Spare Seat Belt (SPBELT)

To replace a defective passenger seat belt.

Pre-departure check:

- AF



4.8 Communication

All aircraft are equipped with a communication system, which allows the crew to communicate with the passengers and with each other.

4.8.1 Passenger Information Signs

Ref: *CAT.IDE.A.210*

"No Smoking/No Device" and "Seat Belt" signs in the cabin are visible to all passengers.

"Return to seat" signs in lavatories illuminate at the same time.

The signs are controlled from the Flight Deck either manually or automatically.

When signs illuminate / extinguish, you hear HI chime.

SURVIVAL AND EMERGENCY EQUIPMENT

4.8.2 Interphone System

Ref: CAT.IDE.A.170, CAT.IDE.A.175

The interphone system is used for communication between all CCMs and the FCMs.

When using the interphone system, state your first name.

4.8.3 Public Address System (PA)

Ref: CAT.IDE.A.180

Allows the crew to brief / communicate to passengers and crew at the same time.

- Announcements from the FD will have priority and override all PAs.
- Is accessible at most crew stations.
- Is audible throughout the passenger cabin, lavatories, and galleys.

Operation:

- Initiate announcement and speak normally into the mouthpiece.
- To cancel the PA mode re-stow the handset or push the reset button.

See (A320) [SEP 5.1.7.1](#) / (ATR) [SEP 5.2.7.1](#)

Pre-departure check:

- PA function

NOTE: Exception to the pre-departure test is when passengers remain onboard during crew change.

4.8.4 Call System

It is essential to be aware of calls, chimes, and PAs at all times.

Calls originating either from passenger seats or from the FCM/CCM, must be acknowledged as soon as possible.

See (A320) [SEP 5.1.7.2](#) / (ATR) [SEP 5.2.7.2](#)

4.8.4.1 Call Buttons

The passenger call buttons are located

- On the passenger service unit (PSU).
- In the lavatory.

4.8.4.2 Chimes

Chimes heard through the PA system help to identify the calls.

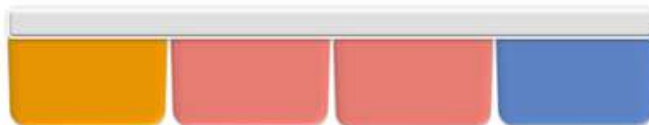
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4.8.4.3 Area Call Panels (ACP)

Calls will illuminate different colored lights on ACPs located in the cabin and galley ceiling areas. The source of the call (crew or passengers) is easily identified with help of the colors.



For details see (A320) [SEP 5.1.7.2.1](#) / (ATR) [SEP 5.2.7.2](#)

4.8.5 Megaphone (MEG)

Ref: CAT.IDE.A.270

The megaphone can be used in several circumstances:

- PA failure - Inside the passenger cabin
- Crowd control - Outside the aircraft
- As a siren - To gain passengers attention (if applicable).

4.8.5.1 With Siren – ACR**Pre-departure check:**

- AF
- Squeeze handle – green LED flashes.

Operation:

- Adjust volume control knob as required
- Squeeze handle
- Speak clearly into mouthpiece.



NOTE: The siren is activated when the siren pin is pulled out. Squeezing handle stops the siren. Replace pin before releasing the handle.

4.8.5.2 Without Siren – Voice Gun**Pre-departure check:**

- AF
- Press button – a click will be heard.

Operation:

- Depress button
- Speak clearly into mouthpiece.



SURVIVAL AND EMERGENCY EQUIPMENT

4.8.6 Communications Systems Failure

System Failures	Alternative Procedure
“Seat Belt” signs	Inform passengers via PA to fasten seat belts – take-off/landing or turbulence
PA system	Passenger safety briefing: brief the passengers using the megaphone Arming/disarming: SCCM will initiate the arming/disarming via the interphone. Emergency procedure: cycle “No Smoking/No Device” signs multiple times
Interphone	Use the PA for • (A320) Reporting of arming/disarming of slides • Emergency call ◦ From Cabin: “CREW ASSISTANCE AT DOOR XX” twice (S(CCM) will inform FCM of the situation ◦ From FD: “CABIN CREW – FLIGHT DECK, FLIGHT DECK” Communication between FCM and CCM will be face to face in the FD
Handset	CCM will use an alternative handset in that area. If none is available, they should: • Agree on hand signals (thumbs ups/down) for communication with the nearest station. • Nominate a CCM to act as a runner between the serviceable and unserviceable handset for other communication
Chimes/ACP lights	Normal call in cabin: FCM/CCM will make the PA “CREW TO HANDSET” to gain CCMs attention.

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SURVIVAL AND EMERGENCY EQUIPMENT

4.9 Emergency Lighting System

Ref: CAT.IDE.A.275

Emergency lighting is located throughout the passenger cabin to indicate interior emergency exit routes, and outside the aircraft to illuminate exterior exits and surrounding areas.

Pre-departure check:

- This will be regularly tested by engineers

4.9.1 System Activation

The emergency light system can be activated automatically or manually.

The emergency lighting system can be activated by a switch in the FD overhead panel, or by a guarded switch in the cabin.

4.9.1.1 Automatic Activation

The emergency light switch in the FD overhead panel has 3 positions:

- (A320) ON/ARM/OFF
- (ATR) ON/ARM/ DISARM

It is placed in the ARM position by the FCM during their pre- flight procedure.

At this point, the emergency lights will illuminate automatically if electrical power fails or if the aircraft power has been switched off.

When the switch is in the OFF/DISARM position and in the event of a loss of electrical power, the emergency lights will not illuminate automatically.

4.9.1.2 Manual Activation

From the Flight Deck

Place the emergency light switch into the “ON” position.

From the cabin

Lift protective cover and press button to activate the emergency lights.

Note: The CCM button overrides the FD controls and illuminate all the emergency lights.

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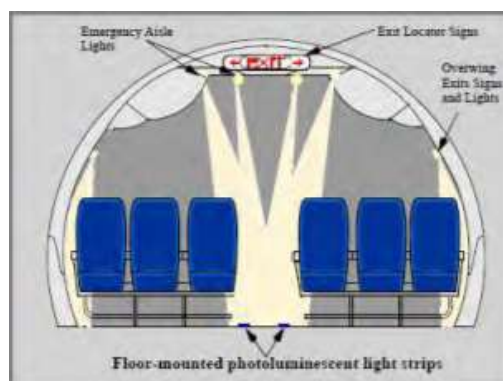
4.9.2 Interior Emergency Lighting

Exit signs: above/next to each emergency exit

Aisle lights: In ceiling and/or the overhead compartments throughout the cabin.

Exit indicators: adjacent to each exit near floor level

Floor proximity indicators: photo luminescent (glows in the dark) or lighting system on one or both sides of the aisle, directing you to the exits.



Pre-departure check:

- N/A

Crew charge the Floor Proximity Indicators before each sector by turning lights up to full.

4.9.3 Exterior Emergency Lighting

Exterior emergency lights illuminate external areas around the escape routes.

If any door or exit is opened and emergency light switch are armed, exterior emergency lights will come on automatically.

Pre-departure check:

- Maintenance/Engineering responsibility.

Slide lighting (if applicable)

The emergency lights located on the escape slide will be illuminated automatically during slide deployment.

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SURVIVAL AND EMERGENCY EQUIPMENT

4.10 Torches

We carry two types of torches

- Emergency torches
- Conventional torches

4.10.1 Emergency Torches (T)

Description:

- For emergency use only
- Water-resistant
- LED light
- Wrist lanyard.
- Up to 4 hours duration

Operation:

- To activate: Remove from bracket – Illuminates automatically.
- To de-activate: Remove the battery

4.10.1.1 DME Torches

Pre-departure check:

- AF
- Red led-light flashes at least every 10 seconds.
- Plastic seal intact.



Note: Needs replacing when less frequent

4.10.1.2 DME Air Lite 1E

Pre-departure check:

- AF
- Plastic seal intact.
- Press button, led-light will flash green



Note: Needs replacing if flashing red or not flashing at all.

4.10.1.3 DME EF-3

Pre-departure check:

- AF
- Plastic seal intact.

Note:

- To operate, turn on/off with switch.
- Lasts up to 2 hours.
- No wrist lanyard



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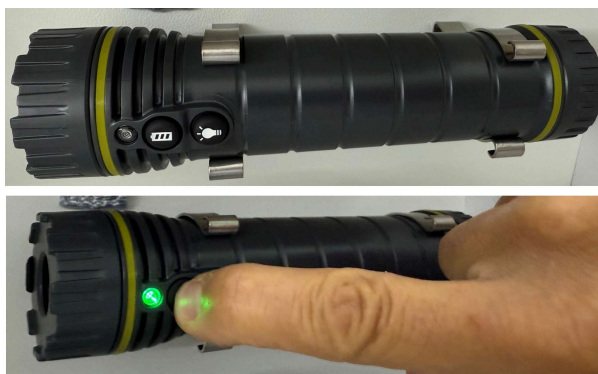
4.10.1.4 Umlaut

Pre-departure check:

- AF
- Press battery symbol, LED illuminates
green – serviceable
red – unserviceable

Operation:

- Press on/off button



4.10.2 Conventional Torches (LED)

Pre-departure check:

- AF
- Switch on/off

Operation:

- Remove from stowage
- Switch on

Note: Contains normal batteries for daily use.



ON/OFF
push button

4.11 Safety Briefing Cards (SBC)

Ref: GM2 CAT.OP.MPA.170

Safety briefing cards give information to the passengers about the safety features onboard different aircraft types. There should be one in each seat pocket and must be easily accessible to each seated passenger.

Pre-departure check:

- AF (in each seat pocket)
- Correct safety briefing cards for aircraft type

SURVIVAL AND EMERGENCY EQUIPMENT

4.12 Life Jackets (LJ)

Ref: CAT.IDE.A.285, AMC2 CAT.IDE.A.285(a)

A life jacket must be carried for each person onboard (including infants) and be accessible from their seat. The life jacket carried onboard might vary in shape and/or fitting depending on the aircraft type.

- Crew member: orange/red or yellow life jacket
- Passenger: yellow life jacket

Caution: Do NOT inflate the LJ until outside the aircraft as it may obstruct the exit.

Pre-departure check:

- AF (for spare and infant life jackets only)
- Visual check below seats, several rows at the time in your area (LJ stowages are closed and no LJ on the floor)

Note: If a LJ is found on the floor, CCM to place it back in its location after a thorough security search of the stowage.

4.12.1 Adult/Child Life Jacket (LJ)

Description:

- Buoyancy chamber/s
- Inflation tube/s with non-return valves -
Blow into tube to top up/inflate and depress centre to release air
- Red pull toggle/s
- Water activated light
- Battery unit
- Whistle – for attracting attention (adult/child only)
- CO2 cylinder/s
- Waist straps

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SURVIVAL AND EMERGENCY EQUIPMENT

4.12.1.1 Air Cruiser / Aerosur

Single chamber with 1 toggle for inflation.

Operation:

- Pass LJ over your head
- Pass strap around your waist, Clip strap to buckle in front, and tighten
- To inflate, pull red toggle
- Should the LJ fail to inflate or need more air, blow into the inflation tube

Use of adult life jacket on a small child:

- Pass LJ over child's head
- Pass strap between legs
- Clip strap to buckle in front and tighten
- Inflate by pulling the red toggle
- Should the LJ fail to inflate or need more air, blow into the inflation tube.

**4.12.1.2 Eastern Aero Marine**

Dual chambers with two toggles for inflation

Operation:

- Pass LJ over your head.
- Pass the strap around waist. Clip strap to buckle in front and tighten.
- To inflate, pull both red toggles.
- Should the LJ fail to inflate or need more air, blow into the inflation tubes.

Use of adult life jacket on a small child:

- Pass LJ over child's head.
- Pass strap between legs.
- Clip strap to buckle in front and adjust.
- Inflate by pulling both red toggles.
- Should the LJ fail to inflate or need more air, blow into the inflation tubes.



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4.12.1.3 EAM

Single chamber with 1 toggle for inflation.

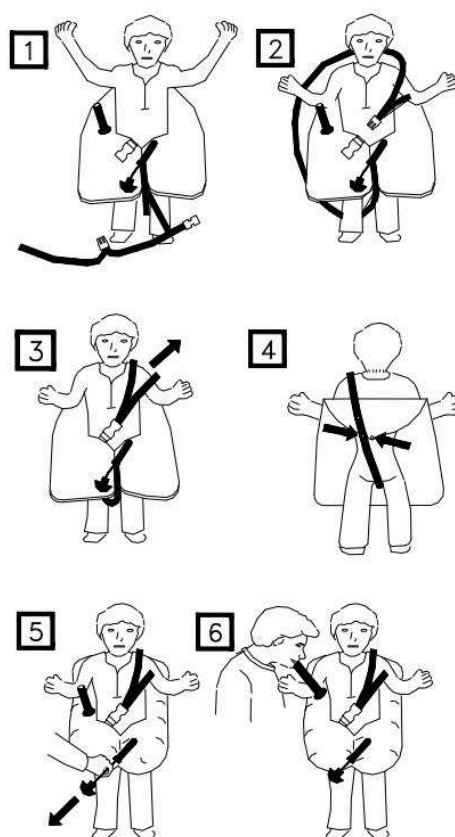
The LJ is designed to be used on adults, children and infants.

Operation:

- Pass LJ over your head
- Pass strap around your waist, Clip strap to buckle in front, and tighten
- To inflate, pull red toggle
- Should the LJ fail to inflate or need more air, blow into the inflation tube

**Use of the life jacket on an infant:**

- Pull the LJ up to infant's waist.
- Pass the waist strap through the infant's legs, around the back and over the left shoulder.
- Engage the chest strap buckle with the buckle at the front of the vest.
- Adjust the chest strap about the torso by pulling the loose end (tight).
- Fasten the harness with the snap fasteners on the harness and on top of the life preserver.
- Fasten with the adequate fastener to maintain strap from moving.
- Inflate by pulling the red toggle.
- Should the LJ fail to inflate or need more air, blow into the inflation tube.



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4.12.2 Infant Life Jacket (ILJ)

Life jacket for infants aged up to 2 years are to be distributed with the infant belt during boarding or at the latest prior to cabin secure.

Description - Differences to adult/child life jackets:

- No whistle
- Additional lanyard for parents to hold on to.

Pre-departure check:

- AF

4.12.2.1 Switlik Parachute

Dual chambers with two toggles for inflation



Operation

- Insert arms into the
- Fasten the 3 clips at the back and tighten
- Inflate by pulling the toggles
- Should the LJ fail to inflate or need more air, blow into the inflation tubes.

4.12.2.2 Eastern Aero Marine

Dual chambers with two toggles for inflation

Operation:

- Place LJ over the head
- Place one leg over harness loop, tighten
- Place buckle belt around waist and tighten
- To inflate, pull red toggles
- Should the LJ fail to inflate or need more air, blow into the inflation tubes.



SURVIVAL AND EMERGENCY EQUIPMENT

4.13 Firefighting Equipment

Aircraft firefighting equipment consists of:

- Fire extinguishers
- Protective breathing equipment (PBE)
- Fire gloves (FG)
- Other extinguishing aids, (i.e. curtains, clothing, non-alcoholic liquids)

4.13.1 Fire Extinguishers

Ref: CAT.IDE.A.250

4.13.1.1 All-purpose fire extinguishers

Description:

- All-purpose fire extinguishers, effective on all types of fires

Extinguishing agent:

- Consists either of
 - Bromdifluorklormetan (BCF) also called Halon 1211, or
 - Halon Alternative Fire Extinguisher (HAFEX)
- No cooling properties – follow up with non-flammable liquids for certain categories of fire.
- Stored as a liquid and becomes gaseous as it is released from the extinguisher
- Extinguishes a fire by excluding the oxygen in the flames, through a chemical reaction, which effectively smothers the fire.
- Penetrates easily into partially obstructed areas
- Is heavier than air falls to the base of the fire
- Lingers in confined spaces ensuring that re-ignition does not occur

Cautions:

- Preferably wear a PBE
- Continuous use in a confined space (e.g. Flight Deck, lavatories, or galleys) may produce:
 - White smoke – may reduce visibility
 - Toxic fumes – can cause short-term side effects such as nausea, faintness, inflammation and swelling of the skin
- Initial discharge may cause lightweight materials to scatter (e.g. Class A fires)
- Avoid discharging directly on persons due to possibility of suffocation and eye injuries.

Operation:

- Pull out the safety pin/press safeguard
- Hold the extinguisher upright
- Squeeze handles to discharge a test burst
- Aim at the base of fire and squeeze the trigger (Note: Range of 1-3m)

Duration:

- 8 to 10 seconds when used continuously.

SURVIVAL AND EMERGENCY EQUIPMENT

4.13.1.1.1 Kidde (BCF)

Pre-departure check:

- AF
- Pressure indicator in green band
- Safety pin in place
- Seal intact



4.13.1.1.2 Air total (BCF)

Pre-departure check:

- AF
- Pressure indicator in green band
- Safety pin in place
- Seal intact



4.13.1.1.3 Fire Fighting Enterprise (BCF)

Pre-departure check:

- AF
- Red disc present



4.13.1.1.4 Halon Alternative Fire Extinguisher (HAFEX)

Pre-departure check:

- AF
- Pressure indicator in green band
- Safety pin in place
- Seal intact

Duration:

- Approx. 7 seconds.



SURVIVAL AND EMERGENCY EQUIPMENT

4.13.1.2 Water Extinguisher (WE)

Due to waters cooling properties, water extinguishers are used to extinguish class A fires.

Pre-departure check:

- AF
- Seal intact

Operation:

- Hold the handle with one hand keeping the other on the bottom of the cylinder.
- Rotate the handle clockwise as far as possible.
- Aim at the base of fire holding the extinguisher upright
- Press the trigger with your thumb

Duration:

- 30-40 seconds when used continuously.

**4.13.2 Crash Axe (CX)**

Ref: CAT.IDE.A.255

The crash axe is used to break in/out during an emergency.

Pre-departure check:

- AF

NOTE: The handle of the crash axe is insulated against electrical shock.

**4.13.3 Fire Gloves (FG)**

The gloves are to be used as protection during firefighting

Pre-departure check:

- AF



SURVIVAL AND EMERGENCY EQUIPMENT

4.13.4 Protective Breathing Equipment (PBE)

Ref: CAT.IDE.A.245

A PBE is a self-contained breathing device that protects crew members from smoke and fumes and provides a breathable atmosphere in a smoke-filled or toxic environment.

It must be used in:

- firefighting where there is the presence of smoke or gases, particularly when using a firefighting agent in confined areas (e.g. lavatories).
- smoke events when trying to find the source of the smoke.
- all other cases with potential risk of toxicity (toxic fumes, spillage/leakage of dangerous goods, ...)

The hood has a neck seal to protect the user from toxic fumes entering the hood. No hair or other items may be between the skin and the neck seal.

Duration:

A PBE will function for a minimum of 15 minutes. It is recommended to note the time at the beginning of use. Be aware that using a PBE for more than 15 minutes may lead to lack of oxygen. Signs of gas supply being over are, for example:

- condensation
- lack of oxygen flow noise
- increase of temperature
- deflation of hood

Removing the hood:

Leave the area exposed to open flame and sparks to remove the PBE as residual oxygen may remain in hair and clothes.

Precautions:

- Keep in mind that verbal communication while wearing a PBE is difficult. The user will have to speak slower, louder and more clear than normal.
- If sound of oxygen is not heard after donning, another PBE should be used.
- If any sign of physical weakness while wearing a PBE noticed by another CCM, the CCM affected should be moved to a safe place and the PBE shall be removed, irrespective of the duration time left on the PBE.
- Opening a vacuum sealed pouch may be difficult. A perforated strip is found on the pouch and it shall be pulled up or down and not outwards from the bag.



SURVIVAL AND EMERGENCY EQUIPMENT

4.13.4.1 Air Liquide

Description:

- Consists of a heat-protecting hood with a flexible neck seal, and a mask with integrated speech transmitter.
- The oxygen is contained in a doughnut shaped cylinder, allowing the passage of the head.
- The smoke hood works due to the human respiration in a closed-circuit breathing system.



Two different boxes/containers are available:

Type A: Grey box with green seal

Type B: Blue box with yellow seal

Note: DO NOT pull container using the yellow handle in normal operation

**Pre-departure check:**

- AF
- Seal over locking clamp intact
- Indicator is green.

OPERATION

To open box A (grey)

1. Hold the case in one hand and with the other hand lift the green security latch marked "SEAL" to break it.
2. Push sharply on the part of the cover marked "PUSH" to open the cover

To open box B (blue)

1. Hold the yellow handle in one hand and with the other hand, firmly pull the grey handle

Doning the hood:

1. Open the vacuum pouch and pull out the hood by pulling the oxygen container (see picture below).
2. Widen the neck seal by placing your thumbs by the orange marks. Ensure nothing else than the neck seal is pulled (see picture below).
3. Open the hood with a swift downwards movement.
4. Pull the hood over your head, from back to front. A triggering paddle is engaged, releasing the flow of oxygen.



SURVIVAL AND EMERGENCY EQUIPMENT

4.13.4.2 Draeger

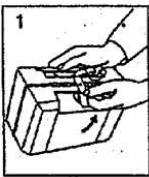
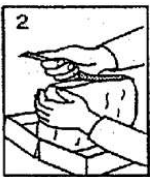
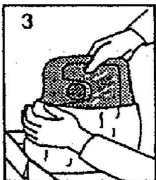
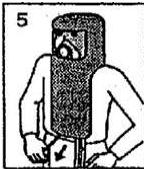
Description:

- This PBE is stored in a vacuum package inside a light-weight, rigid container.

Pre-departure check:

- AF
- Seal on box intact
- Yellow serviceability indicator intact (behind viewing window).



OPERATION	
 	1. Remove locking clamp and open box. 2. Tear off red strap to open vacuum pack.
	3. Remove PBE
	4. Widen the neck seal with both hands and pull it over head from back to front. Adjust over nose and mouth Adjust hair under the neck seal.
 	5. Pull quick starter to start oxygen flow. 6. Tie straps around waist under breathing bag.

SURVIVAL AND EMERGENCY EQUIPMENT

4.13.4.3 Scott

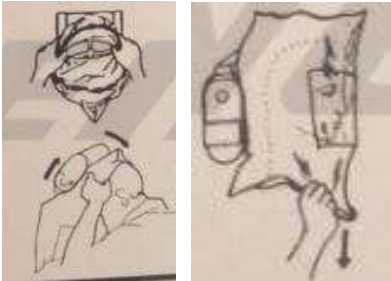
**Description:**

- The PBE is stored in a vacuum package inside a light-weight, rigid container.

**Pre-departure check:**

- AF
- Seal on box intact
- Blue humidity indicator intact (behind viewing window).

OPERATION

	Tear off red strap to open vacuum pack.
	Pull actuation ring (do not use unless you hear gas flow)
	- Widen the neck seal with both thumbs, - Insert chin into and pull hood across face and over head. - Pull hood down until headband meets forehead - Adjust hair under the neck seal.

SURVIVAL AND EMERGENCY EQUIPMENT

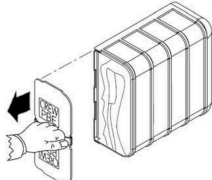
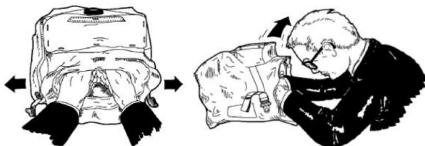
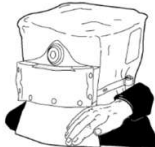
4.13.4.4 B/E Aerospace

**Description:**

- The PBE consists of a protecting hood with a flexible neck seal.

**Pre-Departure Check:**

- AF
- Seal on box intact

OPERATION	
	1. Open container by pulling the handle.
	2. Pull the red tag to open the vacuum pouch.
	3. Pull the hood over your head
	4. Activate by pulling straps forward. This takes 20 sec.
	5. Tighten and seal by pulling the straps back.
	6. Pull protective shield over your collar.

SURVIVAL AND EMERGENCY EQUIPMENT

4.13.5 PED Bag (PED)

To be used in hazardous conditions where PEDs emits smoke or flames. **Description:**

- Insulation capabilities (resistant up to 1000°C)
- No fire release
- Minimal smoke release
- Controlled reduction of pressure

**Pre-departure check:**

- AF
- Seal intact

Operation:

- Open sealed bag by pulling the red tab (if applicable).
- Open PED bag
- Put on gloves
- Place burning item in PED bag
- close PED bag.

Note: If the PED is on FD, hand over the PED in the bag to CCMs. Leave item in sealed PED bag until it can be disposed of on the ground.

4.13.6 Additional Extinguishing Aids

Depending on the type and extent of fire, use any available aids and equipment after having assessed the situation

- Fabrics - curtains or coats can be used to smother small fires.
- Non-flammable liquids - cooling agent (supplement fire extinguisher).
- Wet material - breathing through wet materials (napkins, clothes or headrest covers) will protect crew members and passengers from toxic fumes.

4.14 Oxygen

Depending on the altitude at which the aircraft is cruising and the passenger configuration, we must carry enough oxygen to reach a breathable altitude should a decompression occur.

- Supplemental oxygen will help passengers and crew in case of decompression.
- First-aid oxygen will be used following a decompression or for first aid purposes.

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SURVIVAL AND EMERGENCY EQUIPMENT

4.14.1 Supplemental Oxygen

Ref: CAT.OP.MPA.285

A fixed oxygen system is provided in the flight deck and the cabin to prevent a lack of oxygen for crew and passengers in case of decompression

Depending on A/C type, the systems vary.

See (A320) **SEP 5.1.11.1** / (ATR) **SEP 5.2.11.1**

4.14.2 First Aid Oxygen (FOX)

Ref: CAT.IDE.A.230, GM1 CAT.IDE.A.230

The first aid oxygen bottles stowed in the cabin are used for:

- Supplementary oxygen after a decompression.
- First aid purposes.

Duration:

Content of bottle	Flow	Duration
310L	4L / minute (HI)	75 minutes
	2L / minute (LO)	150 minutes
202L	4L / minute (HI)	50 minutes
	2L / minute (LO)	100 minutes
120L	4L / minute (HI)	30 minutes
	2L / minute (LO)	60 minutes

Description:

- Pressure gauge
- ON/OFF valve (Green/yellow knob)
- Single or double outlets
 - Avox (single) – turn selector from the HI (4 L/minute) to the LO (2 L/minute) when necessary
 - Scott (double) – one outlet marked HI (4 L/minute) and one marked LO (2 L/minute)
 - Scott (double) – both marked HI (4 L/minute)
- Pre-connected oxygen mask to the HI outlet
- Shoulder strap.

Operation:

- Turn green/yellow knob anti-clockwise until valve is fully opened
- Ensure correct outlet/flow rate is selected
- Ensure oxygen is flowing
- Secure mask over nose and mouth
- To close: turn green/yellow knob clockwise until valve is fully closed.

SURVIVAL AND EMERGENCY EQUIPMENT

Notes:

- Never completely empty the bottle (not below 50 psi).
- Never leave passenger alone with the FOX (i.e. travelling companion/medical professional/passenger). CCM may continue with duties however, must remain in the vicinity to monitor the situation.
- In case of fire, the over-pressure safety plug is opened automatically (at approx. 80°C). The release of oxygen is a potential danger.

4.14.2.1 Single Outlet 120L/202L/310L**Pre-departure check:**

- AF
- Pressure gauge reads minimum 1500 PSI
- 1 mask connected
- Preset to 4L/min or window above gauge indicates red

**4.14.2.2 Dual Outlet 120L/202L/310L****Pre-departure check:**

- AF
- Pressure gauge reads minimum 1500 PSI
- 1 mask connected to HI outlet

**4.14.3 Oxygen Masks (FOX M)**

All masks have holes incorporated so that the passengers and crew receive an oxygen/air mix.

A green flow indicator becomes visible in the tubing to indicate oxygen flow.

There is no apparent inflation of the mask reservoir bag.

4.14.3.1 Yellow – First Aid Oxygen Mask**Description:**

- Soft mask with a reservoir bag attached and an adjustable elastic strap.

**4.14.3.2 Decompression Mask****Description:**

- Soft mask with an inhale/exhaust valve (gives oxygen mixed with ambient air).
- Adjustable elastic head strap
- Reservoir bag



SURVIVAL AND EMERGENCY EQUIPMENT

4.14.4 Personal Oxygen (POX)

Passengers with a pre-existing medical condition, requiring oxygen in-flight, may bring their own oxygen for their flight provided that:

- They have prior approval from BRA
- They have a medical certificate stating that the person is fit to travel either alone or with medical escort
- They will be allocated a window seat
- They will not be seated in a row with seating restrictions
- CMDR must be informed of their location
- CCM will monitor and periodically check on the passenger throughout the flight.

Note: The oxygen may be used during all phases of flight.

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SURVIVAL AND EMERGENCY EQUIPMENT

4.15 First Aid Equipment

The following first aid equipment should be carried onboard:

- Mandatory medical kits:
 - First Aid Kit (FAK)
 - (A320) Emergency Medical Kit (EMK)
- Additional equipment
 - Band-Aid Kit (BAK)
 - Automated External Defibrillator (AED)
 - Resuscitation mask (RM)

Seals:

The color of the seals indicates the serviceability (S) / unserviceability (U/S) of the equipment.

SEAL		
KIT	STATUS	COLOR
EMK	S	Green
	U/S	Yellow
FAK	S	Green
	U/S	Yellow
BAK	S	Green
	U/S	Yellow
AED	S	Green
	S/US	Yellow

4.15.1 Mandatory Medical Kits

Medication provided by the airline is the **ONLY** kind that can be used and distributed to passengers.

4.15.1.1 First Aid Kit (FAK)

Ref: CAT.IDE.A.220, AMC1 CAT.IDE.A.220, AMC1 CAT.IDE.A.305

The FAK is to be used:

- in emergency situations
- to be taken off by designated CCM in an evacuation.

Pre-departure check:

- AF
- Seal intact



SURVIVAL AND EMERGENCY EQUIPMENT

FIRST AID KIT CONTENT		
INSTRUMENTS		
EASA	BRA	Qty
Adhesive tape	Tejp 2,5cmx5m	1
Adhesive wound closures	Steri-strip 6 × 75 mm (suturetejp)	5
Antiseptic wound cleaner	Antiseptic towelettes	10
Bandages (assorted sizes)	- Crepe elastic bandage (Självfix)	1
	- Triangular bandage (Mitella)	1
Biohazard disposal bags	Biohazard kit	1
Dressings – adhesive (assorted sizes)	- Band aids	10
	- Self-adhesive dressing 9x15cm (Snabbförband)	10
Dressings – burns	10x10cm	5
Dressings – wound (large & small)	- Bandage, S, 6x100cm (Fixoplåster)	1
	- Bandage, M, 10x100cm (Fixoplåster)	1
Gloves – disposable	Gloves disposable (pairs)	2
Resuscitation aid (Disposable)	Resuscitation aid (mask)	1
Safety pins	Safety pins	6
Scissors (Safety)	Safety scissors	1
Surgical mask	Surgical mask	2
Thermometers (non-mercury)	Thermometer	1
Tweezers – splinter	Tweezers	1
MEDICATION		
EASA	BRA	Qty
Analgesic – simple	Paracetamol (Panodil) 500mg	10
Anti-diarrheal medication	Loperamide (Imodium) 2mg	16
Antiemetic	Meklozin (Postafen) 25mg	20
Antihistamine	Clemastine (Tavegyl) 1mg	10
Eye irrigator	Eye irrigator pod (Saline) 30ml	2
Gastrointestinal antacid	Calcium carbonate (Novalucol/Rennie) 180mg	10
Nasal decongestant	Oximetazolin (Nezeril) 0,5mg/ml	10

Continues on next page

SURVIVAL AND EMERGENCY EQUIPMENT

PAPERWORK		
EASA	BRA	Qty
First Aid handbook	First Aid Leaflet	1
List of content	List of content (Swedish & English)	1+1
Medication usage instructions in at least 2 languages	Medication usage instructions form (Swedish & English)	1+1
Basic life support instructions	Basic life support instructions cards	1
Medical incident report form	Medical incident report form	2
	Seal (yellow)	1

4.15.1.2 Emergency Medical Kit (EMK)

Ref: CAT.IDE.A.225, AMC1 CAT.IDE.A.225, AMC3 CAT.IDE.A.225

The EMK is to be used:

- For in-flight medical emergencies
- To be taken off by designated CCM in an emergency evacuation.

Pre-departure check

- AF
- Seals intact

Access to EMK:

- The CMDR should limit the access to the EMK, depending on the situation onboard.
- Drugs should be administered by medically qualified doctors, nurses, paramedics, or emergency medical technicians
- Medical students, student paramedics, student emergency medical technicians or nurse's aid should only administer drugs if no person mentioned above is onboard and have been given proper advice
- Once opened, do not leave unattended and reseal as soon as possible
- Oral drugs should not be denied in medical emergency situations where no medically qualified persons are on board the flight.



SURVIVAL AND EMERGENCY EQUIPMENT

EMERGENCY MEDICAL KIT CONTENT			
INSTRUMENTS			
EASA	BRAATHENS	Qty	Min Qty
Aspirator	Aspirator (in separate bag)	1	1
Bag-valve + infant mask	Ventilation bag + inf mask (in separate bag)	1	1
Blood glucose testing equipment	Accu check Aviva + lancets + test strips	1+8+10	1+2+2
Cannulae - intravenous	- IV cannulae (blue, pink, green) - IV infusion set	(2+2+2) 2	(1+1+1) 1
Catheter(s) - urinary and anaesthetic gel	- 1 male and 1 female - Lidocain gel (Xylocain) 2%	1+1 1	1+1 1
Delivery kit - Basic	Delivery kit	1	1
Gloves - disposable	Gloves (pairs)	2	0
Needle disposal box	Needle disposal box	1	1
Oropharyngeal airways (3 sizes)	Oropharyngeal tubes sizes 2, 3 and 4 (in separate bag)	(S+M+L)	(S+M+L)
Pneumothorax set	Pneumothorax set (in separate bag)	1	1
Scalpel	Scalpel	1	1
Spacer (collapsible)	Disposable collapsible spacer	1	1
Sphygmomanometer	Sphygmomanometer	1	1
Stethoscope	Stethoscope	1	1
Syringes and needles	- Syringes (2, 5, 10 ml) - Needles (black, green, pink)	(2+2+2) (2+2+2)	(1+1+1) (1+1+1)
Tourniquet	Tourniquet	1	1
ADDITIONAL INSTRUMENTS			
	Adhesive tape 2,5cmx5m	1	1
	Antiseptic wound cleaner	10	5
	Scissors	1	1

Continues on next page

SURVIVAL AND EMERGENCY EQUIPMENT

MEDICATION		
EASA	BRAATHENS	Qty
Acetylsalicylic acid 300mg – oral	Acetylsalicylic acid (Bamyl) 500mg - oral	2tabl
Adrenocorticoid	Hydrocortison (Solucortef) 100mg/ml – inj	2 x 2ml
Analgesic (Major)	- Morfine Hydrochloride (Morfin Abcur) 10mg/ml - inj - Buprenorphine (Temgesic) 0.2mg - sublingual	2 x 1ml 10tabl
Antibiotic – injectable	Antibiotic (Cefotaxim) 1g – injectable	1
Antiemetic	Metoclopramide (Primperan) 5mg/ml – inj	2 x 2ml
Antihistamin – oral and injectable	- Hydrocortison (Solucortef) 100mg/ml – inj - Desloratadin (Aerius) 5mg - orodispersible	2 x 1ml 2tabl
Antihypertensive medication	Metoprolol (Seloken ZOC) 50mg - oral	10 tabl
Antispasmodic	Diazepam (Stesolid) 5mg - rectal syringe	1
Beta blocker – oral	Metoprolol (Seloken ZOC) 50mg - oral	10tabl
Bronchial dilator - inhaled	Salbutamol (Airomir) 0.1mg/dose – inhaled	1
Coronary vasodilator (eg glyceriltrinate-oral)	Glyceriltrinitrate (Nitrolingual) spray 0.4mg/dose	1
Diuretic – injectable	Furosemide (Furix) 10mg/ml – inj	2 x 4ml
Epinephrine / Adrenaline-1:1000	- Adrenaline (Adrenalin) 1mg/ml – inj - EpiPen (Epinephrine) 0,5mg – auto injector	2 1
Hypoglycaemia medication	- Glucose (Glukos Fresenius30%) 300mg/ml– inj	1
IV fluids in appropriate quantity + IV administration set + Natriumchloride	- Natriumchloride 0.9% - infusion - Natriumchloride 0.9% - diluent	2x500ml 2x20ml
Sedative/anticonvulsant - injectable, rectal, and/or oral sedative	- Diazepam (Stesolid) 5mg - rectal syringe - Oxazepam (Oxascand) 15mg - oral	1 25tabl

Continues on next page

SURVIVAL AND EMERGENCY EQUIPMENT

PAPERWORK			
EASA	BRAATHENS	Qty	Min Qty
List of content	List of content	2	1
Medication Usage Instructions in at least 2 languages	Medication Usage Instructions form (Swedish & English)	2+2	1+1
	Medical incident report form	4	0
	Seals (green)	10	0
	Seals (yellow)	6	0

Notes:

- If the minimum quantity is reached for any of the items, the EMK should be sealed with the yellow seal provided and the information noted into the ATL for replacement
- If the remaining content is above minimum, reseal with green seal provided

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SURVIVAL AND EMERGENCY EQUIPMENT

4.15.2 Additional Medical Equipment

4.15.2.1 Band Aid Kit (BAK)

The BAK is to be used:

- For medical situations in-flight
- To be taken off by designated CCM in an emergency evacuation.

Pre-departure checks:

- AF
- Seal intact



When the BAK is used, details of medication administered, and passenger's name/condition should be recorded on the associated paperwork.

BAND AID KIT CONTENT		
INSTRUMENTS		
ITEM	Qty	Min Qty
Adhesive tape: 2.5 cm × 5 m (tejp)	1	0
Adhesive wound closures: Steri-strip 6 × 75 mm (suturtejp)	3	0
Antiseptic wound cleaners (sårtvätt)	10	0
Bandage (Elastic Självfix)	1	0
Biohazard kit	3	0
Dressing - Self-adhesive Band-aids (plåster)	10ea	0
Dressings - Wound (fixoplåster – S 6x100 cm)	1	0
Dressings - Wound (fixoplåster – M 10x100 cm)	1	0
Gloves disposable - Pairs (engångshandskar)	5	0
*Pulse oximeter (pulsoximeter)	1	1
Thermometer	1	1

SURVIVAL AND EMERGENCY EQUIPMENT

MEDICATION		
ITEM	Qty	Min Qty
Analgesic: Paracetamol (Panodil) 500 mg/tab.	Bottle/100ea	5
Analgesic: Paracetamol (Panodil for infant/children) 24 mg/ml.	Bottle/100ml	10ml
Anti-diarrheal: Loperamide (Imodium/Dimor) 2 mg/tab.	16	0
Betamethasone (Betapred) 0.5 mg/tab.	30	10
Burns gel	Spray or gel	0
Decongestant: Oxymetazolin (Nezeril) 0.5mg/ml	4x10x0,1ml or spray	0
Decongestant: Oxymetazolin (Nezeril) 0.25mg/ml	4x10x0,1ml or spray	0
Gastrointestinal antacid (Novalucol/Rennie), chew tab.	10	0
PAPERWORK		
ITEM	Qty	Min Qty
List of Contents	1	1
Medication Usage Instruction	1	1
Seals, green	30	0
Seals, yellow	1	1

Notes:

- If the minimum quantity is reached for any of the items, the BAK should be sealed with the yellow seal provided and the information noted into the ATL for replacement
- If the remaining content is above minimum, reseal with green seal provided
- *Return to the kit

4.15.2.2 Resuscitation Mask (RM)

This mask is designed for mouth-to-mouth ventilation of a non-breathing adult, child or infant. The mask is transparent allowing detection of vomit or blood. The mask has an additional attachment allowing oxygen to be administered to the person when using the mask.

Pre-departure check:

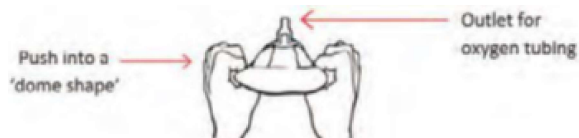
- AF



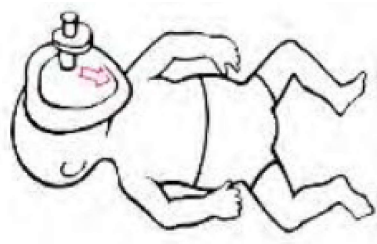
SURVIVAL AND EMERGENCY EQUIPMENT

Operation:

- Remove mask from the container.
- Push the center of the mask outwards with your thumbs.



- Attach the one-way valve to the hole at the center of the mask.
- Place the mask over the person's nose and mouth.
- Hold the mask firmly to the face to form a tight seal, tilt the head back to open the airway.
- Give rescue breaths; watch to see the chest rise.
- Remove your mouth and allow the person to exhale.

Adult**Infant/Small child****4.15.2.3 Pulse Oximeter**

The pulse oximeter is a device that displays and monitors:

- pulse rate
- oxygen saturation level in blood (should be above 90%).



Slide the finger into the clip area.

