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How to Assist the Unaccompanied Child

Not every child travelling on an air carrier flight is accompanied by an adult. The author offers some detailed advice to make the trip smooth for both the child and the flight attendant.

by

Jeanne M. Koreltz-Elliott

As evidenced by the past holiday season, an increasing number of children are traveling alone on commercial air carriers. Most carriers allow transportation for unaccompanied children between the ages of five and 11. Persons 12 years and older are not regarded as children so far as acceptance for transportation is concerned. There are certain variances between carriers, however, particularly in the areas of international and online/interline travel.

With most carriers, it is the flight attendant's responsibility to ensure that an unaccompanied child remains on board until reaching his or her destination or connecting city. At that time, the child and accompanying paperwork are delivered **only** to the passenger service agent or representative, who then assumes responsibility. Most carriers' procedures stipulate that, in the event of a crew change, the oncoming crew be advised of the child's seat number, destination and any other pertinent instructions.

Here are some suggested guidelines to be used when unaccompanied children are boarded. It is recognized that every carrier has its own specific procedures. However, these guidelines provide general pointers for responsibly dealing with an unaccompanied child, inflight suggestions and, hopefully, an assurance that the child has a safe, enjoyable journey to his or her destination.

- **Pre-Boarding of Child:** If in-house procedures and time permit, it is helpful if unaccompanied children can be pre-boarded to permit easy identifica-

tion and seating. It is a good idea for flight attendants to retain the child's paperwork (ticket, baggage claim stubs, unaccompanied child information form issued by carrier) until transfer to the passenger service agent or representative at the destination or connecting city.

- **Assistance to Child on Aircraft:** It is good procedure to reassure the child of his or her seat location on the aircraft. In addition, depending upon the child's age, the following should be reviewed with him or her whether pre-boarded or not:

- Explain the operation of seat belt, with emphasis on the belt being tensioned correctly and located low across the hips, and how to release the belt.
- Assist with any carry-on baggage, showing the child where it is stowed and assuring him or her that help will be given in removing a carry-on item while inflight, if it is needed, and upon deplaning.
- Describe the location and operation of the emergency oxygen system. Most important, note how the oxygen mask would be presented to the seated child — does the mask fall down in front of the seated occupant, must the mask be pulled off a door either in

front of or above the seat, and how is the flow of oxygen initiated.

- Again, depending upon age, show the passenger the safety information card to reinforce the previous information. Be careful to present the information in a manner that will not instill fear or anxiety.
- Indicate how the seat reclines for the child's comfort during the flight. Provide a pillow or blanket for additional comfort.
- Show the child how to call cabin flight attendants if something is needed; also, indicate the location of reading lights and fresh air vents to aid inflight comfort.
- Time permitting, take the child to the nearest lavatory or at least point out its location.
- Indicate what food/beverage services will be provided inflight, so he or she will know what to expect.
- Point out the individual service tray table for use during food and beverage services or inflight entertainment such as writing, drawing, coloring, or playing cards. Provide any amenities that are available for children, such as coloring books, magazines, cards and puzzles.
- **The "Buddy System."** If more than one unaccompanied child is boarded, it may be helpful if two are seated together. Having a seat partner of a similar age can be enjoyable and ease a child's apprehensions about traveling alone.
- **Location of Responsible Adult:** It is good practice to have an adult designated within close proximity of an unaccompanied child to assist in informing cabin flight attendants of the child's needs or if he or she shows signs of being uncomfortable. In an emergency, this "buddy" also can assist a child with the oxygen mask and be available to assist in any emergency evacuation. In addition, the "buddy" can help provide reassurance and guidance in a non-routine situation.
- **Deplaning of Child:** It is best if the unaccompanied child is either deplaned first, with appropriate paperwork, or held to last and transferred to the passenger what the procedure will be. Before leaving the aircraft, ensure that he or she has all personal belongings and the necessary paperwork.

These guidelines are designed to ease a child's apprehensions and anxieties about leaving home, possibly about being on board an aircraft for the first time and, most of all, traveling alone. There are, of course, children who have 100,000 miles or more of air travel behind them. However, aircraft types and models do vary — just as individual air carriers differ. A review of some of the important points mentioned earlier would be of assistance and would ensure that the child is well aware of his or her surroundings. ♦

Hypothermia — Knowledge Leads to Survival

Air carrier crew members may find that their passengers' — and their own — survival someday may depend upon these techniques that can make the difference when suddenly faced with life-threatening cold.

by

Jeanne M. Koreltz-Elliott

Awareness of the dangers of hypothermia is nothing new. It has been known for years that it is the single greatest killer of persons suddenly immersed in cold water. What makes this phenomenon particularly important to air carrier crew members is the fact that aircraft are sometimes forced to ditch in open water, which may be at a temperature that is not conducive to survival.

Therefore, a better understanding of this life-threatening condition is appropriate, particularly as it relates to crew members involved in a water landing, irrespective of the distance from land or whether it is planned or an unplanned emergency.

Take a look at hypothermia and how it can affect an individual's ultimate survival when one is exposed to such life-threatening conditions in the water.

Hypothermia, simply put, is the result of exposure to cold. When the body begins to lose heat faster than it can produce it, hypothermia begins to develop. When it reaches the low 90s, a person becomes uncoordinated and confused and susceptible to making errors in judgment that could maim or kill him or her.

