



**COMMENT RESPONSE DOCUMENT (CRD)
TO NOTICE OF PROPOSED AMENDMENT (NPA) 2009-02e**

for an Agency Opinion on a Commission Regulation establishing the Implementing Rules for the medical fitness of cabin crew

and

a draft Decision of the Executive Director of the European Aviation Safety Agency on Acceptable Means of Compliance and Guidance Material on the medical fitness of cabin crew

“Implementing Rules for Medical Fitness of Cabin Crew”

CRD c. 4 – Comment Response Summary Table (CRST)

A: NPA Proposed Implementing Rules	B: Summary of comments received	C: Responses with reason for change and/or ; remarks	D: Source ref. and compliance	E: ICAO ref. and compliance
<p>X. Supplement to Draft Opinion Part-Medical (Part-MED)</p>				
<p>Note: Please note that the Draft Opinion Part-Medical has already been published on 5 June 2008 in <i>NPA 2008-17c "Implementing Rules for Pilot Licensing – C. Part Medical"</i>. For ease of reference in the below text, links to the Comment-Response Tool (CRT) are given for those Subparts already published.</p> <p>Note: All proposals presented here are therefore a supplement and only relate to the medical fitness of cabin crew.</p> <p style="text-align: center;">Annex II to the Personnel Cover Regulation PART-MEDICAL</p> <p style="text-align: center;"><i>See: NPA 2008-17c published on http://hub.easa.europa.eu/crt/docs</i></p> <p style="text-align: center;">Subpart A</p> <p style="text-align: center;">GENERAL REQUIREMENTS</p> <p style="text-align: center;">Section 1</p> <p style="text-align: center;">General</p> <p style="text-align: center;"><i>See: NPA 2008-17c published on http://hub.easa.europa.eu/crt/docs</i></p> <p style="text-align: center;">Section 2</p> <p style="text-align: center;">Issuance, revalidation and renewal of medical certificates</p> <p style="text-align: center;"><i>See: NPA 2008-17c published on http://hub.easa.europa.eu/crt/docs</i></p> <p style="text-align: center;">Section 3</p> <p style="text-align: center;">Suspension and revocation</p> <p style="text-align: center;"><i>See: NPA 2008-17c published on http://hub.easa.europa.eu/crt/docs</i></p>	<p style="text-align: center;"><u>Abbreviations used:</u></p> <p>'MS' means 'Member State'</p> <p>'A/C MAN' means 'manufacturer'</p> <p>'AME' means 'aero-medical examiners'</p> <p>'OP' means 'Operator'</p> <p>'CC' means 'Cabin Crew'</p> <p>'FC' means 'Flight Crew'</p> <p>'IRs' means 'Implementing Rules'</p> <p>'AMC' means 'Acceptable means of Compliance'</p> <p>'GM' means 'Guidance Material'</p>	<p style="text-align: center;"><u>Note:</u></p> <p>Responses are provided on the basis of the following classification:</p> <ol style="list-style-type: none"> 1. 'Accepted / Partially accepted' 2. 'Noted' 3. 'Conflict with BR (≠BR) / Not accepted' <p style="text-align: center;"><u>Abbreviations used</u></p> <p>'NCC' means 'Non commercial operations with complex motored-powered aircraft'</p> <p>'CAT' means 'Commercial Air Transport operations'</p> <p>'RMG' means 'Rulemaking Group'</p> <p>'RG' means 'Review Group'</p>	<p style="text-align: center;"><u>Abbreviations used:</u></p> <p>'BR' means 'Regulation (EC) N°216/2008'</p>	
<p>Note:</p> <p>On this first line the comments relating to cabin crew medical fitness requirements that were made to the Explanatory Memorandum relating to cabin crew are summarised.</p> <p>Summary of comments to the RIA (NPA-2009-02g) relating to cabin crew medical fitness requirements, as well as the overall assessment of all comments received on this issue can be found in Explanatory Note B to CRD 2009-02e (CRD a.2).</p> <p>Summaries of comments received for each segment are provided in Column B and the Agency's related responses in Column C.</p> <p>To facilitate reading of the resulting text identified by the track changes in this Column A, the new AMC/GM have been placed in this Comment Response</p>	<p style="text-align: center;"><u>32 comments</u></p> <p>(reiterated under other segments)</p> <p><u>MS:</u> 02 (09 comments)</p> <p>- 03: request clarification & changes to the scope of Part-MED</p> <p>- 06: NPA is disproportionate for CC in CAT and not relevant for CC in NCC</p>	<ol style="list-style-type: none"> 1. Scope: the text has been clarified to cover CC medical fitness in MED.A 005 (see CRD 2008-17c – CRD b.2) 1. Proportionality: the resulting text in segments below includes- several significant changes 3. ≠BR. Relevance for CC in NCC: Article 8.4 and Annex IV apply to NCC. RM & RG subgroups for NCC 	<p>BR Article 8 (4)</p> <p>Annex IV point 7.b. (ii)</p>	

<p>Summary Table immediately after the related proposed rule.</p> <p>Additionally, a clean version of the resulting text can be found in CRD 2008-17c and 2009-02e (CRDs b.2 for the IRs and CRD b.3 for AMC/GM).</p>	<p><u>OPERATORS</u>: 23 comments by 5 airlines of the same MS expressing disagreement with the proposals, and reiterated under other segments</p>	<p>were consulted and contributed to the drafting of the proposals.</p> <p>⇒ All: Detailed responses are provided under the relevant segments below</p>		
<p>(NEW) Section 4 SUBPART E</p> <p>REQUIREMENTS FOR MEDICAL FITNESS OF CABIN CREW</p> <p style="text-align: center;">SECTION 1 General Requirements</p>	<p><u>18 comments (incl. 8 duplicates)</u></p> <p><u>MS</u> : 05</p> <ul style="list-style-type: none"> - initial exam ok but should be followed by self-assessment, except in the case of a medical event, where an exam & re-assessment are appropriate; - attestation possibly not accepted by other MS if medical criteria are left to the discretion of MSs, - agrees with NPA but recommends detailed medical criteria in IRs to be moved to AMC - clarify scope of Part-MED <p><u>OPERATORS</u>: 5 comments by 3 associations & 2 individual airlines+ 8 duplicates</p> <ul style="list-style-type: none"> - General disagreement: 'no impact on flight safety' - Specific medical criteria in IRs should be moved to AMC 	<p>3. ≠.BR Self-assessment and medical criteria at the discretion of MSs conflict in principle with the BR</p> <p>1. Medical event-based principle is accepted and partially used in the resulting text (see MED.E.010)</p> <p>2. Medical criteria are specified in AMC</p> <p>1. Specific medical criteria have been moved to AMC</p> <p>1. Scope: clarified to cover CC medical fitness in MED.A 005 (see CRD 2008-17c – CRD b.2)</p> <p>2. The BR objective is to ensure performance of duties</p> <p>1. Specific medical criteria have been moved to AMC</p> <p>Following the positive feedback received from RG members, the former Section 4 of Subpart A has been transferred as the new Section 1 of Subpart E.</p>	<p>BR - Article 8 (5)(e)</p> <p>(e) conditions for issuing, maintaining, amending, limiting, suspending or revoking the cabin crew attestation referred to in paragraph 4;</p> <p>BR Annex IV</p> <p>7.b. Cabin crew members must</p> <p>(ii) be periodically assessed for medical fitness to safely exercise their assigned safety duties. Compliance must be shown by appropriate assessment based on aero-medical best practice</p>	<p>ICAO Doc 7192-AN/857 Part E-1</p> <p>1.2.2.3 The following requirements, applicable to cabin attendants, are indicative of the minimum qualifications recommended</p> <p><u>Medical</u>: Examination to determine physical fitness for safety-related cabin crew responsibilities.</p>
<p>MED.A.070E.001 General requirements</p> <p>(a)—Cabin crew members shall only —shall be physically and mentally fit to perform their duties and responsibilities safely required by aviation safety rules on an aircraft when they have been assessed medically fit in accordance and shall comply with the applicable requirements specified in this Subpart as applicable to the type of operations they are assigned to.</p>	<p><u>36 comments (incl. 25 duplicates)</u></p> <p><u>FAA</u>: provided info on US rules</p> <p><u>MS</u>: 02</p> <ul style="list-style-type: none"> - attestation is not linked to fitness 	<p>2. F/A (CC) must demonstrate performance every 2 years; FAA has proposed increasing the frequency to every year</p> <p>3. ≠BR attestation is linked to fitness: see conditions required by Art.8 (5)(e)</p>	<p>BR - Article 8 (5)(e)</p> <p>(e) conditions for issuing, maintaining, amending, limiting, suspending or revoking the cabin crew attestation referred to in paragraph 4;</p>	<p>ICAO Doc 7192-AN/857 Part E-1</p> <p>1.2.2.3 The following requirements, applicable to cabin attendants, are</p>