SURVIVAL AND EMERGENCY EQUIPMENT

4.15.2.4 Blood Glucose Testing Equipment (Accu-check Aviva)

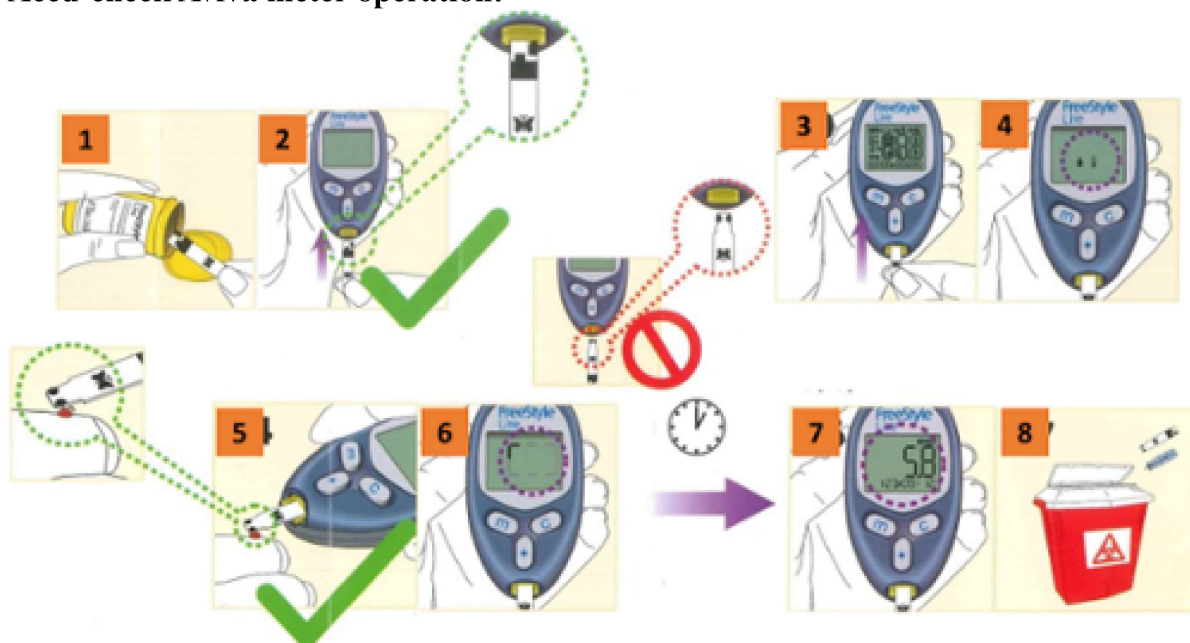
The kit consists of:

- An electronic blood glucose measuring device
- Lancets
- Test strips

Testing the blood sugar level is a means of determining the severity of illness of a person. A normal blood sugar level should be 4-6 mmol/l.

NOTE: Remember to first set up the blood glucose meter and have the test strip ready for use, prior to using the Safe-T-Pro lancet. Never touch the black sensor markers on the test strip.

Accu-check Aviva meter operation:



Safe-T-Pro Lancet operation:



1. Twist off security cap
2. Adjust the needle depth as required by twisting the purple end (1,3mm, 1,8mm or 2,3mm).
3. Apply lancet to finger and firmly depress the purple trigger.

SURVIVAL AND EMERGENCY EQUIPMENT

4.15.3 Automatic External Defibrillator (AED)

Ref: AMC1 CAT.IDE.A.225 (5)

An AED is designed to shock a potentially life-threatening cardiac condition.

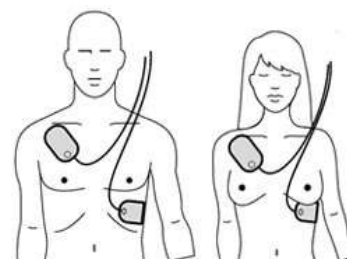
It gives clear voice prompts to the user that will help treat this situation by application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

Precautions:

- Ideally, the AED should only be operated by CCM.
- Remove all clothing in the chest area. If necessary, cut bra.
- If the chest is moist, ensure that it is dried.
- Never turn off the AED or remove the pads, even if the person appears to have recovered
- The AED can be used on pregnant women. There may be a risk to the baby, however, if the AED is not used, it could result in the death of both mother and baby.

Electrode Pad Placement:

- Adult: One should be placed below the right collarbone. The other one should be placed 10 cm beneath the left armpit
- Adult with pacemaker: Do not place the pads directly over an implanted pacemaker or defibrillator indicated by a small, raised area underneath the skin.
- Child (up to 8 years of age): Place one of the pads on the child's chest (where you place your hands to do chest compressions) and the other on their back (between their shoulder blades).



SURVIVAL AND EMERGENCY EQUIPMENT

4.15.3.1 Philips FRx

Content:

- AED unit (Battery included)
- 2 electrode pads (one pre-connected)
- Disposable razor

Pre-departure check:

- AF
- Green status indicator flashes



Note: Audible “chirp” indicates need for maintenance

Operation:

- Press the green On/Off button, this activates voice instructions
- Place the pads on patient’s bare chest
- Press the ORANGE shock button when instructed

Note: For CPR guidance, press flashing blue info “i” button.

SURVIVAL AND EMERGENCY EQUIPMENT

4.16 Survival Equipment

4.16.1 Emergency Locator Transmitter (ELT)

Ref: CAT.IDE.A.280, GM1 CAT.IDE.A.280, CAT.IDE.A.305(a)(2)

To help rescue teams locate survivors and the aircraft after an emergency landing, the ELT transmits distress signals.

An ELT can be fixed or portable and has a locating accuracy of 2km.

Batteries last at least 48hours.

Can be activated:

- Manually
- In contact with water
- On impact

The ELTs all transmit on frequencies of 121.5, 243, 406 MHz to enable authorities to locate its position.

4.16.1.1 Fixed (ELT)

Ref: AMC2 CAT.IDE.A.280

- Switch on overhead panel in the FD.
- Automatically activated in a hard impact.
- Manually activated by placing switch to ON position
- Antenna usually located above the AFT galley (not visible).

4.16.1.2 Portable (ELT)

Ref: AMC2 CAT.IDE.A.280

Once you have activated the ELT

On land - place upright preferably in a high obstacle-free area.

On water - attach the lanyard to the slide and let the ELT float

A portable ELT will last for 48h

Pre-departure check:

- AF

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SURVIVAL AND EMERGENCY EQUIPMENT

4.16.1.2.1 ADT 406 S

**Operation:**

- Remove plastic cover, the antenna will then deploy automatically
- Place the guarded switch to the ON position
- Red led-light illuminates to confirm activation.

4.17 Miscellaneous Equipment

4.17.1 Biohazard Kit

Operation

- Put on protective clothing.
- Cover the spillage with absorbent granules/powder – this will turn into a gel when in contact with the spillage.
- Remove the waste using the scraper, and place into the bio-hazard bag.
- Spray affected area with the galley sanitizing spray and wipe clean with absorbent cloth/paper towels.
- Place all used items into the bio-hazard bag and seal with ties provided.
- Clean hands with antiseptic wipes. Dispose of wipes appropriately.
- Place the bio-hazard bag in a secure place (e.g. waste bin under the lavatory sink).
- After landing, the biohazard bag must be removed from the waste bin and identified to the cleaning/ground personnel.
- The bio-hazard bag must be kept separate from other waste as it is treated as clinical waste.
- A note shall be made in ATL if the kit has been used.

SURVIVAL AND EMERGENCY EQUIPMENT

4.17.1.1 Yellow Biohazard Kit

Note: Located in BAK

Content:

- Pair latex gloves – to provide protection.
- Sachet spillage absorbent granules.
- Cardboard surface scraper/tray.
- Antiseptic hand wipe/s.
- Disposable apron.
- Disposable biohazard bag – to contain the spillage.

**4.17.1.2 Universal Precaution Kit (UPK)****Pre-departure check:**

- AF

Content:

- 1 Mouth and eye protection mask
- 2 pairs - Gloves (size L)
- 2 Antimicrobial hand wipes
- 1 Fluid resistant gown
- 2 Red biohazard waste bags
- 2 Twist ties
- 1 Disinfectant wipe
- 1 Scoop/scraper
- 1 Dry solidifier
- 1 Large absorbent towel
- 1 Disposable bonnet
- 1 Disposable shoe covers
- Instructions

4.17.2 Child Restraint Device (CRD)

Ref: AMCI CAT.IDE.A.205

CRDs are tested to hold a child securely in an aircraft in flight. Whenever the “Seat Belt” sign is illuminated (turbulence, takeoff, landing), the child needs to be strapped into the CRD.

- CRDs include infant belts (BELT) see [SEP 4.7.1](#)
- CRDs less than 40 cm wide will fit in aircraft seat
- Infant should be fastened into his/her car seat using the harness provided

CCMs can decline the use of a CRD which does not meet the requirements or if they are in any doubts that the child is properly restrained.

SURVIVAL AND EMERGENCY EQUIPMENT

4.17.2.1 Car Seats*Ref: GM2 CAT.IDE.A.205***Car seats approved for use in vehicles**

Regulation allows the use of car seat if it:

- maximum width: 40 cm
- is fitted with an integrated single release type harness
- is built to be fastened with two-point attachment (as opposed to three-point)
- carries a label stating “For use in aircraft” and certified with ECR R44 or R129
- carries a label/text with instructions as how to install
- must be secured by the passenger seat belt.

Example of labels for approved CRD

**Location:**

- Seat - preferably window seat
- Row - not in emergency exit row
- Adjacent seat – must be occupied by person responsible for the infant/child
- More than one child car seat per row is OK providing the children are from the same family.

Installation:

- CRDs should only be installed on a suitable aircraft seat with the type of connecting device they are approved or qualified for:
- A forward facing CRD with a rigid backrest is to be fastened by a lap belt
- A rear facing CRD often requires a three-point harness and should not be attached to an aircraft seat with a lap belt only
- Passenger seat must be in the upright position with the armrest down.

SURVIVAL AND EMERGENCY EQUIPMENT

Operation:

- Whenever the “Seat Belt” sign is ON secure the infant/child properly in the car seat
- Thread the passenger seat belt through the frame/molding of the car seat, fasten the buckle and tighten the seat belt.
- Secure the infant into the car seat

Emergency Evacuation:

- During an evacuation, leave the CRD behind attached to the passenger seat.
- Instruct the accompanying adult accordingly after boarding completed.

4.17.2.2 Booster Seats

Booster seats are not permitted.

However, additional seat base/back supports for persons with reduced mobility (PRMs) are acceptable.

4.17.3 Curtains

Ref. CAT.IDE.A.215

Must be secured for taxiing, take-off, and landing.

4.17.3.1 Galley Curtains

Galley curtains are to provide privacy during flight. They can also be removed to use as fire blanket if required.

4.17.3.2 Smoke Curtains

Smoke Curtains are designed to keep smoke away from the cabin in case of fire/smoke in cargo. Shall be closed after use.

4.17.4 Demonstration Kit (DEMO)

Content:

- Seat belt
- Oxygen mask (if applicable)
- Demonstration life jacket

Pre-departure check:

- AF
- Contents in accordance with equipment onboard



SURVIVAL AND EMERGENCY EQUIPMENT

4.17.5 Door Inoperative Kit (INOP)

When an exit is unserviceable, the “Door INOP kit” contains the necessary material to:

- clearly mark the door as inoperative
- cover exit markings and emergency lights

Procedures and definitions of an inoperative door are aircraft specific.

Content:

- Occupied seat signs
- Sign cover/tape
- Roll plastic strap

**Pre-departure check:**

- AF

4.17.6 Manual Release Tool (MRT)**Description:**

Used to open the PSU to deploy oxygen masks in/after a decompression

Operation

- Insert MRT into the PSU hole,
- Push and the hatch will open, and oxygen masks will fall out.

**Pre-departure check:**

- AF

4.17.7 Restraint Kit (RK)

Ref: AMC3 ORO.MLR.100 Part A 8.2.3

The restraint kit is used under exceptional circumstances to control a passenger whose behavior is deemed a danger to other passengers and the safety of the aircraft. The restraint kit may only be used with the CMDR's authorization.

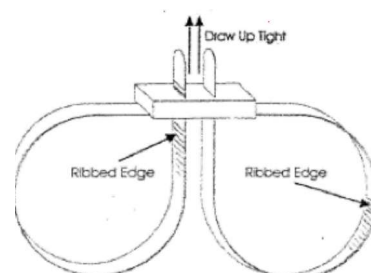
See **OM-A 10.4** for handling of unruly passenger.

Content:

- One (1) cuff cutter.
- Five (5) restraining ties (straps).
- Two (2) self-adhesive restrain devices for legs.
- One (1) instruction and equipment list.

**Pre-departure check:**

- AF
- Seal intact



SURVIVAL AND EMERGENCY EQUIPMENT

4.17.7.1 Use Of Restraint Kit

Use appropriate cuffs, for the ankles and wrists.

Place restraint tie around wrists/ankles and around the chair, grooved side against the body, and thread tip through the slit. Pull the tie. Do not apply more tightly than required to restrain the passenger. Use the key/cut restraints (depending on equipment) to unlock.

After using the tie, check the passenger to make sure that blood circulation and free breathing is maintained. If drawn too tight, apply a second tie in such a way that blood circulation is maintained and remove the first one/use the key to unlock so that blood circulation is maintained.

If possible, place passenger in a prepared seat in the rear or the front of the cabin depending on aircraft type, i.e., as far away from passenger exits as possible.

Assign an able body person responsible for the restrained passenger. If it becomes necessary, the assigned person shall release the restrained passenger during an emergency. The cutting tool/keys shall be placed in the seat pocket in front of the able body person.

Once the unruly passenger has disembarked the restraint devices with cutting tool/keys shall be put back into the restraint kit.

Inform Technical Department or Security Manager to refill the restraint kit (if straps are used).

NOTE:

- Monitor the aggressor, fellow crew members and other passengers, during and after the event.
- Ensure aggressor is moved to a seated position as soon as possible.
- Ensure medical assistance is available if aggressor shows signs of ill health or breathing difficulty.

Positional Asphyxia

Positional asphyxia occurs when oxygen cannot reach the tissues of the body due to:

- An obstruction or damage to the respiratory system
- When the position of the human body interferes with respiration resulting in suffocation.

4.17.8 Security seals**4.17.8.1 Seal kit (SEAL)****Description:**

The kit contains green seals that are intended for the technicians to seal the aircraft

Content:

- Green seals.

Pre-departure check:

- AF



SURVIVAL AND EMERGENCY EQUIPMENT

4.18 Galley Equipment

4.18.1 Carts

A cart is a storage unit equipped with wheels and brakes placed in appropriate stowages. There are full size and half-size carts. Full size carts have brakes on both sides.



Pre-Departure Check

- brakes in place and operative
- loaded according to galley placards
- latched

Note: If U/S, mark the cart with a U/S tag, and remove it from the aircraft. If cart cannot be replaced, do not use during flight.

4.18.2 Atlas Boxes

An atlas box is a storage unit placed in appropriate stowages.



Pre-Departure Check

- loaded according to galley placards
- latched

4.18.3 Boilers

Boilers in galleys provide water for hot beverages.

Vent the boilers by filling a jug with water **first thing** after turning them on to release any air trapped in the system. This will prevent hot water spitting and reduces the risk of internal elements breaking due to excessive air expanding which could lead to leakages.

4.18.4 Ovens

Galleys can be fitted with fan ovens. Fitted inserts should have a mesh like grid at the back that prevents the content of the oven from touching the fan.

Pre-Departure Check

- Insert in place
- Clean

Note: For heating food only.

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AIRCRAFT TYPE SPECIFIC

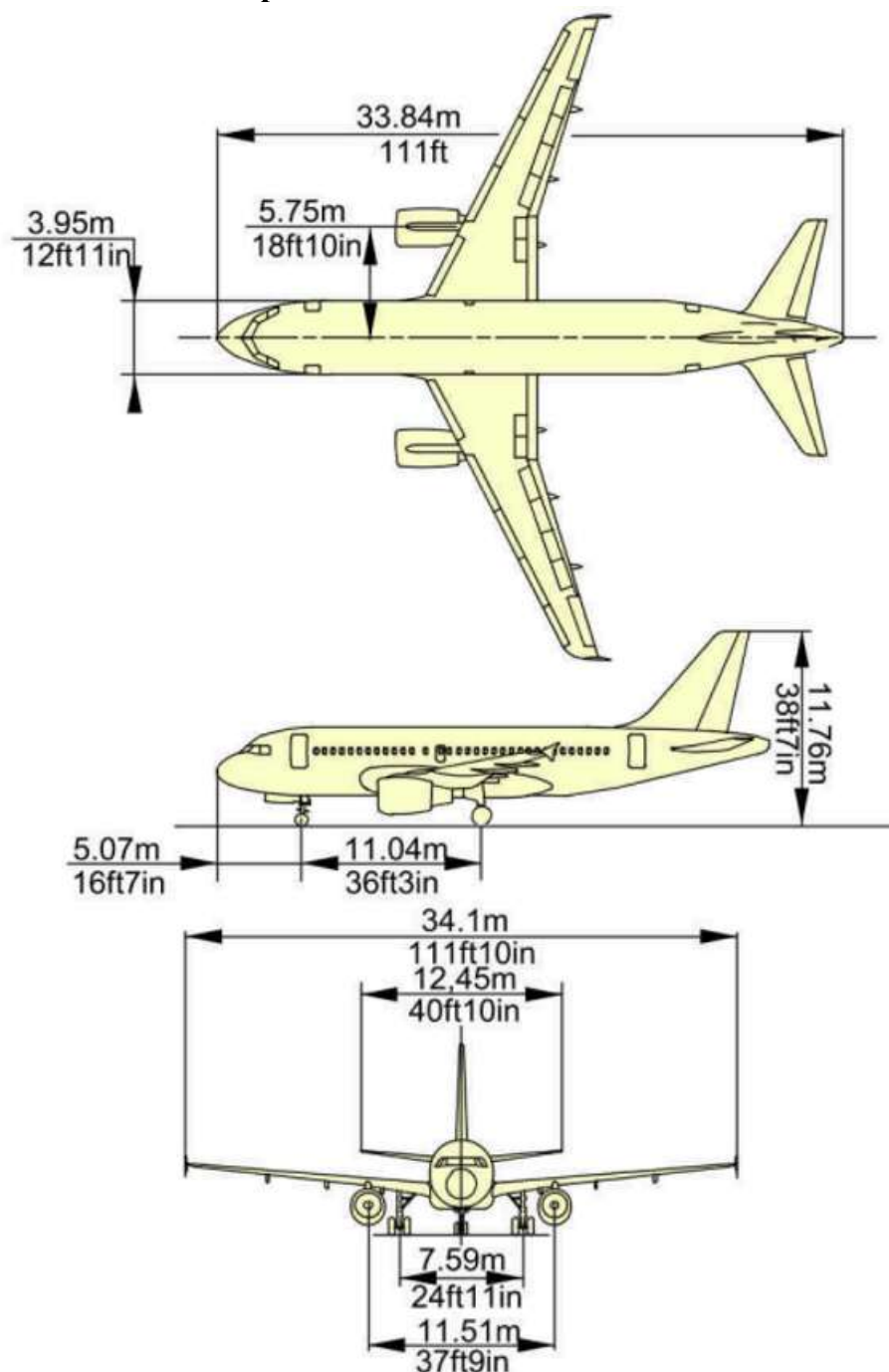
5.1 Airbus 320-family

Ref: AMC1 ORO.CC.125

The Airbus 320 family consists of short to medium range, twin-engine, single aisle aircraft. This section covers the A319 and A320.

5.1.1 Aircraft Description

5.1.1.1 A319 Aircraft Description



Configuration:

144 passenger seats.

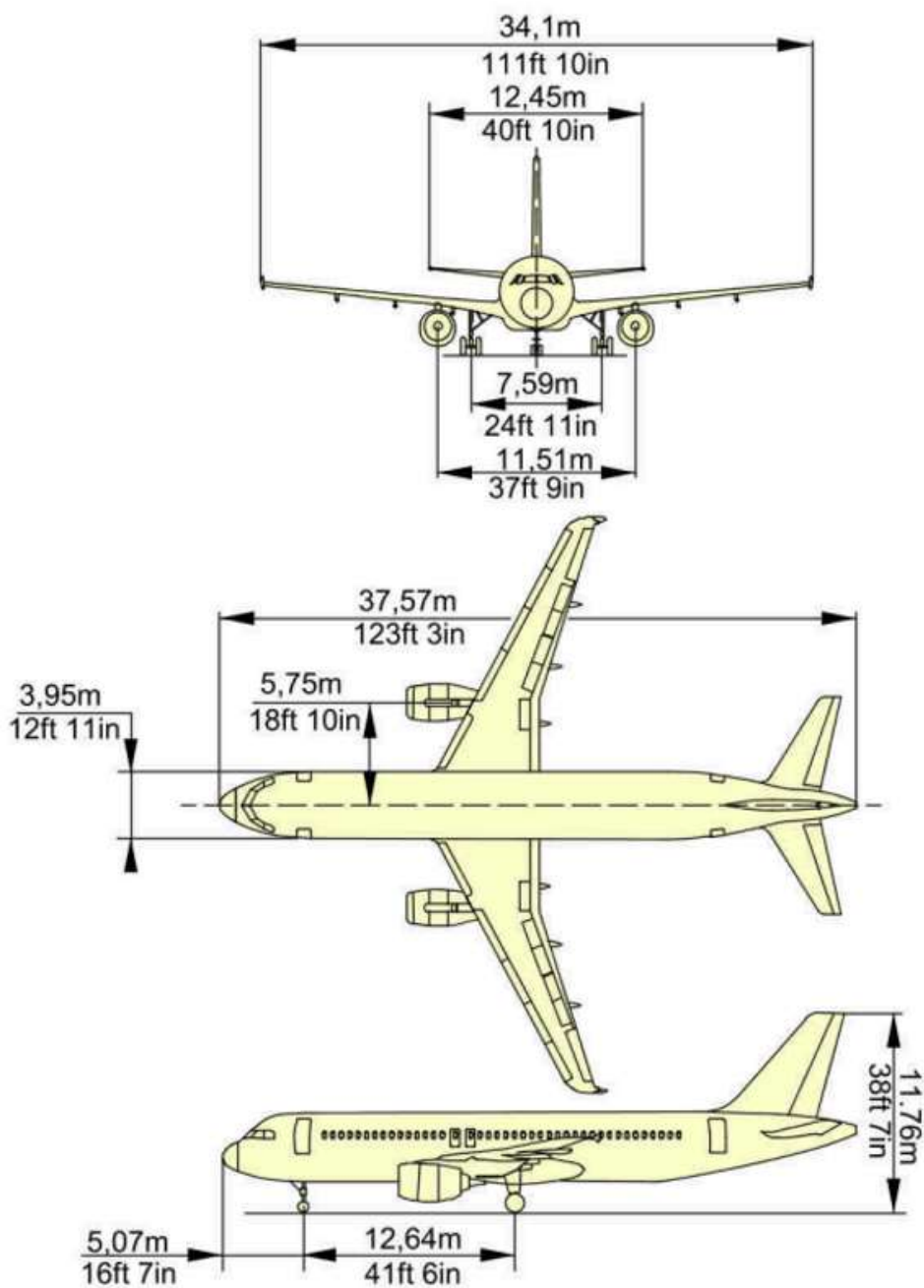
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AIRCRAFT TYPE SPECIFIC

5.1.1.2 A320 Aircraft Description

**Configuration:**

180 passenger seats.

AIRCRAFT TYPE SPECIFIC

5.1.2 Crew Composition

Ref: ORO.FC.100, ORO.CC.100, AMC1 ORO.CC.100, GM1 ORO.CC.100, ORO.CC.205

5.1.2.1 A319 Crew Composition

5.1.2.1.1 Minimum Crew Complement

FCM	CCM
2	3

5.1.2.1.2 Seating Position

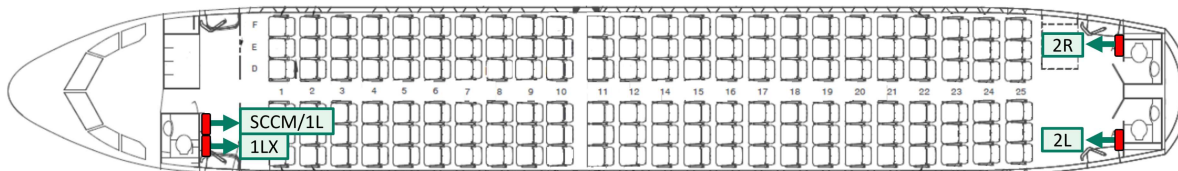
Ref: AMC3 CAT.IDE.A.205, AMC1 CAT.OP.MPA.210(b)

DOORS	3 CCM	2 CCM
1L	X	X
1R		
2L	X	X
2R	X	

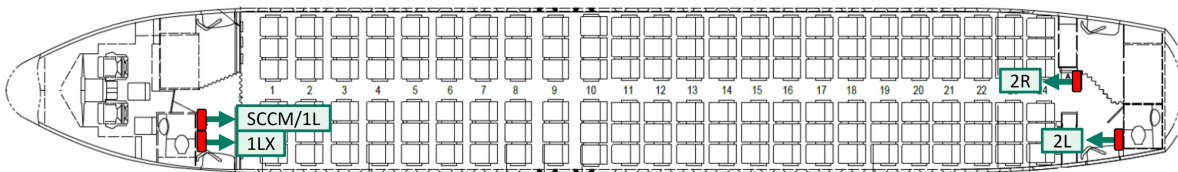
The A319 have at least 4 CCM seats.

Whenever we carry more than 3 CCM, use 1LX first, then the remaining crew seats.

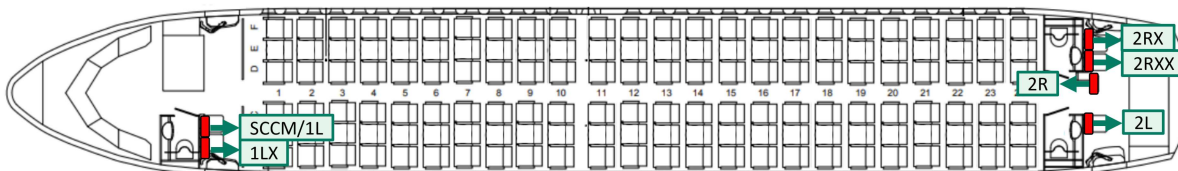
SE-RGC



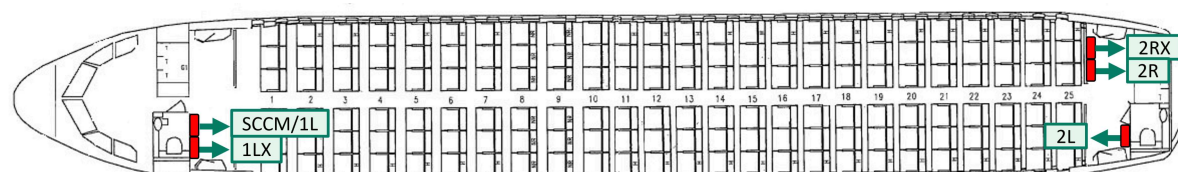
SE-RGD



SE-RGE



SE-RGV



AIRCRAFT TYPE SPECIFIC

5.1.2.2 A320 Crew Composition

5.1.2.2.1 Minimum Crew Complement

FCM	CCM
2	4

5.1.2.2.2 Seating Position

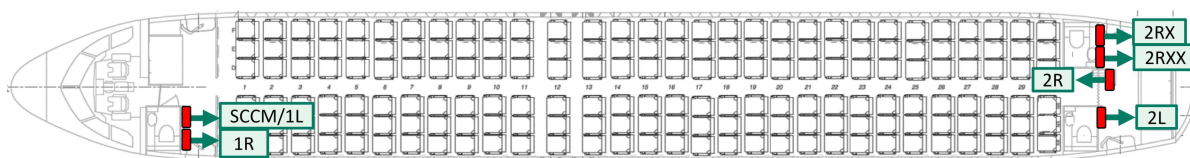
Ref: AMC3 CAT.IDE.A.205, AMC1 CAT.OP.MPA.210(b)

DOORS	4 CCM	3 CCM
1L	X	X
1R	X	
2L	X	X
2R	X	X

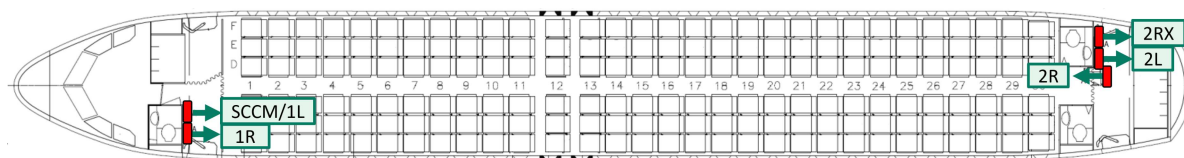
The A320 have at least 4 CCM seats.

Whenever we carry more than 4CCMs, use 2RX first, then the remaining crew seats.

SE-RGF



SE-RGG / SE-RGH



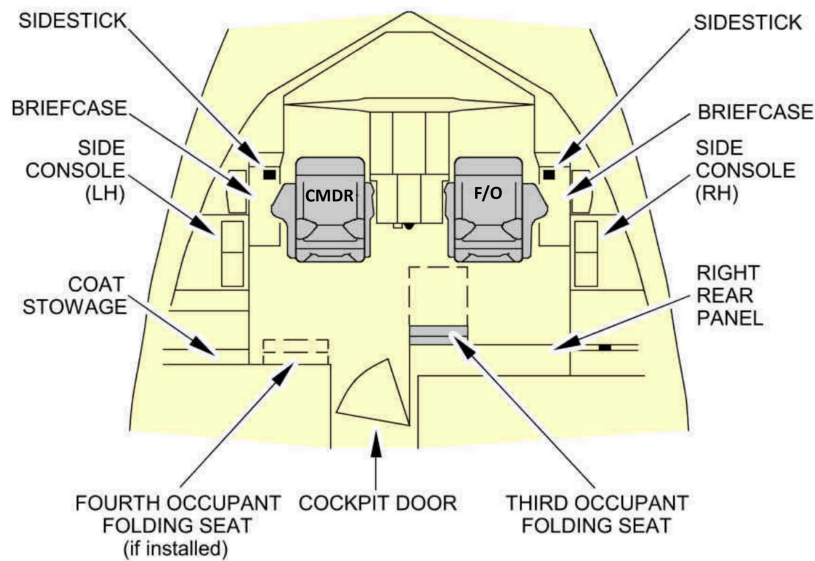
5.1.2.3 Reducing Below Required Legal Minimum

In unforeseen circumstances, the number of cabin crew may be reduced by 1.

See [OM-A 4.1.3](#) + [SEP 5.1.16](#)

AIRCRAFT TYPE SPECIFIC

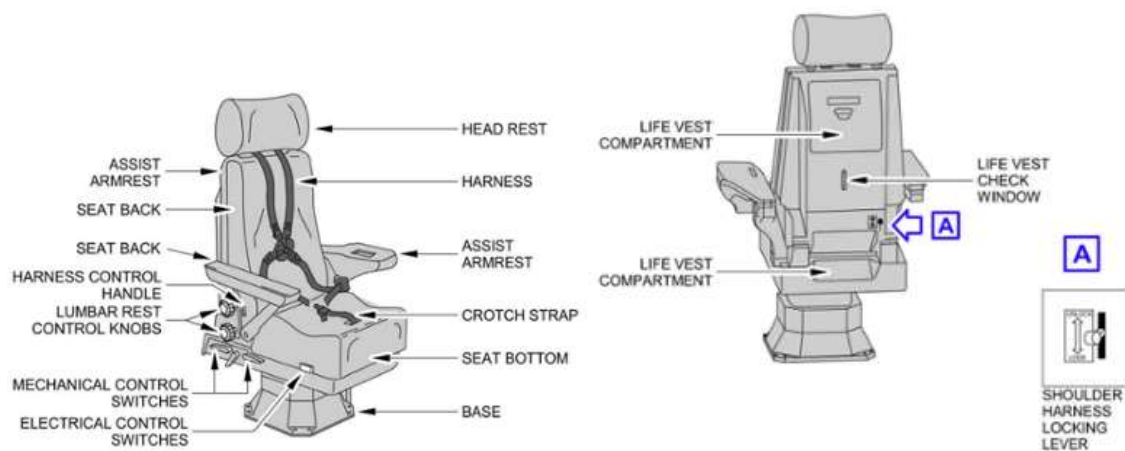
5.1.3 Flight Deck (FD)



5.1.3.1 Seats

5.1.3.1.1 Flight Crew Seat

The CMDR and F/O seats are identical but mirrored. They can be moved electrically or manually.

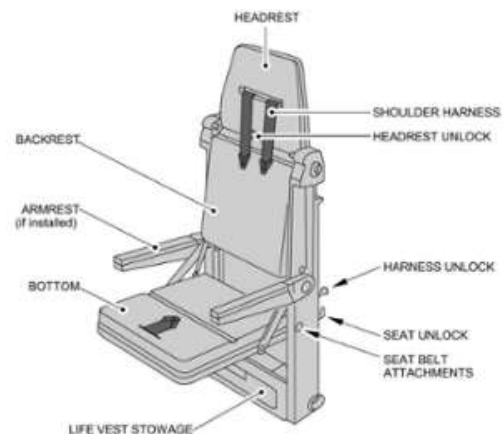


5.1.3.1.2 Observer Seat

In addition to the FCM seats there are one or two observer seats.

First Observer Seat

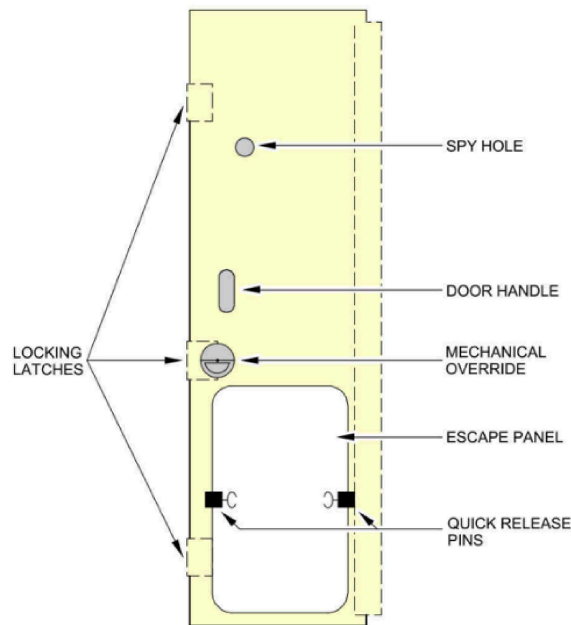
The seat is located on the right side of the entryway.



AIRCRAFT TYPE SPECIFIC

5.1.3.2 Door

The door opens into the FD

**Decompression:**

- Decompression in FD – door will unlock but remain closed
- Decompression in cabin – door remains locked, it can withstand the pressure difference; therefore nothing happens

Escape panel:

- To enable FCM to leave through the door when it is jammed.
- To open the panel, pull release pins and kick.

5.1.3.2.1 Admission To Flight Deck

See **OM-A 8.3.25**

Normal access

- Enter normal access code on keypad: press 1#
- A buzzer tone sounds in FD
- FCM to check camera for authorised entry

When entry is authorised:

- FCM unlocks the door via DOOR LOCK switch
- GREEN light illuminates on keypad when unlocked
- OPEN door

When entry is denied:

- FCM locks the door via DOOR LOCK switch
- RED light illuminates on keypad indicating that door is locked
- All access, keypad, and buzzer are inhibited for 15 minutes

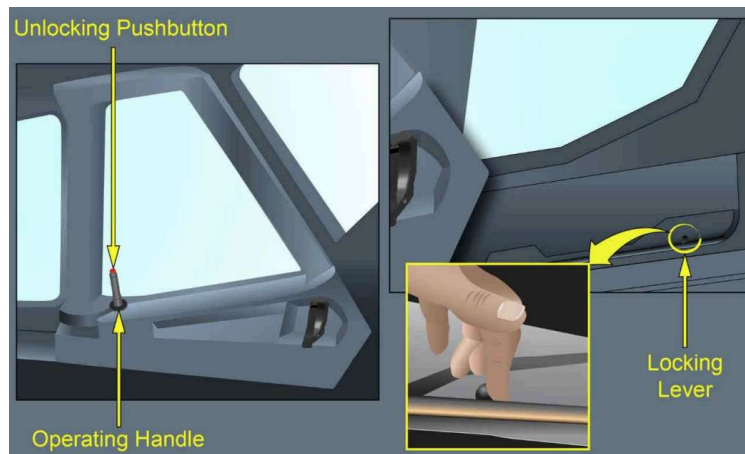


AIRCRAFT TYPE SPECIFIC

Emergency access

1. Enter emergency access code on keypad: press XXX + #
2. A buzzer tone sounds continuously in FD
3. GREEN light flashes on keypad
4. Await 30 seconds – GREEN light illuminates steadily
5. OPEN door (unlocked for 5 seconds)

5.1.3.3 Windows



To open the window:

- Push the operating handle downward and rearward
- This locks the window into the open position.

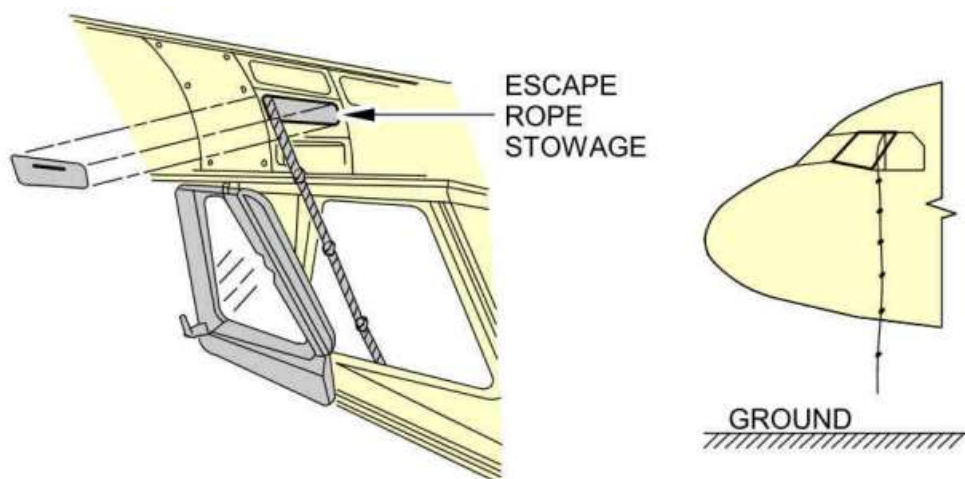
To close the window:

- Pull the locking lever aft to unlock the window
- Press the unlocking button, and push the operating handle forward to close

5.1.3.3.1 Escape Ropes (ER)

See [SEP 4.4.3.1](#)

The escape ropes are located above the sliding windows



AIRCRAFT TYPE SPECIFIC

5.1.3.4 Flight Crew Oxygen System (FCO)See [SEP 4.4.4](#)

The oxygen system in the Flight Deck consists of:

- One OXYGEN/CREW SUPPLY push button switch on the over-head panel.
- The ECAM SYSTEM DISPLAY that gives information about the oxygen pressure.
- 1 oxygen storage box per flight crew seat – contains a full-face QDM.

5.1.4 Cabin Configuration**Lavatories (Blue):**

- 1L and 2L
- Baby changing facilities

Galleys (Green)

- One forward and one aft.

5.1.4.1 Passenger Seats

- On some rows the aisle seat arm rest is raisable to allow persons with reduced mobility (PRMs) easier access to the seat.
- Seats on row 1 are fitted with tray tables in the arm rests.
- A life jacket is located in a pouch underneath each seat. Pull tag firmly to open.

5.1.4.2 Overhead Compartments

Overhead compartments have weight restriction placarded in each compartment. It must not be exceeded and heavy items should be stowed under a seat or in the hold.

They are spring-hinged and open upward.

5.1.4.3 Passenger Service Units (PSU)

The PSU s are located immediately below the overhead compartments.

Each unit has:

- Reading lights
- Passenger drop down oxygen
- Cabin crew call light
- Fasten Seat Belt sign
- No smoking / No Device signs

**5.1.4.4 Curtains****5.1.4.5 Galley Curtain**

The A/C is fitted with curtains in galley areas. See [SEP 4.17.3.1](#)

AIRCRAFT TYPE SPECIFIC

5.1.5 Doors And Exits (Cabin)

The emergency exits in the cabin consist of:

- 4 Main doors – Entry / Service doors (1L/R & 2L/R)
- 2 or 4 Overwing exits

Number of overwing exits

A319

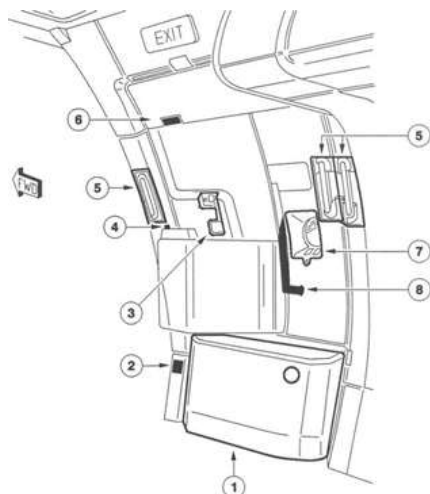
2 overwing exits: *SE-RGC, SE-RGE*

4 overwing exits: *SE-RGD, SE-RGV*

A320

4 overwing exits: *SE-RGF, SE-RGG, SE-RGH*

5.1.5.1 Main Doors



1. Slide container
2. Escape path marking light
3. Yellow door selector
4. Gust lock
5. Assist handles
6. Door locking indicator
7. Observation window with:
 - "Slide armed" indicator
 - "Cabin pressure" indicator
8. Door control handle

Safety strap

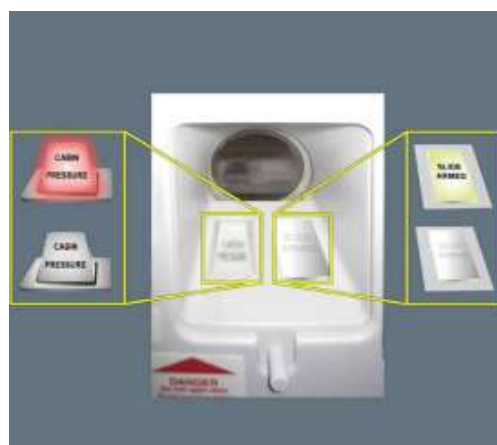
See [SEP 4.2.1.1.1](#)

Warning Systems

Each door has an observation window

Below the window in the main doors, there are two electrical lights:

- An indicator light, which illuminates WHITE steadily when the slide is armed and the door handle is moved to open position.
- A warning light which flashes RED in case of cabin differential pressure above 2,5 MBAR (0,036 PSI) when at least one engine is shut down and the door is disarmed. The light is elevated and visible also from the outside

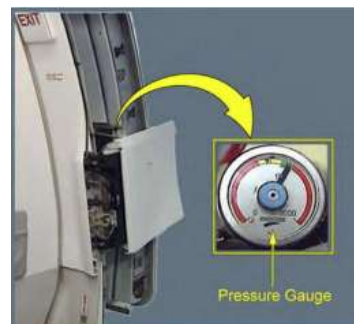


AIRCRAFT TYPE SPECIFIC

Power Assist

Each door is equipped with a power assist system that is located behind the support arm.