Below 90 degrees, one's heart and chemical balance go awry. The heart is so vulnerable to shock at that point that 65 percent of those persons who become this cold die, even as they are

trying to get rewarmed. It does not take long before the onset of hypothermia. Twenty minutes in 50-degree water is sufficient for some people.

One of the biggest questions faced by researchers is why youthful, physically fit individuals respond similarly to older men and women and children when exposed to severe cold. The Hypothermia Research Laboratory at the University of Minnesota-Duluth Medical School is currently dealing with that question, in addition to others relative to increasing the general understanding of how the body adjusts to the cold and regulates its own temperature. This research could eventually lead to better ways to prevent, or cure, hypothermia once one has fallen victim to the cold — whether in water or out of doors.

Susceptibility Probed

The human studies with respect to hypothermia being conducted by the Hypothermia Research Laboratory may be unique, with interested individuals continually volunteering to be subjects in the experimental research being conducted there.

The researchers, comprised of physiologists and medical doctors, hope to determine why some people can adapt to the cold more readily than others. Why does the skin temperature of some individuals drop as low as the icy water, while that of others remains far above it? Why do some people become extremely disoriented when they get too cold? And why do not some people — regardless of how cold they become — shiver?

A portion of the research being conducted at the Hypothermia Research Laboratory is pure science, while another part is purely applied, such as testing new survival suits. The research team also has been giving attention to the relationship between alcohol and hypothermia.

“Shivering” is the body’s natural way to get warm. It is good to shiver — except when unclothed and in cold water. At that point, shivering only circulates the water around us, pushing away that that already has been warmed by our skin and allowing new, cold water to come into contact with the body.

Alcohol: False Signals

Individuals under the influence of alcohol do not shiver, because they have a false sense of being warm. This is why about 95% of the hypothermia cases treated at hospitals are alcohol or drug related.

An area of future interest to the researchers is an in-depth study on elderly persons exposed to the cold, since the elderly have greater difficulty thermo-regulating. They also are interested in whether the body releases endorphins (a naturally incurring pain-resistant substance) to combat the pain when

people become too cold and whether there is a physiological makeup consistent with persons who adapt well to cold.

In the course of the research being conducted on hypothermia, better methods of treating it have been developed. Foremost, however, is the caution to never panic.

Some recommendations are still being debated by the experts in the field, and a wide range of first-aid treatments are still advised for hypothermia. Some feel it is best to allow persons to warm up on their own. Others say outside heat should be added. Some say a person with mild hypothermia should be exercised. Others say no. The debate is primarily over the treatment of a person whose temperature has fallen below 90 degrees.

Treating ‘After Drop’

First aid for a person whose temperature has dropped to below 90 degrees must avoid causing two dangers — a rapid change in electrolyte levels in the blood that could cause heart irregularities, and a phenomenon called “after drop.” “After drop” occurs when a cold person warms up on the surface, while the core temperature in the heart and brain continues to decline.

Researchers in emergency medicine are finding that extremely cold persons, those with a body temperature of 90 degrees or below, should be handled differently. Sometimes the new first aid being recommended might seem to contradict common sense. For example:

- It may be better to allow the person to remain cold until medical care is available. On the one hand, do not allow the person to become colder. On the other, do not try to rewarm the person in the field. Premature warming may create dangerous imbalances in electrolyte levels.
- If a pulse cannot be detected in an extremely cold person, it may not be best to perform cardiopulmonary resuscitation (CPR). The heart probably is still beating, possibly at the rate of only one or two beats a minute, but still beating. CPR could trigger the heart into dangerously irregular convulsions. Let the circumstances determine the need for CPR.
- You may not want to stop a person’s shivering. It is the body’s way of making heat. This may be more efficient than putting heat packs on the skin.
- Some researchers say giving warm liquids to a cold person only cools that person even further. The warm liquid may trigger a pharyngeal reflex that sends more warm blood to the skin, where it cools off. The warmth in a cup or two of cocoa, for example, probably will not improve the situation and could worsen it.

Again, some of these recommendations are still being debated by the experts. The encouraging thing, however, is that research is continuing — as at the University of Minnesota's Hypothermia Research Laboratory - Duluth Medical School, and further recommendations will aid in the treatment of hypothermia.

Although the cold is a formidable adversary, further knowledge, preparation and precautions may prevent most encounters from turning into dangerous situations.

Signs to Watch For as Body Temperature Drops

Here is what happens as a person's core temperature drops:

98.6 to 95 — The person shivers, which reaches a peak at 95 degrees. Blood vessels to the skin and

95 to 91.4 —

extremities are constricted. A person may urinate spontaneously.

91.4 to 86 —

The person has severe hypothermia at 90 degrees. Shivering has usually stopped. Eyes are dilated. Pulse and breathing are slow. The heart may have irregular beats. The skin may become discolored.

86 to 77 —

The person is often unconscious. Some reflexes stop. The heart may go into fatal convulsions, either spontaneously or if the person is jarred.

Below 77 —

Death is imminent. ♦

European Corporate Aviation Safety Seminar

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For more information contact Ed Peery, FSF

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