REPORT OF THE BOARD OF TRUSTEES

B of T Report 30-A-18

Subject: In-Flight Emergencies (Resolution 516-A-17, Resolve 5)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee E
(Douglas Martin, MD, Chair)

INTRODUCTION

At the 2017 Annual Meeting, Resolve 5 of Resolution 516-A-17, “In-Flight Emergencies,” introduced by the Minority Affairs Section and referred by the House of Delegates (HOD), asked:

That our American Medical Association (AMA) offer medical trainees and physicians medical education courses to prepare for addressing in-flight emergencies during its meetings and/or by strongly encouraging its affiliated state and local branches to offer similar education courses.

This report will outline the current options for physician continuing medical education (CME), guidance, and policy on the topic of in-flight medical emergencies (IFMEs).

BACKGROUND

IFMEs are defined as medical events that require the attention of medical professionals or the flight staff and crew aboard an aircraft. These emergency events occur in about one out of every 604 flights, but the actual incidence of these events is unknown and this is likely an underestimate because of underreporting. The most common medical emergencies are feelings of lightheadedness and dizziness, acute infections, shortness of breath, trauma, syncope, altered mental status, stroke, and acute coronary syndromes.

ON-BOARD MEDICAL RESOURCES

The Federal Aviation Administration (FAA) mandates that U.S.-based airlines carry first aid kits that are stocked with basic supplies such as bandages and splints. The requirements were arrived at based on public input during a Notice of Proposed Rulemaking included in the Aviation Medical Assistance Act of 1998. At least one kit must contain the required items, and at least one automated external defibrillator (AED) must be available. For international airlines, medical supply requirements are determined by the corresponding national aviation regulatory authority in collaboration with the airlines they regulate.

Ground-based medical support systems (GBMS) are widely used by airlines, especially by long haul aircraft, to provide advice to crew who are dealing with a medical emergency. The ground based medical officer can provide advice to crew and to an on board volunteer doctor since he/she is trained in the provision of aircraft related medical advice, knows exactly what is contained in a particular operator’s on board medical supplies and is aware of the medical facilities in the vicinity of the aircraft, should a diversion need to be considered.
AIRLINE PROTOCOLS FOR MANAGING IN-FLIGHT MEDICAL EVENTS

When in an aircraft, the pilot, assisted by the co-pilot, has overall responsibility for the passengers, the crew, the flight, and the aircraft. Cabin crews, who are responsible for managing IFMEs are trained to recognize common medical issues and provide first aid and basic cardiopulmonary resuscitation. Cabin crew will generally make an initial assessment of a passenger in need of medical assistance and will keep the pilot informed about the situation. Crew is also responsible for requesting assistance from any onboard medical professionals if needed. The pilot can call GBMS for assistance if necessary.

IFME GUIDANCE, TRAINING, AND POLICY

Congress passed the Aviation Medical Assistance Act in 1998, which protects providers who respond to IFMEs. Onboard emergency medical equipment, including automated external defibrillators (AEDs) and emergency medical kits are federally regulated; minimum emergency medical kit requirements exist and AEDs are required on all airplanes of air carriers operating under CFR part 121 with a maximum payload capacity of more than 7,500 pounds and with at least one flight attendant.

The Aerospace Medical Association (AsMA) has done extensive work to address IFMEs. With the collaboration of other medical organizations, including the AMA, AsMA released a guidance document with information and/or recommendations about what the most common IFMEs are, how often they occur, necessary on-board medical supplies, appropriate cabin crew training, the need for automated external defibrillators, and legal aspects of IFMEs. In April 2016, AsMA convened an Aircraft Emergency Medical Kits Workgroup that included AMA representation. Based on the outcome of this meeting, AsMA further refined its recommendations regarding medical guidelines for airline travel/in-flight medical care, including the contents of on-board medical supply kits. These recommendations support an expanded cache of supplies compared with those required by the FAA. The AsMA guidance also includes information to assist volunteer medical professionals who respond to a request for medical assistance, including advice on providing identification and proof of credentialing, inquiring about ground support, and documenting diagnostic findings and treatment.