- It controls the door opening during normal operation of the door.
- It assists during Emergency opening of the door.



Indication	Status of the Door Damper/cylinder
Green	A/C can be dispatched
Yellow	A/C can be dispatched – Inform maintenance Maintenance action required in the next days.
Yellow and additional FAP warning	A/C can be dispatched - Inform maintenance Maintenance action is mandatory before the flight following this flight.
Red	A/C can be dispatched - Inform maintenance Maintenance action is mandatory before this flight

Pre-departure check:

- Slide disarmed (yellow arming lever disarmed + pin in locked position)
- General condition of the door

AIRCRAFT TYPE SPECIFIC

5.1.5.1.1 Normal Operation

5.1.5.1.1.1 From The Inside

To open door:

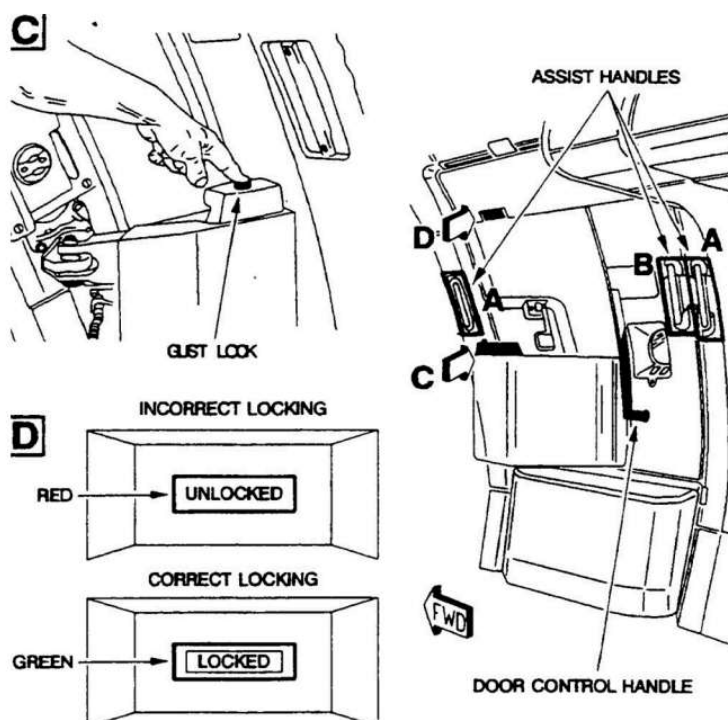
1. Check outside conditions
2. Check that slide is disarmed, and that red CABIN PRESSURE warning light does not flash (if warning light flashes, DO NOT open door – report to FCM).
3. Hold the assist handle.
4. Open door with a two-step operation

STEP 1: Lift the door control handle SLIGHTLY. Check the white SLIDE ARMED indicator light (if illuminated, return handle to closed position).

STEP 2 (if no illumination): Lift the handle FULLY. Push the door outward and sideways until it locks into fully open position (GUST LOCK engaged).

To close door:

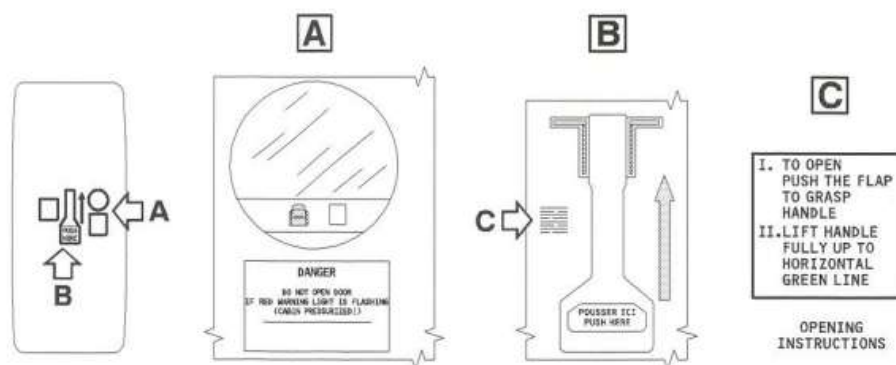
1. Depress or lift the GUST LOCK to disengage.
2. Hold the assist handle.
3. Move the door sideways and rearward until it is in front of its frame.
4. Pull in the door and lower the door control handle.
5. Check that the door locks correctly (door locking indicator is GREEN).



AIRCRAFT TYPE SPECIFIC

5.1.5.1.1.2 From The Outside

Labels next to the exterior control handles indicate how to operate the doors from outside.



While performing an outside door operation with the slide still armed, the door selector will automatically be moved to the disarmed position

5.1.5.1.2 Arming and Disarming

5.1.5.1.2.1 Arming Operation



ARMING OPERATION	
Arming process	- Door locked – indicator shows LOCKED - Safety Pin – Remove - Arming lever – down to ARMED position - Safety Pin – Stowed away
Cross check	- Arming indicator shows ARMED - Arming lever – down in ARMED position - Safety Pin – Stowed away

NOTE: If the door is opened (from inside) in ARMED mode, the WHITE light with indication “SLIDE ARMED” illuminates steadily.

AIRCRAFT TYPE SPECIFIC

5.1.5.1.2.2 Disarming Operation

DISARMING OPERATION	
Disarming process	• Safety Pin – Remove • Arming lever – up to DISARMED position • Safety Pin – Insert
Cross check	• Arming indicator shows DISARMED • Arming lever – up in DISARMED position • “CABIN PRESSURE” • Safety Pin – visible

5.1.5.1.2.3 ECAM Panel Confirmation (Electronic Centralized Aircraft Monitoring)

The ECAM door page in the FD appears as soon as the aircraft is electrically power supplied.

- Door symbol: Green = closed, Amber = not closed
- Door indication: Amber when not locked
- Slide indication: White when slide armed



5.1.5.1.3 Emergency Operation

Emergency Power Assist

The door opens automatically by the pneumatic power assist system and locks in open position. Should the pneumatic system fail, PUSH door to open manually

Emergency Opening Procedure

Crew	Actions	Differences for a ditching
Evaluate	• Use all available exits • Check the slide is armed • Evaluate outside for hazards • Hold the assist handle	• Check water level is safe
Open door	• Lift door handle fully and let go of the door • Pull manual inflation handle	• “Ditching use only” ◦ Lift the flap ◦ Pull detachment handle • Release slide by cutting the mooring line

AIRCRAFT TYPE SPECIFIC

5.1.5.2 Overwing Extis

The overwing exits serve as emergency exits only.

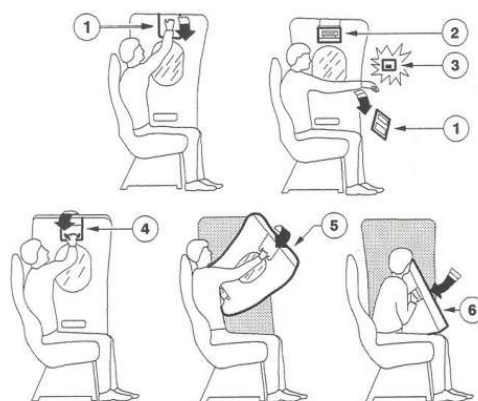
Door weight: 15kg

Pre-departure check:

- Plastic cover in place
- General condition of the exits

Operation

1. Remove the plastic cover
2. Pull handle
3. Hold grip at bottom of exit
4. Open the exit and throw it on the wing
5. Pull red manual inflation handle installed in the exit frame to inflate the slide.



A dual-lane slide is stowed in the fuselage fairing on each side.

When one overwing exit is opened, the respective escape slide inflates and deploys over the wing within 10 seconds.

5.1.5.3 Inoperative Doors And Exits

See [SEP 2.30](#)

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UNCONTROLLED DOCUMENT

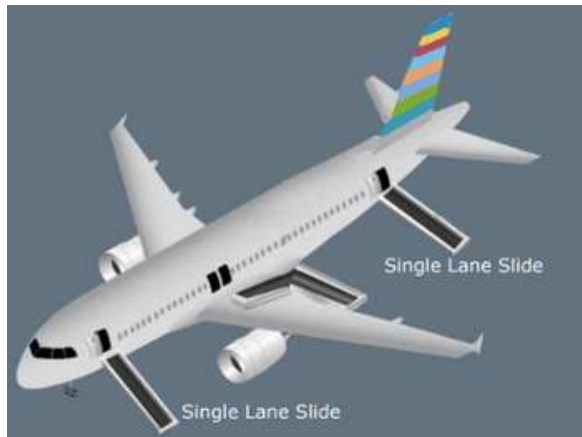
AIRCRAFT TYPE SPECIFIC

5.1.6 Evacuation / Flotation Devices (Slides / Slide Rafts)

Ref: CAT.IDE.A.265

See [SEP 4.3](#)

Single Lane Slides



Exit	Evac. Device
1L & 1R	Single lane slide
Overwing	Dual lane slide
2L & 2R	Single lane slide

A319: SE-RGC, SE-RGD, SE-RGV

A320: SE-RGF

Dual Lane Slide Rafts



Exit	Evac. Device
1L & 1R	Dual lane slide raft
Overwing	Dual lane slide
2L & 2R	Dual lane slide raft

A319: SE-RGE

A320: SE-RGG, SE-RGH

AIRCRAFT TYPE SPECIFIC

5.1.7 Communication System

5.1.7.1 Interphone/PA

Ref: AMC1 CAT.IDE.A.170, AMC1 CAT.IDE.A.175, AMC1 CAT.IDE.A.180

Handset Location:

FD, 1L, 2L and 2R.

Description:

Each CCM station is equipped with a handset with interphone and PA capabilities and the associated Attendant Indication Panel (AIP). Handsets with two different layouts can be found (see version A and B below).

Interphone Operation:

CCM station to other CCM station, press

- A: "INTPH" + "FWD /AFT"
- B: "FWD/AFT ATTND"

CCM station to all CCM stations, press

- A "INTPH" + "ALL"
- B "ALL ATTND"

CCM station to FD, press

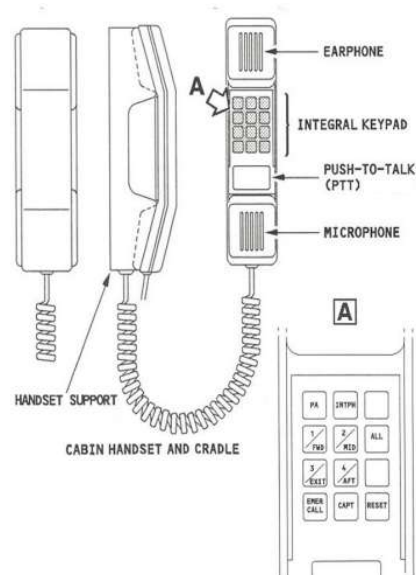
- A/B: "CAPT"

PA Operation:

- A: Press "PA" + "ALL" + Push to Talk (PTT)
- B: Press "PA ALL" + Push to Talk (PTT)

Emergency Call:

- A/B: Press "EMER CALL" – Emergency call overriding other calls/PAs



version A



version B

AIRCRAFT TYPE SPECIFIC

5.1.7.2 Crew Call Identification**5.1.7.2.1 Area Call Panel (ACP)**

ACPs are located in the fwd and aft galley.

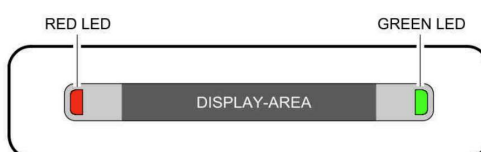
- Lavatory call – Amber steady
- Lavatory smoke warning - Amber flashing
- Flight Crew call – Pink steady or flashing
- Cabin Crew call – Pink or Green steady
- Emergency Call – Pink flashing
- Passenger call – Blue steady

All calls can also be identified by chimes heard via the PA system.

- Single HI-LO chime indicates a crew call
- Single chime indicates a lavatory or passenger call
- 3 HI-LO chimes indicate an emergency call
- 3 LO chimes indicate a lavatory smoke warning

5.1.7.2.2 Attendant Indication Panel (AIP)

One AIP is installed at each attendant station equipped with an attendant handset

**Description:**

- Upper row: communication information.
- Lower row: cabin system information
- Red and Green lights used to attract attention

AIRCRAFT TYPE SPECIFIC

5.1.7.2.3 Crew Call Summary

5.1.7.2.3.1 From Cabin

Function	Press on Handset	ACP	AIP	Audible
CCM to FD	“CAPT”	–	–	Buzzer (FD only)
CCM to CCM station	“INTPH ” + “FWD” / “AFT”	Steady pink/green on respective ACP	Steady green light + text	HI-LO chime
CCM to all CCMs	“INTPH ” + “ALL”	Steady pink/green on all ACP s	Steady green light + text	HI-LO chime
Emergency Call to FD	“EMER ”	–	–	Triple buzzer (FD only)
To end a call, press “RESET” and re-stow handset				

5.1.7.2.3.2 From Flight Deck

Function	Press on Call Panel	ACP	AIP	Audible
FDto all CCMs	“ALL”	Steady/flashing pink all ACPs	Steady green + text on all AIP	HI-LO chime
FD to CCM station	“FWD” / “AFT”	Steady/flashing pink on respective ACP	Steady green + text on respective AIP	HI-LO chime
Emergency Call FD to CCMs	“EMER ”	Flashing pink on all ACPs	Flashing red + “EMER CALL” on all AIPs	3 HI-LO chimes
To end a call, press “RESET” and re-stow handset				

AIRCRAFT TYPE SPECIFIC

5.1.7.3 Passenger Call Identification**5.1.7.3.1 Passenger Call Summary**

CALL	ACP	AIP	AUDIBLE
Passenger seat	Steady blue	Text only	Single chime
Lavatory	Steady amber	Text only	Single chime
To reset: press the call button on respective PSU			

5.1.7.4 Passenger Information Signs**5.1.7.4.1 Exit**

Exit signs are located:

- Above each main door and overwing exit

5.1.7.4.2 Seat Belt Signs

Seat Belt signs are located:

- In each PSU
- In the lavatories this is substituted by a “Return to Seat” sign

5.1.7.4.3 No Smoking / No Device

No Smoking signs in the PSUs always remain illuminated.

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AIRCRAFT TYPE SPECIFIC

5.1.8 Electrical Systems

The Cabin Intercommunication Data System (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.

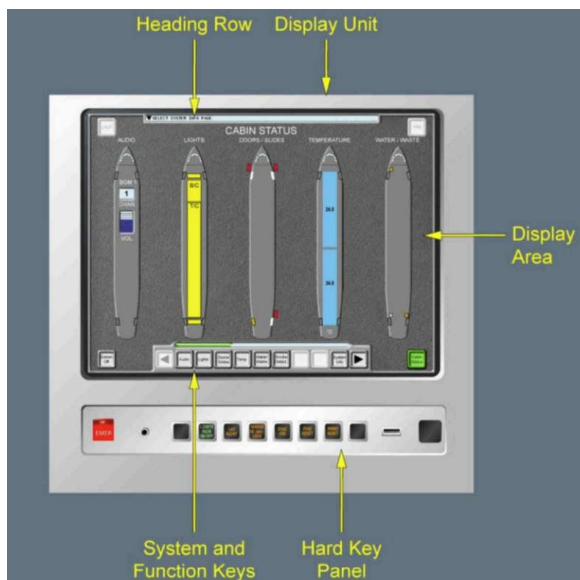
- Passenger address (PA)
- Doors/Slides related indication
- Water/Waste related indications
- Cabin Ready indication
- Interphone
- Passenger call
- Passenger lighted signs
- Cabin lights
- Passenger reading lights
- Emergency lights
- Lavatory smoke indication
- Emergency evacuation signal
- Pre-recorded announcement (and boarding music controls)

5.1.8.1 Cabin Crew Panels

They are located at the FWD and AFT part of the cabin

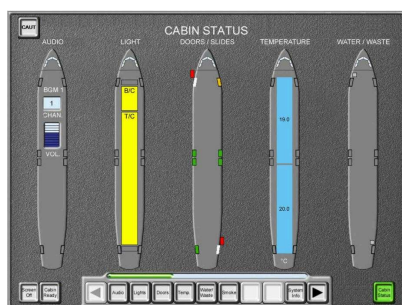
5.1.8.1.1 Flight Attendant Panel (FAP) at 1L

The FAP is the main interface with the CIDS and provides controls of all systems installed in the cabin.

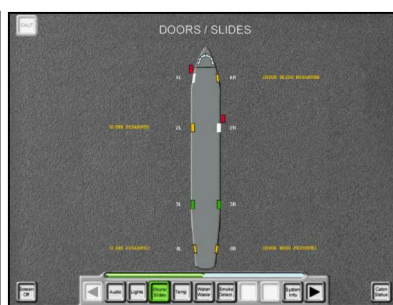


AIRCRAFT TYPE SPECIFIC

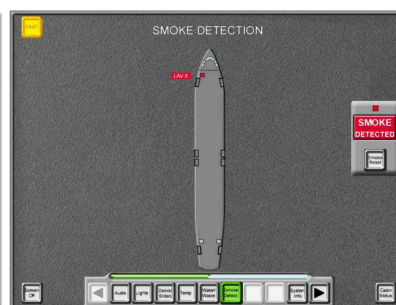
Standard FAP pages



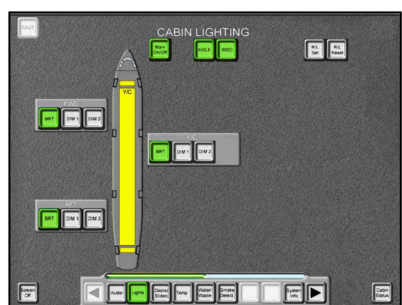
Cabin Status



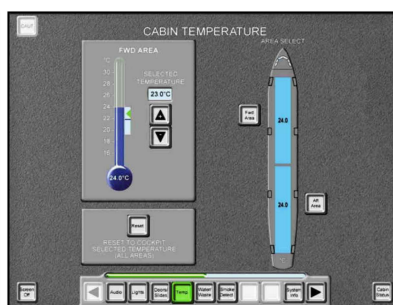
Doors / Slides



Smoke Detection



Cabin Lighting



Cabin Temperature



Water / Waste

Standard FAP hard-key panel

The row of hard keys at the bottom of the screen allows access to the following specific functions:

EMER: Activates the Emergency Lighting System

LIGHTS MAIN ON/OFF: Activates the cabin lighting system

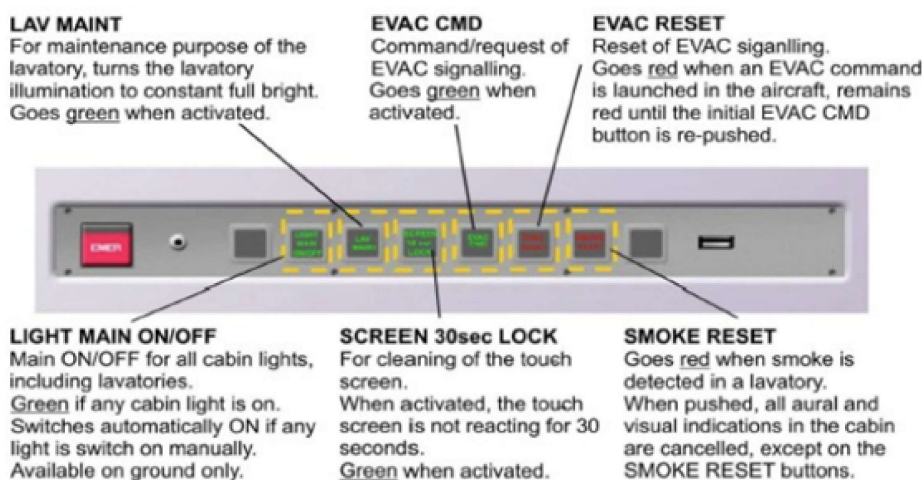
LAV MAINT: Sets the lavatory lights to full brightness during maintenance work

SCREEN 30 sec LOCK: locks for 30 secs for screen cleaning purposes

EVAC CMD: Activates the Evacuation Alert system.

EVAC RESET: Resets the Evacuation Alert warning horn

SMOKE RESET: Resets the Lavatory Smoke warning system



AIRCRAFT TYPE SPECIFIC

5.1.8.1.2 Aft Attendant Panel (AAP)

The AAP is located near one of the aft doors and provides an additional control for some of the cabin systems:

- Lights entry (ENTRY BRT, ENTRY DIM 1, ENTRY DIM 2)
- Lights aft cabin (CAB BRT, CAB DIM 1, CAB DIM 2)
- Reset of evacuation signal in aft (EVAC RESET)
- Indication and reset of lavatory smoke alert (SMOKE)

**5.1.8.1.3 Lighting**

See [SEP 2.27](#)

The lighting can be controlled from the FAP and AAP. The light is controlled by the SCCM with exception to the aft entry area lighting which is controlled from AAP by CCM sitting adjacently.

Minimum light setting should be:

On crew and passenger boarding the A/C:

- Entry/galley, window and aisle to "BRT"

In operation during darkness:

- Entry/galley "DIM1"
- Window to "OFF"
- Aisle to "DIM2"

FWD galley and entry lights must be dimmed (automatic feature) before entering the FD.

During taxi, take off / landing in darkness:

- Entry/galley to "OFF"
- Windows to "OFF"
- Aisle to "DIM2"

During taxi, take off / landing in daylight:

- Adapt the lighting to outside conditions

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AIRCRAFT TYPE SPECIFIC

5.1.8.1.4 Emergency Lighting System

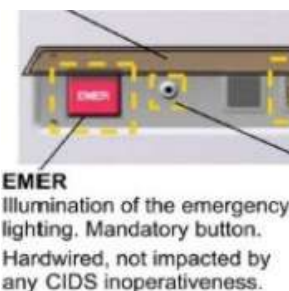
See SEP 4.9

The emergency lighting system will come on automatically in the event of loss of power. As a backup, there is an emergency light switch guarded with a protective cover on the FAP.

SCCM is responsible for activating the switch in an emergency.

Operation:

- Lift the protective cover
- Press button



5.1.8.1.5 Water and Waste Status

SCCM is responsible for checking the water/waste level prior to departure.

The WATER/WASTE page can be accessed on the FAP

Pre-departure Check:

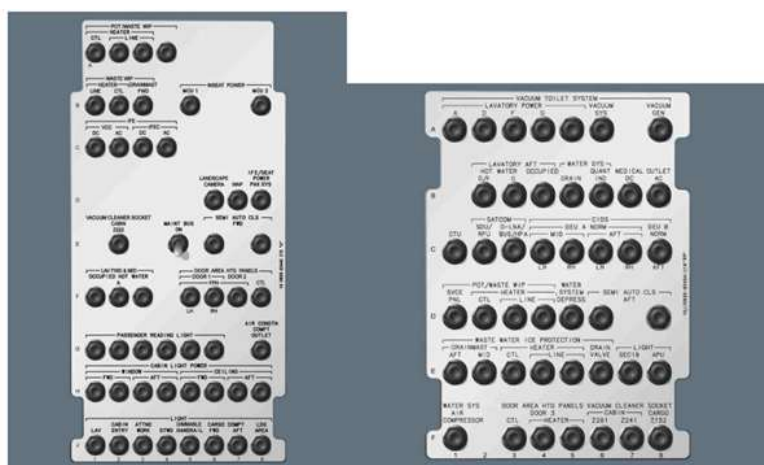
- Water quantity reads:
 - A319 75% (3/4) at all times
 - A320 100% at all times
- Waste tank level reads empty. NOTE: CMDR may request full water level if necessary.



5.1.8.2 Circuit Breaker Panels

In addition to the circuit breakers in the galleys, there are main circuit breaker panels located in the FWD and AFT ceiling areas. These circuit breakers control lighting systems, lavatory functions and other electrical systems in the cabin.

In case of a galley fire, CCM shall pull the galley circuit breakers to remove the electrical power to avoid the spreading of fire into the electrical system.



AIRCRAFT TYPE SPECIFIC

5.1.8.3 In-Flight Entertainment (IFE)

NOT APPLICABLE

5.1.9 Galley**5.1.9.1 Galley Electrical Power**

All galleys have circuit breaker panels for the electrical equipment located in the galley, i.e. ovens, water heaters and cooling systems.

In a non-normal or emergency situation such as fire or smoke, the power to the galleys is controlled by those circuit breakers and can be switched off from the FD.

Note: On some aircraft the galley circuit breakers are located behind a protective flap.

5.1.9.2 Fixed Equipment**Ovens**

Each galley is fitted with fan ovens that can only be used for heating food

Fitted inserts should have a mesh like grid at the back that prevents the content of the oven to touch the fan.

**Boilers**

Each galley is fitted with water boilers.

- Vent the boilers by filling a jug with water PRIOR to turning them on to release any air trapped in the system.

This will prevent hot water spitting and reduces the risk of internal elements breaking due to excessive air expanding which could lead to leakages.

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AIRCRAFT TYPE SPECIFIC

5.1.9.3 Water And Waste

The 2 galleys are supplied with water.

Manual shut off valve

Positioning the water shut off valve selector to “OFF/CLOSED” stops the water supply to that galley.

Location:

- One in each galley.

NOTE: If the manual water shut-off valve is set to the OFF position, switch off any electrical galley equipment connected to the water supply.

Galley waste system

Any waste liquid from the sinks is drained overboard through heated drain masts.

Galley sink drain blockage

The main use of the sinks is to pour excess water through them.

- Do not pour coffee/tea into the sink
- Do not mix liquids which can curdle. (i.e. milk and orange juice)

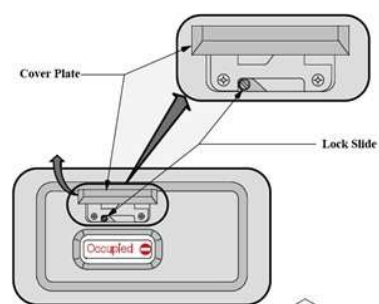
5.1.10 Lavatories

- The aircraft is fitted with 2-3 lavatories.
- Baby changing facilities present.
- Crew or passenger baggage or catering equipment is not permitted in the lavatories.

5.1.10.1 Lavatory Doors

See [SEP 4.5.1](#)

The lock/unlock mechanism from the outside is found underneath a metal cover.

**5.1.10.2 Water Heater**

See [SEP 4.5.2](#)

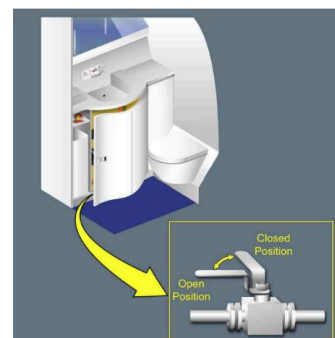
5.1.10.3 Water Shut Off Valve

A manual shut-off valve is located in each lavatory.

It permits shutting off the water supply for the faucet and the toilet.

The shut-off valves are located under each lavatory sink.

See [SEP 4.5.3](#)



AIRCRAFT TYPE SPECIFIC

5.1.10.4 Smoke Detector (SD)

A smoke detector is installed in each lavatory. If smoke enters the measuring chamber of the detector, a warning signal is transmitted to the CIDS and visual and aural warnings are triggered in the cabin and on the FD.

Description

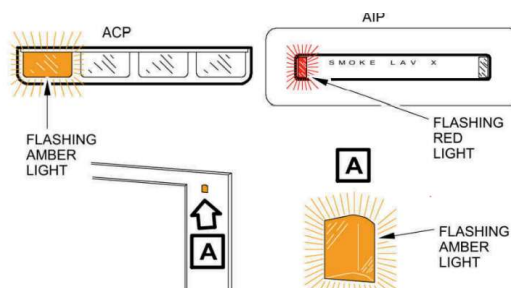
The smoke detection system has:

- One smoke detector for each lavatory.
- Connections to the Cabin Intercommunication Data System (CIDS) with the CIDS Smoke Detection Function and the Flight Warning Computer

Operation

In the event of smoke in a lavatory:

- Repetitive triple LO chime is heard over the PA every 30 seconds
- Indicator light outside the affected lavatory flashes continuously.
- FAP - red smoke LAV light illuminates.
- ACP - amber lights flashes.
- All AIP - red light flashes and the affected lavatory is shown (e.g. SMOKE LAV A).
- FD - LAVATORY SMOKE message on ECAM



To reset:

- Press RESET on FAP to silence audible warnings

**Pre-departure check:**

- Check for tampering of the detector

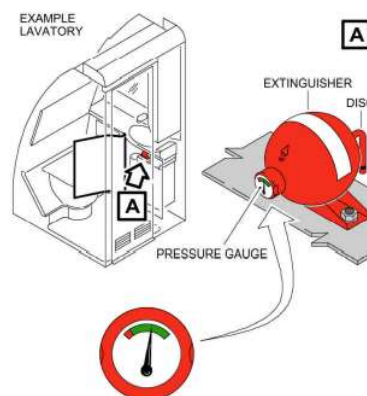
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AIRCRAFT TYPE SPECIFIC

5.1.10.5 Automatic Fire ExtinguisherSee [SEP 4.5.5](#)**Pre-departure check:**

- AF
- Pressure gauge in green zone

**5.1.10.6 Lavatory Waste System**

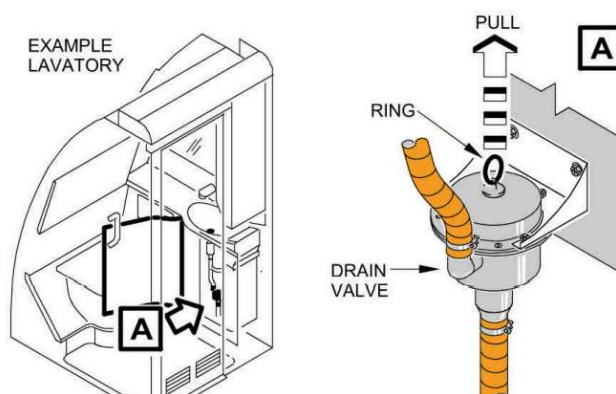
The lavatory has a water-vacuum flushing system

Flushed waste is collected into a waste tank. When the tank is full, all lavatories will be inoperative. They should be locked and labelled as unserviceable.

For waste tank status, see FAP.

Drain valve

A drain valve is installed in the wastewater line under each wash basin. The drain valve lets the wastewater drain to the drain masts and stops the leakage of air pressure through the drain mast. The drain valve opens only when water flows through the drain masts. By pulling the ring located at the top of the valve, it allows to override the wastewater drainage from the wash basin.

**5.1.10.6.1 Lavatory Malfunctions****Flush valve stuck or blocked:**

- No action from the crew. Isolate toilet from use, otherwise it will overflow.

Waste tank full/overflowed:

- Waste quantity may be checked. If the tank is full, stop use of the toilet

5.1.10.7 Wheelchair Accessible Lavatory

None of the lavatories are WCH accessible.

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AIRCRAFT TYPE SPECIFIC

5.1.11 Oxygen Systems

5.1.11.1 Supplemental Oxygen

See [SEP 4.14.1](#)

Description

In a decompression, cabin oxygen is supplied by an automatic deployment of drop-down oxygen masks and chemical oxygen generators. The masks are located in the Passenger Service Units (PSUs) in the cabin, galleys, lavatories, and crew stations.

Duration Minimum 13 minutes.

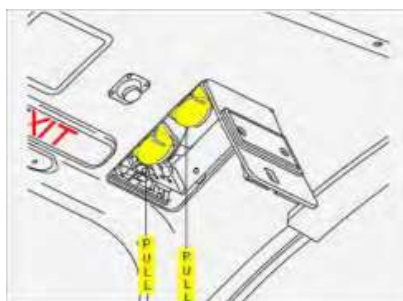
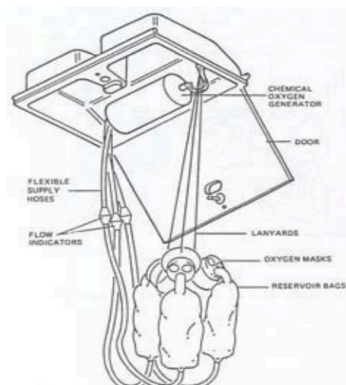
Passenger PSUs	Crew Seats	Lavatories	Fwd Galley
4 masks	2 masks	2 masks	2 masks

Mask deployment:

The masks can be deployed in different 3 ways:

- **AUTOMATICALLY:** when the cabin altitude exceeds 14000 ft
- **ELECTRICALLY:** via a switch located in the FD
- **MANUALLY:** at each PSU.

Note: If a PSU fails to open insert an MRT into the hole of the PSU compartment door.



Operation

- Pull a mask to activate the oxygen generation. This starts the oxygen flow to all masks in that unit after approximately 10 seconds.
- The flow of oxygen cannot be stopped.

CAUTION: Accumulation of dust on hot generators will give out a burning smell, and high generator temperature is a potential fire hazard. **NEVER re-stow masks**

Cabin indications in a decompression

When cabin altitude reaches 11 300 ft

- Cabin lights to BRT
- EXIT signs illuminate
- “Fasten Seatbelt” signs illuminate
- “Return to Seat” does not illuminate in lavatories

AIRCRAFT TYPE SPECIFIC

Inadvertent mask deployment.

Should any of the PSU oxygen masks accidentally deploy these can only be restowed by a certified Engineer. Inform CMDR and as a temporary measure the following process must be followed:

In cabin: Secure mask and flap if possible (without replacing them in stowage) and reseal passengers for the duration of the flight.

In lavatory: Lavatory unoccupied and locked during the entire flight.

5.1.12 Cargo Compartments (Cabin Accessible)

N/A

5.1.13 Safety Equipment

Ref: AMC3 ORO.MLR.100 B.10

5.1.13.1 Flight Deck

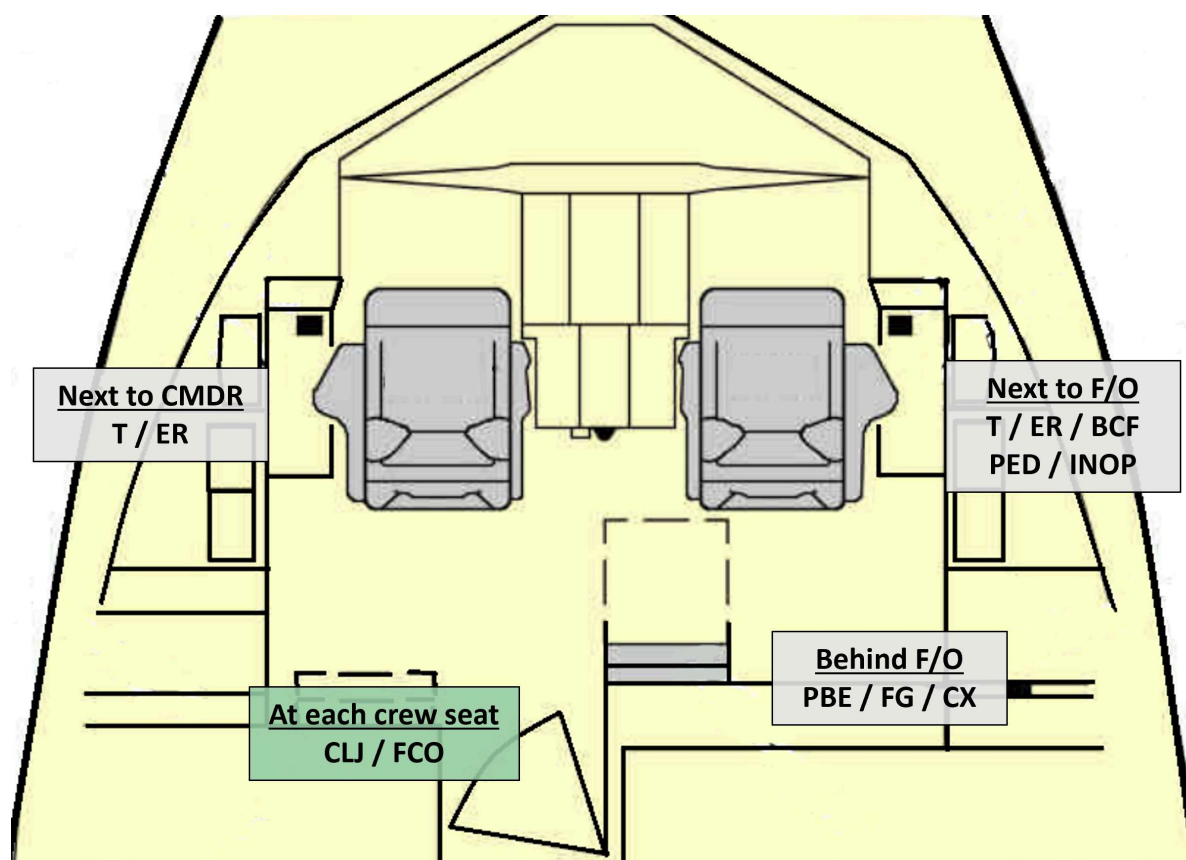
Ref: CAT.IDE.A.245, AMC1 CAT.IDE.A.245, AMC1 CAT.IDE.A.255, CAT.IDE.A.265, CAT.IDE.A.280

5.1.13.1.1 FD Equipment Table

FD Equipment Table			
Equipment	Abbreviation	Qty	Reference
Crash axe	CX	1	4.13.2
Escape rope	ER	2	4.4.3.1
Flight crew oxygen	QDM (Full-face mask)	1/seat	4.4.4
Fire extinguisher	BCF HAFEX	1	RGD 4.13.1.1.2 4.13.1.1.4
Fire gloves (pair)	FG	1	4.13.3
Life Jacket (crew)	CLJ	1/seat	4.12.1.3
Protective breathing equipment	PBE	1	RGF 4.13.4.1 RGC/D 4.13.4.2 RGE/G/H/V 4.13.4.3
PED bag	PED	1	4.13.5
Torch	T	2	4.10.1.1
Door inoperative kit	INOP	1	4.17.6

AIRCRAFT TYPE SPECIFIC

5.1.13.1.2 FD Equipment Layout

**A319****1 observer seat:** SE-RGD + RGV**2 observer seats:** SE-RGC + RGE**A320****1 observer seat:** SE-RGG + RGH**2 observer seats:** SE-RGF

AIRCRAFT TYPE SPECIFIC

5.1.13.2 Cabin

Ref: AMC2 CAT.IDE.A.225, GM1 CAT.IDE.A.225, CAT.IDE.A.245, AMC1 CAT.IDE.A.245, AMC1 CAT.IDE.A.250, AMC1 CAT.IDE.A.270, CAT.IDE.A.285, CAT.IDE.A.305

5.1.13.2.1 Cabin Equipment Table**5.1.13.2.1.1 SE-RGC**

SE-RGC Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	2	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	HAFEX	4	4.13.1.1.4
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	5 (310l)	4.14.2.2
First Aid Oxygen Masks	FOX M	5	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOX M	2	4.14.3.1
Infant/Extension Belt	BELT	12	4.7.1
Life Jacket (adult)	LJ	144	4.12.1.3
Life Jacket (crew)	CLJ	4	4.12.1.3
Life Jacket (infant)	ILJ	10	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	4	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	4	4.13.4.2
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	2	4.7.2
Torch	T	4	4.10.1.1
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

5.1.13.2.1.2 SE-RGD

SE-RGD Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	2	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	BCF	4	4.13.1.1.2
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	4 (310l)	4.14.2.2
First Aid Oxygen Masks	FOX M	4	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOX M	2	4.14.3.1
Infant/Extension Belt	BELT	12	4.7.1
Life Jacket (adult)	LJ	144	4.12.1.3
Life Jacket (crew)	CLJ	4	4.12.1.3
Life Jacket (infant)	ILJ	10	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	4	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	4	4.13.4.2
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	2	4.7.2
Torch	T	4	4.10.1.1
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

5.1.13.2.1.3 SE-RGE

SE-RGE Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	2	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	HAFEX	4	4.13.1.1.4
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	4 (310l)	4.14.2.2
First Aid Oxygen Masks	FOX M	4	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOX M	4	4.14.3.1
Infant/Extension Belt	BELT	12	4.7.1
Life Jacket (adult)	LJ	144	4.12.1.3
Life Jacket (crew)	CLJ	5	4.12.1.3
Life Jacket (infant)	ILJ	10	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	5	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	4	4.13.4.3
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	2	4.7.2
Torch	T	5	4.10.1.1
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

5.1.13.2.1.4 SE-RGV

SE-RGV Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	2	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	HAFEX	3	4.13.1.1.4
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	4 (202L)	4.14.2.2
First Aid Oxygen Masks	FOXM	4	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOXM	2	4.14.3.1
Infant/Extension Belt	BELT	15	4.7.1
Life Jacket (adult)	LJ	144	4.12.1.3
Life Jacket (crew)	CLJ	5	4.12.1.3
Life Jacket (infant)	ILJ	10	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	4	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	5	4.13.4.1
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	5	4.7.2
Torch	T	5	4.10.1.1
Universal Precaution Kit	UPK	1	4.17.1.2