	<ul style="list-style-type: none"> - CC should inform OP - same medical requirements for CC in NCC as in CAT <p><u>OPERATORS</u>: 30 comments (incl. 23 duplicates):</p> <ul style="list-style-type: none"> -request to follow EU-OPS only - No ICAO SARPs - Refer to discrimination <p>- CC fitness: this is a matter of occupational health practice to be based on individual assessment</p> <ul style="list-style-type: none"> - Suggests for CC in CAT the same frequency as for the Class 2 Medical certificate <p><u>CABIN CREW</u> 01 comment (+02 duplicates): agree in principle</p>	<p>1. Text revised: CC to inform OP</p> <p>1. requirements revised to be common to all CC</p> <p>3. ≠BR requires conditions to be specified, which applies even if ICAO only recommends a medical examination; see column E</p> <p>2. 'Discrimination' refers to individual cases, as a case-by-case issue: it is not relevant when the same rules apply to all</p> <p>1. The occupational health objective is different from aviation safety rules but flexibility is proposed under certain conditions in the resulting text see MED.E.005 new (c) (2)</p> <p>1. text revised see MED.E.005 (b)</p> <p>2. Agreement acknowledged</p>	<p>BR Annex IV 7.b. Cabin crew members must (ii) be periodically assessed for medical fitness to safely exercise their assigned safety duties. Compliance must be shown by appropriate assessment based on aero-medical best practice</p> <p><i>OPS 1.995</i> Minimum requirements</p> <p>An operator shall ensure that each cabin crew member:;</p> <p>(b) has passed a medical examination or assessment at regular intervals as required by the Authority so as to check the medical fitness to discharge his/her duties;</p>	<p>indicative of the minimum qualifications recommended</p> <p><u>Medical</u>: Examination to determine physical fitness for safety-related cabin crew responsibilities.</p>
<p>(b) Cabin crew members holding a cabin crew attestation shall not exercise their privileges:</p> <p>(1) when they have been assessed unfit according to the medical requirements prescribed in Subpart E; and</p> <p>(2) when they are aware of any decrease in their medical fitness which might render them unable to perform their duties and responsibilities.</p>		<p>Provisions have been transferred to MED.E.010 (a) 'Suspension of the exercise of duties' for consistency with the resulting text.</p> <p>When finalising the Opinion, these may still be transferred/covered under Subpart A as a common rule applicable to all personnel concerned by Part-MED.</p>		
<p>MED.A.075E.005 Frequency of Aero-medical examinations and assessments</p> <p>(a) For cabin crew in non-commercial operations Cabin crew members shall undergo an aero-medical examinations and assessments to verify that they are free from any physical or mental illness which might lead to an inability or incapacitation to perform their assigned duties and responsibilities:</p> <p>(1) before being first assigned to operate on an aircraft; and thereafter</p>	<p><u>36 comments (incl. 13 duplicates)</u></p> <p><u>MS</u>: 5 (with 08 comments)</p> <ul style="list-style-type: none"> - CC not required in NCC ⇒ delete requirement / CC in CAT ⇒ assessment is sufficient + frequency: one at 45 + every 5 years until 60 + every 2 years 	<p>3. ≠BR CC have no aero-medical knowledge to assess fitness – self-assessment may mean self-incrimination and conflict with the BR</p>		

<p>(2) every 5 years until the age of 40; (3) every 3 years until the age of 50; (4) every 2 years from the age of 50 onwards.</p>	<p>after 60</p> <ul style="list-style-type: none"> - frequency every 5 years 			
<p>(b) For cabin crew in commercial operations Applicants for and holders of a cabin crew attestation shall undergo an aero-medical examination and assessment to verify that they are free from any physical or mental illness, which might lead to inability or incapacitation to exercise their privileges: The aero-medical examinations and assessments referred to in (a) shall be conducted according to the medical requirements specified in Section 2 and shall take place before a cabin crew member is first assigned to duties on an aircraft and thereafter at the following intervals: (1) before being issued a cabin crew attestation; and thereafter (12) every 3 years-60 months until the age of 40; (23) every 2 years-24 months between the age of 40 and until the age of 50; and (34) every 12 months from after the age of 50 onwards.</p>	<ul style="list-style-type: none"> - frequency: every 5 years until 40 + every 3 until 50 + every 2 after 50 - frequency proposed in (b) ok for CC in CAT and also for CC in NCC - frequency as for class 2 - exam at initial ok and in case of medical event + self-assessments in other cases <p><u>AME: 03</u></p> <ul style="list-style-type: none"> - 2 individuals: recommend frequency of Class 2 Med. Cert. - 1 association: occupational practice is sufficient <p><u>A/C MAN (non-EU):</u> delete all requirements</p> <p><u>OPERATORS:</u> 21 comments (incl. 13 duplicates)</p> <ul style="list-style-type: none"> - Initial exam is okay, and in case of a medical event or absence for sickness, followed by self-assessments (with questionnaires) in other cases <ul style="list-style-type: none"> - frequency every 4 years until 40 + every 3 years after - frequency every 5 years until 40 + every 3 years after - occupational practice - self-declarations 	<p>1. text revised as suggested by most related comments: frequency has been changed to be as for Class 2 for all CC</p> <p>3. See above response 3.on self-assessments</p> <p>1. The issue of a medical event is addressed in revised MED.A.80</p> <p>1. See the response above.</p> <p>2. see also revised text MED.E.005 - new (c) (2)</p> <p>3. ≠ The BR requires conditions to be specified</p> <p>3. See above response 3. for self-assessments</p> <p>1. see also revised text MED.E.010 (a)</p> <p>1. text revised as suggested by the majority of comments: frequency as for Class 2 for all CC</p> <p>2. see also revised text MED.E.005 - new (c) (2)</p> <p>3 ≠BR CC have no aero-medical knowledge to assess fitness – self-assessment may mean self-</p>		

		<p>incrimination and conflict with the BR</p>		
<p>MED.A.080 – Aero-medical examinations and assessments (a) – For cabin crew in non-commercial operations Aero-medical examinations and assessments shall be conducted according to the medical requirements prescribed in Subpart E, and if permitted under national law by a GMP qualified in accordance with the Part or by an AME.</p> <p>(c) Aero-medical examinations and assessments shall be conducted: (1) by an AME qualified for the issuance of Class 2 medical certificates, or an AeMC; or (2) if the relevant national occupational health system can ensure compliance with (b) by an occupational medical practitioner provided that he/she: (i) is licensed in the practice of medicine and qualified in occupational health in accordance with national law; and (ii) has acquired knowledge in aviation medicine and, in the specific training and duties required from cabin crew by aviation safety rules and their operating environment.</p>	<p><u>57 comments (incl. 25 duplicates)</u> MS: 06 with 08 comments</p> <ul style="list-style-type: none"> - NAA is not responsible for CC fitness - Delete all MED.A.080 (considered to be a regulatory burden, increased work for NAAs) - Unfit CC must inform the operator and must not exercise their duties 	<p>3. ≠BR Art.8(5)(e) requires conditions to be specified, meaning a process under the responsibility of the NAA must be in place</p> <p>1. text revised: see MED.E.015 (d) (</p> <p>1. text revised: see MED.E.015 (a)(2)</p>	<p>AMC OPS 1.995(a)(2) Minimum requirements</p> <p>1.The initial medical examination or assessment and any re-assessment of cabin crew members should be conducted by, or under the supervision of, a medical practitioner acceptable to the Authority.</p>	<p>ICAO Doc 7192-AN/857 Part E-1</p> <p>1.2.2.3 The following requirements, applicable to cabin attendants, are indicative of the minimum qualifications recommended</p> <p><u>Medical</u>: Examination to determine physical fitness for safety-related cabin crew responsibilities.</p>
<p>(b) – For cabin crew in commercial operations (1) Aero-medical examinations and assessments of medical fitness of applicants for and holders of a cabin crew attestation shall be conducted by an AME qualified for the issuance of Class 2 medical certificates or by an AeMC.</p>	<ul style="list-style-type: none"> - Same standards for all CC - Recommend the use of a standard medical certificate or similar doc 	<p>1. text revised: see MED.E.005 and proposed medical attestation to ensure operators are informed, and the NAA if applicable</p>		
<p>(2) When assessing the medical fitness of an applicant for, or holder of, a cabin crew attestation, the AME or AeMC may use the results of recent medical examinations or investigations undertaken by the applicant or holder to comply with occupational health requirements, provided such examinations or investigations comply clinically and technically with the applicable requirements of this Part.</p>	<p><u>AME: 03</u></p> <ul style="list-style-type: none"> - data not to be sent to the NAA - against GMP to assess fitness (AME/AeMC only) 	<p>1. text revised: see MED.E.005 (c)</p>		
<p>(3) The AME or AeMC shall verify that the applicant for, and holder of, a cabin crew attestation complies with the medical requirements prescribed in Subpart E and shall inform the applicant or holder in writing indicating the date of the examination and assessment and whether they have been assessed fit or unfit.</p>	<ul style="list-style-type: none"> - permit the medical practitioner of the operator <p><u>A/C MAN (EU): clarify 'recent'</u></p>	<p>1. text revised: 'recent' not used any more</p> <p>Not applicable – the text has been deleted,</p>		
<p>(4) In case of suspected unfitness and of unfit assessment, the cabin crew member shall: (i) be referred to the competent authority by the AME or AeMC in a form and manner established by the competent authority in relation with the procedures applicable to the cabin crew attestation; and (ii) be informed on their right of appeal to the competent authority.</p>	<p><u>OPERATORS: 39 comments (incl. 23 duplicates)</u></p> <ul style="list-style-type: none"> - assessments to be carried out by an appropriately experienced person, and based on a questionnaire (as EU-OPS) - <u>If</u> exams and licences are required, official format and secure certificate and appeal 	<p>3. ≠BR requires aero-medical assessments and conditions to be specified</p> <p>2. text revised: see MED.E.015 (a) & proposal for a medical attestation to ensure the operator is informed</p>		

	<p>provisions are needed</p> <ul style="list-style-type: none"> - no ICAO SARPS, no FARs, no safety issue, ... 'even a manic CC would find it difficult to affect flight safety given the closed door cockpit'for pregnancy, the NPA takes no account of the ALARA principle to protect the foetus from radiation <p><u>CABIN CREW: 03 (incl. 2 duplicates)</u></p> <ul style="list-style-type: none"> - against a GMP (no aviation knowledge) - request to have the same standards for all CC 	<p>and the NAA if applicable</p> <p>3. The BR applies in the EU even if the issue is not addressed by ICAO SARPS or FARs.</p> <p>2. Examples provided conflict with CC duties/responsibilities required by aviation safety/security rules (CC are required to protect the cockpit in case of threat). Also, protection of the foetus from radiation is not covered by aviation rules but by EURATOM Regulation. The BR objective is to ensure adequate performance of crew: new GM1 MED.E.005 has been developed to achieve common understanding of the purpose of assessments of CC fitness (task-related)</p> <p>1. See resulting text MED.E.005</p>		
<p>NEW MED.E.010 Suspension of the exercise of duties</p> <p>(a) Cabin crew members shall not perform duties on an aircraft when they have been assessed unfit according to the requirements of this Subpart, and in any of the following situations:</p> <ul style="list-style-type: none"> (1) after a surgical operation or invasive procedure; (2) after any significant personal injury involving incapacity to function as a cabin crew member; (3) after any significant illness involving incapacity to function as a cabin crew member; (4) if prescribed to commence the regular use of medication; (5) if pregnant; or (6) if they are aware of any decrease in their medical fitness which might render them unable to perform their duties and responsibilities. <p>(b) In the cases listed (1) to (6), cabin crew members shall without undue delay seek the advice of an AME, or AeMC, or occupational medical practitioner. The AME, AeMC or occupational medical practitioner shall assess the medical fitness of the cabin crew</p>	<p>N/A</p>	<p>1. Several comments from different sources (see the relevant segments) suggested that examinations and assessments should be completed after a significant medical event or following absence as a result of sickness:</p> <p>This new rule has therefore been included. It should also mitigate the extended frequency (every 5 years instead of every 3 years for CC in CAT).</p> <p>It is similar to MED.A.060 for licence holders (<i>Suspension of the exercise of privileges</i>).</p> <p>The first sentence of (a) and point (6) are transferred from the former MED.A.070 (b) for consistency</p>		