In collaboration with the AMA, International Civil Aviation Organization (ICAO), International Air Transport Association (IATA), International Academy of Aviation and Space Medicine (IAASM), American Osteopathic Association (AOA), and American College of Emergency Physicians (ACEP), AsMA also has developed an educational and training resource document for health professionals entitled, “Managing In-flight Medical Events.”

Other aviation organizations also regularly study, make recommendations on, and have informational material related to IFMEs. IATA publishes a medical manual which details protocols for IFMEs. ICAO works in close collaboration with agencies and organizations including the World Health Organization (WHO), IATA, and Airport Council International (ACI) to provide medically related publications, training, and policy. ICAO also cooperates and consults with the chief medical officers of civil aviation authorities around the world and the Medical Directors of airline companies.

Recently, a CME opportunity on the topic of IFMEs was published in the Cleveland Clinic Journal of Medicine.
CURRENT AMA POLICY

Extensive AMA policies address IFMEs. Policy H-45.979, “Air Travel Safety,” (Appendix) supports efforts to educate the flying physician public about IFMEs to help them participate more fully and effectively when an IFME occurs. Policy H-45.978, “In-flight Medical Emergencies,” discusses in-flight emergency medical supplies and equipment and H-45.982, “Improvement in U.S. Airlines Aircraft Emergency Kits,” urges the FAA to work with the airline industry and appropriate medical specialty societies to periodically review data on the incidence and outcomes of in-flight medical emergencies and issue recommendations regarding the contents of in-flight medical kits and the use of emergency lifesaving devices.

SUMMARY AND CONCLUSION

Although numerous publications of experiences managing IFMEs exist in the literature, many are anecdotal, based on one event, and may draw conclusions that are not necessarily applicable throughout the industry. AsMA, in collaboration with several other organizations, has developed guidance and training for medical practitioners who volunteer to provide assistance on board an aircraft. Additionally, other resources are available to physicians interested in learning more about IFMEs. Resources available on the topic of IFMEs include:

- AsMA guidance document
- IATA medical manual
- Cleveland Clinic Journal of Medicine CME
- In-Flight Medical Emergencies during Commercial Travel, New England Journal of Medicine article detailing response recommendations, consulting with GBMS, and medical kit contents
- ICAO information regarding Aviation Medicine
- Handling In-Flight Medical Emergencies
- What to do during inflight medical emergencies? Practice pointers from a medical ethicist and an aviation medicine specialist
- FAQ: What Should Happen During an Inflight Medical Emergency

Given that up-to-date educational resources are available on this topic, the Board of Trustees believes further efforts on this topic by our AMA are not necessary at this time. The extensive work by AsMA and others, as well as current AMA policy, address IFMEs in depth.

RECOMMENDATION

The Board of Trustees recommends the existing AMA Policy H-45.979, “Air Travel Safety,” be reaffirmed in lieu of Resolve 5, Resolution 516-A-17, and the remainder of the report be filed. (Reaffirm Current HOD Policy)

Fiscal Note: Less than $500
REFERENCES

Policy for Reaffirmation

H-45.979, “Air Travel Safety”

Our AMA:

(1) encourages the ongoing efforts of the Federal Aviation Administration, the airline industry, the Aerospace Medical Association, the American College of Emergency Physicians, and other appropriate organizations to study and implement regulations and practices to meet the health needs of airline passengers and crews, with particular focus on the medical care and treatment of passengers during in-flight emergencies;

(2) encourages physicians to inform themselves and their patients on the potential medical risks of air travel and how these risks can be prevented; and become knowledgeable of medical resources, supplies, and options that are available if asked to render assistance during an in-flight medical emergency; and

(3) will support efforts to educate the flying physician public about in-flight medical emergencies (IFMEs) to help them participate more fully and effectively when an IFME occurs, and such educational course will be made available online as a webinar.