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UNCONTROLLED DOCUMENT

AIRCRAFT TYPE SPECIFIC

5.1.13.2.1.5 SE-RGF

SE-RGF Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	3	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	HAFEX	4	4.13.1.1.4
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	6 (310L)	4.14.2.1
First Aid Oxygen Masks	FOXM	6	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOXM	2	4.14.3.1
Infant/Extension Belt	BELT	16	4.7.1
Life Jacket (adult)	LJ	180	4.12.1.1
Life Jacket (crew)	CLJ	6	4.12.1.2
Life Jacket (infant)	ILJ	14	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.1
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	6	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	4	4.13.4.1
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	2	4.7.2
Torch	T	6	4.10.1.3
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

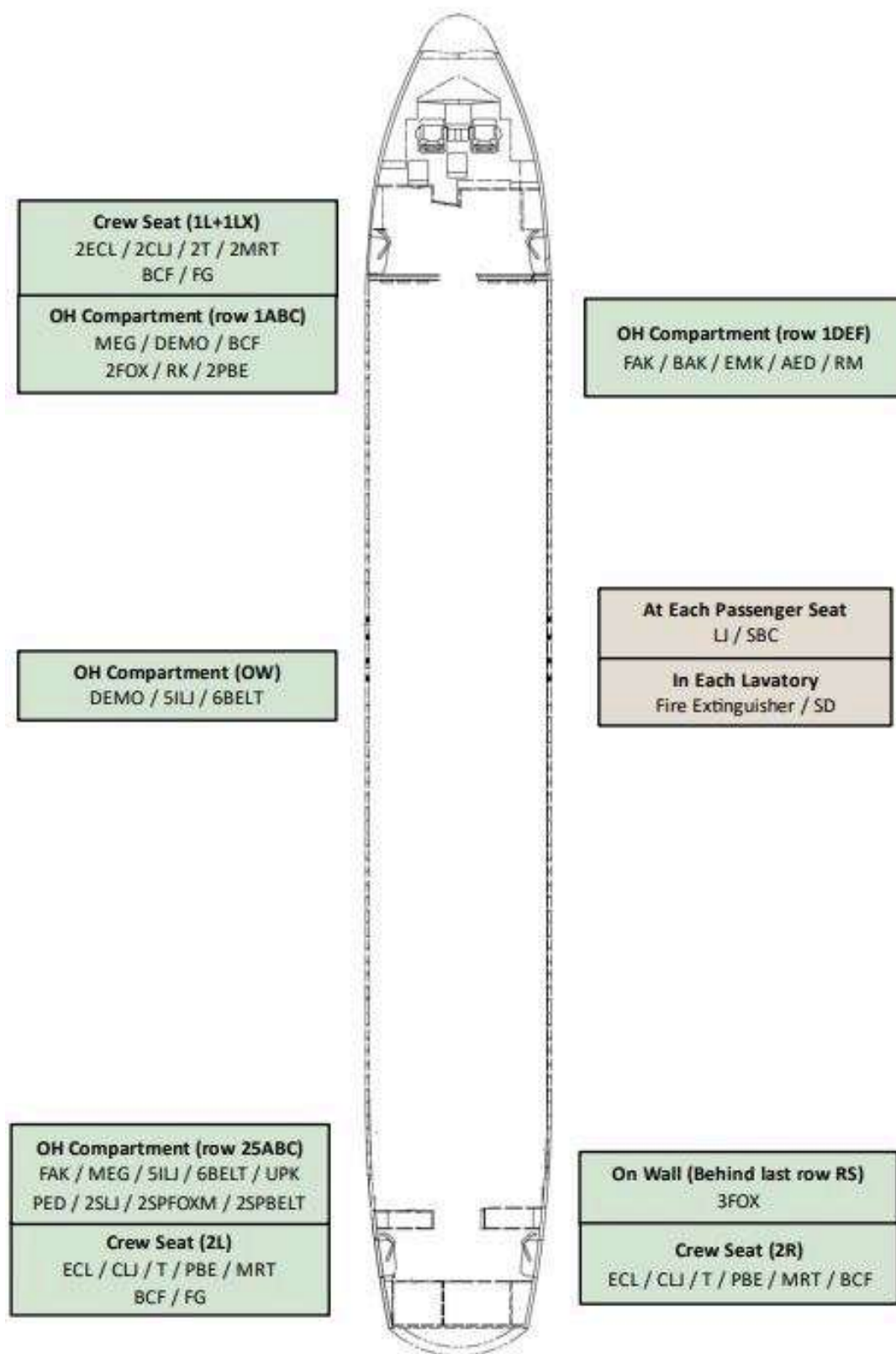
5.1.13.2.1.6 SE-RGG/RGH

SE-RGG/RGH Cabin Equipment Table			
Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	3	4.17.4
Emergency Medical Kit	EMK	1	4.15.1.2
Fire Extinguisher	HAFEX	3	4.13.1.1.4
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	6 (120L) + 2 (310L)	4.14.2.1
First Aid Oxygen Masks	FOXM	6	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOXM	2	4.14.3.1
Infant/Extension Belt	BELT	16	4.7.1
Life Jacket (adult)	LJ	180	4.12.1.1
Life Jacket (crew)	CLJ	6	4.12.1.1
Life Jacket (infant)	ILJ	14	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.1
Megaphone	MEG	2	4.8.5.2
Manual Release Tool	MRT	5	4.17.7
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	5	4.13.4.3
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seat Belt (spare)	SPBELT	2	4.7.2
Torch	T	5	4.10.1.2
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

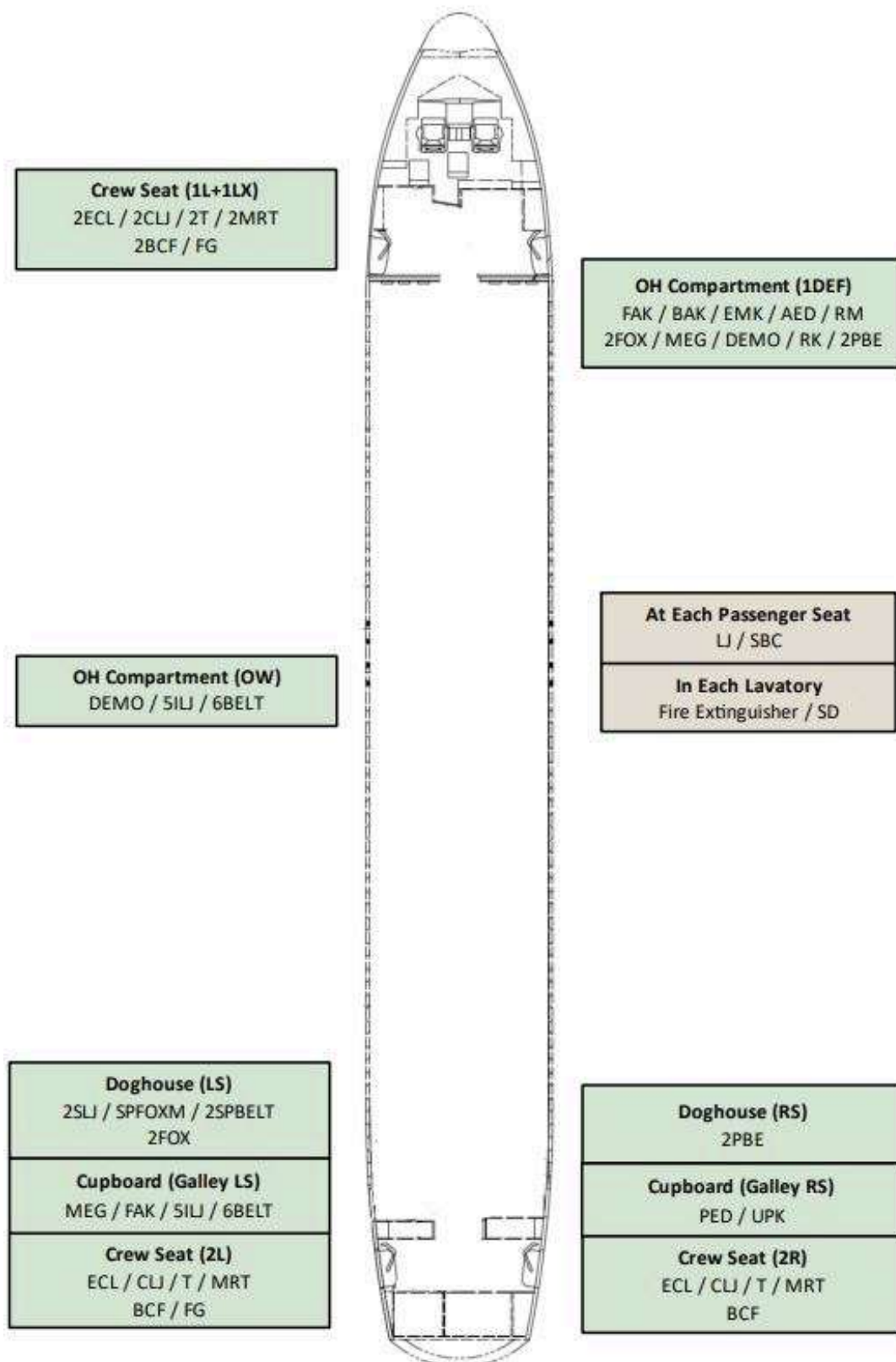
5.1.13.2.2 Cabin Equipment Layout

5.1.13.2.2.1 SE-RGC



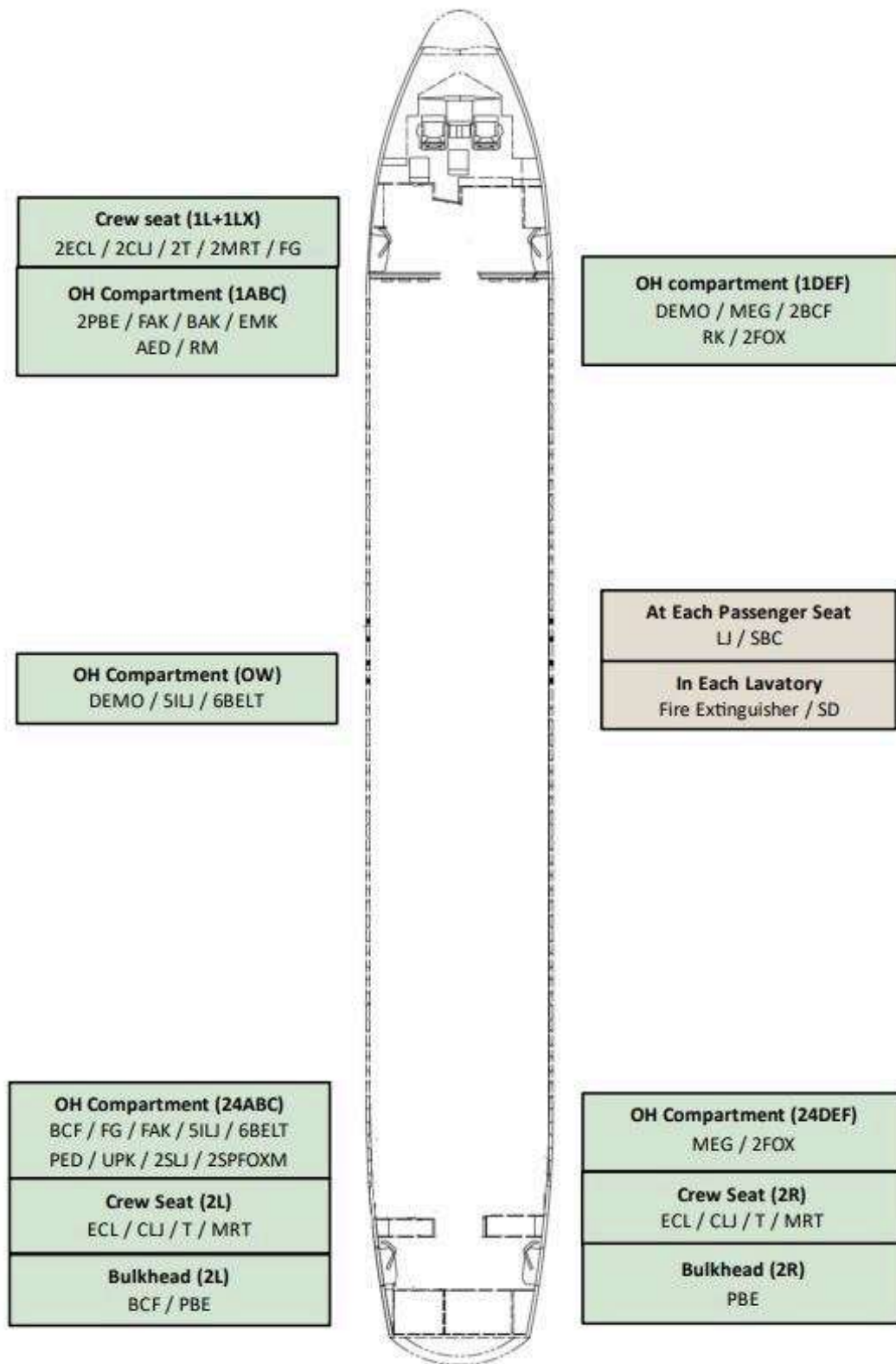
AIRCRAFT TYPE SPECIFIC

5.1.13.2.2.2 SE-RGD



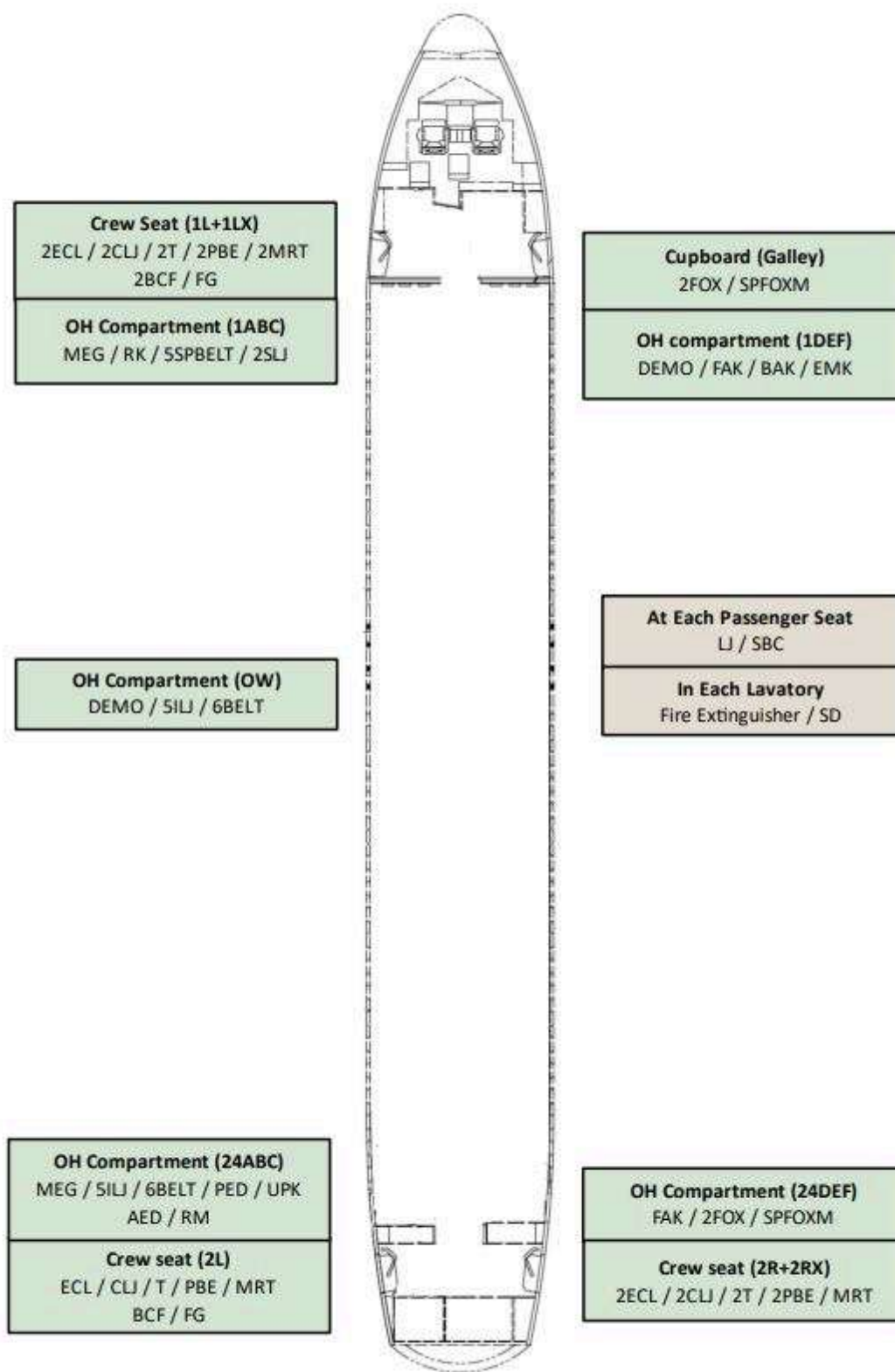
AIRCRAFT TYPE SPECIFIC

5.1.13.2.2.3 SE-RGE



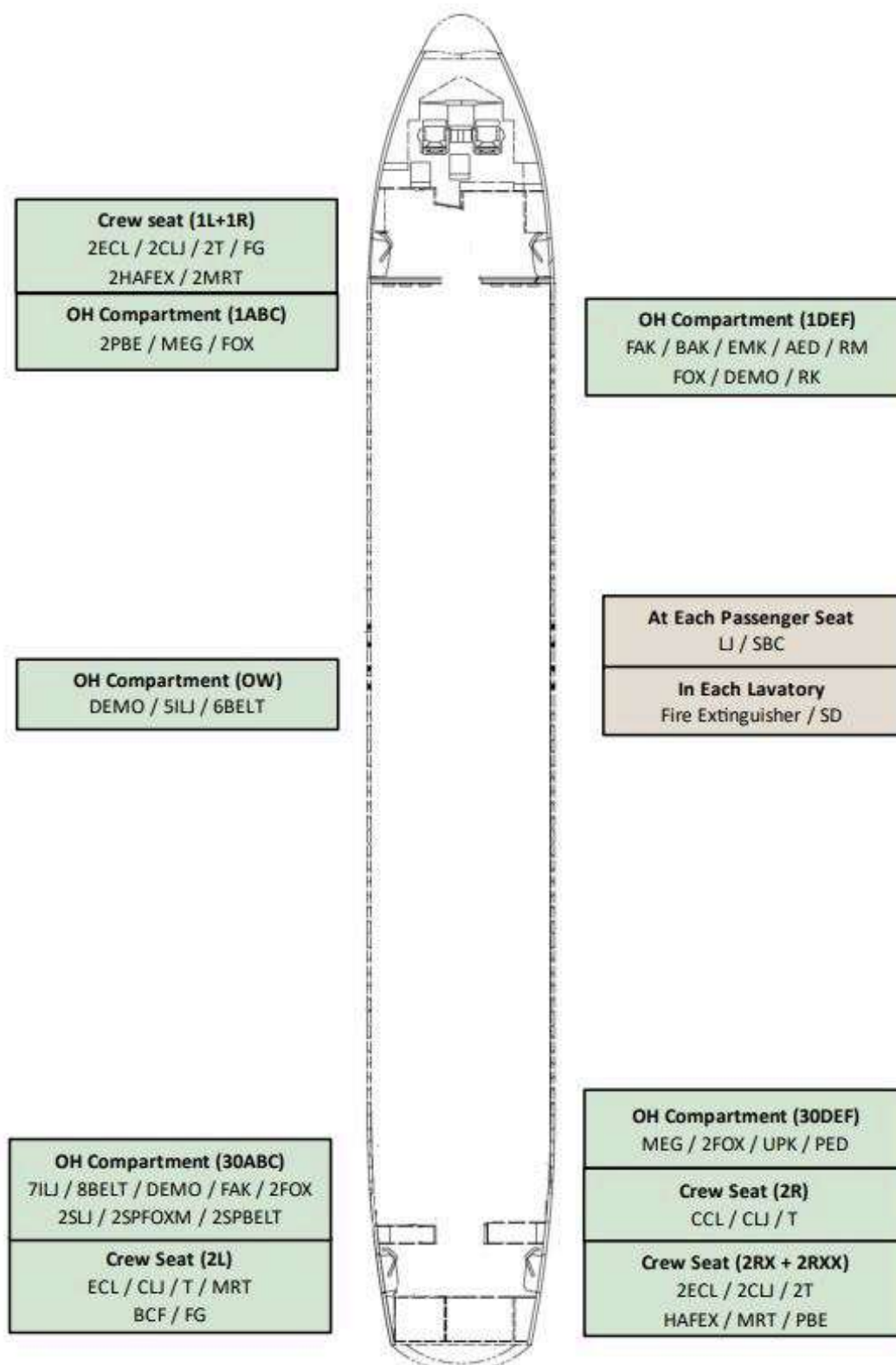
AIRCRAFT TYPE SPECIFIC

5.1.13.2.2.4 SE-RGV



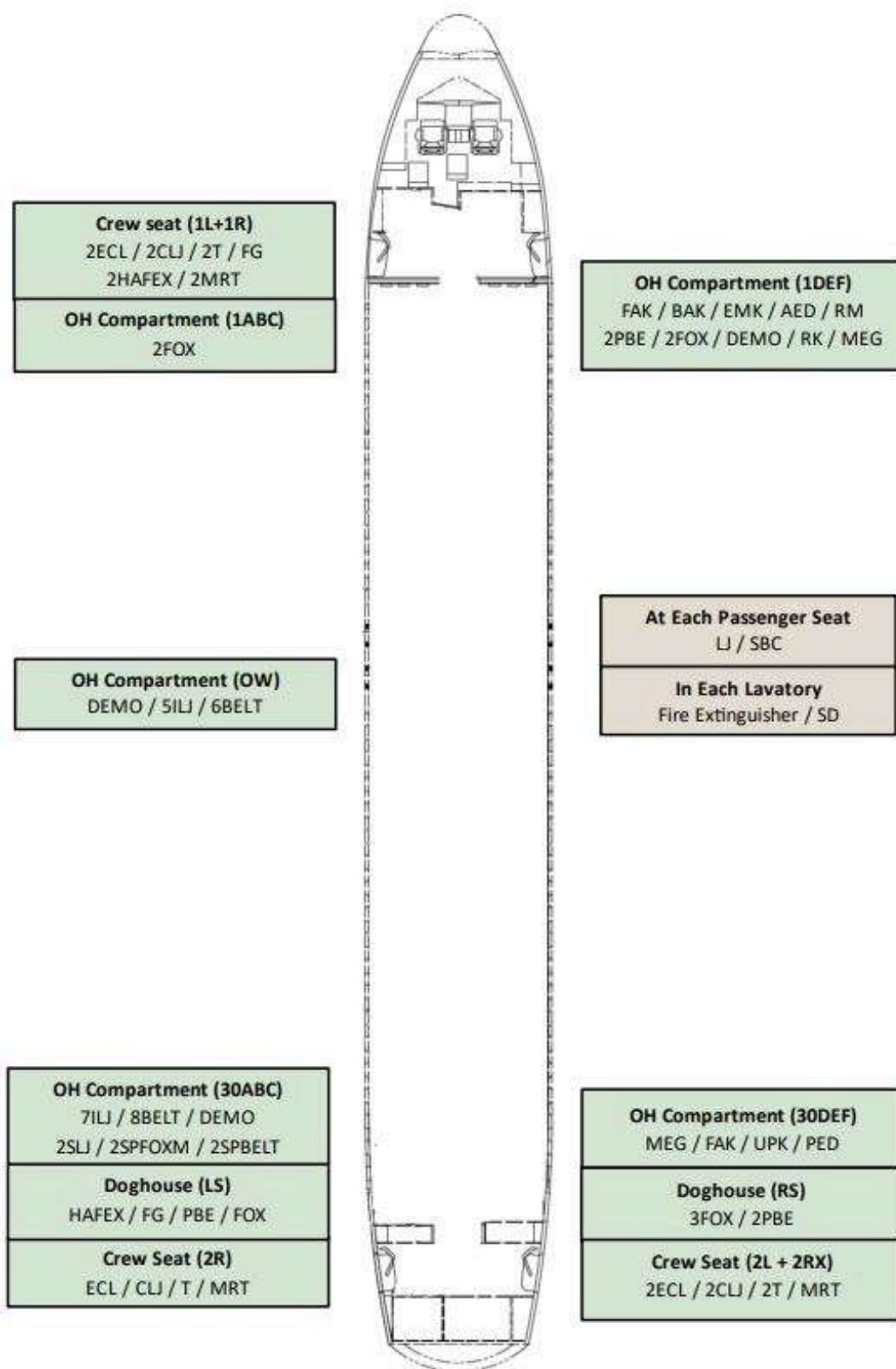
AIRCRAFT TYPE SPECIFIC

5.1.13.2.2.5 SE-RGF



AIRCRAFT TYPE SPECIFIC

5.1.13.2.2.6 SE-RGG/RGH



AIRCRAFT TYPE SPECIFIC

5.1.14 Normal Procedures

Ref: ORO.CC.20, AMC3 ORO.MLR.100 Part B2

5.1.14.1 Pre-Departure Checks**5.1.14.1.1 Safety equipment checks****5.1.14.1.1.1 SE-RGC**

CCM	Pre-departure Check Areas (SE-RGC)
1L/SCCM	Crew Seat Area (1L+1LX) Crew Seat / Harness / PA / 2ECL / 2CLJ / 2T / 2MRT / BCF / FG Doors (1L+1R) Slides disarmed Lavatory SD / BCF OH Compartment (row 1ABC) MEG / DEMO / BCF / 2PBE / 2FOX / RK OH Compartment (row 1DEF) BAK / FAK / EMK / AED / RM FAP Water / Waste
2L	Crew Seat Area (2L) Crew Seat / Harness / PA / PBE / ECL / CLJ / T / MRT / BCF / FG Door (2L) Slide disarmed Lavatories SD / BCF OH Compartment (row 24ABC) FAK / MEG / 5ILJ / 6BELT / PED / UPK / 2SLJ / 2SPFOX / 2SPBELT Cabin Area LJ / SBC
2R	Crew Seat Area (2R) Crew Seat / Harness / PA / PBE / ECL / CLJ / T / MRT / BCF Door (2R) Slide disarmed Behind last row 3FOX OW Exits Covers in place / DEMO / 5ILJ / 6BELT Cabin Area LJ / SBC
NOTE: If 2 Crew operation – 2L to complete 2R checks.	

AIRCRAFT TYPE SPECIFIC

5.1.14.1.1.2 SE-RGD

CCM	Pre-departure Check Areas (SE-RGD)
1L/SCCM	Crew Seat Area (1L+1LX) Crew Seat / Harness / 2ECL / 2CLJ / 2BCF / FG / 2T / 2MRT / PA Doors (1L+1R) Slides disarmed Lavatory SD / BCF OH Compartment (row 1DEF) EMK / FAK / BAK / 2FOX / AED / RM / MEG / DEMO / RK / 2PBE FAP Water / Waste
2L	Crew Seat Area (2L) Crew Seat / Harness / ECL / CLJ / BCF / FG / T / MRT / PA Door (2L) Slide disarmed Lavatory SD / BCF Doghouse (LS) 2SLJ / 2SPFOX / 2SPBELT / 2FOX Galley Cupboard (LS) MEG / FAK / 5ILJ / 6BELT Cabin Area LJ / SBC
2R	Crew Seat Area (2R) Crew Seat / Harness / ECL / CLJ / T / MRT / BCF / PA Door (2R) Slide disarmed Doghouse (RS) 2PBE Galley Cupboard (RS) PED / UPK OW Exits Covers in place / DEMO / 5ILJ / 6BELT Cabin Area LJ / SBC
NOTE: If 2 Crew operation – 2L to complete 2R checks.	

AIRCRAFT TYPE SPECIFIC

5.1.14.1.1.3 SE-RGE

CCM	Pre-departure Check Areas (SE-RGE)
1L/SCCM	Crew Seat Area (1L+1LX) Crew Seat / Harness / PA / 2ECL / 2CLJ / 2T / 2MRT / FG Doors (1L+1R) Slides disarmed Lavatory SD / BCF OH Compartment (row 1ABC) 2PBE / EMK / FAK / BAK / AED / RM OH Compartment (row 1DEF) DEMO / MEG / 2BCF / RK / 2FOX FAP Water / Waste
2L	Crew Seat Area (2L) Crew Seat / Harness / PA / ECL / CLJ / T / MRT / PBE / BCF Door (2L) Slide disarmed Lavatories SD / BCF OH Compartment (row 24ABC) BCF / FG / FAK / 5ILJ / 6BELT / PED / UPK / 2SLJ / 2SPBELT/ 2SPFOX Cabin Area LJ / SBC
2R	Crew Seat Area (2R+2RX+2RXX) Crew Seat / Harness / PA / 3ECL / 3CLJ / 3T / 3MRT / PBE Door (2R) Slide disarmed OW Exits Covers in place DEMO / 5ILJ / 6BELT OH Compartment (row 24DEF) MEG / 2FOX Cabin Area LJ / SBC
NOTE: If 2 Crew operation – 2L to complete 2R checks.	

AIRCRAFT TYPE SPECIFIC

5.1.14.1.1.4 SE-RGV

CCM	Pre-departure Check Areas (SE-RGV)
1L/SCCM	Crew Seat Area (1L+1LX) Crew Seat / Harness / PA / 2ECL / 2CLJ / 2PBE / 2BCF / FG / 2T / 2MRT Doors (1L+1R) Slides disarmed Lavatory SD / BCF Galley Cupboard 2FOX / SPFOX OH Compartment (row 1ABC) MEG / RK / 2SLJ / 5SPBELT OH Compartment (row 1DEF) DEMO / BAK / FAK / EMK FAP Water / Waste
2L	Crew Seat Area (2L) Crew Seat / Harness / PA / ECL / CLJ / PBE / BCF / FG / T / MRT Door (2L) Slide disarmed Lavatory SD / BCF OH Compartment (row 24ABC) MEG / 5ILJ / 6BELT / PED / UPK / AED / RM Cabin Area LJ / SBC
2R	Crew Seat Area (2R+2RX) Crew Seat / Harness / PA / 2ECL / 2CLJ / 2PBE / 2T / MRT Door (2R) Slide disarmed OW Exits Covers in place / DEMO / 5ILJ / 6BELT OH Compartment (row 24DEF) FAK / 2FOX / SPFOX Cabin Area LJ / SBC
NOTE: If 2 Crew operation – 2L to complete 2R checks.	

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AIRCRAFT TYPE SPECIFIC

5.1.14.1.1.5 SE-RGF

Cabin Crew	Pre-Departure Check Areas – SE-RGF
1L/SCCM	Crew Seat Area (1L) Crew Seat / Harness / PA / ECL / CLJ / T / MRT / HAFEX / FG Doors (1L) Slides Disarmed Lavatory SD / BCF OH Compartment (row 1ABC) 2PBE / MEG / FOX FAP Water / Waste
1R	Crew Seat Area (1R) Crew Seat / Harness / ECL / CLJ / T / HAFEX / MRT Door (1R) Slide Disarmed OH Compartment (row 1DEF) BAK / FAK / EMK / AED / RM / FOX / DEMO / RK Cabin Area LJ / SBC
2L	Crew Seat Area (2L) Crew Seat / Harness / PA / ECL / CLJ / T / MRT / FG / HAFEX / PBE Door (2L) Slide Disarmed Lavatories SD / BCF OH Compartment (row 30ABC) FAK / 2FOX / 7ILJ / 8BELT / DEMO / 2SLJ / 2SPFOX / 2SPBELT
2R	Crew Seat Area (2R+2RX+2RXX) Crew Seat / Harness / PA / 3ECL / 3CLJ / 3T / MRT / HAFEX / PBE Door (2R) Slide Disarmed OH Compartment (row 30DEF) MEG / 2FOX / PED / UPK OW Exits Covers in place / DEMO / 7ILJ / 8BELT Cabin Area LJ / SBC
NOTE: If 3 Crew operation – SCCM to complete 1R checks	

AIRCRAFT TYPE SPECIFIC

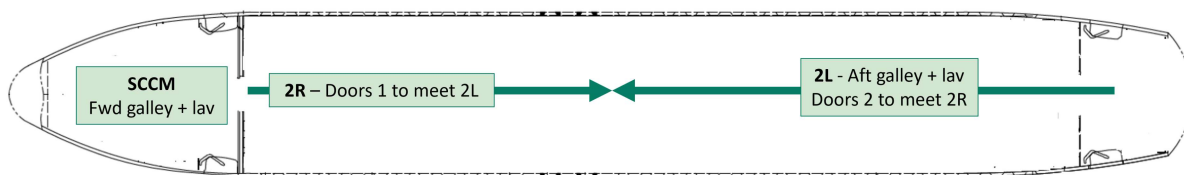
5.1.14.1.1.6 SE-RGG/RGH

Cabin Crew	Pre-Departure Check Areas – SE-RGG + RGH
1L/SCCM	Crew Seat Area (1L) Crew Seat / Harness / ECL / CLJ / T / MRT / HAFEX / FG / PA Door (1L) Slide disarmed Lavatory SD / BCF OH Compartment (row 1ABC) 2FOX FAP Water / Waste
1R	Crew Seat Area (1R) Crew Seat / Harness / ECL / CLJ / T / HAFEX / MRT Door (1R) Slide disarmed OH Compartment (row 1DEF) FAK / EMK / BAK / AED / RM / 2PBE / 2FOX / DEMO / RK / MEG Cabin Area LJ / SBC
2L	Crew Seat Area (2L+2RX) Crew Seat / Harness / 2ECL / 2CLJ / 2T / 2MRT / PA Door (2L) Slide disarmed Lavatories SD / BCF OH Compartment (row 30ABC) 7ILJ / 8BELT / DEMO / 2SLJ / 2SPFOX / 2SPBELT Doghouse LS HAFEX / FG / PBE / FOX
2R	Crew Seat Area (2R) Crew Seat / Harness / ECL / CLJ / T / MRT / PA Door (2R) Slide disarmed Doghouse (RS) 3FOX / 2PBE OH Compartment (row 30DEF) MEG / FAK / UPK / PED OW Exits Covers in place / DEMO / 7ILJ / 8BELT Cabin Area LJ / SBC
NOTE: If 3 Crew operation – SCCM to complete 1R checks	

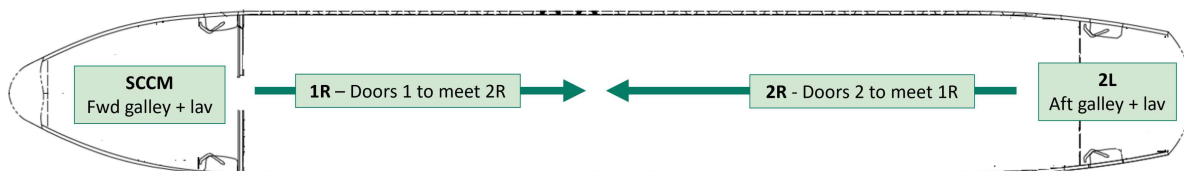
AIRCRAFT TYPE SPECIFIC

5.1.14.1.2 Security Search

A319



A320

See [SEC 6.2.2](#)

5.1.14.2 Passenger Seat Allocation/Restrictions

Ref: GM2 CAT.OP.MPA.155(c), GM2 CAT.OP.MPA.165, GM1 CAT.OP.MPA.170(a),
AMC1 CAT.OP.MPA.170 (a)(3)

Infant Seating Restriction

Due to the number of oxygen masks located above each row of seats, the following will apply:

Aircraft Configuration	ABC Seats	DEF Seats
144	1 infant	1 infant
180	1 infant	1 infant

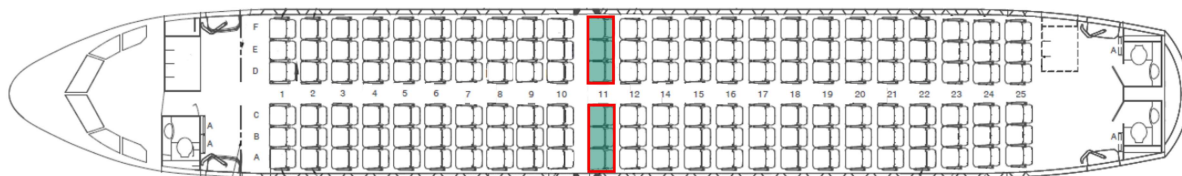
AIRCRAFT TYPE SPECIFIC

Seating Restrictions for CRD and SCP

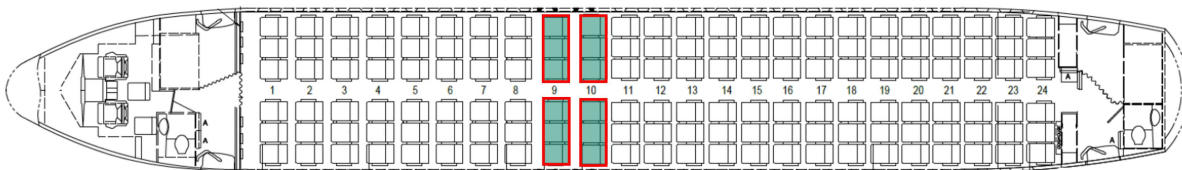
See [SEP 2.3.2](#) and [OM-A 8.2.2](#)

A319

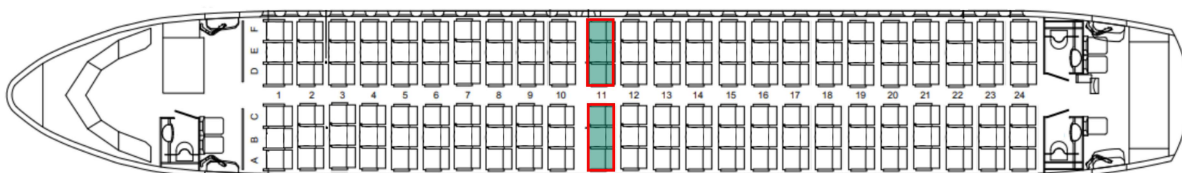
SE-RGC



SE-RGD / RGV

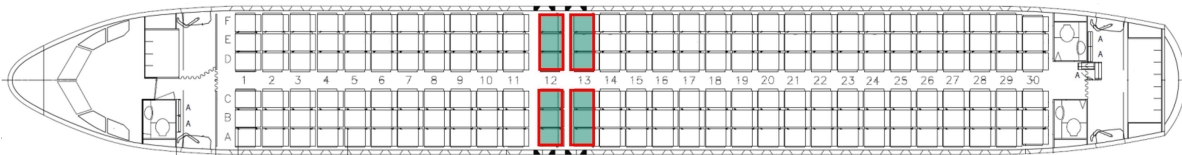


SE-RGE



A320

SE-RGF / RGG / RGH



AIRCRAFT TYPE SPECIFIC

Seating restrictions	No CRDs or SCPs 
A319	
SE-RGC	11 ABC DEF
SE-RGD SE-RGV	9 ABC DEF 10 ABC DEF
SE-RGE	11 ABC DEF
A320	
SE-RGG SE-RGH SE-RGF	12 ABC DEF 13 ABC DEF

Overwing exits

Prior to departure it is the responsibility of the 2R to ensure that a minimum of one passenger shall be seated next to each overwing exit and that an awareness briefing shall be given to all passengers seated at these exits. This passenger shall be at least 12 years old.