<p>members and decide whether they are fit to resume the exercise of their duties.</p>				
<p>NEW MED.E.015 Additional requirements for applicants for, and holders of, a cabin crew attestation in commercial air transport operations</p> <p>(a) After completion of each aero-medical examination and assessment, applicants for, and holders of, a cabin crew attestation:</p> <p>(1) shall be provided by the AME, the AeMC or the occupational medical practitioner with a medical attestation; and</p> <p>(2) shall provide a copy of the medical attestation, or the related information, to the operator(s) employing their services.</p> <p>(b) <i>Medical attestation.</i></p> <p>A medical attestation shall indicate the outcome of the assessment of the cabin crew member, the date of the next required aero-medical examination and assessment, and any limitation(s) if applicable.</p> <p>(c) <i>Limitations.</i></p> <p>(1) If holders of a cabin crew attestation do not fully comply with the medical requirements specified in Section 2, the AME, AeMC or occupational health practitioner shall consider whether they may be able to perform cabin crew duties safely if complying with one or more limitations.</p> <p>(2) Any limitation(s) to the exercise of the privileges granted by the cabin crew attestation shall be specified on the medical attestation and shall only be removed by an AME or AeMC, or by an occupational medical practitioner in consultation with an AME.</p> <p>(3) Holders of a cabin crew attestation shall only perform duties on an aircraft in accordance with such limitation(s).</p> <p>(d) In case of an unfit assessment holders of a cabin crew attestation shall be informed by the AME, AeMC, or the occupational health practitioner in consultation with an AME, of their right of appeal and that the case shall be referred to the competent authority in accordance with the procedures established for the suspension or revocation of the cabin crew attestation as applicable. In such cases, additional examinations and investigations may be required by the competent authority.</p>	<p>N/A</p>	<p>The former MED.A.080 (b) 'For cabin crew in commercial operations' has been deleted in full, iaw the related comments received.</p> <p>1. This new rule has been developed on the basis of the suggestions received under segment MED.A.080 (b), to ensure in particular that the CC inform:</p> <ul style="list-style-type: none"> - the operator after each examination and assessment, - the NAA in case of unfitness that may require suspension or revocation of the CC attestation, <p>1. As also suggested in several comments, the specific medical requirements have been moved from IRs to AMC, and in addition some have been amended to be less stringent.</p> <p>A possibility to use limitations is therefore proposed to mitigate these changes: possible limitations are specified in the new AMC2 to this IR.</p>		
<p>NEW AMC1 MED.E.015 (b) Additional requirements for applicants for, and holders of, a cabin crew attestation in commercial air transport operations</p> <p>MEDICAL ATTESTATION</p> <p><i>The medical attestation to be provided to the applicants for, and holders of, a cabin crew attestation after completion of each aero-medical examination and assessment should comply with the following</i></p>	<p>N/A</p>	<p>As suggested by several comments to the NPA and following the positive feedback received from RG members, a standard medical attestation is proposed to be used for holders of a CC attestation, thus as means to ensure that CC,</p>		

<p>specifications:</p> <p style="text-align: center;">EASA FORM #XX</p> <p style="text-align: center;">STANDARD MEDICAL ATTESTATION FOR HOLDERS OF A CABIN CREW ATTESTATION (CCA)</p> <p>(a) Content</p> <p>(1) State where the medical attestation has been issued (I)</p> <p>(2) N/A</p> <p>(3) N/A</p> <p>(4) Name of the CCA holder (IV)</p> <p>(5) Nationality of holder (VI)</p> <p>(6) Date and place of birth of holder: (dd/mm/yyyy) (XIV)</p> <p>(7) Signature of holder (VII)</p> <p>(8) Limitation(s) (XIII)</p> <p>(9) Expiry date of the previous medical examination and assessment (IX),</p> <p>(10) N/A</p> <p>(11) Date of medical examination and assessment</p> <p>(12) N/A</p> <p>(13) N/A</p> <p>(14) Date of issue and signature of the AME or of the occupational medical practitioner that issued the medical attestation (X)</p> <p>(15) Seal or stamp (XI)</p> <p>(b) N/A</p> <p>(c) Language: in the national language(s) and in English</p> <p>(d) The format to be used for medical attestations should be similar to the format specified in Appendix IV to Annex I to Part-AR for medical certificates.</p>		<p>operators, and NAAs where applicable, can be informed.</p> <p>The wording 'medical form' was first proposed but was not supported by the feedback received from RG members as it could confused with the detailed 'forms' containing confidential medical data.</p>	
<p>NEW AMC1 MED.E.015 (c) Additional requirements for applicants for, and holders of, a cabin crew attestation in commercial air transport operations</p> <p>LIMITATIONS</p> <p>When assessing whether the holder of a cabin crew attestation may be able to perform cabin crew duties safely if complying with one or more limitations, the following possible limitations should be considered:</p> <ol style="list-style-type: none"> 1. a restriction to operate only if in addition to the minimum number of cabin crew required for the aircraft to be operated (MCL); 2. a restriction to specified aircraft type(s) (AOL) or to a specified type of operation (OOL); 3. a requirement to undergo the next aero-medical examination and assessment at an earlier date than required by MED.E.005 (b)(1), (b)(2) or (b)(3) as applicable (TML); 	<p>N/A</p>	<p>In accordance with feedback received from the RG members, limitations have been added to the initial proposals and codes have been provided that are consistent with those already in common usage by AMEs.</p>	

<p>4. a requirement to undergo specific regular medical examination(s) (SIC);</p> <p>5. a requirement for visual correction (VCL), or by means of corrective lenses only (CCL);</p> <p>6. a requirement to use hearing aids (HAL); and/or</p> <p>7. any special restriction as specified (SSL).</p>				
<p style="text-align: center;">Subpart B</p> <p style="text-align: center;">REQUIREMENTS FOR MEDICAL CERTIFICATES</p> <p><i>See: NPA 2008-17c published on http://hub.casa.europa.eu/crt/docs</i></p>				
<p style="text-align: center;">Subpart C</p> <p style="text-align: center;">AERO-MEDICAL EXAMINERS (AMES)</p> <p><i>See: NPA 2008-17c published on http://hub.casa.europa.eu/crt/docs</i></p>				
<p style="text-align: center;">Subpart D</p> <p style="text-align: center;">GENERAL MEDICAL PRACTITIONERS (GMPS)</p> <p><i>See: NPA 2008-17c published on http://hub.casa.europa.eu/crt/docs</i></p>				
<p>NEW MED.D.005 Requirements for general medical practitioners assessing medical fitness of cabin crew</p> <p>In order to conduct aero-medical examinations and assessments of medical fitness of cabin crew involved in non-commercial operations, GMP shall comply with the requirements specified in MED.D.001 except (b) (2).</p>	<p style="text-align: center;"><u>06 comments</u></p> <p><u>MS</u>: 02</p> <ul style="list-style-type: none"> - Permit an AME or AeMC for all CC - GMP have no knowledge of aircrew operations - GMP should comply with those requirements when assessing fitness of technical crew <p><u>AME</u>: 02</p> <ul style="list-style-type: none"> - 01 individual: AME or AeMC only for all CC - a GP is not suitably qualified - 01 association: Delete this rule: only a simple assessment of the history of CC at recruitment is needed <p><u>CABIN CREW</u>: 02 (incl. 1 duplicate)</p> <ul style="list-style-type: none"> - GMP have no knowledge nor experience of flying conditions 	<p>1. Assessment by a GMP has been deleted as suggested by comments.</p> <p>2. N/A as the segment has been deleted</p> <p>1. The BR requires conditions to be specified. However, as also suggested by several comments under other segments, an alternative option for completing examinations and assessments under the relevant national occupational health system has been included: see the revised text in MED.E.005 - new (c)(2)</p> <p>1. see response to the similar comment above</p>		
<p style="text-align: center;">(NEW) Subpart E Section 2</p> <p style="text-align: center;">SPECIFIC REQUIREMENTS FOR MEDICAL FITNESS ASSESSMENT OF</p>	<p style="text-align: center;"><u>17 comments (incl. 07 duplicates)</u></p> <p><u>MS</u>: 03</p>			

