

CATEGORY F

SUBJECT:

FLIGHT SAFETY

OBJECTIVE(S)

To educate the candidates in Basic Airline Safety and evacuation procedures.

PREREQUISITES

Candidates must be:

1. aged 14 years or over
2. in possession of a First Aid Certificate
3. able to perform tasks

INSTRUCTORS/EVALUATORS

- Aero-Medical personnel/instructor
- Licensed commercial pilots with appropriate para-medical experience
- Medical practitioners (flight surgeons, nurses)

REFERENCES AND MATERIALS

- International Civilian Aviation Organization (Montréal)
- Airline companies (personnel services)
- Internet

CONTENT

1. *The atmosphere:* 30 min.
 - division of the atmosphere
 - composition of the atmosphere
 - atmospheric pressure
2. *The effect of pressure - variations on the human body:* 30 min.
 - the middle ear
 - the sinuses
 - the digestive tract
3. *Hypoxia or altitude anoxia:* 15 min.
 - signs and symptoms
 - remedial action
4. *The use of oxygen:* 15 min.
 - altitude O₂ is administered
 - method of administering oxygen

| | |
|--|-------------------|
| 5. <i>Aircraft Pressurization:</i> | 30 min. |
| • theory of pressurization | |
| • effects of loss of pressurization | |
| 6. <i>Duties of the flight attendant (cabin crew):</i> | 60 min. |
| • pre-flight duties | |
| • in-flight duties | |
| • post-flight duties | |
| 7. <i>Emergencies in flight (procedures and duties for):</i> | 60 min. |
| • crash landing | |
| • ditching procedure | |
| 8. <i>Survival techniques:</i> | 30 min. |
| • psychology of survival | |
| • hints for survival | |
| 9. <i>Review</i> | 10 min. |
| 10. <i>Test:</i> | 20-30 min. |
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| Total | 5 hours |

DURATION

The course should be around 5 hours minimum, with 20-30 minutes for a test.

CERTIFICATION

The candidate must satisfactorily pass a written test which covers all aspects of the course and be able to accomplish all practical aspects.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

FLIGHT SAFETY

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date