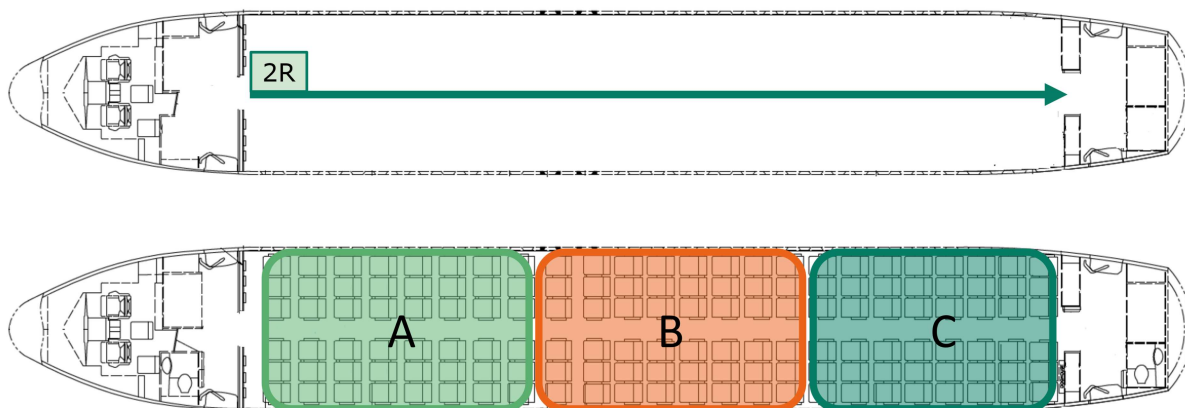
For awareness briefing, see [SEP 2.9.3](#)

AIRCRAFT TYPE SPECIFIC

5.1.14.3 Head Count

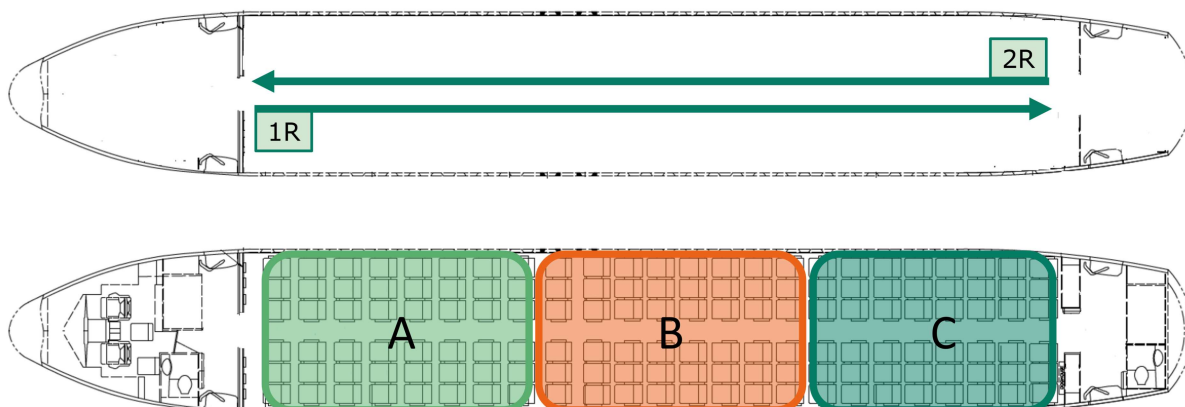
See [SEP 2.6](#)

5.1.14.3.1 A319 Head Count and Seating Sections



A/C Reg	A	B	C	Total
SE-RGC	Row 1-8 48	Row 9-17 (no row 13) 48	Row 18-25 48	144
SE-RGD SE-RGE SE-RGV	Row 1-8 48	Row 9-16 48	Row 17-24 48	144

5.1.14.3.2 A320 Head Count and Seating Sections



A/C Reg	A	B	C	Total
SE-RGF SE-RGG SE-RGH	Row 1-10 60	Row 11-20 60	Row 21-30 60	180

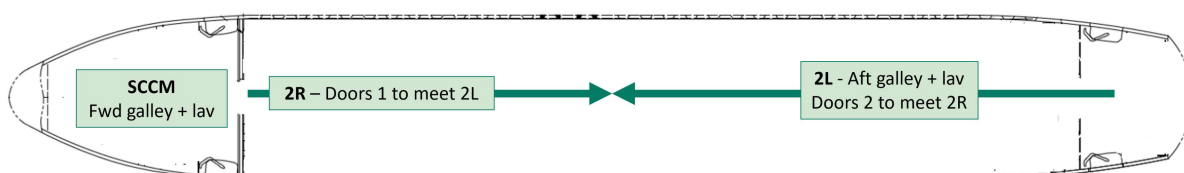
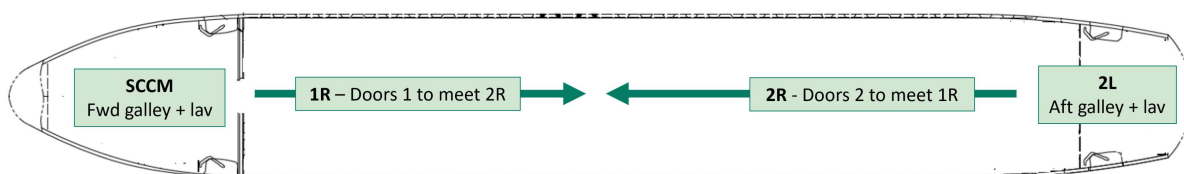
AIRCRAFT TYPE SPECIFIC

5.1.14.4 Arming Slides and Crosscheck

SCCM PA to CCMs – “CABIN CREW ARM SLIDES”

Confirmation of arming

- SCCM makes an “ALL CALL”
- All CCM to pick up handset
- 2L confirms “DOORS 2 SLIDES ARMED AND CROSSCHECKED”
- SCCM confirms “DOORS 1 SLIDES ARMED AND CROSSCHECKED” and check FAP – door status

5.1.14.5 Cabin SecureSee [SEP 2.11](#)**5.1.14.5.1 A319 Cabin Secure****5.1.14.5.2 A320 Cabin Secure**

AIRCRAFT TYPE SPECIFIC

5.1.14.5.3 Reporting of Cabin Secure Checks**When checks are completed:**

- SCCM makes an “ALL CALL”
- All CCMs shall pick up their handset
- 2L confirms “DOORS 2 SECURE”
- SCCM reports “CABIN SECURE” to FCM via Cabin Ready button or verbally via interphone.

5.1.14.6 Disarming Slides and Crosscheck

SCCM PA to CCMs – “CABIN CREW DISARM SLIDES”

Confirmation of disarming

- SCCM makes an “ALL CALL”
- All CCM to pick up handset
- 2L confirms “DOORS 2 SLIDES DISARMED AND CROSSCHECKED”
- SCCM confirms “DOORS 1 SLIDES DISARMED AND CROSSCHECKED”
- SCCM checks FAP (Door Status) and calls FCM: “SLIDES DISARMED – PERMISSION TO OPEN DOORS?”
- SCCM PA to CCMs – “CABIN CREW OPEN DOORS”

5.1.14.7 Opening Doors

See [SEP 2.23](#)

UNCONTROLLED DOCUMENT

UNCONTROLLED DOCUMENT

AIRCRAFT TYPE SPECIFIC

5.1.14.8 Summary of Communication in Normal Operation

Airbus 320-family	
WHEN	CALL AND/OR ACTION
When boarding is complete	SCCM/CMDR to CCM PA: "BOARDING COMPLETE"
When ready to close doors	SCCM to FCM: - Number and categories of SCPs (if applicable) Total number of passenger + infant "PERMISSION TO CLOSE DOORS" FCM to SCCM: "CLOSE DOORS"
As soon as steps / airbridge are removed	SCCM PA to CCMs – "CABIN CREW ARM SLIDES"
Cabin Secure	"CABIN SECURE" via interphone or "CAB Ready" button.
After take-off release of CCMs	Cycle of "Signs"
Turbulence	FCM to passengers, "Seat Belt" signs ON FCM to CCM "CABIN CREW BE SEATED" if required
Top of descent (min 90min flights)	FCM PA to CCM – "CABIN CREW 30 MINUTES TO LANDING"
"Seat Belt" signs ON	Advise passengers to fasten seatbelts and secure cabin
Cabin secure	"CABIN SECURE" via interphone or "CAB Ready" button.
Engines shut down and "Seat Belt" signs off	SCCM PA to CCMs – "CABIN CREW DISARM SLIDES"
When doors have been disarmed	SCCM to FCM: "SLIDES DISARMED – PERMISSION TO OPEN DOORS?"
Door opening	SCCM PA to CCMs – "CABIN CREW OPEN DOORS"
Cabin Empty	SCCM to FCM – "CABIN EMPTY"
Fueling with passengers – "start"	"Seat Belt" signs OFF FCM PA to CCMs – "CABIN CREW FUELING IN PROGRESS".
Fueling with passengers – "complete"	"Seat Belt" signs ON FCM PA to CCMs – "CABIN CREW FUELING COMPLETE".

AIRCRAFT TYPE SPECIFIC

5.1.15 Abnormal and Emergency Procedures

Ref: ORO.CC.205, AMC1 ORO.CC.205(c)(1)

See **SEP 3**

5.1.15.1 Cabin Crew Assist Space

At each main door there is a dedicated assist space with an assist handle.

During an evacuation, the CCM holds the handle and stands clear from the evacuation path.

5.1.15.2 ABP Briefing

- SCCM briefs ABPs for 1L+1R
- Overwing exits
 - A319 – 2R briefs ABPs for all exits
 - A320 – 1R + 2R brief ABPs for all exits
- 2L to brief for 2L+2R doors

See **SEP 3.4**

DITCHING ONLY – ADDITIONAL ABP BRIEFING	
Door/Exit	Instructions
1L/1R Door 2L/2R Door	Slide: • Once slide has inflated, detach slide before evacuation can start • Swim and hold on to the side of the slide Slide raft: • Board the slide raft once it is inflated Release: • Release the slide/slide raft by cutting the mooring line.

AIRCRAFT TYPE SPECIFIC

5.1.16 Summary Table

5.1.16.1 A319 Summary Table

A319 – SUMMARY TABLE			
Crew Position	SCCM/1L	2L	2R
Demo position	Row 1	PA	Row 9
Exits to indicate	OW L & R 1L & 1R	N/A	2L & 2R OW L & R
Cabin secure, Passenger briefing, Security search	FWD galley 1L Lav	Aft galley + 2L Lav Doors 2 to meet 2R	Doors 1 to meet 2L
Pass checks to	To CMDR	Interphone to SCCM	To 2L
Exit – land	1L	2L	OW
Exit – water	1L	2L	2R
Equipment to remove	MEG EMK FAK BAK AED T	MEG FAK AED (SE-RGV only) T	T
2 CCM operation: 1L will assume 2R duties Brief ABPs at unmanned exit and reseal passengers near manned exits			

AIRCRAFT TYPE SPECIFIC

5.1.16.2 A320 Summary Table

A320 – SUMMARY TABLE				
Crew Position	SCCM/1L	1R	2L	2R
Demo position	Row 1	Row 11	PA	Row 21
Exits to indicate	OW L & R 1L & 1R	2L & 2R OW L & R	N/A	2L & 2R OW L & R
Cabin secure, Passenger briefing, Security search	Fwd galley + lav	Doors 1 to meet 2R	Aft galley + lav	Doors 2 to meet 1R
Pass checks to	CMDR	SCCM	Interphone to SCCM	2L
Exit – land	1L	OW L	2L	OW R
Exit – water	1L	1R	2L	2R
Equipment to remove	MEG EMK FAK BAK AED T	T	MEG FAK T	T
3 CCM operation: SCCM will assume 1R duties Brief ABPs at unmanned exit and reseal passengers near manned exits				

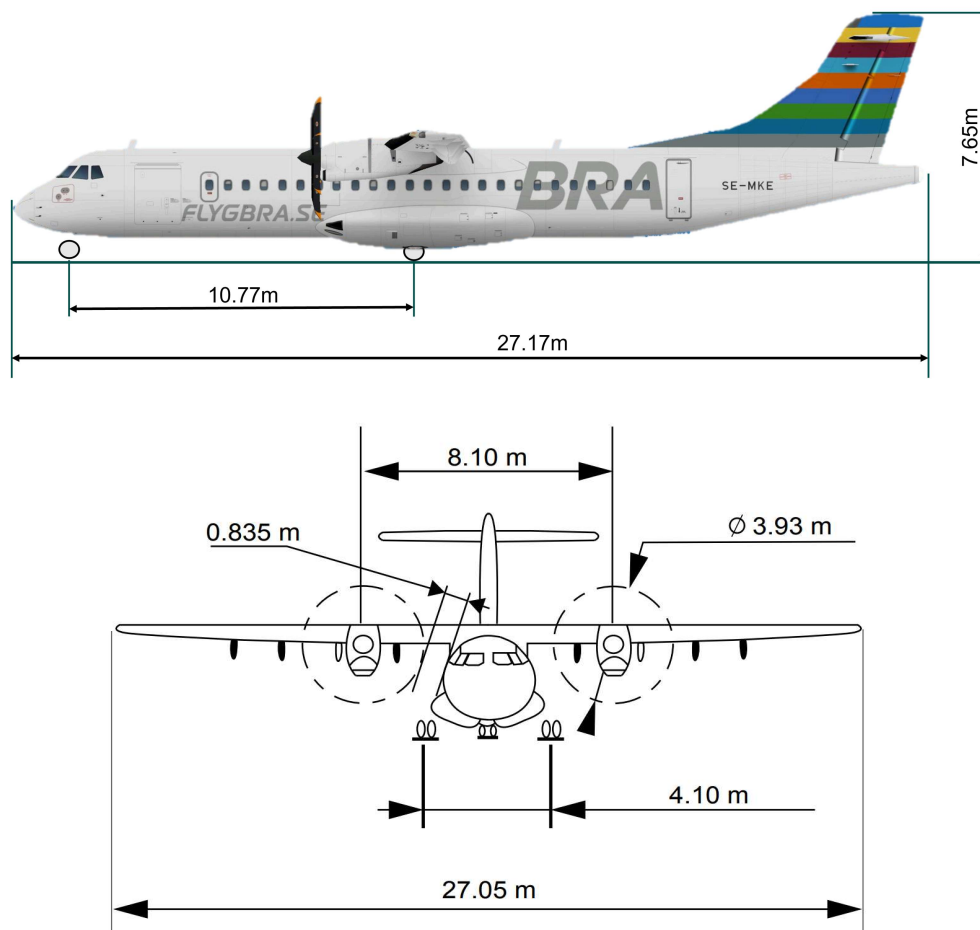
AIRCRAFT TYPE SPECIFIC

5.2 ATR 72-600

This section contains information relating specifically to ATR 72-600 aircraft.

5.2.1 Aircraft Description

The ATR 72-600 is a twin-engine, short medium range, single aisle aircraft.

**Configuration:**

72 passenger seats

AIRCRAFT TYPE SPECIFIC

5.2.2 Crew Composition

Ref: ORO.FC.100, ORO.CC.100, AMC1 ORO.CC.100, GM1 ORO.CC.100, ORO.CC.205

5.2.2.1 Minimum Crew Complement

FCM	CCM
2	2

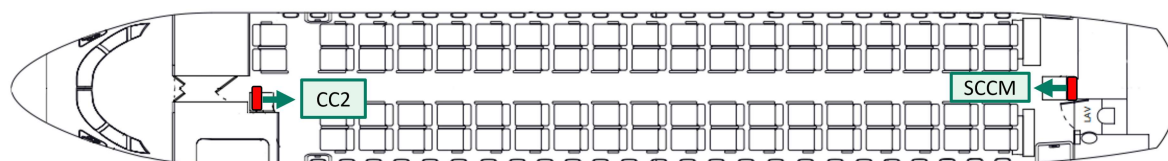
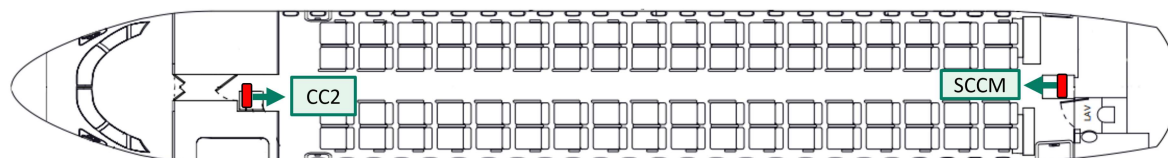
5.2.2.2 Seating Position

Ref: AMC3 CAT.IDE.A.205, AMC1 CAT.OP.MPA.210(b)

DOORS	2 CCM	1 CCM
2L/R	X	X
1L/R	X	

There are 2 CCM seats in total.

Whenever we carry more than 2 CCMs, use a passenger seat for the remaining crew member.

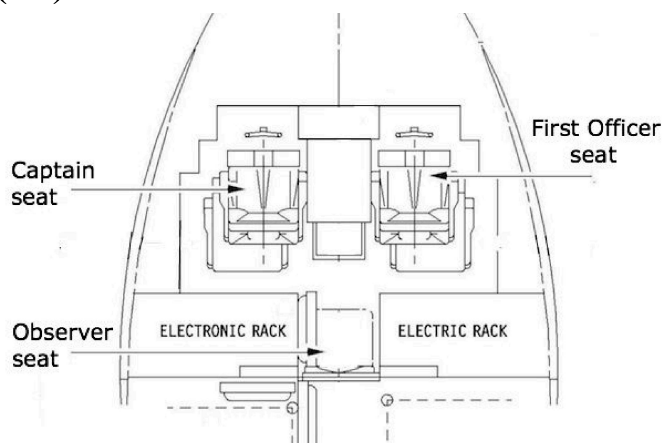
SE-MKA-MKM**SE-MKO-N + MNP-R-U****5.2.2.3 Reducing Below Required Legal Minimum**

In unforeseen circumstances, the number of cabin crew may be reduced by 1.

See [OM-A 4.1.3](#) + [SEP 5.2.16](#)

AIRCRAFT TYPE SPECIFIC

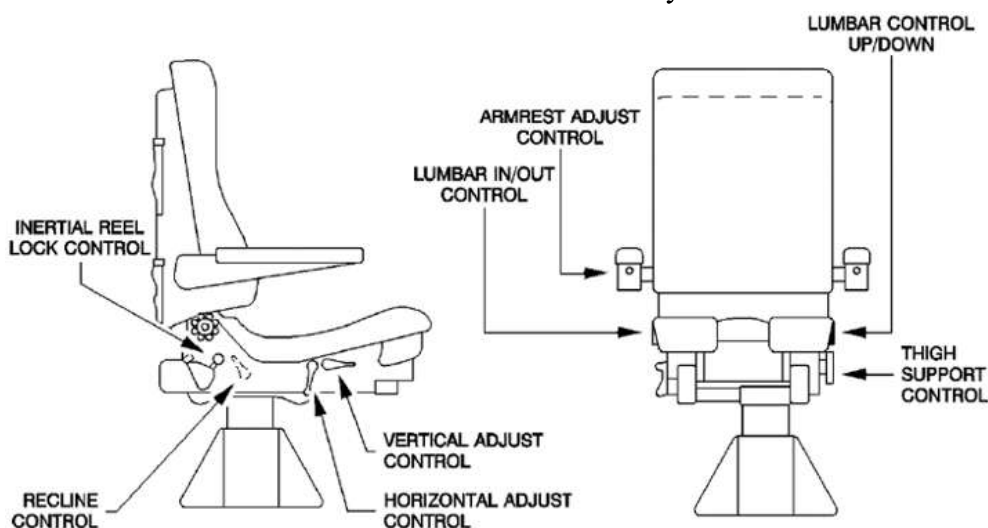
5.2.3 Flight Deck (FD)



5.2.3.1 Seats

5.2.3.1.1 Flight Crew Seat

The CMDR and F/O seats are identical but mirrored. They can be moved manually.

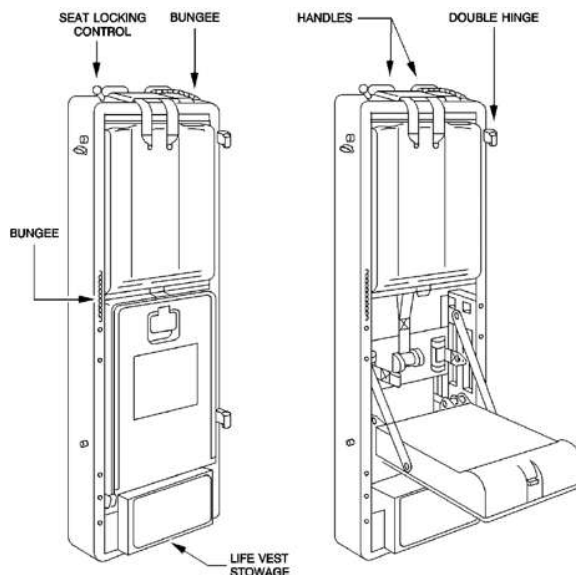


AIRCRAFT TYPE SPECIFIC

5.2.3.1.2 Observer Seat

In addition to the FCM seats there is one observer seat.

The seat is located behind the FCM seats, stowed in place with an elastic strap. When the observer seat is open it blocks the exit.

**Operation:**

To open the seat:

- Release the seat from elastic strap.
- Fold open until the seat locks in position.

To fold back the seat:

- Push black lever on top of seat to release.
- Fold against wall and fasten the elastic strap.



AIRCRAFT TYPE SPECIFIC

Emergency Operation

Is it needed to remove security door and open internal door before removing

The observer seat is equipped with an emergency unlocking system that allows:

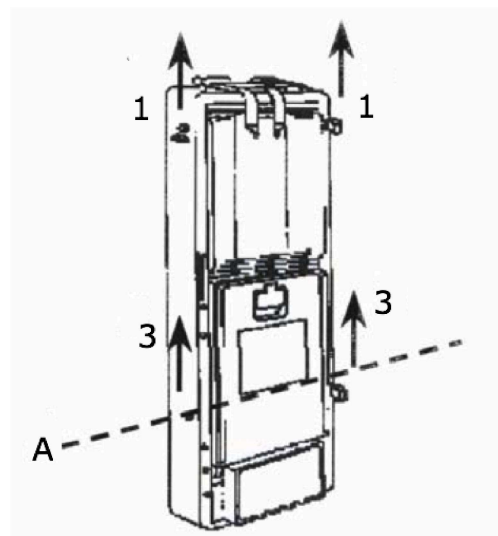
- complete removal of the seat from its position
- Tilt the seat back in case of incapacitation.

For complete removal:

- Remove the 4 red safety pins (1&3) vertically.

To tilt the seat back:

- Remove the two upper safety pins (1).
- Rotate the seat around its axis (A).



AIRCRAFT TYPE SPECIFIC

5.2.3.2 Door

Description

- The FD door is divided into 2 panels, opening into the cargo compartment.
- The right panel can be removed by using the quick release hinges should the door jamb.

From the outside:



From the inside:



The door has two manual locking pins in case of inoperative electrical locking system.



AIRCRAFT TYPE SPECIFIC

**Flight Deck Door Control Panel****Open:**

Enables the door to be opened, the switch must be pulled and maintained until door is opened.

Close:

Door is locked (emergency access is possible).

Deny:

Once moved to this position the door is locked and all features (emergency access, buzzer and keypad) are inhibited for 3 minutes.

Note:

- If the automatic locking system does not work, manual locking pins can be used to keep the door locked. When doing so, emergency access to FD is not possible.

5.2.3.2.1 Admission to Flight Deck

See [OM-A 8.3.12](#)

Normal Access

- Press “CALL” on keypad
- A buzzer tone sounds in FD.
- FCM to check camera for authorised entry

When entry is authorised:

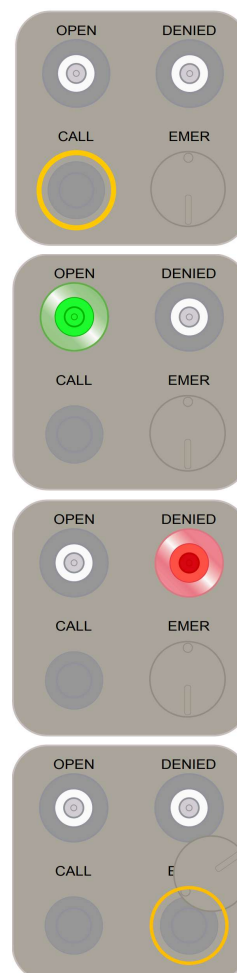
- FCM unlocks the door via the CDCP toggle switch.
- GREEN light illuminates on keypad when unlocked.
- OPEN door

When entry is denied:

- FCM locks the door via the CDCP toggle switch.
- RED light illuminates on keypad indicating that door is locked.
- All access, keypad, and buzzer are inhibited for 3 minutes.

Emergency Access

- Press the guarded “EMER” switch on keypad.
- A buzzer tone sounds continuously in FD.
- GREEN light flashes on keypad.
- Await 30 seconds – GREEN light illuminates steadily.
- OPEN door (unlocked for 10 seconds)



AIRCRAFT TYPE SPECIFIC

5.2.3.3 Windows

There are no windows that open on FD. There is however a Document Door below the left window to allow the CMDR to hand out documents to staff.

5.2.3.4 Flight Crew Oxygen System (FCO)

See [SEP 4.4.4](#)

The oxygen system in the Flight Deck consist of:

- One oxygen supply control in the over-head panel.
- One oxygen stowage box per seat in FD – contains an oro-nasal QDM
- Smoke Goggles to be used in combination with the Quick Donning Mask, located next to each oxygen stowage box.

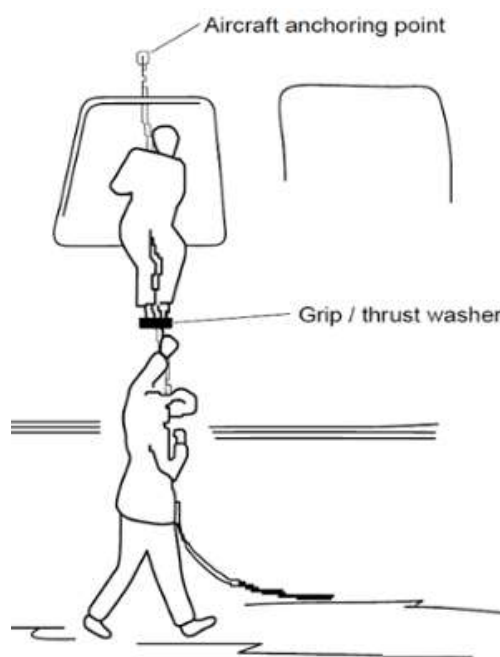
5.2.3.5 Escape Hatch

A plug type hatch is installed in the FD ceiling and is an emergency exit for the FCMs and possible occupants of the observer seat. When open, the hatch is completely loose and falls in to the FD. Steps for hatch access and escape ropes stored in a compartment are located on the RS below the hatch.

Operation

- Hold the rear assist handle.
- Pull the FWD operating handle to unlock.
- Take out the escape rope and throw it out from the hatch.

See [SEP 4.4.3.1](#)



AIRCRAFT TYPE SPECIFIC

5.2.4 Cabin Configuration

**Lavatory (Blue)**

- 1 aft

Galley (Green)

- 1 aft

Cargo (Orange)

- 1 fwd
- 1 aft

5.2.4.1 Passenger Seats

The aircraft is equipped with 72 passenger seats provided with a seatbelt for passengers from the age of 2.

- On some rows the aisle seat arm rest is raisable to allow persons with reduced mobility (PRMs) easier access to the seat.
- Seats on emergency exit rows are fitted with tray tables in the arm rests.
- A life jacket is located in a pouch underneath each seat. Pull tag firmly to open.

5.2.4.2 Overhead Compartments

Overhead compartments have weight restriction placarded in each compartment. It must not be exceeded and heavy items should be stowed under a seat or in the hold.

They are spring-hinged and open upward.

5.2.4.3 Passenger Service Units (PSU)

The PSUs are located immediately below the overhead compartments

PSUs have:

- Reading lights
- Crew call light
- Fasten seat belt sign
- No Device / No smoking signs
- Oxygen modules in every second row (18 or 19)



AIRCRAFT TYPE SPECIFIC

5.2.4.4 Curtains**5.2.4.4.1 Galley Curtains**

See [SEP 4.17.3.1](#)

The A/C is fitted with curtains in the aft area. One covering the galley and one covering the entry door.

5.2.4.4.2 Smoke Curtains

Ref: CAT.GEN.MPA.165

See [SEP 4.17.3.2](#)

Located between galley and aft cargo.

If the smoke curtain is broken, nothing can be stowed in the aft cargo compartments.

When leaving the galley, the curtain must be closed to ensure that unauthorised person cannot gain access to the CGO.

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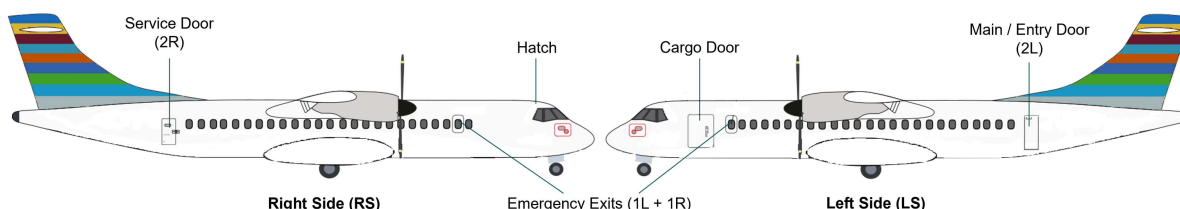
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AIRCRAFT TYPE SPECIFIC

5.2.5 Doors and Exits (Cabin)

The emergency exits in the cabin consist of:

- 1 Main door (2L)
- 1 Service door (2R)
- 2 Emergency exits (1L/1R)



All emergency exits are marked with EXIT-signs, can be opened from inside and outside.
All exits and panels must be closed when leaving the A/C

Note:

- None of the doors have power assist to open the doors in emergency situations.
- The main and service doors are canopy type exits that can be opened until the A/C obtains sufficient differential pressure.
- Batteries will be drained if doors and panels are not closed.

Shoot bolts

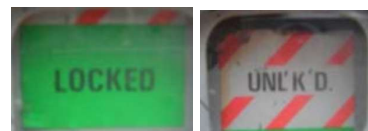
Metal pins that protrude from the door and extends into the door frame to lock the door in place when closed.

Microswitches on cabin doors (main and service), shoot bolts provide FCMs with door position information.



Door locking indicators

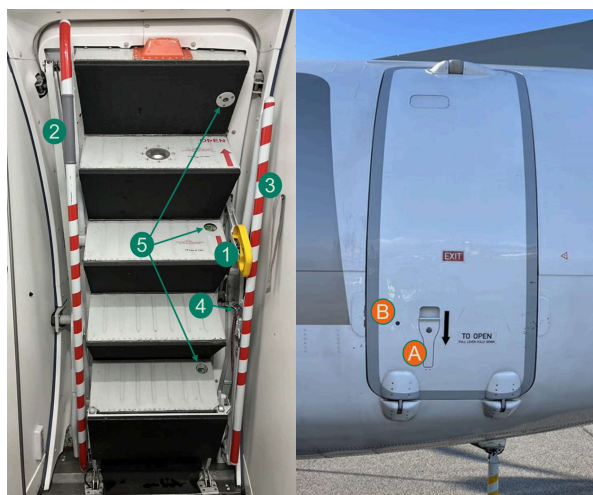
The door locking indicator indicates if the door is properly closed.



5.2.5.1 Main Door (2L)

Rear LS exit is the entry door

1. Door control handle
 2. Assist handle
 3. Adjustable handrail
 4. Safety pin
 5. Door locking indicator
- A. Door control handle
B. Door locking indicator



Pre-departure check:

- General condition of the door

AIRCRAFT TYPE SPECIFIC

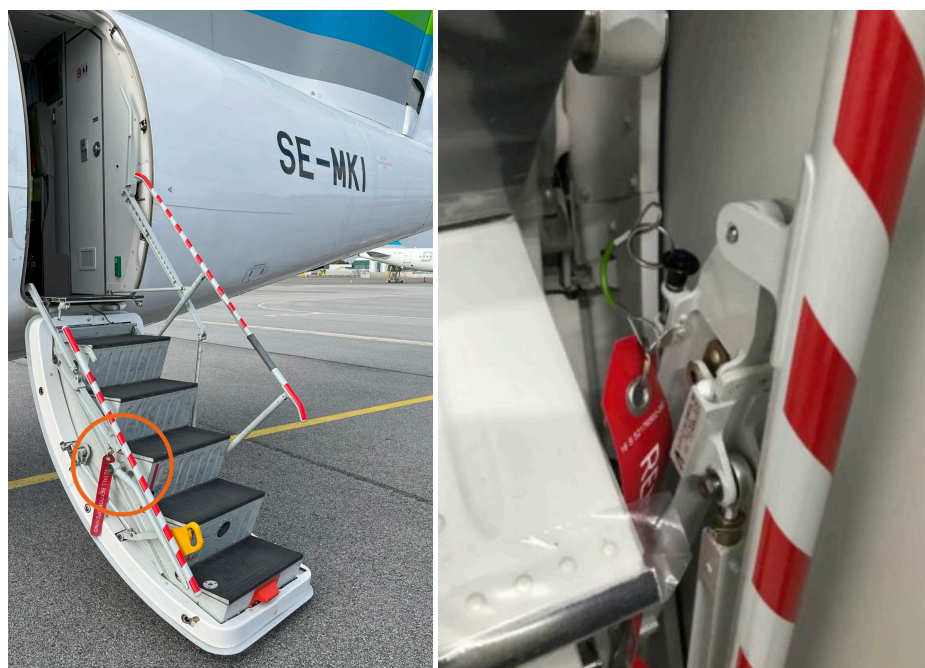
Adjustable handrail

An adjustable handrail is installed in the door.

When embarking / disembarking through the aircraft's own stairs the handrail must be up and locked with the safety pin.



When door is closed, the handrail must be down to facilitate an evacuation.



AIRCRAFT TYPE SPECIFIC

5.2.5.1.1 Normal Operation**5.2.5.1.1.1 From the Inside****To open door**

1. Lift the door control handle upward
2. Push the door outward
3. Restrain the door outward movement with the handrail on the LS of the door

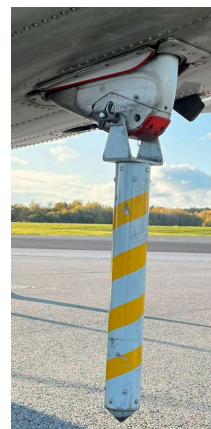
Note:

- Do not touch the striped area on handrails
- Ensure no one is standing beneath the door when opening

To close door

Before closing the door, SCCM will secure the tail prop into position.

- SCCM to CC2: "TAIL PROP INSIDE"
 - CC2 to SCCM: "CROSS CHECKED"
1. Check adjustable handrail and safety pin are in correct position
 2. Check shoot bolts do not protrude
 3. Pull the door upward using the handrail on the LS of the door
 4. Push the door control handle downward until the door is completely locked
 5. Check that the door locks correctly (door locking indicators GREEN)

**5.2.5.1.1.2 From the Outside****To open door**

Have a colleague crosscheck your actions (when possible)

1. Unlock the cargo door to open the cargo vent
2. Stand beside the main door
3. Open the door control handle
4. Pull the door downward while restraining the door

Caution:

Whenever a heater or cooler is connected to the A/C and the cargo vent is closed, the door could fall out in an explosive manner due to pressurisation of cabin.

To close door

1. Check shoot bolts do not protrude
2. Lift the door from the ground and push it towards the fuselage
3. When flush with the fuselage, close the door by pushing the door control handle
4. Check door locking indicator

AIRCRAFT TYPE SPECIFIC

5.2.5.1.2 Emergency Operation

Emergency Opening Procedure

Crew	Actions	Differences for a ditching
Evaluate	- Evaluate outside for hazards - Check that safety pin is stowed in its position.	Check water level is safe / angle of aircraft tilt.
Open door	Lift door handle and push the door outward.	Only if above water level.

Note: Remember to use all available exits

5.2.5.2 Service Door (2R)

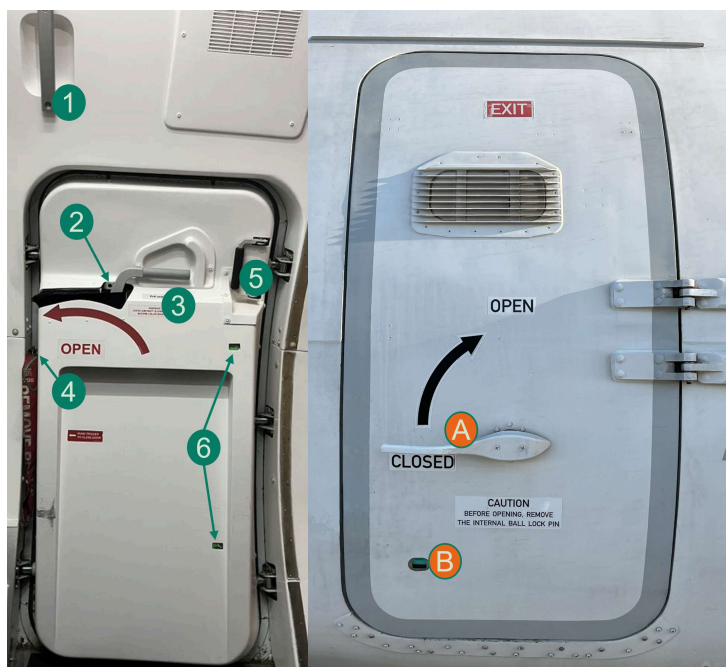
Rear RS exit.

1. Assist handle
2. Safety pin lock
3. Door control handle
4. Safety pin
5. Assist handle
6. Door locking indicator

- A. Door control handle
B. Door locking indicator

Pre-departure check:

- General condition of the door
- Safety pin in place

**Safety pin**

A safety pin is available to lock the door while on ground. The pin is inserted into the safety pin lock hole to hinder the door control handle to be used from in- and outside.

Gust lock

A gust lock is installed in the door to protect the door from gust winds. When the door is opened completely the gust lock engages. To close the door, the gust lock needs to be disengaged by pushing the trigger located in the door frame.



AIRCRAFT TYPE SPECIFIC

5.2.5.2.1 Normal Operation**5.2.5.2.1.1 From the inside****To open door**

1. Check outside condition
2. Hold onto assist handle
3. Pull and turn door control handle to the left
4. Push the door until it locks into fully open position (GUST LOCK engaged)

To close door

1. Check shoot bolts do not protrude
2. Disengage gust lock
3. Hold onto assist handle
4. Pull the door into the door frame with the assist handle
5. Lock the door with the door control handle
6. Check that the door locks correctly (door locking indicator is GREEN)

5.2.5.2.1.2 From the Outside**To open door**

1. Turn the door control handle upward.
2. Pull the door until it locks into fully open position (GUST LOCK engaged)

To close door

1. Check shoot bolts do not protrude
2. Disengage gust lock.
3. Push the door into the door frame.
4. When flush with the fuselage, lock the door by turning the door control handle.
5. Check that the door locks correctly (door locking indicator is GREEN).

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UNCONTROLLED DOCUMENT

AIRCRAFT TYPE SPECIFIC

5.2.5.2.2 Emergency Operation**Emergency Opening Procedure**

Crew	Actions	Differences for a ditching
Evaluate	Evaluate outside for hazards	Check water level is safe / angle of aircraft tilt.
Open door	Turn door handle and push the door outward.	Only if above water level.

Note: Remember to use all available exits

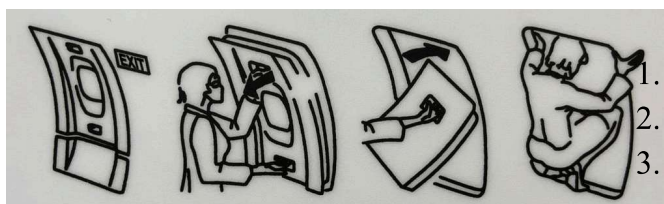
5.2.5.3 Emergency Exits

These exits are plug type doors that serve as emergency exits only and are the preferred exits in a ditching.

Door weight: 12kg

Pre-departure check:

- General condition of the exits

**Operation**

1. Pull handle
2. Hold grip at bottom of exit
3. Open the exit and throw out

5.2.5.4 Inoperative Doors and Exits

See [SEP 2.30](#)

5.2.6 Evacuation/Flotation Devices N/A

This A/C does not carry flotation devices such as slides or slide rafts

AIRCRAFT TYPE SPECIFIC

5.2.7 Communication System

5.2.7.1 Interphone/PA

Ref: AMC1 CAT.IDE.A.170, AMC1 CAT.IDE.A.175, AMC1 CAT.IDE.A.180

Handset Location:

Each crew station in the cabin

Description:

Each CCM station is equipped with a handset with interphone and PA capabilities.

The handset cradle has control buttons and indicator lights for each function.

Interphone operation:

Cabin Crew call

- To call – press “ATT”
- To answer – press “ATT”

Flight Deck call

- To call – press “CALL”
- To answer – press “CALL”

Note: FCM will always initiate the conversation.

PA operation:

- Press “PA” + “Push to talk” (PTT)

Emergency call (to/from FD):

- To call – press “EMER”
- To answer – press “EMER”



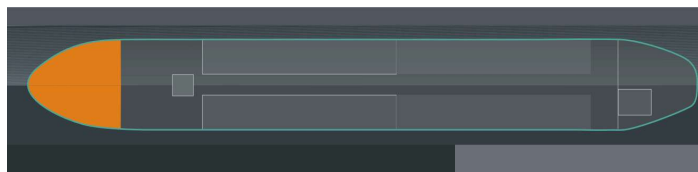
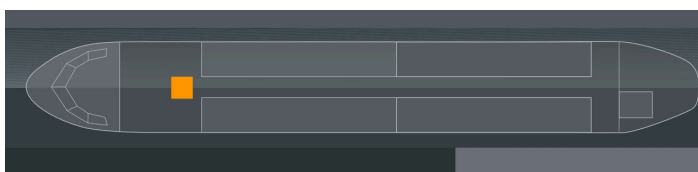
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AIRCRAFT TYPE SPECIFIC

5.2.7.2 Crew Call Identification**5.2.7.2.1 Flight Attendant Panel (FAP)****From FD**

Normal and emergency

**From CCM station****5.2.7.2.2 Attendant Indication Panel (AIP)**

No call

Call from FD
normal and emergency

Call from CCM station

AIRCRAFT TYPE SPECIFIC

5.2.7.2.3 Crew Call Summary

5.2.7.2.3.1 From Cabin

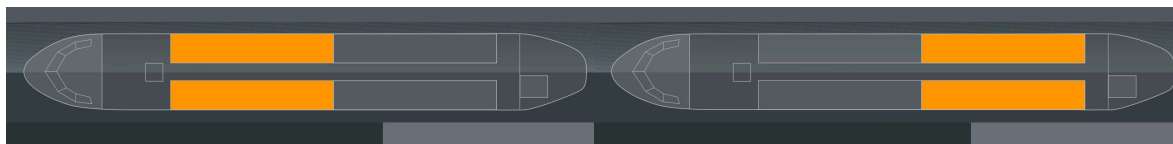
Function	Control Button	FAP	AIP	Audible
CCM to FD	“CALL”	–	–	Repetitive HI-LO chimes (in FD)
CCM to CCM station	“ATT”	Amber indication	Green light	HI chime
Emergency Call to FD	“EMER”	–	–	Repetitive HI-LO chimes (in FD)
To end a call, re-stow handset (ensure indicator light extinguishes)				

5.2.7.2.3.2 From Flight Deck

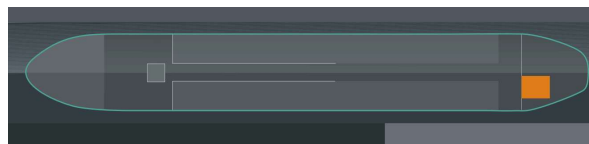
Function	Press on Call Panel	FAP	AIP	Audible
FD to CCMs	“ATTND” once	Amber indication	White light	HI chime
Emergency Call to CCMs	“ATTND” x 3	Amber indication	White light	3 x HI chimes
To end the call CCMs need to re-stow handset (ensure indicator light extinguishes)				

5.2.7.3 Passenger Call Identification

From passenger seat



From lavatory



AIRCRAFT TYPE SPECIFIC

5.2.7.3.1 Passenger Call Summary

CALL	FAP	AIP	AUDIBLE
Passenger seat	Amber indication	-	HI chime
Lavatory	Amber indication	-	HI chime
To reset: press the call button on respective PSU			

5.2.7.4 Passenger Information Signs**5.2.7.4.1 Exit**

Exit signs are located at each exit.