<p style="text-align: center;">CABIN CREW</p> <p style="text-align: center;">Section 4</p> <p style="text-align: center;">General</p>	<ul style="list-style-type: none"> - A legal appeal against the proposed standards will be to the Agency - questions the need for medical standards - agree with the NPA, and suggest that medical requirements be moved to AMC <p><u>AME</u>: 01 (association)</p> <ul style="list-style-type: none"> - medical requirements (e.g. diabetes) raise a legal issue of discrimination <p><u>OPERATORS</u>: 13 (incl. 6 duplicates)</p> <ul style="list-style-type: none"> - The Agency's proposals are illegal: against the UK Disability Discrimination Act and Directive 2000/78/EC - medical requirements should be in AMC - Disagree with required medical tests which should be decided by AME or AeMC on a case by case basis. - CC attestation should be removed 	<p>2. The Agency has developed measures as required by BR Article 8 (5) (e)</p> <p>2. EASA has developed measures as required by BR Article 8 (5) (e)</p> <p>1. Specific medical requirements have been moved to AMC1 MED.E.025as requested in several comments</p> <p>2. 'Discrimination' refers to individual cases, as a case-by-case issue, and is not relevant when the same rules apply to all professionals of the same group</p> <p>2. See the response above</p> <p>1. The text has been revised - see new AMC 1 to MED.E.025</p> <p>1. The text has been revised - see new MED.E.025</p> <p>3. ≠BR Art.8 (4) requires an attestation for CC in CAT and Art.8 (5)(e) requires conditions to be specified, meaning a process under the responsibility of the NAA.</p>		
<p>MED.E.004020 General requirements</p> <p>(a) Cabin crew members shall be free from any:</p> <p>(a1) abnormality, congenital or acquired;</p> <p>(b2) active, latent, acute or chronic disease or disability;</p> <p>(c3) wound, injury or sequelae from operation; and</p> <p>(d4) effect or side effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken</p> <p>-that would entail a degree of functional incapacity which might lead to an inability or sudden incapacitation to perform their duties and responsibilities safely and in the case of holders of a cabin crew attestation to exercise their</p>	<p style="text-align: center;"><u>27 comments</u></p> <p style="text-align: center;"><u>(incl. 15 duplicates)</u></p> <p><u>MS</u>: 04</p> <ul style="list-style-type: none"> - questions the need for medical standards(duplicate of above) - provide the possibility to add investigations if needed and clarify 'the applicable' attestation 	<p>3. ≠. The BR requires an attestation for CC in CAT and Art.8(5)(e) conditions to be specified.</p> <p>1. The text has been revised - see amended MED.E.015 (d) (c) and MED.E.025 (b)</p>	<p>AMC OPS 1.995(a)(2) Minimum requirements</p> <p>3 The following medical requirements are applicable for each cabin crew member:</p> <p>a. Good health;</p> <p>b. Free from any physical or mental illness which might lead to incapacitation or inability to perform cabin crew duties;</p>	

<p>privileges safely.</p>	<p><u>AME</u>: 01 (individual)</p> <ul style="list-style-type: none"> - suggests that specific medical requirements should be moved to AMC <p><u>OPERATORS</u>: 22 (inc 15 duplicates)</p> <ul style="list-style-type: none"> - request to align with EU-OPS: (JAR) AMC OPS 1.995 sufficient - individual assessment based on occupational practice - the requirements (e.g. regarding individuals with diabetes) conflict with the Disability Discrimination Act 	<p>1. Specific medical requirements have been moved to AMC1 MED.E.025 as requested by several comments</p> <p>3. ≠. The BR requires an attestation for CC in CAT and Art.8 (5)(e) conditions to be specified;</p> <p>3. fitness is required from CC to ensure adequate performance of duties required by aviation safety rules;</p> <p>2. 'Discrimination' refers to individual cases, as a case-by-case issue: it is not relevant when the same rules apply to all professionals of the same group</p>		
<p>(b) When clinically indicated, medical examinations and investigations additional to those prescribed in this Subpart may be required.</p>		<p>Text transferred under MED.E.015 (d) (c) and MED.E.025 (b)</p>		
<p style="text-align: center;">Section 2</p> <p style="text-align: center;">Specific requirements for medical fitness of cabin crew</p>	<p style="text-align: center;"><u>5 comments (incl. 4 duplicates)</u></p> <p><u>AME</u>: 01 (association)</p> <ul style="list-style-type: none"> - delete all of section 2 (it is not needed) <p><u>OPERATORS</u>: 04</p> <ul style="list-style-type: none"> - remove the CC attestation - delete this section and replace it by occupational practice 	<p>3. ≠. The BR requires an attestation for CC in CAT and in Art.8 (5)(e) that conditions to be specified.</p> <p>See above response</p> <p>1. An alternative option for completing examinations and assessments under the relevant national occupational health system has been included: see the revised text in MED.E.005 - new (c)(2)</p>		
<p>MED.E.005025 Cardiovascular System Content of aero-medical examinations and assessments</p> <p>(a) The initial aero-medical examination and assessment shall include at least the following:</p> <p>(1) an evaluation of the applicant's complete medical history;</p> <p>(2) a full clinical examination of the following:</p> <p>(i) Cardiovascular System;</p> <p>(ii) Respiratory System;</p>		<p>1. This amended rule replaces the former MED.A80 and has been developed taking into account the various comments received.</p> <p>It differentiates the initial examination and assessment from the subsequent ones, giving the responsibility to the AME, AeMC or</p>	<p>AMC OPS 1.995(a)(2) Minimum requirements</p> <p>1. The initial medical examination or assessment and any re-assessment of cabin crew members should be conducted by, or under the supervision</p>	<p>ICAO Doc 7192-AN/857 Part E-1</p> <p>1.2.2.3 The following requirements, applicable to cabin attendants, are indicative of the minimum qualifications</p>

<p>(iii) Musculoskeletal System; (iv) Otorhino-laryngology; (v) Visual System; and (vi) Colour vision;</p> <p>(3) a clinical assessment of the following:</p> <p>(i) Digestive System; (ii) Metabolic and Endocrine Systems; (iii) Haematology; (iv) Genitourinary System; (v) Infectious Disease; (vi) Obstetrics and Gynaecology; (vii) Psychiatry; (viii) Psychology; (ix) Neurology; (x) Dermatology; and (xi) Oncology.</p> <p>(b) Each subsequent aero-medical examination and assessment shall include at least the following:</p> <p>(1) an evaluation of medical history; (2) q clinical examination; and (3) in case of any doubt or whenever clinically indicated, any additional medical examinations or investigations considered necessary by the AME, AeMC, or occupational medical practitioner.</p>		<p>occupational medical practitioner to decide which investigation may be required.</p>	<p>of, a medical practitioner acceptable to the Authority. 3 The following medical requirements are applicable for each cabin crew member:</p> <p>a. Good health; b. Free from any physical or mental illness which might lead to incapacitation or inability to perform cabin crew duties; c. Normal cardiorespiratory function; d. Normal central nervous system; e. Adequate visual acuity 6/9 with or without glasses; f. Adequate hearing; and g. Normal function of ear, nose and throat.</p>	<p>recommended: <u>Height:</u> Able to reach safety equipment and open and close overhead bins in the aircraft from a standing position; <u>Weight:</u> Able to move comfortably down the aisle, single tile, facing forward; pass quickly through the smallest secondary cabin emergency exit window; <u>Eyesight:</u> Correct vision to appropriate standard (20/40, 60/120, 0.5 recommended); <u>Medical:</u> Examination to determine physical fitness for safety-related cabin crew responsibilities.</p>
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<p>(IRs moved to) AMC1 MED.E.025 Content of aero-medical examinations and assessments</p> <p>Aero-medical examinations and assessments of cabin crew members should be conducted according to the following specific medical requirements.</p> <p>CARDIOVASCULAR SYSTEM</p> <p>1. (a) Examination</p> <p>a. (1) A standard 12-lead resting electrocardiogram (ECG) and report shall should be completed on clinical indication, and at the first examination after the age of 40 and then every two 2 years after the age of 50.</p> <p>(2) b. Extended cardiovascular assessment should shall be required when clinically indicated.</p> <p>(b) 2. Cardiovascular System – General</p> <p>(1) a. Cabin crew members should shall not possess any cardiovascular disorder which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(2) b. Cabin crew members with any of the following conditions:</p> <p>(i) aneurysm of the thoracic or supra-renal abdominal aorta, before or after surgery;</p> <p>(ii) significant functional abnormality of any of the heart valves; or</p> <p>(iii) a cardiovascular condition requiring systemic anticoagulant therapy;</p> <p>(iiiiv) heart or heart/lung transplantation should shall be assessed as unfit.</p> <p>(c.3) Cabin crew members with an established diagnosis of one of the following conditions:</p> <p>(i.) peripheral arterial disease before or after surgery;</p> <p>(ii.) aneurysm of the infrarenal abdominal aorta, before or after surgery;</p> <p>(iii.) minor cardiac valvular abnormalities;</p> <p>(iv.) after cardiac valve surgery;</p> <p>(v.) abnormality of the pericardium, myocardium or endocardium;</p> <p>(vi.) congenital abnormality of the heart, before or after corrective surgery;</p> <p>vii. (vii) a cardiovascular condition requiring systemic anticoagulant therapy;</p> <p>viii. recurrent vasovagal syncope;</p> <p>(viiiix.) arterial or venous thrombosis; or</p> <p>(ix.) pulmonary embolism</p> <p>should shall be evaluated by a cardiologist before a fit assessment can be considered.</p>		<p><u>Note:</u> under the former Section 2, at least 52% of the comments entered were duplicates and could be identified by the system.</p> <p>When reading and assessing the comments, it became clear that in addition to those already identified, there was a significant number of comments that were duplicates of comments entered under other segments and in some cases had been repeated under each segment.</p> <p>For this reason, summarising the comments to this section has regrettably not been very helpful for the revision of the text.</p> <p>However, as requested by several comments from different sources:</p> <p>1. All specific medical requirements have been moved from IRs to AMC.</p> <p>3. This change of status has required editorial changes (e.g. 'shall' replaced by 'should') and relevant renumbering for consistency. Those changes were made accordingly for all the following related segments.</p> <p>1. In addition; the detailed medical requirements have been reconsidered and some of them have been changed to become less stringent (e.g. regarding diabetes).</p> <p>Subsequently, to mitigate those significant changes, the possibility to use limitations has been included in MED.E.015.</p>	<p>AMC OPS 1.995(a)(2) Minimum requirements</p> <p>.....</p> <p>3 The following medical requirements are applicable for each cabin crew member:</p> <p>a. Good health;</p> <p>b. Free from any physical or mental illness which might lead to incapacitation or inability to perform cabin crew duties;</p> <p>c. Normal cardiorespiratory function;</p> <p>d. Normal central nervous system;</p> <p>e. Adequate visual acuity 6/9 with or without glasses;</p> <p>f. Adequate hearing; and</p> <p>g. Normal function of ear, nose and throat</p>	<p>ICAO Doc 7192-AN/857 Part E-1</p> <p>1.2.2.3 The following requirements, applicable to cabin attendants, are indicative of the minimum qualifications recommended:</p> <p><u>Medical:</u> Examination to determine physical fitness for safety-related cabin crew responsibilities</p>
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<p>3.(e) Blood Pressure</p> <p>a.(1) BThe blood pressure should shall be recorded at each examination.</p> <p>b.(2) The cabin crew member's blood pressure should shall be within normal limits.</p> <p>(3)c. The initiation of medication for the control of blood pressure should shall require a period of temporary suspension of fitness to establish the absence of any significant side effects.</p> <p>4.(d) Coronary Artery Disease</p> <p>a.(1) Cabin crew members with:</p> <ul style="list-style-type: none"> (i) cardiac ischaemia; (ii) symptomatic coronary artery disease; or (iii) symptoms of coronary artery disease controlled by medication; <p>should shall be assessed as unfit.</p> <p>b.(2) Cabin crew members who are asymptomatic after myocardial infarction or surgery for coronary artery disease should shall have fully recovered before a fit assessment can be considered.</p> <p>5.(e) Rhythm/Conduction Disturbances</p> <p>a.(1) Cabin crew members with any significant disturbance of cardiac conduction or rhythm, including:</p> <ul style="list-style-type: none"> (i) disturbance of supraventricular rhythm, including intermittent or established sinoatrial dysfunction, atrial fibrillation and/or flutter and asymptomatic sinus pauses; (ii) complete left bundle branch block; (iii) Mobitz type 2 atrioventricular block; (iv) broad and/or narrow complex tachycardia; (v) ventricular pre-excitation; or (vi) asymptomatic QT prolongation <p>should undergo cardiological evaluation shall be evaluated before a fit assessment can be considered.</p> <p>(2)b. Cabin crew members with a history of any of the following:</p> <ul style="list-style-type: none"> i ablation therapy; or ii pacemaker implantation <p>should undergo satisfactory cardiovascular evaluation before a fit assessment can be made.</p> <ul style="list-style-type: none"> (i) incomplete bundle branch block; (ii) complete right bundle branch block; (iii) stable left axis deviation; (iv) asymptomatic sinus bradycardia; (v) asymptomatic sinus tachycardia; (vi) asymptomatic isolated uniform supra-ventricular or ventricular ectopic complexes; (vii) first degree atrioventricular block; or (viii) Mobitz type 1 atrioventricular block 	<p style="text-align: center;"><u>49 comments (incl. 32 dupl.)</u></p> <p><u>MS</u>: 01 (04 comments)</p> <ul style="list-style-type: none"> - AMC/GM to Subpart B should also be developed for CC - evaluation by a cardiologist should be required <p><u>AME</u>:01 (02 comments)</p> <ul style="list-style-type: none"> - assessment to be conducted by AME according to Class 2 <p><u>OPERATORS</u>: 42 (incl.32 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed, to allow for updating; - the list of conditions should be removed or be subject to individual assessment; - delete resting ECGs; - CC is a matter of occupational health practice; - Imposing medical conditions here contravenes the UK Disability Discrimination Act. 	<p>2. This could be proposed as a future RM task;</p> <p>1. The text has been amended accordingly, where relevant;</p> <p>2. Requirements have been developed as considered relevant and proportionate to perform CC duties;</p> <p>2. Text is now as AMC that also allows for updating;</p> <p>3. ≠. BR Art.8(5)(e) requires conditions to be specified; proposed text has been considered taking into account the various comments and are considered to be proportionate</p> <p>2. 'Discrimination' refers to individual cases, as a case-by-case issue, not relevant when the same rules apply to all professionals of the same group.</p>	
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<p>may be assessed as fit in the absence of any other abnormality and subject to satisfactory evaluation.</p>			
<p>c.(5) Cabin crew members with: (i) symptomatic sinoatrial disease; (ii) complete atrioventricular block; (iii) symptomatic QT prolongation; (iv) an automatic implantable defibrillating system; or (v) an anti-tachycardia pacemaker should shall be assessed as unfit.</p>			
<p>MED.E.010 — RESPIRATORY SYSTEM 1.(a) Cabin crew members with significant impairment of pulmonary function should shall be assessed as unfit. A fit assessment may be considered once pulmonary function has recovered and is satisfactory. 2.(b) Cabin crew members should are be required to undertake pulmonary function tests on clinical indication. 3.(c) Cabin crew members with a history or established diagnosis of: a.(1) asthma; b.(2) active inflammatory disease of the respiratory system; (3)c. active sarcoidosis; (4)d. pneumothorax; (5)e. sleep apnoea syndrome; or (6)f. major thoracic surgery; should shall undergo respiratory evaluation with a satisfactory result before a fit assessment can be considered. 4.(d) Cabin crew members who have undergone a partial pneumonectomy should shall be assessed as unfit.</p>	<p><u>17 comments (incl. 09 duplicates)</u> MS: 01 - 'partial' pneumonectomy should read 'total' AME:01 (02 comments) - An assessment of pulmonary function should be made at each check OPERATORS: 15 comments (incl.09 duplicates) - specific requirements should not be very detailed, to allow for updating - CC a matter of individual assessment based on occupational health practice - A partial pneumonectomy is acceptable for CC duties</p>	<p>1. The text has been amended accordingly; 2. Supportive justification would be needed for such a change; 1. AMC also allows for updating; 3. ≠. BR Art.8(5)(e) requires conditions to be specified. However, flexibility is provided in MED.E.005 - new (c) (2); 1. The text has been amended.</p>	
<p>MED.E.015 — DIGESTIVE SYSTEM 1.(a) Cabin crew members should shall not possess any functional or structural disease of the gastro-intestinal tract or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities. (b)2. Cabin crew members with any sequelae of disease or surgical intervention in any part of the digestive tract or its adnexa likely to cause incapacitation in flight, in particular any obstruction due to stricture or compression, should shall be assessed as unfit.</p>	<p><u>19 comments (incl. 14 duplicates)</u> MS: 01 - The text should read 'after surgery and subject to satisfactory <i>gastroenterological</i> evaluation'; OPERATORS: 18 comments (incl. 14</p>	<p>2. Supportive justification would be appreciated;</p>	

<p>(e)3. Cabin crew members should shall be free from herniae that might give rise to incapacitating symptoms.</p> <p>(d)4. Cabin crew members with disorders of the gastro-intestinal system including:</p> <p>(1)a. recurrent dyspeptic disorder requiring medication;</p> <p>(2)b. pancreatitis;</p> <p>(3)c. symptomatic gallstones;</p> <p>(4)d. an established diagnosis or history of chronic inflammatory bowel disease; or</p> <p>(5)e. after surgical operation on the digestive tract or its adnexa, including surgery involving total or partial excision or a diversion of any of these organs;</p> <p>may be assessed as fit after successful treatment or full recovery after surgery and subject to satisfactory evaluation.</p>	<p>duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed, to allow for updating; - CC fitness: this should be a matter of individual assessment based on occupational health practice. 	<p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility has been provided in MED.E.005 new (c) (2).</p>		
<p>MED.E.020 — METABOLIC AND ENDOCRINE SYSTEMS</p> <p>(a)1. Cabin crew members should shall not possess any functional or structural metabolic, nutritional or endocrine disorder which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Cabin crew members with metabolic, nutritional or endocrine dysfunction may be assessed as fit, subject to demonstrated stability of the condition and satisfactory aero-medical evaluation.</p> <p>(e)3. <i>Diabetes mellitus</i></p> <p>(1)a. Cabin crew members with diabetes requiring insulin may shall be assessed as unfit provided that it can be demonstrated that adequate blood sugar control has been achieved and subject to the appropriate limitations including, as a minimum, a restriction to operate only in addition to the minimum required number of cabin crew.</p> <p>b. Cabin crew members with diabetes mellitus not requiring insulin may shall be assessed as unfit unless provided that it can be demonstrated that adequate blood sugar control has been achieved.</p>	<p><u>25 comments (incl. 14 duplicates)</u></p> <p><u>AME</u>: 01 (02 comments)</p> <ul style="list-style-type: none"> - insulin diabetes has no higher risk; <p><u>OPERATORS</u>: 23 comments (incl. 21 duplicates)</p> <ul style="list-style-type: none"> - insulin diabetes has no higher risk; - specific requirements should not be very detailed to allow for updating - CC assessment: this should be a matter of individual assessment based on occupational health practice 	<p>3. This view is not shared, considering the operating environment and duties of CC</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e);</p> <p>However, flexibility is provided in MED.E.005 - new (c) (2).</p>		
<p>MED.E.025 — HAEMATOLOGY</p> <p>(a)1. Cabin crew members should shall not possess any haematological disease which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(e)2. Cabin crew members with a haematological condition, such as:</p> <p>(1)a. abnormal haemoglobin, including, but not limited to anaemia, polycythaemia or haemoglobinopathy;</p> <p>(2)b. coagulation, haemorrhagic or thrombotic disorder;</p> <p>(3)c. significant lymphatic enlargement;</p> <p>(4)d. acute or chronic leukaemia; or</p> <p>(5)e. enlargement of the spleen</p> <p>may be assessed as fit subject to satisfactory aero-medical evaluation.</p>	<p><u>12 comments (incl. 10 duplicates)</u></p> <p><u>AME</u>: 01 -</p> <p><u>OPERATORS</u>: 11 comments (incl. 10 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow updating; - CC assessment should be a matter of individual assessment based on occupational health practice 	<p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art.8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 new (c) (2)</p>		