5.2.7.4.2 Seat Belt Signs

Seat Belt signs are located:

- In each PSU
- In the lavatory this is substituted by a “Return to Seat” sign

5.2.7.4.3 No Smoking / No Device

If LVO prevails (RVR below 800m) “No Device” signs shall be switched on with “Seat belt” signs for landing.

ATRs do not have “No Smoking” sign.

UNCONTROLLED DOCUMENT

UNCONTROLLED DOCUMENT

AIRCRAFT TYPE SPECIFIC

5.2.8 Electrical System

5.2.8.1 Cabin Crew Panel

5.2.8.1.1 Flight Attendant Panel (FAP)

Located above the SCCM seat and provides controls of systems installed in the cabin. It has a touch screen and a frame.

Touch screen: Settings, call identification, PSU information, lavatory occupancy and electrical power (Ground Service Bus).

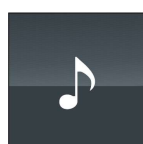
Frame: Smoke warning lights, emergency light switch and a reset switch.



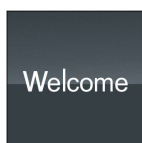
Standard FAP pages



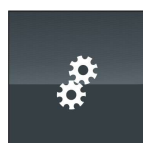
Screensaver
Pre-selected picture.



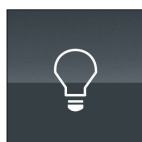
Audio (N/A)



Welcome
Editable message, flight number and destination.



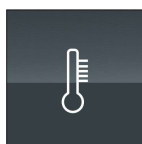
Parameters
Welcome screen settings. Hold for 3s to access.



Cabin Lighting
Lighting settings



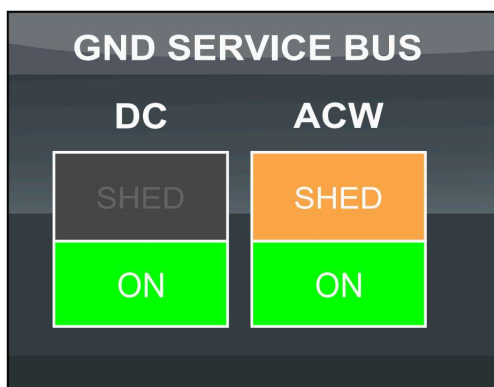
Maintenance
For maintenance only.



Temperature
Current temperature in the cabin.

AIRCRAFT TYPE SPECIFIC

5.2.8.1.1.1 Ground Service Bus



The cabin main power supply is controlled on the FAP by two Ground Service Bus commands, DC and ACW, and they must be in the ON setting (green)

- DC for direct current
- ACW for alternating current wild.

DC Ground Service Bus supplies water pump, indications, fuel-panel and cargo door...

ACW Ground Service Bus supplies oven, water heater and reading lights...

SHED functions are:

- on ground – informs crew of insufficient power, SHED (orange) will be illuminated.
- in flight – acts as a current load control to prioritise vital systems in case of undercurrent (can illuminate or be pressed by CCM)

Caution: If SHED illuminates in flight, inform FCMs immediately.

UNCONTROLLED DOCUMENT

UNCONTROLLED DOCUMENT

AIRCRAFT TYPE SPECIFIC

5.2.8.1.2 Lighting

See [SEP 2.27](#)

Lighting is divided into different sections and is controlled from the FAP.

Lateral and Ceiling lights are divided into 5 different intensity levels, 0%, 10%, 25%, 50% and 100%.

When performing service during hours of darkness, avoid lateral lights as they are blinding to the passengers.

Minimum light setting should be:**On crew and passenger boarding the A/C:**

- All cabin, galley and entrance lights to MAX

In operation during darkness:

- Galley – ON
- PSU Ambient Blue – ON

During taxi, take off / landing in darkness:

- PSU Ambient Blue – ON

During taxi, take off / landing in daylight:

- Adapt the lighting to outside conditions

5.2.8.1.2.1 Two Minutes Minimum Lighting

If the aircraft is not connected to a power source, by pressing a button located in aft entry area, exit signs in the cabin and a light in FD will illuminate for 2 minutes.



5.2.8.1.2.2 Cargo Lights

FWD cargo lights are controlled from FD

AFT cargo lights are controlled from FAP

AIRCRAFT TYPE SPECIFIC

5.2.8.1.3 Emergency Lighting System

See [SEP 4.9](#)

The emergency lighting system will come on automatically in the event of loss of power. As a backup, there is an emergency light guarded switch on the FAP.

SCCM is responsible for activating the switch in an emergency.

Operation:

- Lift the protective cover
- Press button



5.2.8.2 Circuit breakers

Circuit breakers to the cabin, galley and lavatories are located on FD.

5.2.9 Galley

5.2.9.1 Galley Electrical power

The galley electrical power is controlled from the ground service bus panel on the FAP. In a non-normal or emergency situation the power to the galley can be shedded/isolated from the FAP. The circuit breakers are however located on FD.

5.2.9.2 Fixed Equipment

Ovens (not applicable on SE-MKN/MKO)

The galley is fitted with an oven that can only be used for heating food.



AIRCRAFT TYPE SPECIFIC

Boilers / Hot Jugs

The galley is fitted with water boilers.

Prior to using them, vent the boilers to release any air trapped in the system. This will prevent hot water spitting and reduces the risk of internal elements breaking due to excessive air expanding which could lead to leakages.

Galley with boiler

The water pump is located near the boiler in the galley.

Galley with hot jugs (applicable to SE-MKO-MKN)

Two switches, give power to the hot jugs

AIRCRAFT TYPE SPECIFIC

5.2.9.3 Water And Waste

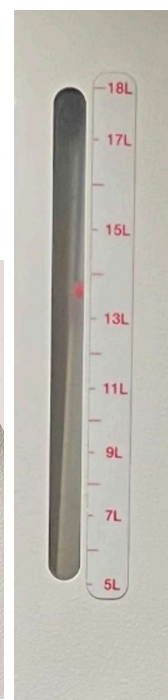
The galley is supplied with water (not applicable to SE-MKO-MKN)

The system holds 18 litres.

Water meters

Manual: SE-MKA-E + MNR

Digital: SE-MKF-M + MNP

**Manual shut off valve**

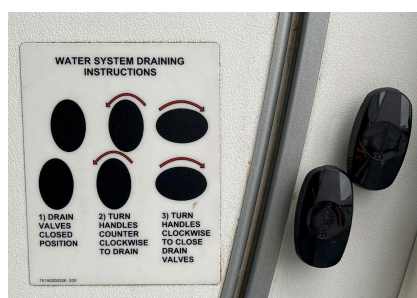
N/A

Galley waste system

Waste liquids are drained overboard from the sinks through heated drain masts.

Water drain system

Depending on A/C, 2 types of water draining opening valves can be found in the galley.



Caution if airborne:

- Do **NOT** drain
- In case of leakage, empty the system by pouring the water into the lavatory using coffee pots.

Galley sink drain blockage

The main use of the sinks is to pour excess water through them.

- Do not pour coffee/tea into the sink
- Do not mix liquids which can curdle. (i.e. milk and orange juice)

AIRCRAFT TYPE SPECIFIC

Draining procedure

In the air:

1. Empty the system by pouring the water into the lavatory using coffee pots.
2. Turn off the water pump.

On ground:

3. Open the drain valve

Before filling of water:

- CCM shall close the drain valve(s).

Winter operation / Freezing Conditions

When the temperature is below +5 degrees, the system must be drained if the aircraft is going to stay on the ground for more than 1 hour.

In the air, SCCM shall confirm with FCMs if temperature above/below +5 degrees before a day stop longer than 1 hour.

5.2.10 Lavatories

See [SEP 4.5](#)

- The aircraft is fitted with one lavatory.
- No baby changing facilities.
- Crew, passenger baggage or catering equipment is not permitted in the lavatories.

**5.2.10.1 Lavatory Door**

See [SEP 4.5.1](#)

The lock/unlock mechanism from the outside is sliding diagonally. Occupancy of the lavatory will be shown on the FAP.

Note: A blunt object may be used to facilitate the locking/unlocking from the outside.

**5.2.10.2 Water Heater**

N/A

5.2.10.3 Water Shut Off Valve

N/A

AIRCRAFT TYPE SPECIFIC

5.2.10.4 Smoke Detector (SD)**Description**

The lavatory is equipped with an invisible smoke detector.

Smoke is led to the detector through a smoke duct.

**Operation**

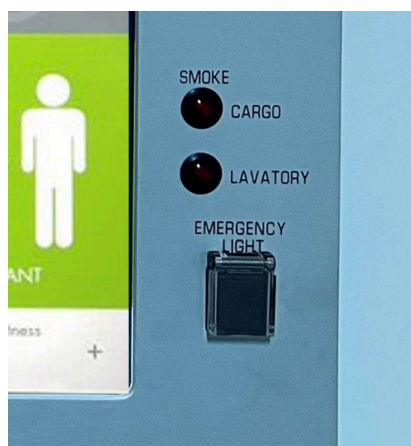
In the event of smoke in the lavatory:

FAP – red smoke warning light illuminates.

FD – repetitive chimes and visual warnings

Pre-departure check:

- Check for tampering of the duct

**5.2.10.5 Automatic Fire Extinguisher**

See [SEP 4.5.5](#)

Pre-departure check:

- The check is performed by maintenance.

5.2.10.6 Lavatory Waste System

The lavatory has motorised flushing mechanism that requires 9 litres to function.

Flushed waste is collected into a waste tank that can hold up to 80 litres.

5.2.10.6.1 Lavatory Malfunctions

If the mechanism does not stop flushing, pull circuit breaker.

5.2.10.7 Wheelchair Accessible Lavatory

The lavatory is not WCH accessible.

AIRCRAFT TYPE SPECIFIC

5.2.11 Oxygen Systems

5.2.11.1 Supplemental Oxygen

See [SEP 4.14.1](#)

Description

The main oxygen system consists of an oxygen cylinder located on FD.

It provides FCMs and passengers with oxygen.

Depending on cabin layout, we have 18 or 19 masks located throughout the cabin in the Passenger Service Units (PSUs).

Duration Minimum 30 minutes.

Passenger PSUs	Crew Seats	Lavatories	AFT Galley
18 or 19 masks	0 masks	0 masks	0 masks



Operation

- FCMs will activate the system
- Insert MRT in the PSU to open
- Pull each individual mask to activate

Note: If necessary, CCMs will use their FOX.

Cabin indications in a decompression

N/A

AIRCRAFT TYPE SPECIFIC

5.2.12 Cargo Compartments (Cabin Accessible)

The cargo compartments are accessible from the cabin

5.2.12.1 Internal Door

An internal door is placed between the FWD cargo compartment and the cabin and opens into the cargo.

The door is locked/unlocked:

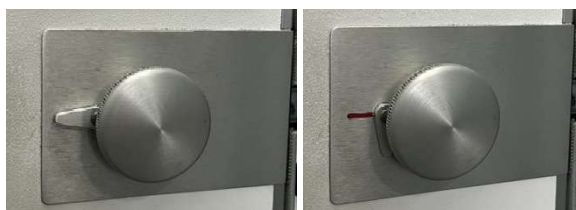
- from the cargo with a latch
- from the cabin with a key

Lock the door before passenger boarding.



From cabin

From cargo

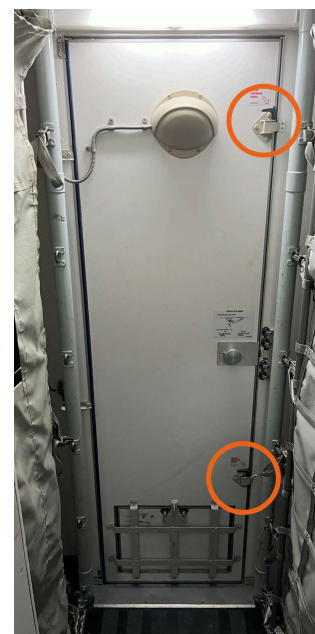
Locking latch from cargo

Locked position

Unlocked position

In case of door jamming, open door:

- from the cargo by releasing two pins
- from the cabin by using force



AIRCRAFT TYPE SPECIFIC

5.2.12.2 Fwd Cargo Compartment

The internal door opens forwards into the cargo compartment. It separates the cabin from the cargo area and provides protection against smoke in the cabin.

The FD door separates the cargo area from the FD.

One CCTV supervises the FD door.

Smoke detector

This compartment is equipped with one visible smoke detector in the ceiling and one under the floor – not visible to the crew

If smoke is detected in this compartment, the system provides aural and visual warnings to the FCMs.

Pre departure check:

- FCMs: Check for tampering of the detector

**5.2.12.3 Aft Cargo Compartment**

Aft cargo is equipped with a safety net and a smoke curtain

It is the SCCMs responsibility to check that the safety net is properly hooked and the smoke curtain closed for the flight.

Placards inside the cargo compartment indicate weight and height limitations, as well as safety net hooking and tightening instructions. The height limitation must be respected to enable efficient extinguisher gas diffusion in case of fire fighting procedure.

Smoke detector

This compartment is equipment with one visible smoke detector in the ceiling and one behind the ceiling panel for detection in the lavatory – not visible to the crew.

If smoke is detected in this compartment or in the lavatory, the system provides aural and visual warnings to the FCMs and visual warnings only to the CCMs.

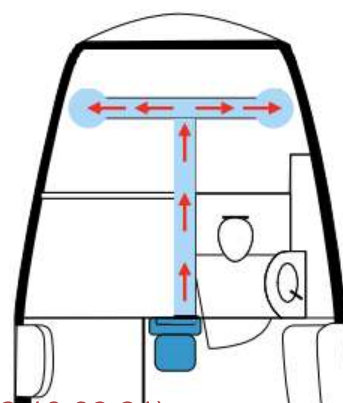
Pre departure check:

- Check for tampering of the detector

**Aft cargo extinguisher connector**

You will notice an extinguisher connector near the FAP.

By discharging the halon or halon free extinguisher completely through this connector, the extinguishing agent flows from the two diffusers, in the ceiling of the aft cargo compartment.



AIRCRAFT TYPE SPECIFIC

5.2.13 Safety Equipment

Ref: AMC3 ORO.MLR.100 B.10

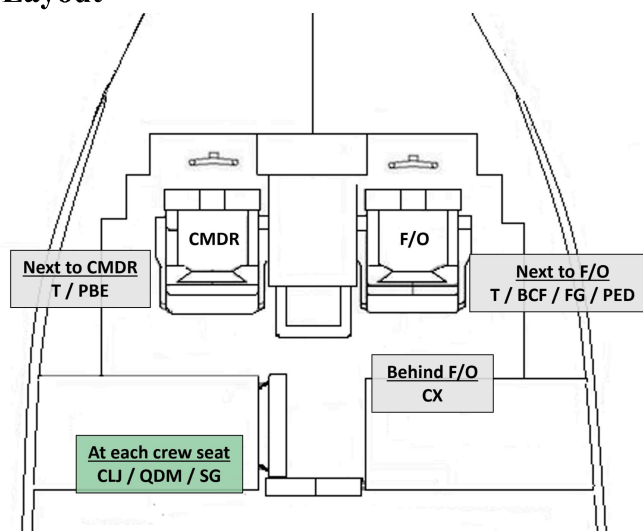
5.2.13.1 Flight Deck

Ref: CAT.IDE.A.245, AMC1 CAT.IDE.A.245, AMC1 CAT.IDE.A.255, CAT.IDE.A.265, CAT.IDE.A.280

5.2.13.1.1 FD Equipment Table

Equipment	Abbreviation	Qty	Reference
Crash axe	CX	1	4.13.2
Escape rope	ER	1	4.4.3.1
Flight crew oxygen	QDM (Oro-nasal mask)	1/seat	4.4.4.1
Smoke goggles	SG	1/seat	4.4.4.2
Fire extinguisher	BCF HAFEX	1	MKA-I+MNP-R 4.13.1.1.1 MKF+MKK-O+MNU 4.13.1.1.4
Fire gloves (pair)	FG	1	4.13.3
Life Jacket (crew)	CLJ	3	MKA-M 4.12.1.2 MKN-O+MNP-R 4.12.1.3
Protective breathing equipment	PBE	1	MKA-M 4.13.4.1 MKN-O +MNP-R 4.13.4.4
PED bag	PED	1	4.13.5
Torch	T	2	4.10.1.1 MKD+MKO+MNR+MNU 4.10.1.4

5.2.13.1.2 General Layout



AIRCRAFT TYPE SPECIFIC

5.2.13.2 Cabin

Ref: AMC2 CAT.IDE.A.225, GM1 CAT.IDE.A.225, CAT.IDE.A.245, AMC1 CAT.IDE.A.245, AMC1 CAT.IDE.A.250, AMC1 CAT.IDE.A.270, CAT.IDE.A.285, CAT.IDE.A.305

5.2.13.2.1 Cabin Equipment Table**5.2.13.2.1.1 SE-MKA-MKM**

Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band-Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	1	4.17.4
Emergency Locator Transmitter	ELT	1	4.16.1.3
Fire Extinguisher	BCF HAFEX	2	MKA-I 4.13.1.1.1 MKF+MKK-M 4.13.1.1.4
Fire Extinguisher (Water)	WE	1	4.13.1.2
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	3 (120l)	4.14.2.2
First Aid Oxygen Masks	FOX M	3	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOX M	-	4.14.3.1
Infant/Extension Belt	BELT	6	4.7.1
INOP Kit	INOP	1	4.17.6
Life Jacket (adult)	LJ	72	4.12.1.2
Life Jacket (crew)	CLJ	2	4.12.1.2
Life Jacket (infant)	ILJ	5	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Manual Release Tool	MRT	4	4.17.7
Megaphone	MEG	1	4.8.5.2
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	3	4.13.4.1
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seal Kit	SEAL	1	4.17.8.1
Seat Belt (spare)	SPBELT	-	4.7.2
Torch (EMC + Conventional)	T + LED LED	2 + 2 2	4.10.1.1 + 4.10.2 (MKD) 4.10.1.4
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

5.2.13.2.1.2 SE-MKN-MKO+MNP

Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band-Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	1	4.17.4
Emergency Locator Transmitter	ELT	1	4.16.1.3
Fire Extinguisher	HAFEX BCF	2	4.13.1.1.4 MNP 4.13.1.1.1
Fire Extinguisher (Water)	WE	1	4.13.1.2
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	2	4.15.1.1
First Aid Oxygen	FOX	2 (120l)	4.14.2.2
First Aid Oxygen Masks	FOX M	2	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOX M	-	4.14.3.1
Infant/Extension Belt	BELT	6	4.7.1
INOP Kit	INOP	1	4.17.6
Life Jacket (adult)	LJ	72	4.12.1.1 MNP 4.12.1.3
Life Jacket (crew)	CLJ	2	4.12.1.3
Life Jacket (infant)	ILJ	5	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.1 MNP 4.12.1.3
Manual Release Tool	MRT	4	4.17.7
Megaphone	MEG	1	4.8.5.2
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	3	4.13.4.4
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seal Kit	SEAL	1	4.17.8.1
Seat Belt (spare)	SPBELT	-	4.7.2
Torch (Conventional)	LED T	2	4.10.2 (MKO) 4.10.1.4
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

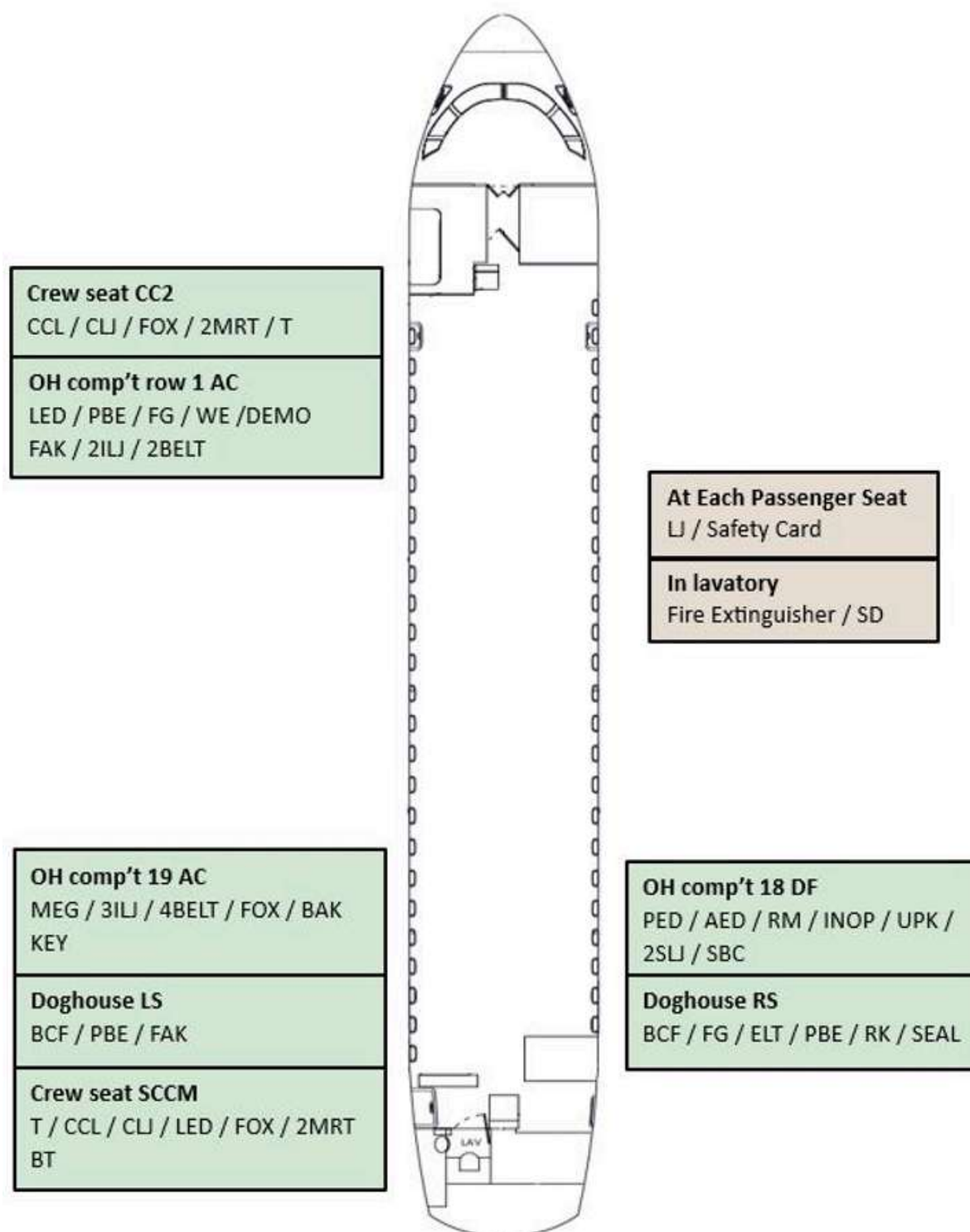
5.2.13.2.1.3 SE-MNR + MNU

Equipment	Abbreviation	Qty	Reference
Automated External Defibrillator	AED	1	4.15.3.1
Band Aid Kit	BAK	1	4.15.2.1
Demonstration Kit	DEMO	1	4.17.4
Emergency Locator Transmitter	ELT	1	4.16.1.3
Fire Extinguisher	BCF HAFEX	2	(MNR) 4.13.1.1.1 (MNU) 4.13.1.1.4
Fire Extinguisher (Water)	WE	1	4.13.1.2
Fire Gloves (pair)	FG	2	4.13.3
First Aid Kit	FAK	1	4.15.1.1
First Aid Oxygen	FOX	3 (120l)	4.14.2.2
First Aid Oxygen Masks	FOXSM	2	4.14.3.1
First Aid Oxygen Masks (spare)	SPFOXSM	2	4.14.3.1
Infant/Extension Belt	BELT	6	4.7.1
INOP Kit	INOP	1	4.17.6
Life Jacket (adult)	LJ	72	4.12.1.3
Life Jacket (crew)	CLJ	2	4.12.1.3
Life Jacket (infant)	ILJ	5	4.12.1.3
Life Jacket (spare)	SLJ	2	4.12.1.3
Manual Release Tool	MRT	4	4.17.7
Megaphone	MEG	1	(MNR) 4.8.5.2 (MNU) 4.8.5.1
PED bag	PED	1	4.13.5
Protective Breathing Equipment	PBE	3	4.13.4.4
Resuscitation Mask	RM	1	4.15.2.2
Restraint Kit	RK	1	4.17.8
Seal Kit	SEAL	1	4.17.8.1
Seat Belt (spare)	SPBELT	2	4.7.2
Torch (Conventional)	LED	2	(MNR) 4.10.2 (MNU) 4.10.1.4
Universal Precaution Kit	UPK	1	4.17.1.2

AIRCRAFT TYPE SPECIFIC

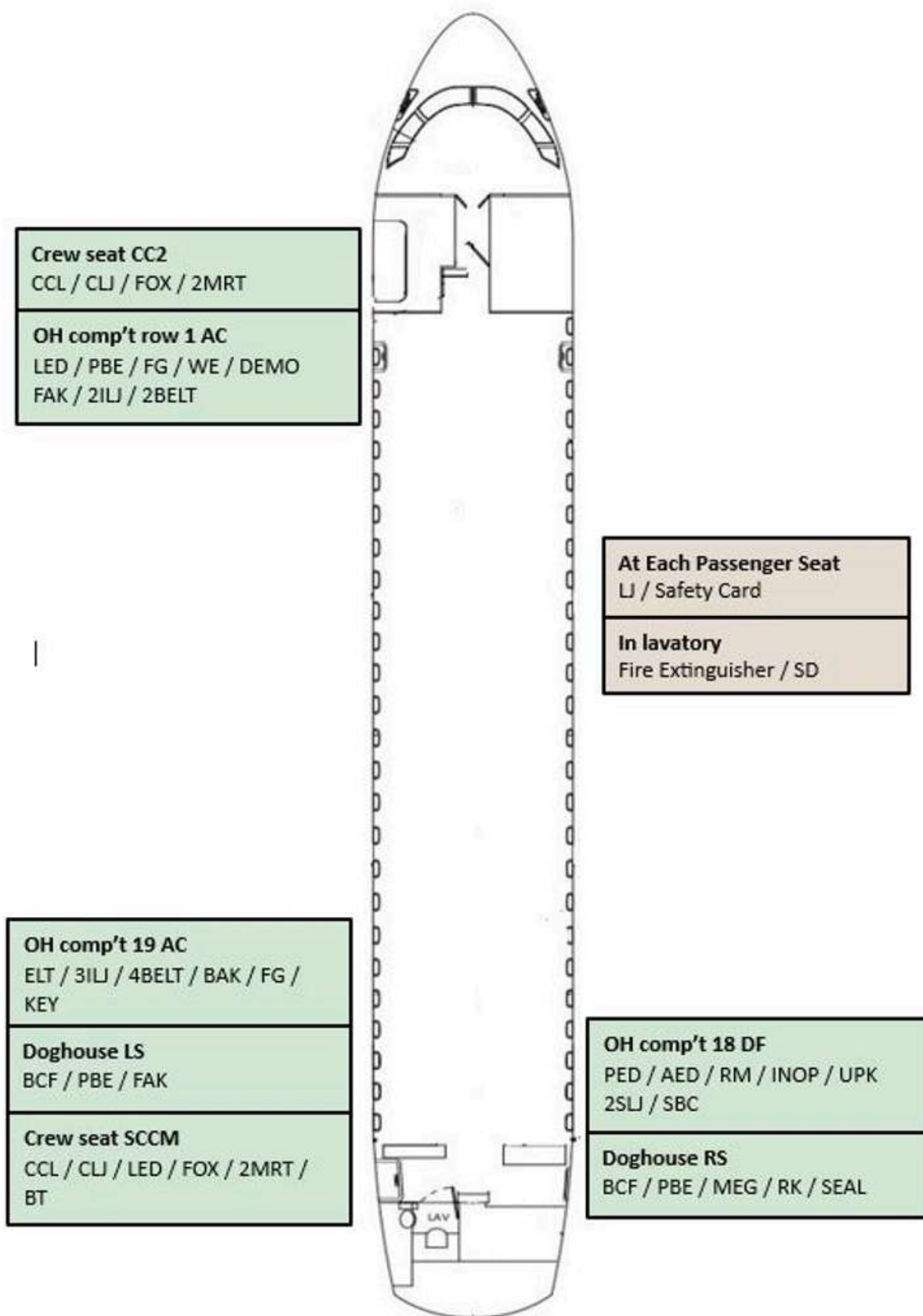
5.2.13.2.2 Cabin Equipment Layout

5.2.13.2.2.1 SE-MKA-MKM



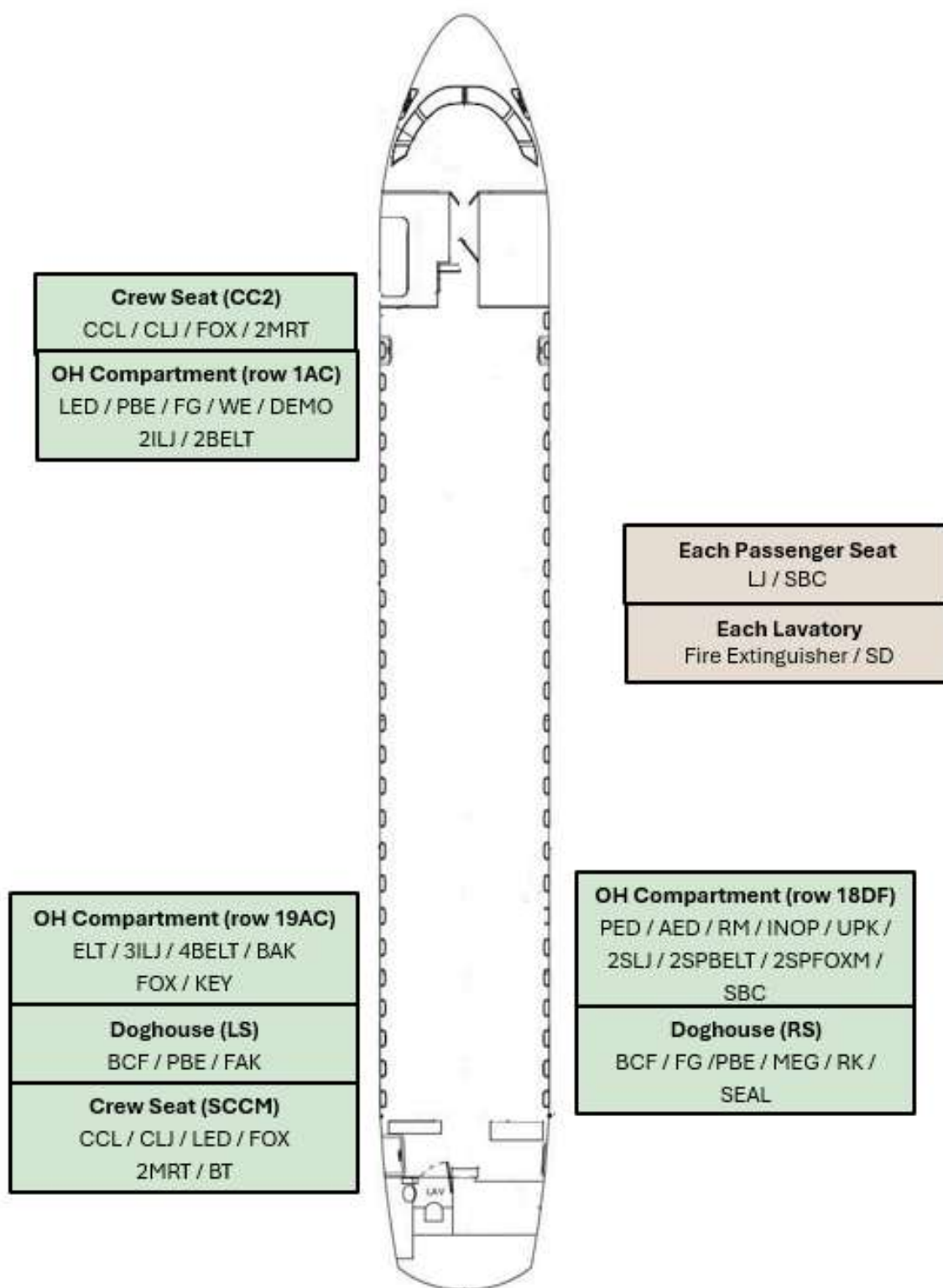
AIRCRAFT TYPE SPECIFIC

5.2.13.2.2.2 SE-MKN-MKO + MNP



AIRCRAFT TYPE SPECIFIC

5.2.13.2.2.3 SE-MNR+MNU



AIRCRAFT TYPE SPECIFIC

5.2.14 Normal Procedures

5.2.14.1 Pre-Departure Checks

5.2.14.1.1 Safety Equipment Checks

5.2.14.1.1.1 SE-MKA-MKM

Cabin Crew	Pre-departure Check Areas (SE-MKA-MKM)
SCCM	Crew Seat Area – SCCM Seat / Harness / PA / T / ECL / CLJ / LED / FOX / 2MRT / BT Aft area Doors 2L + 2R / Water level Lavatory SD Cargo SD / Smoke Curtain OH Compartment row 20AC MEG / 3ILJ / 4BELT / FOX / BAK / KEY Doghouse LS BCF / PBE / FAK Cabin Area LJ / SBC
CC2	Crew Seat Area - CC2 Seat / Harness / PA / T / ECL / CLJ / FOX / 2MRT Fwd area EMC Exits 1L + 1R OH Compartment row 1AC PBE / FG / DEMO / 2ILJ / 2BELT / LED / WE / FAK OH Compartment row 19DF PED / AED / RM / INOP / UPK / 2SLJ / SBC Doghouse RS BCF / FG / ELT / PBE / RK / SEAL Cabin Area LJ / SBC
NOTE: 1 Crew operation – SCCM to complete all checks.	

AIRCRAFT TYPE SPECIFIC

5.2.14.1.1.2 SE-MKN-MKO + MNP

Cabin Crew	Pre-departure Check Areas (SE-MKN-MKO + MNP)
SCCM	Crew Seat Area – SCCM Seat / Harness / PA / ECL / CLJ / LED / FOX / 2MRT / BT Aft area Doors 2L + 2R / Water level Lavatory SD Cargo SD / Smoke Curtain OH Compartment row 19AC ELT / 3ILJ / 4BELT / BAK / FG / KEY Doghouse LS BCF / PBE / FAK Cabin Area LJ / SBC
CC2	Crew Seat Area - CC2 Seat / Harness / PA / ECL / CLJ / FOX / 2MRT Fwd area EMC Exits 1L + 1R OH Compartment row 1AC LED / PBE / FG / DEMO / 2ILJ / 2BELT / FAK / WE OH Compartment row 18DF PED / AED / RM / INOP / UPK / 2SLJ / SBC Doghouse RS BCF / PBE / MEG / RK / SEAL Cabin Area LJ / SBC
NOTE: 1 Crew operation – SCCM to complete all checks.	

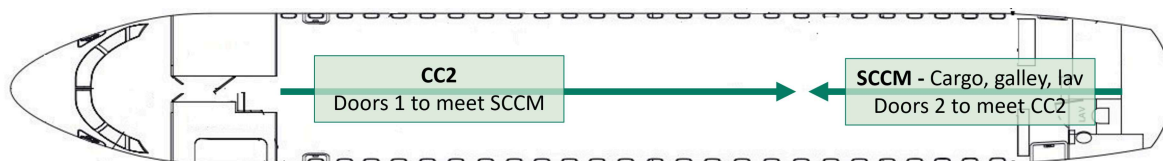
AIRCRAFT TYPE SPECIFIC

5.2.14.1.1.3 SE-MNR + MNU

Cabin Crew	Pre-departure Check Areas (SE-MNR + MNU)
SCCM	Crew Seat Area – SCCM Seat / Harness / PA / ECL / CLJ / LED / FOX / 2MRT / BT Aft area Doors 2L + 2R / Water level Lavatory SD Cargo SD / Smoke Curtain OH Compartment row 19AC ELT / 3ILJ / 4BELT / BAK / FOX / KEY Doghouse LS BCF / PBE / FAK Cabin Area LJ / SBC
CC2	Crew Seat Area - CC2 Seat / Harness / PA / ECL / CLJ / FOX / 2MRT Fwd area EMC Exits 1L + 1R OH Compartment row 1AC LED / PBE / FG / DEMO / 2ILJ / 2BELT / WE OH Compartment row 18DF PED / AED / RM / INOP / 2SLJ / 2SPBELT / 2SPFOX / UPK / 2SLJ / SBC Doghouse RS BCF / FG / PBE / MEG / RK / SEAL Cabin Area LJ / SBC
NOTE: 1 Crew operation – SCCM to complete all checks.	

AIRCRAFT TYPE SPECIFIC

5.2.14.1.2 Security Search

See [SEC 6.2.2](#)

5.2.14.2 Passenger Seat Allocation/Restriction

Ref: GM2 CAT.OP.MPA.155(c), GM2 CAT.OP.MPA.165, GM1 CAT.OP.MPA.170(a),
AMC1 CAT.OP.MPA.170 (a)(3)

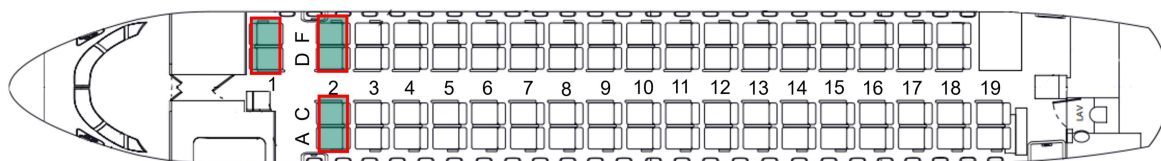
Infant Seating Restriction

Aircraft Configuration	AC Seats	DF Seats
72	1 infant	1 infant

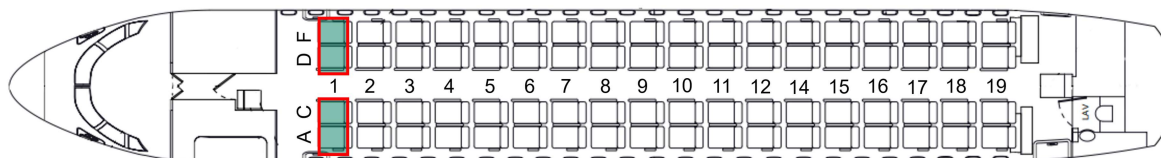
Seating Restrictions for CRD and SCP

See [SEP 2.3.2](#) and [OM-A 8.2.2](#)

SE-MKA-MKM



SE-MKO-N + MNP-R-U



AIRCRAFT TYPE SPECIFIC

Seating restrictions	No CRDs or SCPs 
SE-MKA-MKM	1DF 2AC 2DF
SE-MKO-N + MNP-R-U	1AC 1DF

Emergency exits

Prior to departure it is the responsibility of CC2 to ensure that a minimum of one passenger shall be seated next to each EMC exit and that an awareness briefing shall be given to all passengers seated at these exits. This passenger shall be at least 12 years old.

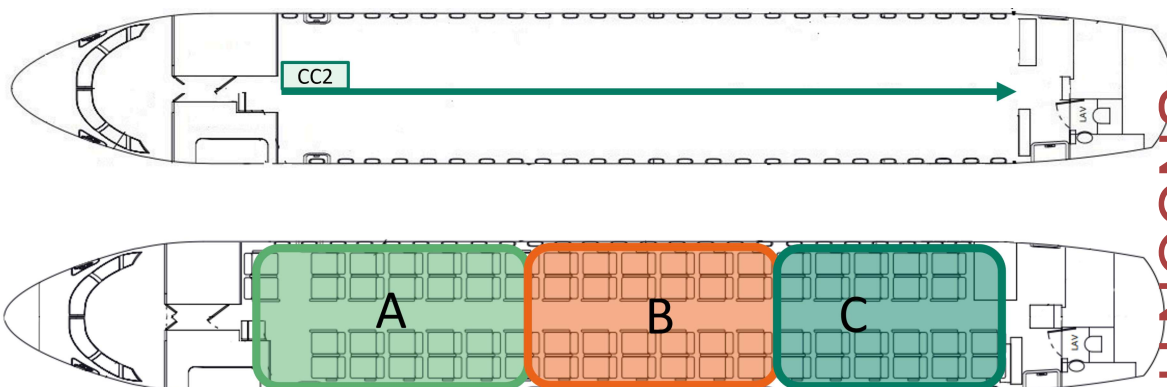
For awareness briefing, see [SEP 2.9.3](#)

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AIRCRAFT TYPE SPECIFIC

5.2.14.3 Head Count and Seating Sections

See [SEP 2.6](#)

A/C Reg	A	B	C	Total
SE-MKA-MKM	Row 1-7 26	Row 8-15 28	Row 16-20 18	72
SE-MKO-N + MNP-R-U	Row 1-7 28	Row 8-14 24	Row 15-19 20	72

Note:

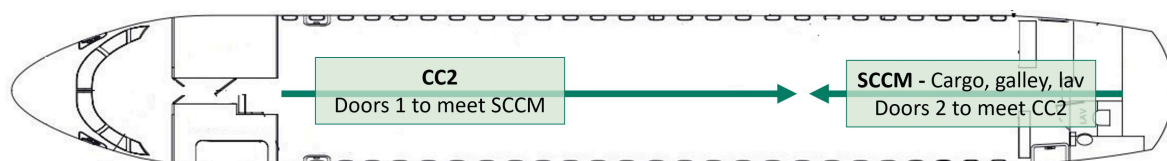
- No row 13 on ATR fleet
- Report number of drop luggage to FCM when reporting passenger figures.