	- Paragraph acceptable	2. Noted		
<p>MED.E.030 — GENITOURINARY SYSTEM</p> <p>(a)1. Cabin crew members should shall not possess any functional or structural disease of the renal or genito-urinary system or its adnexa which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Urine analysis should shall form part of every aero-medical examination. The urine should shall contain no abnormal element considered to be of pathological significance.</p> <p>(c)3. Cabin crew members with any sequela of disease or surgical procedures on the kidneys or the urinary tract likely to cause incapacitation, in particular any obstruction due to stricture or compression, should shall be assessed as unfit.</p> <p>(d)4. Cabin crew members with a genitourinary disorder, such as: (a1) renal disease; or (b2) one or more urinary calculi, or a history of renal colic due to one or more urinary calculi may be assessed as fit subject to satisfactory renal/urological evaluation.</p> <p>(e)5. Cabin crew members who have undergone a major surgical operation in the urinary apparatus involving a total or partial excision or a diversion of its organs should shall be assessed as unfit and be re-assessed after full recovery before a fit assessment can be made.</p>	<p><u>13 comments (incl. 10 duplicates)</u></p> <p><u>AME: 01</u></p> <p>- (e) assessment by AMe/AeMC</p> <p><u>OPERATORS: 11 comments (incl. 10 duplicates)</u></p> <p>- specific requirements should not be very detailed to allow for updating;</p> <p>- CC assessment should be a matter of individual assessment based on occupational health practice;</p> <p>- Paragraphs (a) (c) (d) (e) satisfactory.</p>	<p>1. The text allows that;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art.8(5)(e). However, flexibility is provided in MED.E.005 new (c) (2);</p> <p>2. Noted</p>		
<p>MED.E.035 — INFECTIOUS DISEASE</p> <p>(a)1. Cabin crew members should shall have no established medical history or clinical diagnosis of any infectious disease which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Cabin crew members who are HIV positive may may be assessed as fit subject to satisfactory aero-medical evaluation.</p>	<p><u>14 comments (incl. 10 duplicates)</u></p> <p><u>HIV-ASSO: 02</u></p> <p>- The proposal is discriminatory;</p> <p><u>OPERATORS: 12 comments (incl. 10 duplicates)</u></p> <p>- specific requirements should not be very detailed to allow for updating;</p> <p>- CC assessment should be a matter of individual assessment based on occupational health practice;</p> <p>- Paragraph is acceptable;</p> <p>- HIV should be unfit</p>	<p>2. 'Discrimination' refers to individual cases, as a case-by-case issue: not relevant when the same rules apply to all professionals of the same group;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art.8(5)(e). However, flexibility is provided in MED.E.005 new (c) (2);</p> <p>2. Noted;</p> <p>3. medical justification is not provided.</p>		

<p>MED.E.040 — OBSTETRICS AND GYNAECOLOGY</p> <p>(a)1. Cabin crew members should shall not possess any functional or structural obstetric or gynaecological condition which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Cabin crew members who have undergone a major gynaecological operation should shall be assessed as unfit for a period of three months or until full recovery.</p> <p>(c)3. <i>Pregnancy</i></p> <p>In the case of pregnancy,</p> <p>a. an obstetric evaluation should be conducted; and</p> <p>b. the AME, AeMC, or occupational medical practitioner, should:</p> <p>i. limit the validity period of the medical fitness as necessary on the basis of the result of the obstetric evaluation, but not later than the end of the 16th week of gestation, taking full account of the type of operations and aircraft the cabin crew member is to be assigned to; and</p> <p>ii. inform the cabin crew member that, after this point, she should not perform duties on an aircraft, and in the case of holders of a cabin crew attestation that the privileges of her attestation will be suspended, until satisfactory confirmation of full recovery following confinement or termination of the pregnancy.</p> <p>when the AeMC or AME consider that the cabin crew member is fit to exercise their privileges they shall limit the validity period of the medical fitness to the end of the 16th week of gestation. They shall inform the competent authority that, after this point, the cabin crew attestation shall be suspended until full recovery following the end of the pregnancy.</p>	<p><u>38 comments</u> (incl. 29 duplicates)</p> <p><u>MS: 01</u></p> <p>-Propose to permit continuation of duties until the 26th week and suspension of duties only;</p> <p><u>AME: 01 (x02)</u></p> <p>- assessment by AMe/AeMC</p> <p><u>OPERATORS: 29 comments (incl. 24 duplicates)</u></p> <p>- specific requirements should not be very detailed to allow for updating;</p> <p>- pregnancy of CC is a matter of individual assessment, based on occupational health practice</p> <p><u>CABIN CREW: 06 (incl.5 duplicates)</u></p> <p>- request suspension as soon as pregnancy is known</p>	<p>1. The text has been amended for suspension of duties only;</p> <p>3. Continuation of duties until the 26th week is considered as a risk, taking into account the operating environment and duties of CC;</p> <p>1. The text allows that;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art.8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 new (c)(2);</p> <p>3. The text is considered adapted and mitigating the risk.</p>		
<p>MED.E.045 — MUSCULOSKELETAL SYSTEM</p> <p>(a)1 Cabin crew members should shall not possess any abnormality of the bones, joints, muscles or tendons, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. A cabin crew member should shall have sufficient standing height, arm and leg length and muscular strength for the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(c)3. A cabin crew member should shall have satisfactory functional use of the musculoskeletal system.</p>	<p><u>13 comments (incl. 10 duplicates)</u></p> <p><u>OPERATORS: 13 comments (incl. 10 duplicates)</u></p> <p>- specific requirements should not be very detailed to allow for updating;</p> <p>- CC assessment is a matter of individual assessment based on occupational health practice;</p> <p>- To be assessed during training;</p>	<p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 new (c)(2);</p> <p>3. The objective of training is not to assess the physical conditions of</p>		

	<p>- Paragraph is acceptable</p>	<p>trainees; 2. Noted.</p>		
<p>MED.E.050 — PSYCHIATRY</p> <p>a)1. Cabin crew members should shall have no established medical history or clinical diagnosis of any psychiatric disease or disability, condition or disorder, acute or chronic, congenital or acquired, which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Cabin crew members with a mental or behavioural disorder due to alcohol or other substance use should shall be assessed as unfit pending recovery and freedom from substance use and subject to satisfactory psychiatric evaluation.</p> <p>(c)3. Cabin crew members with an established history or clinical diagnosis of schizophrenia, schizotypal or delusional disorder should shall be assessed as unfit.</p> <p>(d)4. Cabin crew members with a psychiatric condition such as: (1)a. mood disorder; (2)b. neurotic disorder; (3)c. personality disorder; or (4)d. mental or behavioural disorder should shall undergo satisfactory psychiatric evaluation before a fit assessment can be made.</p> <p>(e)5. Cabin crew members with a history of a single or repeated acts of deliberate self-harm should shall be assessed as unfit. Cabin crew members should shall undergo satisfactory psychiatric evaluation before a fit assessment can be considered.</p>	<p><u>14 comments</u> (incl. 10 duplicates)</p> <p><u>AME: 01:</u> the length of time that the cabin crew member has been free from substance use should be specified;</p> <p><u>OPERATORS: 13 comments</u> (incl. 10 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; <p>- Paragraph is acceptable.</p>	<p>2. Noted. This should be defined during the psychiatric evaluation;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e). However, flexibility is provided in MED.E.005 - new (c)(2);</p> <p>2. Noted</p>		
<p>MED.E.055 — PSYCHOLOGY</p> <p>Cabin crew members should shall have no established psychological deficiencies, which that are likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities. A psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological evaluation.</p>	<p><u>18 comments</u> (incl. 13 duplicates)</p> <p><u>MS: 01</u></p> <ul style="list-style-type: none"> - recommends to add; 'a psychological evaluation may be required as part of, or complementary to, a specialist psychiatric or neurological evaluation'; 	<p>1. The text has been amended;</p>		

	<p><u>OPERATORS</u>: 17comments (incl. 13 duplicates):</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; - Paragraph is acceptable; - Delete, as this should be part of psychiatry. 	<p>1. AMC also allows for updating;</p> <p>3. ≠.BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 new (c)(2);</p> <p>2. Noted;</p> <p>2. This issue was debated at length but maintained separate from psychiatry, following the advice of the MED RG.</p>		
<p>MED.E.060 — NEUROLOGY</p> <p>(a)1. Cabin crew members should shall have no established medical history or clinical diagnosis of any neurological condition whichthat is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestationof their duties and responsibilities.</p> <p>(b)2. Cabin crew members with an established history or clinical diagnosis of:</p> <p>(1)a. epilepsy; or</p> <p>(2)b. recurring episodes of disturbance of consciousness of uncertain cause should shall be assessed as unfit.</p> <p>(c)3. Cabin crew members with an established history or clinical diagnosis of:</p> <p>(1)a. epilepsy without recurrence after agefive5 years of age and without treatment for more than ten10 years;</p> <p>(2)b. epileptiform EEG abnormalities and focal slow waves;</p> <p>(3)c. progressive or non-progressive disease of the nervous system;</p> <p>(4)d. a single episode of disturbance of consciousness of uncertain cause;</p> <p>(5)e. loss of consciousness after head injury;</p> <p>(6)f. penetrating brain injury; or</p> <p>(7)g. spinal or peripheral nerve injury</p> <p>should shall undergo further evaluation before a fit assessment can be considered.</p>	<p><u>14 comments (incl. 11 duplicates)</u></p> <p><u>OPERATORS</u>: 14comments (incl. 11 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; - no higher risk is involved with epilepsy: the rule is discriminatory. 	<p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 new (c)(2);</p> <p>3. This condition is still considered as a risk, taking into account the operating environment and duties of CC.</p>		
<p>MED.E.065 — VISUAL SYSTEM</p> <p>(a)1. Cabin crew members should shall not possess any abnormality of the function of the eyes or their adnexa or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of eye surgery or trauma, which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestationof their duties and responsibilities.</p> <p>(b)2. Examination</p> <p>(i)a. a routine eye examination should shall form part of the initial and all further examinations; and</p> <p>(ii)b. an extended eye examination should shall be undertaken when</p>	<p><u>15 comments</u></p> <p><u>(incl. 09 duplicates)</u></p> <p><u>MS</u>: 01</p> <ul style="list-style-type: none"> - suggest to add: may be assessed as fit subject to satisfactory <u>ophthalmic</u> evaluation; <p><u>AME</u>: 01</p>	<p>1. The text has been amended;</p>		