To avoid tail tipping, it should be avoided to have more than 10 persons in section C if other sections are empty.

5.2.14.4 Arming Slides and Crosscheck

N/A

5.2.14.5 Cabin Secure

See [SEP 2.11](#)

5.2.14.5.1 Reporting of Cabin Secure Checks

When checks are completed and CC2 is seated:

- SCCM reports "CABIN SECURE" to FCM via interphone.

5.2.14.6 Disarming Slides and Crosscheck

N/A

5.2.14.7 Opening Doors

See [SEP 2.23](#)

AIRCRAFT TYPE SPECIFIC

5.2.14.8 Summary of Communication in Normal Operation

ATR 72-600	
WHEN	CALL AND/OR ACTION
When boarding is complete	SCCM/CMDR to CCM PA: "BOARDING COMPLETE"
When tail prop is handed	SCCM to CC2: "TAIL PROP INSIDE" CC2 to SCCM: "CROSS CHECKED"
When ready to close doors	SCCM to FCM: • Number and categories of SCPs • Total number of passenger + infant • "PERMISSION TO CLOSE DOORS" FCM to SCCM: "CLOSE DOORS"
Cabin secure	"CABIN SECURE" via interphone
After take-off release of CCMs	Cycle of "Signs"
Turbulence	FCM to passengers, "Seat Belt" signs ON FCM to CCM "CABIN CREW BE SEATED" if required
Top of descent (min 90 min flights)	FCM PA to CCM – "CABIN CREW 30 MINUTES TO LANDING"
"Seat Belt" signs ON	Advise passengers to fasten seatbelts and secure cabin
Cabin secure	"CABIN SECURE" via interphone
Engines shut down and "Seat Belt" signs off	Open doors when safe to do so.
Cabin Empty	SCCM to FCM – "CABIN EMPTY"
Fueling with passengers – "start"	"Seat Belt" signs OFF FCM PA to CCMs – "CABIN CREW FUELING IN PROGRESS".
Fueling with passengers – "complete"	"Seat Belt" signs ON FCM PA to CCMs – "CABIN CREW FUELING COMPLETE".

AIRCRAFT TYPE SPECIFIC

5.2.15 Abnormal and Emergency Procedures

Ref: ORO.CC.205, AMCI ORO.CC.205(c)(1)

See **SEP 3**

5.2.15.1 Cabin Crew Assist Space

At each door/exit there is a dedicated assist space.

During an evacuation, CCMs hold on to something and stand clear from the evacuation path.

5.2.15.2 ABP Briefing

See **SEP 3.4**

- SCCM to brief for 2L+2R door
- CC2 to brief for emergency exits

DITCHING ONLY - ADDITIONAL ABP BRIEFING	
Door/Exit	Instructions
1L/1R Door	• Open only if above water line.
2L/2R Door	• Gather people outside.

AIRCRAFT TYPE SPECIFIC

5.2.16 Summary Table

ATR72-600 – SUMMARY TABLE		
Crew Position	SCCM	CC2
Demo position	PA	Row 1
Exits to indicate	N/A	2L & 2R 1L & 1R
Cabin secure Passenger briefing Security search	Cargo / Galley / Lav Doors 2 to meet CC2	Doors 1 to meet SCCM
Passing checks to	CMDR	SCCM
Exit - land/water	2L	1R
Equipment to remove	FAK BAK AED ELT MEG T	FAK T
1 CCM operation: SCCM will assume CC2 duties Brief ABPs at unmanned exit and reseal passengers near manned exits		

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FIRST AID

Ref: Appendix 1 to PART-CC 5

First Aid is the care given to a person who has been injured or suddenly taken ill, before medical help is available. The following procedures and treatments are generic and may need to be adapted to the available space, but they should be followed as far as practicable. FCMs shall be kept informed of all medical incidents.

See **SEP 4.15** for:

- First Aid Kits and their contents
- First Aid Oxygen – operation and use
- Additional medical equipment.

6.1 Physiological Effects of Flying

Aircrafts fly at altitudes at which there is insufficient air for breathing. They are therefore equipped with a pressurization system. Under normal circumstances the cabin pressurization system will keep the cabin pressure between 6000 and 8000 feet (1800–2500 m), at which the normal person can breathe easily.

At a cabin altitude of 6000–8000 feet, the oxygen level in the blood is slightly reduced. Under normal conditions the body can tolerate this, but various conditions can affect the body's reaction to the reduced oxygen level and lead to unjustified fatigue. In addition, the pressurized cabin environment has lower levels of humidity which may lead to dehydration.

When altitude pressure decreases, body gases expand by up to 20% compared to the volume at ground level. This affects our bodies in different ways, such as discomfort, barotrauma, and hypoxia.

See **SEP 6.9.4** and **SEP 6.9.15**.

6.2 Roles and Responsibilities

6.2.1 Cabin Crew Members

CCMs are responsible to administer First Aid to a person who has been injured or suddenly taken ill until professional medical help is available.

The aim of First Aid is to:

- Preserve life
- Prevent deterioration
- Promote recovery
- Arrange necessary medical assistance

The Crew roles and responsibilities include:

- Looking after your personal safety
- Looking after the safety of other crew members and persons
- Providing First Aid
- Liaising with medical expert
- Supporting privacy and human dignity
- Completing appropriate records and reports
- Checking the appropriate medical equipment and kits

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6.2.2 Professional Medical Assistance

Professional medical assistance may be sought from onboard medical professionals.

Categories of medical personnel that may help are:

- Medical doctor, qualified nurse, paramedic, or emergency medical technicians
- Medical students, student paramedics, student emergency medical technicians or nurses' aides. (They should only administer drugs if no one from the previous category is present and proper advice has been received)

Like the cabin crew, the volunteers must not act outside the boundaries of their competence.

6.3 Reporting Medical Incidents

When a person has been injured or taken ill onboard a BRA aircraft, a Medical Report shall be filled out and sent through the Safety Management System (BRAINS) by the CCM administering First Aid.

6.4 Person With a Limb in Fiberglass/Plaster Cast

Most persons can travel safely with a fracture, but the potential swelling of the limb in a closed cast can cause problems. This could cause pain and interfere with healing. For this reason, persons should not travel unless the cast has been in place for at least 48 hours. If a person needs to travel before this, the cast must be split.

6.5 Health, Hygiene, and Risk Management

The most simple and effective method of preventing infection is the practice of good personal hygiene. This will limit the spread of infectious material.

If a situation feels unsafe, the CCM should not attempt to give first aid. Risks may include fire, confined spaces, chemical spills, electrocution, toxic fumes, water, poisons, falling items or infection.

6.5.1 Fatigue, Sleep Physiology and Circadian Rhythms

Fatigue

Fatigue is mental or physical exhaustion that stops a person from being able to function normally. Fatigue is more than just tiredness or being drowsy.

Fatigue is caused by prolonged periods of physical and/or mental exertion without enough time to rest and recover. The level of fatigue varies, and can be caused by a lack of sleep, disturbances to normal sleep patterns, a result of illness, stress, medication, alcohol, extreme temperatures, or lack of oxygen.

Fatigue can affect your performance:

- Reaction times are slower
- Reduction in situational awareness.
- Decision making is more difficult than normal.

FIRST AID

Sleep Physiology

Sleep is divided into cycles during which time the physiological and mental activities slow down. Disturbances to sleep can add to a feeling of tiredness and disorientation.

Sleep strategies to help reduce the effects of fatigue include:

- Create a restful and comfortable environment
- Develop pre-sleep habits
- Get the best possible sleep before reporting for duty (ideally 7 to 8 hours).
- Use naps appropriately - they can improve alertness and performance whilst decreasing the time of continuous wakefulness.
- Avoid alcohol and caffeine
- Avoid the use of sleep-inducing medication.

Circadian Rhythms

The body has a natural 24-hour rhythm known as Circadian Rhythm. The internal mechanisms that control this can be influenced by external factors such as:

- Exposure to day light
- Work and rest times
- Social interaction.

Circadian rhythms determine sleep patterns as well as other bodily functions such as temperature and digestion. Sleep cycles are triggered by the body throughout a 24-hour period. When crossing time zones these bodily functions can be affected but recover naturally. These disruptions are known as “Jet Lag” and a certain period, depending on how many time zones are crossed, should be allowed to readjust.

Operational strategies

These are used during flights to maintain a good performance:

- Do NOT sit in a dark environment
- Engage in active conversation with others.
- Engage in light or moderate activity, e.g. take a walk.
- Eat moderate portions of food.
- Caffeine consumption should be used carefully

6.5.2 Minimizing Contamination and Infection

It is impossible to know who may be carrying blood borne viruses, such as HIV or Hepatitis. There is therefore a risk of contamination by bodily fluids between a first aider and an affected person(s).

Observe standard safety precautions, such as hand washing, wearing gloves, minimizing mouth-to-mouth contact during artificial ventilation and handling of sharp objects.

FIRST AID

6.5.2.1 Washing Hands

Hand contact is one of the main ways infections are transferred from one person to another, so always wash hands with soap and hot running water immediately after:

- giving medical assistance.
- handling any item which may be infected, e.g. air sickness bags, babies, etc.
- handling waste.
- eating.
- coughing or blowing the nose.
- visiting the toilet
- dressing toilet areas.

Washing hands also considerably reduces the risk of cross-contamination from hand to mouth/nose, foodstuffs, and other surfaces.

6.5.2.2 Protection

Wear gloves whenever there is a possibility of contact with bodily fluids or poisons.

6.5.2.3 Mouth-To-Mouth Contact

Transmission of infection from mouth-to-mouth resuscitation is minimal. However, use of the Resuscitation Mask (RM) will help to prevent body fluid contact during artificial ventilations.

6.5.2.4 Galley Hygiene

The aim of food hygiene is the prevention of food poisoning. CCMs have a responsibility to keep galley areas clean as to achieve good hygiene standards which are vital in the galley area to avoid the risk of contaminating food.

- Do not handle food if you are ill, e.g. flu, skin lesion, diarrhoea, or vomiting.
- Wash hands before handling or serving food and drinks.
- Do not eat whilst serving or preparing food/drinks in the galley.
- NEVER REHEAT FOOD.
- "Clean as you go". Remove any spillages and waste as soon as possible.
- Report any sightings of pests to the SCCM who will advise the CMDR

6.5.3 Handling Of Medical Waste**6.5.3.1 Handling Of Sharps**

The Needle Disposal Box carried in the EMK shall be used for sharp objects such as needles and cannulas:

- Take Needle Disposal Box to the sharp.
- Carefully place the syringe/needle/object in the box and close securely.
- Return the box to its original stowage.
- Complete relevant paperwork.

FIRST AID

6.5.3.2 Handling of Clinical Waste

Clinical waste shall never be discarded with general waste.

The Biohazard kit shall be used for all non-sharp clinical waste.

- The Biohazard bag must be kept separate from other waste and be treated as clinical waste.
- After landing, the Biohazard bag must be easily identifiable.

6.5.4 Infectious Diseases

Travel is allowable if the passenger carries a fitness to fly certificate and when the infectious period has elapsed:

- Chicken Pox – Clear to travel 7 days after the appearance of the last spot.
- Rubella – Clear to travel 4 days after the rashes appear.
- Measles – Clear to travel 7 days after the rashes appear.
- Mumps – Clear to travel when the swelling subsides, usually 7 days but may be up to 14 days.
- Meningitis – When completely recovered

6.5.4.1 Contact With Infectious Diseases

Infectious diseases can be difficult to define, but if passenger(s) show symptoms indicating the presence of an infectious disease, the crew must:

- Establish if they are from the same resort, hotel, or cruise ship.
- Inform the CMDR who will
 - inform the airport authorities. They will decide whether isolation of the aircraft, crew and passengers is necessary. They will also dictate actions to be taken considering the welfare of the aircraft, passengers, baggage, cargo, and any lounges used by passengers and crew.
 - request additional cleaning/disinfection services on arrival.
- Contact arrival airports Port Health Authority

6.5.4.2 Reducing the Risk of Contact With Infectious Diseases

Designate one CCM to look after the affected person, preferably the one that has already been dealing with him. That CCM must keep effective hand hygiene and avoid handling food.

When possible, designate a lavatory for the exclusive use of the person. If not possible, clean and disinfect the commonly touched surfaces of the lavatory area (taps, door handles, waste bin cover and countertop) after each use by the affected person.

If there is contact with body fluids:

- wear disposable gloves
- dispose of soiled items such as tissues, oxygen masks, pillows, and blankets in a Biohazard bag or a sealed plastic bag, labelled “Biohazard”. This must be kept separate from other waste and retained for the Port Health Authority.

FIRST AID

6.5.5 Aircraft Disinsection

Where there is a need to protect the public health, agriculture, and the environment of a country, disinsection is required by the World Health Organization (WHO).

The flight deck, galleys, lavatories, overhead compartments, crew rest area, cargo holds and any other areas where insects may infiltrate must be treated.

The WHO stipulates two main methods of aircraft disinsection:

- Spray the cabin with aerosol for immediate response once the aircraft doors have been closed or at the top of descent, documenting this on the General Declaration (GEN DEC).
- Long term residual treatment of the aircraft confirmed by the appropriate certification which is kept onboard.

Disinsection Procedure

If disinsection is required while persons are onboard, the following procedure must be followed:

- If on the ground, turn off the aircraft's air conditioning system whilst spraying is carried out.
- Ensure overhead compartments are open.
- Prior to disinsection advise passengers that they may wish to close their eyes and/or cover their faces for a few seconds whilst the procedure is carried out.
- Walk down the aisle(s) holding the cans above shoulder height, spraying behind you.
- Ensure the following areas are treated:
 - Cabin
 - Overhead compartments
 - Galleys
 - Lavatories
 - Flight Deck
- Disinsection is to be confirmed by completing the "Declaration of Health" on the GEN DEC.
- All required cans must be used; the empty cans shall be retained for inspection on arrival.

FIRST AID

6.5.6 Handling of Death Onboard

Death onboard an aircraft is a traumatic event for both passengers and crew.

Before stopping lifesaving measures, death must be confirmed by a medical professional.

Death management guidelines:

- Make area around body as private as possible (if possible, reseat passengers)
- Place the body on waterproof material in case of seepage of body fluids
- Cover the body with a blanket
- If any medical devices are attached to the deceased person, leave them in place (Note time lifesaving procedures were initiated and when they were stopped)
- Provide CMDR with following information
 - name, age, and gender
 - seat number
 - city of departure and countries visited on this trip (if known)
 - conditions or symptoms that brought the ill traveller to the attention of the cabin crew or passengers

The CMDR shall as soon as possible:

- Advise the relevant destinations state authorities
- Inform OCC of relevant details.
- Arrange for medical authorities to meet the aircraft

6.5.7 Precautions in Tropical Areas

Tropical diseases are mainly transmitted in the following ways:

- Through insect stings or bites
- Through healthy skin by other parasites
- Through food and drink
- From the ground
- From person to person.

Following insects transmit disease:

- Mosquitoes transmit malaria, yellow fever, dengue fever and sand fly fever
- Tsetse fly (Central Africa) transmit sleeping sickness
- Lice transmit typhus, relapsing fever, spotted fever
- Rat fleas transmit plague

FIRST AID

Malaria

It is a febrile disease characterized by periodic chills followed by high fever and sweating due to the presence of parasites in the blood. Infection takes place through the bite of an infected mosquito and transmission of the parasite into the human blood stream. The incubation period usually ranges from 10 days to 4 weeks.

Symptoms:

- Flu like symptoms (early stages of the illness)
- Abdominal pain
- Diarrhea

Preventive measures:

- Use of insect repellent sprays to protect skin
- Screens on doors and windows
- Mosquito netting in bedrooms
- Clothing to cover the skin surface

Treatment:

- This shall be done under medical supervision

Amoebic dysentery

Amoebic dysentery is caused by the ingestion of a unicellular parasite found in contaminated food and drinks. This is followed by an infection of the intestinal tract.

Symptoms:

- Violent diarrhea, often accompanied with blood/mucus in foul smelling stools
- Severe colitis
- Frequent flatulence (gas and abdominal bloating)
- Dehydration
- Sometimes severe abdominal cramps

Preventive measures:

- Safe drinking water
- Eat food that has been properly cleaned and cooked

Treatment:

- Rest, diet, and a course of therapy which varies with the type of case

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FIRST AID

6.6 First Aid Team

The first aid team roles shall be adopted for any medical situation that occurs onboard the aircraft to avoid confusion and promote effective communication.

The first aid team consist of three interchangeable roles. This can be done with 2 or more CCMs.

FIRST AID TEAM	
Roles	Actions
First Aider	First CCM on the scene takes control of the situation. • Summon help from another CCM who will become the assistant. • Administer first aid.
Assistant(s)	• Gather relevant equipment • Help move the person, if necessary, clear the area and assist with CPR if required
Communicator	• Provide the most accurate information possible between the crew (including FCMs) • Request medical advice as required
These roles are interchangeable	

6.7 Primary Survey

The Primary Survey is a universal system for assessing/managing the ill or injured person(s):

The purpose of DR ABC in the primary survey is to identify and manage any immediate life-threatening problems. The primary survey shall be used to treat a conscious or unconscious person.

D – Danger

R – Response

A – Airway

B – Breathing

C – Circulation



FIRST AID

PRIMARY SURVEY		
DR ABC	ACTIONS	
DANGER	Check for danger/hazards	Do not move the person, unless if treatment or danger dictates
RESPONSE	Check for response	If no response to stimulus = unconscious
AIRWAY	Assess airway	If able to speak = airway clear If unable to speak = open airway (head tilt, chin lift) and check for obstruction
BREATHING	Assess breathing - look, listen, and feel	Unconscious and no breathing: start CPR Breathing: evaluate skin color: • Pink skin = good oxygenation • Blue skin = poor oxygenation Respiration rate: • Adult normal = 12-20/min • Child normal = 20-30/min • Infant normal = 24-30 per/min Depth & regularity: • Chest movement – equal on both sides
CIRCULATION	Look and feel for signs of bleeding	If bleeding: • control and treat the bleeding – apply pressure to the wound. If unresponsive and breathing (no bleeding): • place them in the recovery position Look for... Skin color: • Ashen pale skin = shock • Flushed skin = high temperature/high blood pressure Temperature: • Dry and warm = normal skin • Cold and clammy = diminished blood supply (shock, heart problems) Pulse rate: • Adult normal 60-100/min • Child normal 70-120/min • Infant 100-160/min Strength, regularity

FIRST AID

6.8 Administering Medication

Before administering treatment, CCMs will show the box, bottle, or container to the person so that they can see the name and type of medication.

Under no circumstances shall crew administer medication not issued by BRA.

6.9 Conditions and Their Treatment

This section details various conditions which may be experienced during the operation. The symptoms are not exhaustive and may not all be observed or present. The treatments listed are set as guidance.

6.9.1 Air/Motion Sickness

Air/motion sickness occurs when the brain receives conflicting signals from the inner ears, eyes, and other parts of the body that sense motion. These conflicting messages can result in nausea.

Symptoms:

- Nausea and vomiting
- Dizziness
- Feeling weak
- Pale, clammy skin

Treatment:

- Provide a sickness bag
- Focus on a point to give feeling of being still
- Calm and reassure
- Offer a cold compress
- Offer water to sip

Note: Motion sickness medication must be taken before travelling to be effective.

FIRST AID

6.9.2 Allergic Reaction - Anaphylaxis

Anaphylaxis is life-threatening, whole-body allergic reaction that can occur at any time. It is a potentially fatal condition that may require resuscitation measures. The reaction causes the release of histamine, which makes the airways swell, the blood pressure drops, and this may lead to shock. Adrenaline is the most important drug when treating more severe cases of anaphylactic shock and some persons carry their own in a pre-set syringe (EpiPen). Suitably trained personnel only can administer an injection of Adrenaline/EpiPen from the EMK (if applicable).

Allergic reaction may occur within seconds, minutes, or hours of contact. The most common causes are:

- Nuts and other food substances
- Medication
- Insect bites or stings

Symptoms:

- Itching and flushing
- Red, blotchy skin rash
- Swelling of the lips, tongue, and roof of mouth
- Affected airways, resulting in tightness of the throat and chest
- Difficulty in breathing
- Anxiety

Treatment if conscious:

- Ask for their own medication
- Loosen tight clothing
- Calm and reassure
- Sit person in a position that makes breathing easiest
- Suitably trained persons can administer an injection of Adrenaline/EpiPen
- Administer oxygen

Treatment if unconscious:

- Place in the recovery position
- Administer oxygen
- Suitably trained persons can administer an injection of Adrenaline/EpiPen
- Be prepared to resuscitate

FIRST AID

6.9.2.1 EPIPEN (ADRENALINE)

The recommended site for the intra-muscular injection is the upper part of the thigh. The injection can be administered through clothing if necessary.

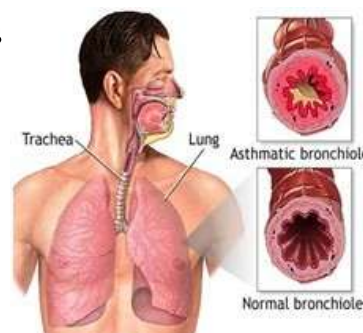


FIRST AID

6.9.3 Asthma

Asthma is a chronic inflammation of the airways, which leads to swollen mucus membranes, contraction of the muscles in the airways and mucus congestion. Allergens, chemical irritants, infections, emotional stress, exercise, and extreme temperatures can bring on an attack.

Most asthmatics carry their own medication. Acute, severe asthma is potentially life threatening if not treated promptly

**Symptoms:**

- Difficulty in breathing, shortness of breath
- Wheezing and coughing
- Anxiety, restlessness, drowsiness, and confusion
- Blue, grey skin (Cyanosis)

Treatment:

- Ask for own medication
- Suitably trained persons can administer Bronchial Dilator
- Sit upright, leaning slightly forward.
- Loosen tight clothing
- Encourage to breathe slowly and deeply
- Calm and reassure
- Administer oxygen if needed

**Concerns:**

Severe asthma can potentially be life threatening. Seek immediate medical assistance if person does not respond to medication

A person with severe Chronic Obstructive Pulmonary Disease (COPD) presents similar symptoms to asthma and it is therefore important to establish this. Administration of first aid oxygen can in this case be life-threatening. If oxygen is needed to treat a person with COPD, give 2 liters/min for maximum 15 min at the time at intervals of 15 minutes

FIRST AID

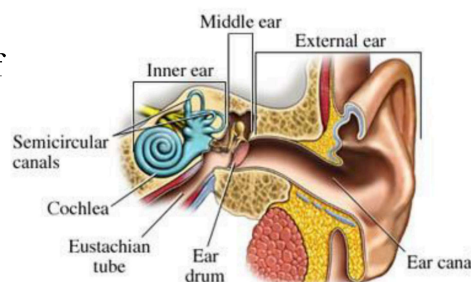
6.9.4 Barotrauma

Barotrauma is physical damage to body tissues caused by a difference in pressure between a gas space inside and outside the body.

Barotrauma typically occurs when a person is exposed to a significant change in ambient pressure, such as when an aircraft ascends or descends, or during a decompression.

6.9.4.1 Ear and Sinus Pain - Eustachian Tubal Function

The changes in air pressure when flying affect the ears and sinuses and can cause discomfort and pain. If a person has a cold, hay fever, ear or sinus infection, the sinuses or the passages in the ears can become blocked and the pain becomes worse.



Ears

Take-off: the pressure outside the body decreases.

The air in the ear expands and the eardrum moves outwards

Descent: the pressure outside the body increases. The air in the ear contracts and the eardrum moves inwards.

By swallowing, the Eustachian tube equalizes the pressure between the inside of the ear and the outside.

Sinuses

It is almost impossible to equalize the pressure from the sinuses with the outside air pressure.

Flying with sinusitis may therefore lead to heavy pains. Nose drops can ease the pain but can only be used for a short period of time.



Symptoms:

- Pain behind the eyes and spreading down the face
- Mild to severe pain in the affected ear or sinus
- Crying due to pain

Treatment:

- Advise the person to yawn / swallow or suck on a sweet.
- Instruct the person to close their mouth, hold the nose closed and “blow”
- To relieve painful ears in an infant, give something to drink or a pacifier/ dummy.

Concerns:

If the eardrum perforates/bursts, it will cause a sharp pain then a dull ache or relief, possibly with bleeding from the ear. If you suspect this, advise the person to seek medical advice on landing.

FIRST AID

6.9.4.2 Abdominal Tract

At sea level, we have approximately 1 liter of gas in our abdominal tract. In flight with the decrease of the pressure, gases in the stomach and intestinal tract will expand during ascent, and if present in large quantities may cause discomfort.

Symptoms:

- Abdominal pain.

Treatment:

- Encourage person to expel air.

6.9.4.3 Teeth

Air can be trapped under recent fillings or in areas of decay. You may experience pain if air expands and causes pressure on the tooth nerve.

Symptoms:

- Tooth ache.

Treatment:

- Pain relief

6.9.5 Burns And Scalds

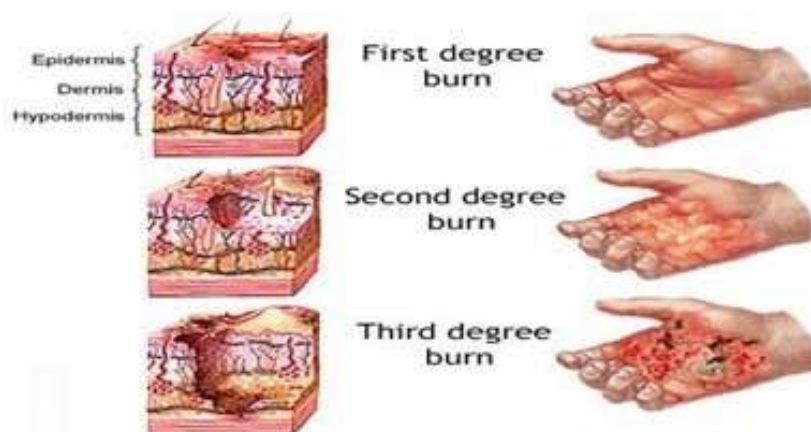
A burn or scald is an injury caused by heat, electricity, chemicals, or radiation. Most burns affect only the outer part of the skin, but inhaling smoke or steam may cause burns to the airway. Burns that involves a person's airway will always require immediate medical attention.

The objective of first aid in burns is to prevent shock, contamination of the burned tissue, and pain.

Symptoms:

Burns are classified into three categories:	
First degree (superficial)	Affects the outer layer of skin. There will be redness, swelling and tenderness. (Sunburn) Heals in less than a week.
Second degree (partial thickness)	Affects the outer and underlying layers of the skin. It causes redness, pain, and blistering. If the blisters are broken, the skin will have the appearance of a wet wound. Heals in 2-3 weeks.
Third degree (full thickness)	Affects all layers of the skin. The person may be pain free or have a dull ache. Skin will appear black and charred (if caused by fire) or waxy grey (caused by other types of heat such as hot liquids). Does not heal without surgery.

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**Treatment:****Minor burns** (first and second degree – small areas)

- Remove any jewelry or clothing from the affected area.
- Pour cool water (15-20°C) over the area for at least 10 minutes (DO NOT use ice).
- Apply a Burn shield gel dressing; make sure you keep it sterile, do not remove.
- Elevate the body part above the level of the heart.
- Calm and reassure the person, prevent shock, and monitor vital signs (pulse and breathing)

Major burns (any third degree and large area first/second degree)

- Do NOT remove stuck burnt clothing or jewelry.
- Ensure that the person is breathing, if not, start CPR.
- Give a painkiller if necessary
- Apply a Burn shield gel dressing; make sure you keep it sterile, do not remove.
- Elevate the body part above the level of the heart.
- Lie the person down, prevent shock and monitor vital signs (pulse, breathing)
- Seek medical assistance.

Concerns:

Complications from burns or scalds may be:

- Dehydration.
- Blisters caused by fluid leaking into the burned area below the skin's surface. NEVER break a blister as you may introduce infection into the wound. However, if they break, cover the injured area with a dry, non-adhesive dressing.
- Infections.
- Shock (may occur if the burnt area is large)

Medical professionals may require the following information:

- Type of burn
- Affected area
- Body percentage

FIRST AID

6.9.6 Childbirth

Pregnancy is a natural event, not an illness, usually lasting 40 weeks. A child born 37 weeks or before is classed as premature.

Symptoms:

- Lower back pain
- Show of blood-stained mucus
- Waters breaking

Treatment

Prepare:

- Basic Delivery Kit (EMK) (if applicable)
- Disposable gloves
- Plastic bags
- Tepid water
- Blankets and pillows
- Oxygen

Aim to:

- Seek medical assistance
- Cover the floor or seats with plastic liners or newspaper to absorb body fluids. Wash your hands thoroughly with hot water and soap, use plastic gloves.
- Calm and reassure
- Ensure the mother is comfortable in whatever position she chooses to give birth.
- Support the mother during the delivery
- Make sure that her back and shoulders are well-supported

FIRST AID

STAGES OF LABOR	
Stage 1	When the neck of the womb (cervix) opens and begins to enlarge, the mother will be experiencing contractions. Reassure and encourage
Stage 2	When the baby's head and shoulders appear, check the umbilical cord is not around the neck. If it is, carefully pull it over the head to avoid strangulation. The baby will be expelled naturally. New-born babies are very slippery and need to be handled with care. Clean the mouth from mucus and expect the baby to cry. This indicates that breathing is normal, and the airway is open. Lay the baby in the mother's arms so that they have skin-to-skin contact. Place a blanket over the mother and child - keep the baby warm. Babies lose most body heat through their heads. If the baby does not cry, stimulate this by drawing two fingers along each side of the spine from the baby's bottom up to the neck. If nothing happens, start CPR.
Stage 3	Following the delivery, DO NOT pull or cut the umbilical cord. If no medical assistance is available, tie the cord. The placenta normally follows 5–20 minutes after the baby. On arrival the medical staff can then cut the umbilical cord and take care of the placenta. Keep the placenta intact in a plastic bag, until a doctor or midwife examines it and cuts the cord. Even a small piece of the afterbirth left inside the mother can be dangerous.

Note: It is normal for the mother to bleed slightly - if severe bleeding treat for shock

FIRST AID

6.9.6.1 Miscarriage

A miscarriage is a loss of an embryo during a pregnancy. The cause is often due to an abnormal embryo, an abnormal uterus, illness, or trauma.

Symptoms:

- Cramp-like pains in the lower abdomen
- Vaginal bleeding
- Signs of shock
- Vaginal passing of the embryo

Treatment:

- Monitor for signs of shock
- Seek medical assistance
- Reduce pain
- Keep the mother comfortable (offer sterile pads) and ensure her privacy
- Calm and reassure
- If feasible, keep expelled products for examination by medical professional.

6.9.7 Choking

Choking occurs when there is a partial or a total obstruction of the airway most frequently by a foreign object.

Choking requires prompt action. Following successful treatment for choking, foreign material may nevertheless remain in the airway, and cause complications later, therefore the person should seek medical attention.

Symptoms:

- Ask the person “Are you choking”?
- Grasping of their throat, unable to speak, cough or breathe

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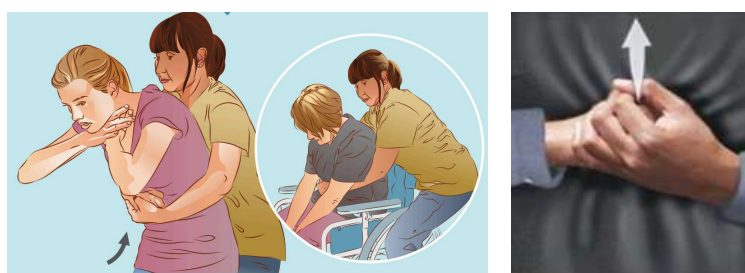
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Treatment:**Adult / Child**

Lean the person forward and give up to 5 sharp blows between the shoulder blades with the heel of your other hand (for a child use less force).



If not successful, give up to 5 abdominal thrusts



1. Place your arms around the upper part of the abdomen
2. Clench your fist and place it between the navel and the breastbone
3. Pull sharply inwards and upwards (for a child use less force)

If the obstruction is not relieved:
continue alternating 5 back blows with 5 abdominal thrusts

Repeat for as long as the person remains conscious.

Concerns:

On a pregnant woman or obese person, position your hands a little higher than normally (at the base of the breastbone, just above the joining of the lowest ribs).

Note: Abdominal thrusts can cause internal injuries and a person receiving abdominal thrusts should be examined by a doctor

FIRST AID

INFANT	
Do not remove obstructions in the throat! Only remove obstructions at the front of the mouth to not cause soft tissue damage	
	Support the infant in lap face downwards to enable gravity to assist in the removal of the foreign body. Deliver up to 5 sharp blows with the heel of the hand between the shoulder blades.
	Turn the infant face upwards with the head lower than the chest and with open airway. Give chest compressions (approx. 1/3secs). (Never perform abdominal thrusts on an infant as it may damage internal organs)
If the obstruction is not relieved: continue alternating 5 back blows with 5 chest compressions	
Repeat for as long as the infant remains conscious	

If the Adult/Child/Infant becomes unconscious:

- Clear the airway to remove obstructions at the front of the mouth to not cause soft tissue damage.
- Seek medical assistance.
- Start CPR (remember to recheck the mouth regularly)

FIRST AID

6.9.8 Deep Vein Thrombosis (DVT)

A blood clot that forms in a vein, usually in the leg.

The clot may break off, travel through the bloodstream and lodge in an artery, causing a blockage known as an embolism. A pulmonary embolism of the lung can be fatal. A DVT can be caused by immobility, recent operation, hormone treatment, pregnancy, obesity, or history of DVT.

Symptoms:

- Pain, swelling, reddening and heat in the lower leg (compared to the other leg).
- Tenderness in the affected leg.

Treatment:

- Loosen tight clothing
- Calm and reassure
- Sit the person down with the leg slightly elevated
- Give water to prevent dehydration.

Note: Do not massage the affected area as to not dislodge the clot.

6.9.9 Dehydration

The air in the cabin is dry and low humidity can cause drying of the skin, lips, and eyes. To avoid dehydration, drink a glass of water every 30 minutes. Drinks containing caffeine and alcohol have a diuretic effect which leads to further dehydration.

**Symptoms:**

- Pull skin – it sinks back very slowly
- Feeling thirsty and having a dry mouth
- Reduced amount of urine

Treatment:

- Drink sips of mineral water or a salt/sugary mixture, in moderation. (1 salt + 5 sugars in small bottle of water)
- If the person does not recover seek medical assistance.

6.9.10 Diabetes

It is when the body fails to regulate the concentration of sugar in the blood. Life threatening conditions such as hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) can result from these. The blood sugar levels are controlled by a hormone (insulin).

FIRST AID

Symptoms:

	HYPOglycemia (low)	HYPERglycemia (high)
Cause	Rapid in onset. Overdose of insulin due to insufficient food intake or emotional/ physical stress.	Gradual in onset. Lack of insulin due to stress, or illness.
Symptoms	- Confused, disorientated, - Appears drunk, irritable, and aggressive - Weakness, faintness, hunger, headache, pale, - Cold and clammy skin - Possible seizure or coma leading to permanent brain damage.	- Lethargic, drowsy, fatigued - Extreme thirst - No headache - Warm, dry skin - Fruity, sweet (acetone) breath

Treatment:

	HYPOglycemia (low)	HYPERglycemia (high)
Conscious	Test the blood sugar level with the Blood Glucose Testing Equipment (EMK) (if applicable). Give a sugary drink (e.g. milk or orange juice). Calm and reassure. Encourage the person to eat something (carbohydrates).	Test the blood sugar level with the Blood Glucose Testing Equipment (EMK) (if applicable). Give water to drink if thirsty. Calm and reassure. Encourage the person to administer their own insulin.
Unconscious	Test the blood sugar level with the Blood Glucose Testing Equipment (EMK) (if applicable). Place person into the recovery position. Trained persons can administer an injection of medication for hypoglycemia (EMK). Administer oxygen.	Test the blood sugar level with the Blood Glucose Testing Equipment (EMK) (if applicable). Place person into the recovery position. Administer oxygen.
Diagnosis can be difficult to make. If in doubt, always give glucose.		

Concerns:

A normal blood sugar level should be 4-6 mmol/l.

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6.9.11 Fractures and Soft Tissue Injury

Where injuries to a limb occurs, it is very difficult for a CCM or medical profession to identify whether we are presented with a strain, sprain, or a closed fracture by visual examination only.

There are 2 types of limb injury: fractures and soft tissue injuries

6.9.11.1 Fractures

A cracked or broken bone is described as a fracture, it could be either closed or open.

Closed fracture: Skin is not broken although the bone ends may damage nearby area. Internal bleeding is a risk

Open fracture: Bone is exposed where it breaks the skin. The person is likely to suffer from bleeding. Infection is a risk.

Symptoms:

Closed	• Pain on movement or touch • Difficult or limited movement • Swelling – bleeding into tissues and bruising • Deformity of the limb or joint • Grating of the bone edges (crepitus) may be heard or felt • Nausea
Open	• Exposed bone • Pain on movement or touch • Nausea

Treatment:

Closed	• RICE (see Soft Tissue Injury) • Calm and reassure • Seek medical assistance
Open	• RICE (see Soft Tissue Injury) • Calm and reassure • Seek medical assistance • Control bleeding • Prevent shock • Prevent infection

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6.9.11.2 Soft Tissue Injuries**Symptoms:**

- Pain to touch and movement
- Limited movement
- Swelling and bruising over the injured area
- Deformity of the limb or joint

Treatment:

Administer RICE – to reduce the swelling and pain.

Rest	Sit the person down, steady and support the injured area
Ice	Apply a covered ice pack for at least 20 minutes
Compress	Support with a bandage, sling, or splint
Elevate	Support and raise the injured area

Monitor the person's limb by comparing the good limb against the injured limb for differences in color, temperature, and pulse.

6.9.12 Gastro-Intestinal Disturbances

Gastro-intestinal disturbances may result in abdominal pain. This is usually caused by a medical condition, an irritation of the digestive system or an allergic reaction.

For example: caused by bleeding, kidney/gall stones, cystitis, miscarriage, unusual/rich foods, contaminated foods, alcohol, medications etc.

6.9.12.1 Diarrhoea/Vomiting

These problems are usually due to irritation of the digestive system which can be caused by unusual or rich foods: alcohol, certain medications, contaminated foods, or drinks (food poisoning) or an allergic reaction.

Diarrhoea and vomiting may occur separately or together. Both conditions can cause the body to lose vital fluids and salts, resulting in dehydration, especially with infants, young children, and elderly.

Symptoms:

- Cramping abdominal pain
- Fever
- May lead to shock if severe

Treatment:

- Restore lost fluids and salts - frequent sips of salt/sugary mixture (1 salt + 5 sugars in small bottle of water)
- Administer anti-diarrhoeal medication (to be avoided in the presence of high fever)
- Suitably trained personnel to administer applicable medication

Concerns:

For infants, young children, and elderly persons with severe vomiting, seek advice from medical professionals as they can quickly become dehydrated.

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6.9.12.2 Indigestion

Indigestion can be caused by diseases, medication but mainly lifestyle. Stress or food being digested with difficulty can cause what is commonly known as heartburn, often brought on by eating too much, too quickly or too rich and fatty foods.

Symptoms:

- Pain or discomfort (bloating) in the upper abdomen
- Acid taste in the mouth
- Nausea
- Burning sensation in the chest

Treatment:

- Sips of milk or water
- Indigestion relief

Concerns:

IF THERE IS CHEST PAIN, TREAT AS A HEART ATTACK.

6.9.12.3 Intoxication And Poisoning

Intoxication/poisoning is the exposure to substances that are genuinely harmful and can be accidental or deliberate. The features of intoxication/poisoning vary depending on the substance involved and the method of entry.

6.9.12.3.1 Alcohol Intoxication

Alcohol is a drug that reduces the activity of the central nervous system. Small quantities generally produce a change in mood; whilst prolonged intake can result in impaired physical and mental abilities. Deep unconsciousness can follow.

Symptoms:

- Possible smell of alcohol on the breath
- Reduced inhibitions, impaired judgment, change in behavior.
- Lack of co-ordination.
- Slurred speech.
- Possible nausea and vomiting.
- Flushed face.
- Possible loss of consciousness.

Treatment:

- Stop serving alcohol to this person.
- If unconscious, place person in the recovery position.
- Protect the person from cold and cover with a coat or blanket.

Concerns:

A person's breath can smell strongly of alcohol, but there may be other causes to unconsciousness to be considered (e.g. hypo-/hyperglycemia, head injury or physical illness).

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6.9.12.3.2 Drug Intoxication

This can result from an accidental or deliberate overdose of medication prescribed or over the counter, or from drug abuse.

Symptoms:

- Irrational or violent behavior, hypersensitive.
- Increased energy and activity or agitation,
- Nausea/vomiting.
- Sweating.
- Cramps in the legs, arms and back,
- Pupils may be dilated or very small
- Possible needle marks on the body.
- Drowsiness, possible loss of consciousness.

Treatment:

- Sips of water.
- Do NOT attempt to induce vomiting
- If unconscious, position person in the recovery position.

Concerns:

Try to identify the drug and preserve samples of vomited material or empty containers. Retain for appropriate authorities (e.g. customs, police, hospital).

6.9.13 Heart – Chest

The heart is a muscle about the size of a fist located behind the sternum, in the middle of the chest which pumps blood throughout the body.

The coronary arteries run along the outside of the heart and have small branches that dive into the heart muscle to bring it blood

Each heartbeat is controlled by electrical impulses. Sinus rhythm is the normal beating of the heart

A sudden chest pain is often caused by exertion and stress and should always be taken seriously and treated as a heart condition. Immediate medical assistance must be sought.

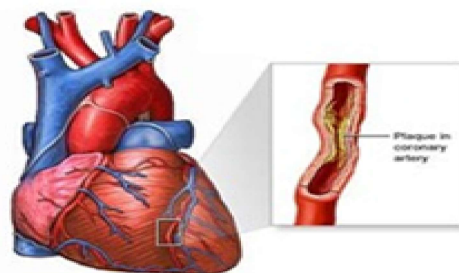
Heart conditions may include:

- Angina Pectoris
- Heart Attack
- Cardiac Arrest

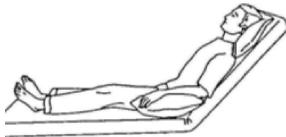
6.9.13.1 Angina Pectoris

Angina occurs when there is a reduced blood supply (oxygen) to the heart muscle due to a partial blockage/narrowing of the coronary arteries.

Symptoms occur when the heart requires an increased supply of oxygen (physical exertion, after a heavy meal or during emotional stress).



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Symptoms	Treatment
- Central chest pain/tight feeling in the chest radiating to neck, lower jaw, back and arms (usually left arm) - Difficulty breathing - Sweating, cold and clammy ashen/grey skin - Anxiety - Weakness and nausea. - Numbness in arms and hands	- Calm and reassure - Ensure that the person rests (minimize workload) seated in a “half sitting” position. - Ask for own medication. Administer coronary vasodilator under the tongue. - Administer Oxygen (4l/min) 

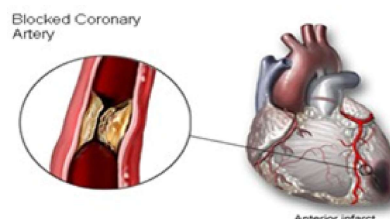
Concerns:

Some persons, especially women, may feel abdominal pain/indigestion problems.

The pain should ease within a few minutes. If it persists or returns, treat as a heart attack.

6.9.13.2 Heart Attack

A heart attack occurs when the blood supply to part of the heart muscle is suddenly obstructed, by a clot in one or more arteries. A complete blockage of a coronary artery leads to tissue death and irreparable damage.



Symptoms	Treatment
(Persistent Angina Symptoms even after Angina treatment) - Central chest pain / tight feeling in the chest radiating to neck, lower jaw, back and arms (usually left arm) - Difficulty breathing - Sweating, cold and clammy ashen/grey skin - Anxiety - Weakness and nausea - Numbness in arms and hands	- Calm and reassure - Ensure that the person rests (minimize workload). - Administer Oxygen (4l/min). - Keep the person seated in a “half sitting” position. - Be prepared to resuscitate if the person becomes unconscious. - Seek medical assistance.

Concerns:

Heart attack is the major cause of cardiac arrest. Be prepared to resuscitate.

FIRST AID

6.9.13.3 Cardiac Arrest

A cardiac arrest means that the heart has stopped beating effectively and blood is no longer circulating around the body. Cardiac arrests happen without warning, often following a heart attack.

With children/infants heart diseases are uncommon. However, airway obstructions or breathing difficulties may lead to cardiac arrest.

A cardiac arrest is a medical emergency that is potentially reversible if treated early but if untreated may lead to death within minutes. Treatment is to send an electrical shock through the heart, to enable the heart to regulate itself.

Symptoms:

- Unresponsive.
- Not breathing normally

Treatment:

- Begin CPR
- Use the AED to check if there is a “shockable” heart rhythm
- Follow the instructions of the AED
- If the person shows visible signs of normal breathing, place into the recovery position

Concerns:

Treatment for cardiac arrest is immediate defibrillation if a “shockable” heart rhythm is present. Cardiopulmonary resuscitation (CPR) is used to provide circulatory support and to stimulate a “shockable” rhythm for the AED to detect.

Defibrillation and CPR are means to revive a person with cardiac arrest, but this may not always lead to a successful outcome.

6.9.13.4 Cardiopulmonary Resuscitation (CPR)

If a person’s breathing or circulation stops, irreversible brain damage will start to occur within 3-4 minutes. The purpose of basic life support is to maintain adequate ventilation and circulation until means can be obtained to reverse the underlying cause of the cardiorespiratory arrest. Resuscitation must be started as soon as possible if the person is to survive, with the aid of the AED.

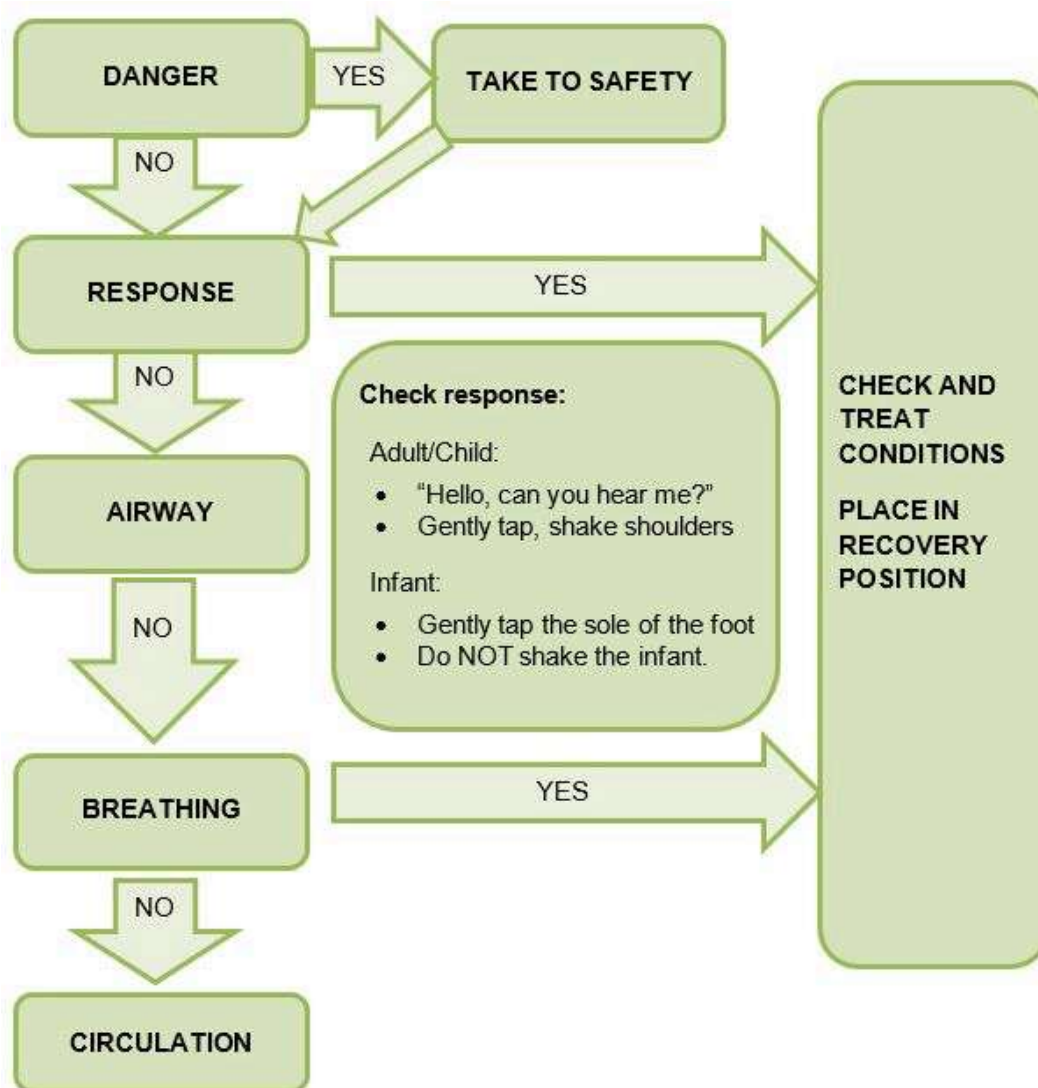
Note: For all compressions, the chest should be compressed by one- third of its depth, to a maximum 5-6cm.

DO NOT stop CPR unless:

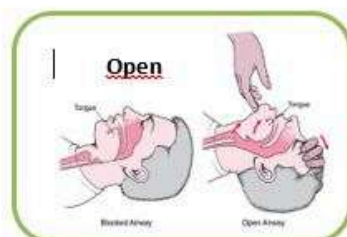
- You find obvious signs of life
- An AED is ready to use.
- Another trained person takes over.
- You are too exhausted to continue.
- The scene becomes unsafe.

FIRST AID

6.9.13.4.1 Basic Life Support Flow Chart



FIRST AID

**NOTES:**

Rescue breaths: For infants, place on their back on a surface do not extend the neck back too far - this will obstruct the airway.

Chest compressions: adult, child and infant should be depressed to one third of depth of chest.

ADULT

30 compressions
2 hands to center of chest.



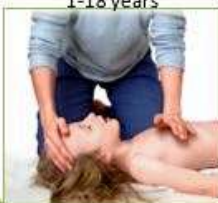
2 breaths (1/sec)

**CHILD/INFANT
(0-18)**

5 breaths (1/sec)

15 compressions

1 hand
1-18 years



2 breaths (1/sec)

2 fingers
0-1 years



2 breaths (1/sec)
Cover nose and mouth

6.9.13.4.2 Post Resuscitation Care

If the passenger recovers:

- maintain a clear airway,
- administer oxygen,
- place into recovery position,
- monitor whilst awaiting medical assistance with the AED and electrode pads still attached to the passenger. Do not switch off the AED.

FIRST AID

6.9.14 Hyperventilation

Hyperventilation is over breathing and often caused by anxiety, panic, emotional stress, or phobias such as fear of flying. The breathing rhythm is faster/deeper than normal, and this leads to too much carbon dioxide being breathed out.

Symptoms:

- Unnaturally rapid breathing
- Cramps, tingling and numbness in hands, feet, and lips
- Dizziness
- Attention-seeking behavior

Treatment:

- Calm and reassure
- Instruct the person to relax and slow down their breathing rate
- Loosen tight clothing
- Ask open questions. Encourage person to speak to restore the breathing to normal

Concerns:

Hyperventilation is not always caused by anxiety; it may be the result of another medical condition, for example diabetic coma, shock, head or spinal injury, infection, lung disease or asthma.

6.9.15 Hypoxia

Hypoxia occurs when the levels of oxygen are too low in the body. If not treated promptly, this will lead to permanent damage to major organs such as the brain, heart and lungs and may lead to death if untreated.

Hypoxia can be caused by:

- Airway obstruction - internal or external blockage
- Low oxygen content in the air - smoke filled environments, decompression, or atmospheric pressure changes
- Chest, head, spinal injury, or lung disease.
- Damage to nerves that control breathing - stroke, intoxication.
- Low oxygen content in the blood - shock.

Symptoms:

- Difficulty in co-ordination and speaking.
- Agitation and aggression.
- Difficulty in breathing, sleepiness, fatigue, and blue, grey skin (cyanosis).
- Impaired vision, hearing, and other sensory functions.
- Lack of normal judgment, over confidence.
- Cold, clammy skin.
- Dilated (large) pupils.

Treatment:

- Administer oxygen (4l/min)
- Place into the recovery position if unconscious.

FIRST AID

6.9.16 Seizures**6.9.16.1 Epilepsy**

Epilepsy occurs when there are disturbances in the brain's activity, which leads to seizures. They can be sudden and dramatic.

There are 2 forms of epilepsy:

- Minor epilepsy – might not affect consciousness,
- Major epilepsy – characterized by violent seizures

**Symptoms:**

Minor	• Blank look and stare • Blinking or fluttering of the eyelids • Twitching of limbs • Suddenly “switching off” • Lip smacking • Plucking at clothing or fiddling with objects
Major	• The person becomes rigid and/or has jerking movements. • Breathing may stop briefly, leading to a blue tinge to the face and neck • Saliva may be blood-stained if lips or tongue have been bitten • Loss of bladder and/or bowel control • The seizure should stop after a few minutes followed by a deep sleep

Treatment:

- Note time of seizure
- Support and protect the person (especially head if possible)
- Remove hazards
- Loosen tight clothing
- Do not put anything into the mouth
- Once the seizures have ended, place into the recovery position
- Calm and reassure
- Review Primary Survey and stay with the person until fully recovered

Concerns:

Medical assistance is required if:

- The seizure lasts more than 5 minutes
- The person is unconscious for more than 10 minutes after the seizures
- Recurring seizures
- They have injured themselves
- Person is pregnant

FIRST AID

6.9.16.2 Febrile Seizures

Another form of seizure is febrile seizures. This mainly affects young children (up to 5 years), due to raised body temperature.

Symptoms:

- Hot flushed skin, possibly sweating
- Stiffness and /or jerking movements of the limbs and body
- Abnormal eye movements
- Breath-holding
- Drooling at the mouth

Treatment:

- Reduce fever with relevant medication
- Remove clothing or covering including nappy
- Move the infant/child to a cool environment or cool the child with tepid water
- Support and protect from injury (do not restrain)
- Calm and reassure the parents
- Once seizures have stopped, reduce the body temperature with medication and place in the recovery position

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6.9.17 Shock

Shock is when an insufficient amount of oxygenated blood reaches the brain and other vital organs. If not treated quickly, vital organs may fail, which can lead to death. This is caused by injury and in extreme cases by stress.

Shock can develop in several ways:

- The heart pump fails to work efficiently causing the pressure of the circulating blood to be reduced (heart attack)
- Loss of fluids (e.g. bleeding, severe diarrhea, vomiting, burns, anaphylactic shock)
- Affected nervous system: cannot control the dilation of blood vessels (e.g. spinal injury, drugs, fainting)

Symptoms:

- Pale, cold, clammy skin.
- Rapid, shallow breathing.
- Rapid, weak pulse.
- Extreme thirst.
- Restlessness and anxiety.
- Disorientation/confusion/altering levels of consciousness.

Treatment:

- Calm and reassure
- Treat the cause of shock (e.g. external bleeding).
- Lay the person down with legs raised.
- Administer oxygen (4l/min).
- Loosen tight clothing.
- Keep warm.
- If unconscious place in recovery position.

**Concerns:**

Seek medical assistance as soon as possible. Give nothing to eat or drink, and if the person is complaining of thirst, moisten the lips with water.

FIRST AID

6.9.18 Stroke

A stroke occurs when the blood supply to parts of the brain is suddenly impaired by:

- Bleed (Hemorrhage)
- Blood clot (Thrombosis)

Minor strokes may lead to complete recovery; however, major strokes can be fatal.

The effects of stroke depend on how much and which parts of the brain are affected. Each person will present very different symptoms.

Symptoms:

- Weakness or paralysis of one side of the body.
- Difficulty with speech, drooping mouth, and drooling.
- Flushed, warm skin
- Visual disturbances.
- Loss of bladder and bowel control.
- Severe headache.
- Altered levels of consciousness, confusion, emotional mental state that could be mistaken for drunkenness
- Pupils' unequal in size and do not respond to light.

The acronym **FAST** to help you identify symptoms of stroke:

F	Face	Can the person smile? Has their mouth/eye drooped?
A	Arm	Can the person raise both arms?
S	Speech	Can the person speak clearly and understand what you say?
T	Time	Note when the first signs occurred.
Act FAST - If a person is unable to complete any of the above actions seek urgent medical assistance.		

Treatment:

- Calm and reassure
- Administer oxygen
- If conscious, lay the person down with head and shoulders elevated,
- If unconscious, place person in the recovery position lying on the affected side (paralyzed side).
- Keep warm
- Continuously monitor for Primary Survey, as required. Be prepared to resuscitate if necessary.

Concerns:

Never give someone with a headache a pill with acetylsalicylic acid: (Aspirin/ Magnecyl/ Albyl/ Treo...). In case of a hemorrhagic stroke such a blood thinning drug could make matters worse.

FIRST AID

6.9.19 The Unconscious**6.9.19.1 Fainting**

Fainting is a brief loss of consciousness caused by a temporary reduction of blood flow to the brain. This can occur in otherwise healthy persons and can be caused by low blood sugar levels, standing for long periods of time or a nervous reaction.

Symptoms:

- Lightheaded or feeling dizzy
- Pale, cold, and clammy sweat
- Blurred vision or spots in front of the eyes
- Nausea
- In some cases, trembling arms, and legs

Treatment:

- Calm and reassure
- Lay person down with the legs raised
- After recovery, allow the person to sit up slowly and give sips of water
- Administer oxygen as required

Concerns:

The person should regain consciousness within 1-2min. If not, follow treatment for an unconscious person.

6.9.19.2 Unconsciousness

This is a result of an interruption to the brain's normal activity and can be caused by many things from a simple faint to a severe head injury. Inevitably there is a decreased oxygen supply to the brain.

Symptoms:

- Person is unresponsive or does not recover from a faint within 1-2mins

Treatment:

- Monitor the response levels
- Place in recovery position
- Treat the cause if possible (e.g. control bleeding)
- Administer oxygen
- Seek medical assistance

FIRST AID

6.9.19.3 Recovery Position

The recovery position is to ensure that open airway is maintained. This prevents the tongue from obstructing the throat and reduces the risk of the casualty inhaling stomach contents such as vomit. It also allows fluids to drain from the mouth.

This position is stable and does not put pressure on the chest, so breathing is not impaired. The position may need to be modified if the person has an injury.

RECOVERY POSITION		
A	Place the nearest arm at right angle to the person's body, elbow bent with the hand palm up	
B	Bring the arm across the chest with the back of the hand against the victim's cheek	
C	Grab the leg above the knee and pull it up. Pull the leg and roll the person towards you.	
D	Adjust the upper leg so that the hip and the knee are bent at right angles Open airway by tilting the head back. If necessary, adjust the hand under the cheek to keep head in place	
Check breathing regularly.		

FIRST AID

6.9.20 Wounds and Bleeds

The type bleeding depends on the type of damaged blood vessel. It could be an artery or a vein, be internal or external and may be a minor or major wound.

TYPES OF WOUNDS	
Minor wounds	Can normally be dealt with using plasters or wound dressings.
Major wounds	Need urgent medical assistance.
TYPES OF BLEEDS	
Arterial bleeds Oxygenated blood and under pressure	Bright red and spurts with each heartbeat. Often hard to control – Fatal if not treated promptly
Venous bleeds De-oxygenated blood and under less pressure	Dark red and flows more steadily. Easier to control than arterial bleeding – but can be serious if untreated
Both these types of bleeds can be internal as well as external.	

6.9.20.1 External Bleeding

These are easily recognized as the wound is visible.

Treatment:

- Control bleeding by putting pressure directly onto the wound (external only).
- Elevate the injured part above the heart
- If necessary, lay the person down, legs raised
- Prevent shock
- Administer oxygen if required.
- Seek medical assistance

If the dressing becomes blood soaked, add a dressing on top.

If this does not control the bleeding, remove all dressings, and start again. If direct pressure is ineffective, apply pressure to the artery above the wound. This will cut off the blood supply to the limb but must not be applied for more than ten minutes.

**Caution:**

If an object protrudes from a wound, do not remove! Build up padding around the protruding object until high enough to bandage over without pressing on it.

FIRST AID

6.9.20.2 Internal Bleeding

Suspect internal bleeding if, following an injury, signs of shock develop without obvious blood loss. At the site of injury, there may be bruising. Sometimes internal bleeding is visible through the body's orifices.

General treatment:

- Elevate the injured part above the heart
- If necessary, lay the person down, legs raised
- Prevent shock
- Administer oxygen if required.
- Seek medical assistance

Internal bleed that we are most likely to encounter onboard is:

NOSE BLEEDS	
Nosebleeds can be caused by aircraft pressurization, high blood pressure, sneezing, blowing, or picking.	
Treatment	• Sit the person up and lean them forward. • Pinch the soft (fleshy) part of the nose for 10-15 minutes to allow the blood to clot. • Repeat process (10-15 minutes) if the bleeding does not stop. • Apply a covered ice pack to the area. • Advise person to breathe through their mouth. • Spit out any blood to prevent this going down the back of the throat
If the nosebleed persists for more than 30 minutes, seek medical assistance.	

6.9.20.3 Dressings and Bandages

Bandages can have different uses. They can be used to secure dressings, control bleeding, support and immobilize limbs, and reduce swelling to an injured area.

Correct application of a bandage is important to ensure that the blood flow is not restricted. Circulation of blood flow is to be checked regularly (at least every 10 minutes).

Symptoms of restricted circulation:

- Skin is pale or blue/grey
- Skin is cool to the touch
- Person reports tingling or numbness
- Person becomes unable to move the affected area.

Treatment of restricted circulation:

- Loosen the bandage and monitor for bleeding.
- When circulation is restored, redress the wound.

FIRST AID

6.9.20.3.1 Dressings**Applying a dressing:**

- Use a sterile dressing
- Select a dressing large enough to cover the wound/burn and surrounding area
- Hold the dressing by the edges and place directly on the wound/burn
- Bandage firmly but not too tightly
- Leave fingers and toes exposed where possible to allow check of circulation

6.9.20.3.2 Bandages**Triangular Sling**

To support an injured arm / shoulder.	
Place the bandage between the arm and chest. Pull one end around the back of the neck.	
Bring the lower end over the person's forearm to meet the other end.	
Tie a knot above the collar bone	
To secure, bring the point it to the front of the elbow.	
Check circulation and if restricted undo the sling and loosen any bandages.	

FIRST AID

Compression bandage

Applying a compression bandage around an injured limb will hold the area in place by providing support and protection. However, do not tie the bandage too tightly as not to restrict the blood circulation.

Example of compression bandage application	
Start at the toes. Wrap the bandage around the ball of the foot once, keeping it taut.	
Wrap around the arch of the foot then: - pull bandage diagonally across the top of the foot. - circle it around the ankle. - bring bandage diagonally across the top of the foot and under the arch in a figure-eight pattern.	
Continue around ankle and foot in a figure eight, moving toward the heel on the bottom and toward the calf at the top of the eight.	
The wrap should cover the entire foot and end above the ankle.	
The wrap should not cut off circulation to the foot.	

SURVIVAL SEARCH AND RESCUE

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SURVIVAL SEARCH AND RESCUE

Ref: Appendix 1 to PART-CC 9

In the event of an aircraft making an emergency landing somewhere other than at airport, the relevant authorities will locate the site and save as many lives as possible.

Search and rescue

There are three phases to search and rescue:

Uncertainty phase: starts 30 minutes after an aircraft has failed to report at a scheduled point or time.

Alert phase: starts one hour after a point or position report is not received.

Distress phase: starts when an aircraft is believed to be in imminent danger.

A wide range of military and civilian aircraft as well as other professional and voluntary rescue services will take part in the search

See **SEP 4** for the description and operation of the equipment used for search, rescue and survival.

7.1 Principles Of Survival

Successful survival depends on two basic factors:

The will to survive: a mental attitude certain some people have more of than others..

Knowledge: the correct use of survival aids and the understanding of the procedures used by Search and Rescue Services.

To assist you in this task:

- Identify a leader for each group
- Make use of all available survival aids and materials
- Use all available human resources

Following an aircraft accident, the priority is to protect against the hazards of the environment and then to alert the rescue services. Depending on where you are it is possible to survive for days without water and weeks without food, so the priorities of survival can therefore be defined as:

Protection

Find a shelter to protect from extreme weather conditions.

Location

- Activate the ELT as soon as possible (if applicable).
- Consider using the aircraft radio if the aircraft battery is still live.
- Avoid leaving the site of the aircraft.

Water

Persons can survive 3 to 5 days without water. The need for water increases with exercise and warmer temperatures.

Ration water if necessary. Distribute liquids in small quantities and frequently. No water is to be issued for the first 24 hours except for injured who have lost body fluids by bleeding, sea sickness, shock victims and children.

SURVIVAL SEARCH AND RESCUE

Food

Persons survive weeks without food. Provided that water is available, a lack of food for 2 or 3 weeks should not have any long-lasting ill effects. Remember, food requires water to aid digestion.

7.2 Water Survival**7.2.1 Protection****7.2.1.1 Aircraft Without Slide Rafts/Life Rafts**

See (A320) SEP 5.1.6 / (ATR) SEP 5.2.6

Instruct passengers to jump into the water.

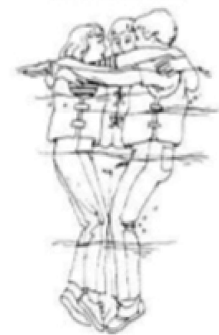
If available, slides can be detached from the aircraft and used as flotation devices for a limited number of injured, PRMs and small children, who can sit on the slide. Remaining survivors can hold onto the slide.

Survivors floating around in the water should be instructed to adopt the HELP or fetal position. (Heat Escape Lessening Position) to conserve body heat and energy.

Form a huddle by interlocking arms to allow the search and rescue team to spot survivors in the water. Place the least able (e.g. the elderly, children, and infants) in the centre of the circle so that they can be observed and protected.



HELP



HUDDLE

7.2.1.2 Aircraft With Slide Rafts/Life Rafts

See (A320) SEP 5.1.6

Board the slide raft/life raft as soon as possible, preferably without immersing in water first. It is essential to protect the body from extremes of heat and cold, and to avoid continuous immersion in sea water.

Once in the slide/life raft instruct passengers to assume the fetal position and huddle together.

Erect canopy - this will provide protection from the sun, wind, and rain.

In cold weather conditions, the hands will be chilled by the cold water and therefore be useless. Instead:

- place the canopy over the huddled occupants and then tuck the skirt of the canopy under their bottoms. This reduces the air space to be heated and increases the temperature inside the slide/life raft significantly.
- remove, wring out and reapply wet clothing to reduce the amount of body heat required to warm wet clothing.

Note: Survivors must always keep their life jackets on, even though they may be in a slide raft/life raft.

SURVIVAL SEARCH AND RESCUE

7.2.2 Location

To maximize the chances of being spotted from the air:

- activate the ELT (fixed and portable)
- tie slide rafts/life rafts together,
- deploy the sea anchors to minimize the drift.
- have at least one crew member per slide raft/ life raft.
- group floating survivors into huddles.

A continuous watch must be maintained, with all location aids available for immediate use should an aircraft or ship be seen or heard.

7.2.3 Water

The only liquids available will be those that were taken from the aircraft or rainwater that will be collected from the canopy of a slide raft/life raft.

Body Preservation of Water

- Keep cool to reduce water loss through the skin – use seawater
- Keep exercise to a minimum - sleep and rest.
- Prevent seasickness – vomiting is dehydrating
- Do not drink seawater - this causes vomiting
- Keep mouth moist - by sucking on a button or a piece of cloth



7.2.4 Food

Rationing of food supplies should be applied. Food is only available from what has been taken from the aircraft or if carried from the survival packs (i.e. sweets).

Consider using available natural resources, however, fish requires a lot of water to digest so should only be considered where fresh water is plentiful.

7.3 Polar Survival

7.3.1 Protection

In cold climates, there is a high risk of hypothermia and frostbite. Main priorities are warmth and shelter.

Keep warm by using additional clothing or blankets and stay huddled together.

Build shelters:

- with snow
- in wooded areas
- from a slide/life raft
- from parts of the aircraft



Note: In extremely cold weather areas, the aircraft fuselage should not be used as a means of shelter as the metal structure will conduct the heat away from the survivors.

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SURVIVAL SEARCH AND RESCUE

7.3.2 Location

Use any means possible to be located by an overhead search and rescue aircraft:

- position the ELT on high ground
- the aircraft itself
- make ground air signals with loose equipment such as suitcases, baggage, seat cushions, slide/life rafts etc.
- the aircraft radio if the battery is still live.
- Light a fire immediately - Fires forming a triangle are also recognized as an international distress signal. One fire should always be kept lit.

7.3.3 Water

Availability of drinking water is limited by the ability to melt snow and ice. If those are not available, other water should be purified by boiling.

7.3.4 Food

Use food available in the aircraft. Animals may be difficult to catch. Look for edible plants on the banks of streams and rivers, but:

- Avoid brightly colored plants
- Careful with berries as some may be poisonous
- Do not eat anything with milky sap

7.4 Desert Survival**7.4.1 Protection**

Stay out of the sun in areas of extreme heat, the first caution must be to:

Erect a shelter using:

- the aircraft for a durable and efficient shelter.
- blankets draped over rock ledges.

Limit your movements to conserve energy and your requirement for water.

Protect:

- head and eyes from the sun
- keep body cool during the day by wearing loose clothing. Cover your skin to prevent burning.

Note: Temperatures in desert conditions may vary from extreme heat to very cold.

7.4.2 Location

See [SEP 7.3.2](#)



SURVIVAL SEARCH AND RESCUE

7.4.3 Water

Water is a scarce in that environment and should not be wasted. Rationing may be necessary.

- Use water and soft drinks from the aircraft, as well as water from the survival pack/kit (if applicable).
- Collect rainwater and morning condensation.
- Follow animals, they may lead you to a stream or a well nearby.

7.4.4 Food

See [SEP 7.3.4](#)

7.5 Jungle Survival

7.5.1 Protection

Erect a shelter using:

- the aircraft for a durable and efficient shelter.
- slides / slide raft / life raft
- large / broad leaved plants.



7.5.2 Location

Making your location known in a jungle will be a challenge. See [SEP 7.3.2](#)

- Find open spaces to use attention attracting equipment for better visibility by search aircraft
- Scatter clothing and life jackets to give contrasting colors in any clear space

7.5.3 Water

Even though water is abundant in most tropical environments it may not be safe to drink.

- Collect water from condensation from a plant. Tying a clear plastic bag around a green leafy branch will cause water in the leaves to evaporate and condense in the bag.
- It may be possible to find clear drinkable water by digging a hole 1,5–2 meters away from swampy rivers.

7.5.4 Food

Food is usually abundant in a tropical survival situation.

7.6 Survival First Aid and Hygiene

Survivors may be suffering from shock and other painful and life-threatening injuries if left unattended. Organization of first aid and subsequent care of survivors is key.

Establish which of the passengers have medical training and ask these persons to assist with the injured. Select ABPs to assist with the tasks at hand.

SURVIVAL SEARCH AND RESCUE

7.6.1 Health Hazards**7.6.1.1 Preventing Dehydration**

- Keep cool to reduce loss of liquids - use seawater
- Get plenty of sleep and rest - keep exercise to a minimum
- Prevent seasickness - vomiting is dehydrating
- Do not drink seawater - this causes vomiting
- Do not drink alcohol - you urinate more and dehydrate faster
- Keep smoking to a minimum - this increases thirst
- Keep mouth moist - by sucking on a button or a piece of cloth

7.6.1.2 Cold Climates

Avoid hypothermia and frostbites. These are the most common outcomes which can be avoided by keeping warm and dry.

Hypothermia

This occurs when the body temperature falls below that necessary to sustain life (about 35°C).

Signs and symptoms of hypothermia:

- Shivering and numbness of the body
- Slurred speech
- Sluggish reactions
- Stiff and cramped muscles
- Exhaustion, drunk or drugged appearance

Frostbite

The freezing of exposed parts of the body and areas farthest from the heart (bad blood circulation) such as the face, nose, ears, hands, and feet.

Snow Blindness

Snow blindness is a temporary form of blindness caused by the reflection of light from the snow. A very painful condition that can only be treated by resting the eyes in complete darkness.

7.6.1.2.1 Treatment of Casualties in Cold Climates

- Bring the person to a warmer place
- Lay the casualty down in a sheltered area; do not allow them to walk around
- Warm up affected parts slowly – cover them with blankets or clothes
- Wrap the casualty in blanket(s) to restore body heat
- Cover the head and face, to trap exhaled breath
- Do not remove shoes or gloves with force
- Do not massage or rub frozen extremities
- Use body heat to defrost e.g. hold warm hands over ears or parts of the face

SURVIVAL SEARCH AND RESCUE

7.6.1.3 Hot Climates

Over exposure to the sun and/or too much activity are big health threats in hot and humid conditions. To prevent this, remain in the shade and do not exert yourself unnecessarily, particularly during the day. Wear thin and light layers of clothing, and protect your head, neck, and eyes.

Heat Cramp

This is the first warning of heat exhaustion and is due to the lack of salt in the body (caused by perspiration). Symptoms are muscle cramping, shallow breathing, dizziness, nausea, and vomiting.

Heat Exhaustion

The symptoms are the same as for heat cramps including signs of shock. Pale, cold clammy skin with a weak pulse. Unconsciousness may result.

Sunstroke

Symptoms include redness of the skin, excessive perspiration, and clamminess, feeling faint and tired.

Eyes

Exposure to direct / reflected sunlight or by the glare from snow / water will cause damage to the eyes. Protect the eyes to avoid temporary blindness.

7.6.1.3.1 Treatment of Casualties in Hot Climates

Move into the shade and rehydrate (if available, one teaspoon of salt per half a liter of water).

7.6.2 Hygiene

Personal hygiene is important in a survival situation, as the surroundings will become unsanitary very quickly.

Encourage:

- washing, if possible,
- changes of clothing if they can be retrieved from the baggage in the aircraft hold.
- regular checks of the body- pay attention to areas between the toes, under the arms and between the legs.

Lavatories and washing facilities must be set up away from drinking water and food.

SURVIVAL SEARCH AND RESCUE

7.7 Alternative Use of Aircraft Equipment

Time /situation permitting, items which have potential use should be taken off the aircraft.

- Spare child/adult life jackets – can be useful as
 - Insulation – partially inflated life jacket between the body and the raft can provide insulation
 - Pillow – for injured survivors
 - Spare lights – remove intact light unit from the life jacket. Immerse the battery into a small container of water, the light then can be moved around as required
 - Water containers – remove the inflation valve, fill through the tube and use tape from the first aid-kit over the end of the tube
 - Splints – an inflated life jacket will immobilize and support a fractured bone. The amount of inflation can be varied according to the size of the limb being supported. The life jacket tapes may be used to secure it firmly to the limb after inflation
 - Emergency Locator Transmitter (ELT) – place the ELT through an inflated life jacket to make it easier for the lookouts to maintain a watch on the ELT
- Mirrors, tins, and tinfoil - can be used to reflect the sun's rays. Get survivors to practice with these
- Coffee pots - useful for carrying water
- Strips of clothing, seat covers, slides etc- to form Ground Air Distress Signals on any high ground. The letters should be approximately 2,5m.

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SURVIVAL SEARCH AND RESCUE

7.8 Survival Checklists

Follow the checklists below using the equipment available to the crew on the day.

7.8.1 Land Survival Checklist

LAND SURVIVAL CHECKLIST	
Protection	
• Move survivors away from the aircraft • Head count • Attend to the injured • Locate immediate protection for survivors • Allocate duties to survivors	
Location	
• Activate ELT • Prepare Ground Air Distress Signals – fires (see table below) • Be ready to use attention-attracting equipment • Stay within the vicinity of the aircraft	
Water	
• Water from survival kit/pack • Purify stagnant water • Melt snow/ice • Collect rainwater	
Food	
• Bring relevant items from aircraft	

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SURVIVAL SEARCH AND RESCUE

7.8.2 Water Survival Checklist

WATER SURVIVAL CHECKLIST	
Protection	
• If equipped with slides/sliderafts, detach them from the A/C • Check for raft damage • Check for survivors in the water • Bring in and secure the survival kit/pack • Distribute seasickness tablets • Attend to the injured • Allocate duties to survivors • Erect canopy	
Location	
• Activate ELT • Tie rafts together • Deploy sea anchor • Delegate lookouts for search and rescue aircraft/boat • Be ready to use the attention attracting equipment	
Water	
• Rainwater • Dew from the canopy, water from the survival kit/pack	
Food	
• Bring relevant items from aircraft	

SURVIVAL SEARCH AND RESCUE

7.9 Ground-To-Air Distress Signals

GROUND-TO-AIR DISTRESS SIGNAL	
Sign	Message
V	Require assistance
X	Require medical assistance
N	No/negative
↑	Proceeding in this direction

Symbols shall be at least 2.5 m long to be as visible as possible. Symbols may be formed by:

- any available materials such as strips of fabric, pieces of wood, rocks, or aircraft parts
- attention to the signals may be attracted by different means such as Emergency location transmitter, fires, flares smoke, reflected light, etc.
- the letters “SOS” may always be used.

See [OM-A 9](#)

DANGEROUS GOODS

8.1 Dangerous Goods Response Procedure

DANGEROUS GOODS RESPONSE PROCEDURE	
Initial action	• Notify CMDR and keep him informed • Identify item using the “ICAO Emergency Response Drill Chart” GOM 7.1.4.4.3 and 7.1.4.4.4
In case of spillage or leakage	• Move passengers away from area • Avoid contact with the content of the package • Treat affected skin/ clothing/ seat covers/ carpets in the same manner as the dangerous goods item. • Regularly inspect contaminated items/areas
After landing	• Show the ground/ technical personnel where the dangerous goods item is stowed • Make appropriate entry in ATL • Note names of all persons involved

Note: Whenever contaminated by any suspected DG substance, remove clothing, wash hands/skin, and keep hands away from nose, eyes, and mouth.

SECURITY

See [OM-A 10.2](#)

Any anomalies found during a search must be reported to the CMDR.

9.1 Basic Search Technique

An aircraft security/bomb search shall include an examination of all accessible areas in the interior of the aircraft.

Empty areas will be checked by visual checks and remaining areas by a hand search.

Note: When a physical search is carried out using the hand(s), care must be taken not to put hands directly into areas that are not visible such as seat pockets to avoid being injured by items such as used needles.

9.2 Security Search

When performing a security search, CCMs will use their Security/Bomb Search Checklist found in the CCL. **10 life jackets** must be checked per CCM

When a stowage is sealed or permanently blocked off, CCMs must make sure that it has not been tampered with and remains sealed.

9.2.1 Security Seal Procedure

To simplify and speed up the security search process, chosen compartments or bags in the cabin may be sealed with security seal. If it is evident that a seal is broken or missing or if it is suspected to have been tampered with, a security search of the affected area shall be performed.

Unsealed compartments or bags must be physically examined during the security search until it can be re-sealed by an engineer.

9.3 Bomb Search

When performing a bomb search, CCMs will use their Security/Bomb search check list found in the CCL. **100 percent** of life jackets must be checked.

When a stowage is sealed or permanently blocked off, CCMs must make sure that it has not been tampered with and remains sealed.

9.4 Least Risk Bomb Location (LRBL)

For details on how to handle a suspicious item found during flight, see [OM-A 10.7](#)

The rear aft service door in the cabin is the most adequate LRBL see [OM-A 10.8](#)

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SECURITY

9.5 Security/Bomb Search Procedure

See [OM-A 10.2.2](#)

See below for the generic search procedure. Items detailed below will be not applicable to all aircraft.

A galley may be catered during boarding to aid on-time performance, providing a CCM always remains present. This also allows the CCM to security search behind carts and atlas boxes as they are being placed into their stowage.

9.5.1 - FCM

SECURITY/BOMB SEARCH PROCEDURE - FCM	
Flight Deck	Stowages/compartments Remove loose items for visual inspection Floor area Check for loose items on the floor, under the seats, by the sidewall
External search	Aircraft cargo hold A320 – Verified empty by the contracted supplier ATR – Verified empty by FCM (Forward and Aft) Other external areas • Service panels and hatches • Wheel wells (if accessible from the ground without stairs)

9.5.2 CCM

For individual crew responsibilities see (A320) [SEP 5.1.14.1.2](#) / (ATR) [SEP 5.2.14.1.2](#)

SECURITY/BOMB SEARCH PROCEDURE - CCM	
Galleys	Galley equipment • Cupboards/Stowages • Loose service equipment • Ovens Waste bins: Empty - Inside and behind bin Carts & boxes • Above and behind • Inside unsealed items • Seals intact Drop down shelves: Open shelf
Crew seats	• Unfold seat and check inside • Check stowages (underneath, behind headrest as applicable)

SECURITY

SECURITY/BOMB SEARCH PROCEDURE - CCM	
Cabin area	Overhead compartments and other stowages - Physically check through pillows and blankets - Remove other loose items for visual inspection Floor area Check for loose items on the floor, under the seats and by the sidewall Safety equipment stowages Physical and visual check
Passenger seats	Seat pockets Check of each seat pocket Between seat cushions Check between and around seats including seats and sidewall Armrest seat table stowage Remove table from stowage and check Life jacket pouches/containers <u>Unsealed:</u> A random physical check (squeeze the pouch if applicable) 10 LJs per CCM for security search / All LJs for bomb search <u>Sealed:</u> A visual check of the sealed pouch. If not intact, check the content of the pouch/container for tampering and note in the ATL Seat tables Check behind when suspecting a hidden item
Lavatories	Stowages/cupboards Physically check through dry stores Changing table Open table Waste bin Remove the bin from stowage and check it is empty
SCCM to report that the security/bomb search is complete to the CMDR	

SECURITY

9.6 Unruly Passengers

For further information and policies on unruly passengers, always refer to the Security manual SEC **8 - Unruly Passengers**

9.6.1 Levels of Threat

LEVELS OF THREAT			
	Level 1	Level 2	Level 3
Behaviour	Disruptive behaviour (includes smoking)	Continued disruptive behaviour	Escalating behaviour Physical violence (including using/showing weapon)
CCM actions	Follow conflict management action plan (Maintain two-way communication between CCMs and FCMs)		
Actions	Verbal warning Inform CMDR	Written warning, signed by CMDR is handed to the passenger. Consider the use of restraint kit as needed.	Fill out Level 3 Collect witness reports found in restraint kit. Call authorities to the gate.

9.6.2 Conflict Management Action Plan

Step 1

- Try and calm the passenger to de-escalate the situation.
- Explain consequences of their actions.
- Communicate with all crew members and request assistance.

Step 2

- Do not serve alcoholic beverages.
- Issue warning “Passenger Disturbance Report” as required.

Step 3

- If necessary, restrain passenger.
- Request authorities to meet the aircraft. Provide them with a copy of the report.