<p>clinically indicated.</p> <p>(e)3. Distant visual acuity, with or without correction, should shall be with both eyes 6/9 or better.</p> <p>(d)4. A cabin crew member should shall be able to read an N5 chart (or equivalent) at 30-50 cm and an N14 chart (or equivalent) at 100 cm, with correction if prescribed.</p> <p>(e)5. Cabin crew members should shall be required to have normal fields of vision and normal binocular function.</p> <p>(f)6. Cabin crew members who have undergone refractive surgery may be assessed as fit subject to satisfactory ophthalmic evaluation.</p> <p>(g)7. Cabin crew members with: (1)a. astigmatism; or (2)b. anisometropia may be assessed as fit subject to satisfactory evaluation.</p>	<p><u>OPERATORS</u>: 13 comments (incl. 09 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; - Replace by 'adequate visual function to perform duties safely'. 	<p>1. AMC also allows for updating;</p> <p>3. ≠. BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 - new (c)(2);</p> <p>2. The proposal too vague and would therefore not achieve standardised implementation – the text has, however, been revised.</p>		
<p>(h)8. Cabin crew members with diplopia should shall be assessed as unfit.</p> <p>(i)9. <i>Spectacles and contact lenses</i>. If satisfactory visual function is achieved only with the use of correction: (1)a. spectacles or contact lenses should shall be readily available for immediate use whilst exercising the privileges of the applicable cabin crew attestation; (2)b. the correction should shall provide optimal visual function and be well-tolerated; and (3)c. Orthokeratologic lenses should shall not be used.</p>				
<p>MED.E.070 COLOUR VISION</p> <p>Cabin crew members should shall have correctly identified 9nine of the first 15 plates of the 24-plate edition of Ishihara pseudoisochromatic plates. Alternatively, cabin crew members should demonstrate that they are colour safe.</p>	<p><u>17 comments (incl. 13 duplicates)</u></p> <p><u>MS</u>: 01</p> <ul style="list-style-type: none"> - delete the requirement. <p><u>AME</u>: 01</p> <p>Recommend to follow app. 14 of JAR-FCL 3;</p> <p><u>OPERATORS</u>: 15 comments (incl. 11 duplicates)</p> <ul style="list-style-type: none"> - specific requirements not to be very detailed, to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; 	<p>See response below to similar comments;</p> <p>2. Noted – the proposed rule takes into account the diverse comments received, and is considered to be proportionate to the risks involved;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 - new (c)(2);</p> <p>3. The requirement cannot be</p>		

	<ul style="list-style-type: none"> - Delete this paragraph; - Conduct a practical test in the aircraft 	<p>deleted: Equipment or systems relevant to CC require adequate color vision (e.g. color indicators in the cabin, crew/crew calls, fire alert light, FC security door panel, CC panel screens showing. safety tests and alarms;</p> <p>2. The proposal is too vague to achieve standardised implementation.</p>		
<p>MED.E.075 — OTORHINO-LARYNGOLOGY</p> <p>(a)1. Cabin crew members should shall not possess any abnormality of the function of the ears, nose, sinuses or throat, including oral cavity, teeth and larynx, or any active pathological condition, congenital or acquired, acute or chronic, or any sequelae of surgery or trauma which is likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. Hearing should shall be satisfactory for the safe exercise of the privileges of the applicable cabin crew attestation. Cabin crew with hypacusis should demonstrate satisfactory functional hearing abilities</p> <p>(c)3. Examination</p> <p>(1a.) An ear, nose and throat (ENT) examinations should form part of all examinations.</p> <p>b. Hearing should shall be tested at all examinations with at least a conversational speech test; and</p> <p>(i) i the cabin crew member should understand correctly conversational speech when tested with each ear at a distance of two meters from and with the cabin crew member's back turned towards the examiner;</p> <p>ii. notwithstanding i. above, hearing should be tested with pure tone audiometry at the initial examination and thereafter when clinically indicated; and-</p> <p>(ii) iii when tested on with a pure -tone audiometry, cabin crew members should shall not have at initial examination a hearing loss of more than 35 dB at any of the frequencies 500, 1 000 or 2 000 Hz, or more than 50 dB at 3 000 Hz, in either ear separately.</p> <p>Thereafter, cabin crew members with greater hearing loss shall demonstrate satisfactory functional hearing ability.</p> <p>(iii) cabin crew members with hypoacusis shall demonstrate satisfactory functional hearing ability.</p>	<p style="text-align: center;"><u>24 comments</u> (incl. 17 duplicates)</p> <p><u>MS:</u> 01 (02 comments)</p> <ul style="list-style-type: none"> - Editorial change; - Hearing tests should be done at all exams with at least a conv. speech <p><u>AME:</u> 01</p> <p>Recommends more detailed hearing tests to be required;</p> <p><u>OPERATORS:</u> 21 comments (incl. 17 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - individual assessment should be based on occupational health practice; - (d) acceptable – delete ('c) 	<p>2. Noted;</p> <p>1. The text has been amended taking into account the various comments;</p> <p>2. Noted – the revised text takes into account the diverse comments received, and is considered to be proportionate to the risks involved;</p> <p>1. AMC also allows for updating;</p> <p>3. ≠.BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 - new (c)(2);</p> <p>1. The text has been revised, taking into account the comments received.</p>		

<p>(2) A comprehensive ear, nose and throat examination shall be undertaken for the initial examination and periodically thereafter when clinically indicated.</p>			
<p>(d)4. Cabin crew members with:</p> <p>(1)a. an active pathological process, acute or chronic, of the internal or middle ear;</p> <p>(2)b. unhealed perforation or dysfunction of the tympanic membrane(s);</p> <p>(3)c. disturbance of vestibular function;</p> <p>(4)d. significant restriction of the nasal passages;</p> <p>(5)e. sinus dysfunction;</p> <p>(6)f. significant malformation or significant, acute or chronic infection of the oral cavity or upper respiratory tract; or</p> <p>(7)g. significant disorder of speech or voice</p> <p>should shall undergo further medical examination and assessment to establish that the condition does not interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p>			
<p>MED.E.080 — DERMATOLOGY</p> <p>Cabin crew members should shall have no established dermatological condition likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p>	<p><u>04 comments</u> <u>(incl. 03 duplicates)</u></p> <p><u>OPERATORS:</u> 04 comments (incl. 03 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - individual assessment should be based on occupational health practice; 	<p>1. AMC also allows for updating</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e).</p> <p>However, flexibility is provided in MED.E.005 - new (c)(2).</p>	
<p>MED.E.085 — ONCOLOGY</p> <p>(a)1. Cabin crew members should shall have no established primary or secondary malignant disease likely to interfere with the safe exercise of the privileges of the applicable cabin crew attestation of their duties and responsibilities.</p> <p>(b)2. After treatment for malignant disease, cabin crew members should shall undergo satisfactory oncological and aero-medical evaluation before a fit assessment can be made.</p> <p>(c)3. Cabin crew members with an established history or clinical diagnosis of intracerebral malignant tumour should shall be assessed as unfit.</p>	<p><u>10 comments (incl. 07 duplicates)</u></p> <p><u>MS:</u> 01</p> <ul style="list-style-type: none"> - The comment is directed to MED.B 085; <p><u>OPERATORS:</u> comments (incl. 07 duplicates)</p> <ul style="list-style-type: none"> - specific requirements should not be very detailed to allow for updating; - CC assessment is a matter of individual assessment based on occupational health practice; 	<p>The text has been reallocated to FCL MED;</p> <p>1. AMC also allows for updating</p> <p>3. ≠. The BR requires conditions to be specified iaw Art. 8(5)(e);</p>	

	<p>- The paragraph is acceptable.</p>	<p>2. Noted.</p>		
<p>NEW GM1 MED.E.025 Content of aero-medical examinations and assessments</p> <p>1. The purpose of aero-medical examination and assessment of cabin crew is to verify their medical fitness with particular regard to their physical and mental ability to:</p> <p>a. undergo the training required for cabin crew to acquire and maintain competence (e.g. actual fire-fighting, slide descending, using Protective Breathing Equipment (PBE) in a simulated smoke-filled environment);</p> <p>b. manipulate the aircraft systems and emergency equipment to be used by cabin crew (e.g. cabin systems, electronic panels, exits, slide rafts, fire-extinguishers), taking also into account the type of aircraft operated (e.g. narrow-bodied or wide-bodied);</p> <p>c. sustain the aircraft environment (e.g. altitude, pressure, re-circulated air, noise) and the type of operations (e.g. short-haul or long-haul); and</p> <p>d. perform the required duties and responsibilities efficiently during normal and abnormal operations, and with particular regard to those required in emergency situations and psychologically demanding circumstances (e.g. assistance to passengers in case of decompression; stress management, decision-making, crowd-control and effective crew coordination in case of safety hazard or emergency, management of disruptive passengers and of security threats).</p> <p>2. During aero-medical examinations and assessments, the typical cabin crew duties listed below, particularly those under point 4 to be performed during abnormal operations and emergency situations, and their responsibilities to the travelling public, should be considered in order to identify:</p> <p>a. any physical and/or mental conditions that could be detrimental to the performance of the duties required from cabin crew; and</p> <p>b. which examination(s) or investigation(s) should be undergone to complete an appropriate aero-medical assessment.</p> <p>3. List of typical cabin crew duties and responsibilities <u>DURING NORMAL OPERATIONS:</u></p> <p>3.1 Pre-passenger boarding</p>	<p>N/A</p>	<p>This new GM material has been developed to facilitate:</p> <ul style="list-style-type: none"> - common understanding, by all medical doctors that may be involved, of the fitness required for performing cabin crew duties and responsibilities (task-related medical assessment); and - standardisation across the EU. <p>The identification of the typical cabin crew duties and responsibilities identified here are the results from of the research commissioned by the Agency. on cabin crew provisions.</p> <p>This GM aims at supporting objective 'task-related medical examinations and assessments' of cabin crew. This approach was presented to the MED RG and was well received.</p> <p>Further feedback, also particularly from theseveral operational side OPS RG members, was also positive, would be appreciated.</p>		
<ul style="list-style-type: none"> • Senior cabin crew member (SCCM) conducts pre-flight cabin crew safety briefing. This will include questions and/or scenario type questions relating to first-aid, security, dangerous goods and safety and emergency procedures, to ascertain cabin crew 				

<p>competence. It will also provide specific flight information that could affect flight safety, such as expected turbulence, special categories of passengers (SCPs) including passengers of reduced mobility (PRMs), obese persons and children (whether accompanied or not), infants, deportees or prisoners in custody and passengers with animals;</p> <ul style="list-style-type: none"> • VLTA will have a large number of cabin crew and are likely to include several SCCM's; • Single cabin crew members will conduct a pre-flight briefing with the flight crew; • Board aircraft and stow personal crew baggage securely in approved stowages; • Carry out checks of cabin, emergency equipment, both fixed and portable, toilets, cabin crew and passenger seats and accessible cargo areas; • Carry out galley and catering checks to ensure equipment such as trolleys and containers are securely stowed and that all equipment such as ovens, boilers, chillers, coffee-makers etc. are fully serviceable; • Carry out security checks as required by the operator including overhead lockers, wardrobes, seat pockets, life jacket stowages, galleys, cabin and toilets, rest areas and remote areas. Report any suspicious or unidentified items. <p>3.2. Passenger boarding</p> <ul style="list-style-type: none"> • Inspect and monitor passenger boarding routes (including integral steps, external steps, piers and jetties) both prior to and during boarding, to ensure that these remain safe; • Monitor boarding to ensure no inadmissible passengers are permitted to board, including those who may be under the influence of alcohol and drugs; • Observe passenger behaviour and be aware of any suspicious behaviour or items and report any security concerns immediately; • Ensure passengers are advised of aircraft refuelling and that both cabin crew and passengers comply with operator and regulatory procedures to ensure exits are manned and exit routes remain clear; • Assist with passenger boarding and seating to ensure seating allocation is appropriate, particularly with regard to SCPs. Ensure that seats adjacent to exits are occupied by able-bodied passengers (ABPs) and that passenger seating is in accordance with the aircraft mass and balance requirements; • Monitor and assist with placing of passenger baggage in approved stowages to ensure this is securely and safely stowed; • Distribute and monitor use of passenger safety equipment such as infant supplementary loop belts and child restraint devices; • Give safety briefing to passengers seated at self-help exits; • Monitor visible aircraft surfaces and advise flight crew of any surface contamination (such as ice or snow); • Close doors and arm evacuation devices (if installed) in accordance with operator procedures. 			
<p>3.3. Pre take-off</p> <ul style="list-style-type: none"> • Conduct safety demonstration, ensuring all passengers receive this in an appropriate format, with particular regard to SCP's; 			

<ul style="list-style-type: none"> • Carry out cabin secure check. This should include seat belts, seat positions, tables, armrests, footrests, in-flight entertainment systems (IFE), overhead lockers, passenger and crew baggage, exits areas, galleys and equipment including catering supplies, portable electronic devices (PEDs) including mobile phones, and toilets; • Ensure flight crew are advised that the cabin is secure for take-off; • Adjust cabin lighting as appropriate; • Take up cabin crew station and fasten seat belt and harness securely; • Remain alert to potentially hazardous situations. <p><i>3.4. Post take-off</i></p> <ul style="list-style-type: none"> • Remain seated and secured until advised in accordance with operator procedures; • Ensure passengers remain seated until seat belt signs are switched off; • Prepare for cabin service and ensure equipment remains stowed until safe to be removed from stowage. <p><i>3.5. Cruise</i></p> <ul style="list-style-type: none"> • Carry out cabin service ensuring that service equipment is used in a safe manner; • Monitor passenger behaviour, particularly with regard to consumption of alcohol and security issues; • In the event of turbulence, ensure passengers are notified, remain seated with seat belts fastened and ensure that results of checks are passed to flight crew; • Comply with flight crew commands regarding suspension of cabin service during turbulence and necessity for cabin crew to also be seated in exceptional circumstances. In the absence of commands from the flight crew during turbulence, the senior cabin crew member (SCCM) may discontinue with service duties in order to prevent injury to cabin crew and passengers; <ul style="list-style-type: none"> • Provide food and drink to flight crew members in accordance with operator security procedures regarding the locked flight crew compartment door (if installed); • Carry out general surveillance of toilets, galleys, flight crew compartment, and cabin. <p><i>3.6. Approach and Landing</i></p> <ul style="list-style-type: none"> • When seat belt signs are illuminated, advise passengers and carry out cabin secure check as per prior to take off; • Ensure flight crew are advised that the cabin is secure for landing; • Adjust cabin lighting as appropriate; • Take up cabin crew station and fasten seat belt and harness securely; • Remain alert to potentially hazardous situations. 			
<p><i>3.7. Disembarkation</i></p> <ul style="list-style-type: none"> • Remain seated and secured; • Ensure passengers remain seated until aircraft stops and seat belt 			

<ul style="list-style-type: none"> • signs are turned off; • Disarm evacuation devices if appropriate, in accordance with operator procedures; • Adjust cabin lighting as appropriate; • Ensure disembarkation equipment such as steps, piers and jetties, are in place prior to opening doors; • Monitor disembarkation equipment to ensure this remains safe; • Monitor disembarkation of passengers including SCPs; • Conduct security check in accordance with operator procedures and report any suspicious items. <p>3.8. Turnarounds</p> <ul style="list-style-type: none"> • Maintain security of aircraft by checking the identification of anyone who boards; • Carry out security checks as appropriate. <p>4. List of typical cabin crew duties and responsibilities <u>DURING ABNORMAL OPERATIONS AND EMERGENCY SITUATIONS:</u></p> <p>4.1. Planned emergency evacuation</p> <ul style="list-style-type: none"> • Flight crew will contact SCCM for briefing; • SCCM will brief other cabin crew members; • Cabin crew will brief passengers using equipment as appropriate including brace positions, seat belts, life jackets, and exits; • Brief ABPs for self-help exits; • Brief ABPs to assist at other exits; • Cabin crew carry out cabin secure check; • Ensure flight crew are advised that the cabin is secure; • Adjust cabin lighting as appropriate; • Cabin crew take up cabin crew station on command; • On 'brace' command from flight crew, cabin crew will adopt brace position and advise passengers to brace; • Once aircraft has stopped, await evacuation command from flight crew; • Check outside conditions, operate exit and check serviceability of evacuation device/equipment. Deliver appropriate passenger commands; • Launch life rafts if installed; • Evacuate passengers as appropriate. Utilise exit by-pass and redirection techniques dependent on aircraft type; • Instruct passengers to inflate life jackets if applicable; • If no command from flight crew, cabin crew should assess the situation and take appropriate action; • Remove any appropriate emergency equipment for use outside aircraft after evacuation; • Cabin crew evacuate aircraft and take command of situation as appropriate. Inflate life jacket if applicable; • Detach slide rafts and life rafts if installed, in a ditching situation; • Post-evacuation duties including as appropriate assistance and first-aid to passengers/survivors, crowd control and activation of communication means towards rescue services. 			
<p>4.2. Unplanned emergency evacuation</p>			

<ul style="list-style-type: none"> • Flight crew will give command to evacuate; • Cabin crew follow procedures as for planned emergency evacuation; • If no command from flight crew, cabin crew should assess the situation and take appropriate action. <p>4.3. Decompression</p> <ul style="list-style-type: none"> • Connect to nearest oxygen supply; if installed • Sit down and secure self; • Advise passengers to don oxygen masks if possible; if installed • Wait for descent to be complete or announcement from flight crew; • Contact flight crew to establish situation; • Check passengers and carry out cabin secure; • Administer oxygen to passengers if necessary. <p>4.4. Pilot incapacitation</p> <ul style="list-style-type: none"> • Respond to call from flight crew; • Secure pilot in seat (or remove from flight deck); • Administer first-aid as required; • Remain on flight deck and assist with check list if required; • In single cabin crew operations, assistance from passengers may be required. <p>4.5. Fire-fighting</p> <ul style="list-style-type: none"> • Locate source of fire; • Identify type of fire; • Apply appropriate procedures; • Ensure personal protection including use of portable breathing equipment (PBE), gloves, and protective clothing; • Select appropriate extinguisher or agent; • Attack fire; • Ensure flight crew advised; • Communicate with other crew members; • Monitor passengers; • In single cabin crew operations, assistance from passengers may be required. 				
<p>4.6. First-aid incidents and medical emergencies</p> <ul style="list-style-type: none"> • Assess situation; • Treat symptoms; • Utilise first-aid equipment as installed; • Other crew members to provide back-up equipment as installed, including therapeutic oxygen, first-aid kits, emergency medical kits, and defibrillators; • Ensure flight crew are advised; • Request medical assistance, either from passengers or using aircraft radio link to medical centre service; • Complete any necessary paperwork; • If required, request medical assistance after landing; • In single cabin crew operations, assistance from passengers may be required. 				

<p>4.7. Disruptive passengers</p> <ul style="list-style-type: none"> • Advise passenger that behaviour is unacceptable; • Advise passenger of instruction from the pilot-in-command that they must obey commands; • Follow operator procedure for further action; • Carry out restraint if such equipment is installed; • In single cabin crew operations, assistance from passengers may be required. <p>4.8. Security threats – Bomb warning in-flight</p> <ul style="list-style-type: none"> • Adhere to operator specific procedures where possible; • Receive briefing from flight crew; • Carry out search; • Ensure passengers identify all baggage; • Isolate suspect article and protect; • Move passengers and equipment from area; • Move article to least-risk bomb location area if possible <p>4.9. Security threat – Hijack</p> <ul style="list-style-type: none"> • Adhere to operator specific procedures where possible; • Maintain locked flight deck door (if installed); • Communicate with flight crew; • Control cabin and reassure passengers; • Restrict alcohol; —Comply with demands of hijackers unless safety of passengers and aircraft is threatened. 				
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