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Department of Transportation

Federal Aviation Administration

14 CFR Parts 121, 125, and 135
Protective Glove Requirement; Final Rule

DEPARTMENT OF TRANSPORTATION**Federal Aviation Administration****14 CFR Parts 121, 125, and 135**

[Docket No. 27926 Amendment No. 121-242; 125-22; 135-53]

RIN 2120-AF37

Protective Glove Requirement

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comment.

SUMMARY: This amendment requires that disposable latex gloves, or equivalent nonpermeable gloves, be located onboard aircraft operated in air carrier, air taxi, and commercial operations. This amendment responds to the concerns of the FAA and some members of the aviation industry that a potential health risk exists to crewmembers and passengers from the possibility of incidental exposure to blood borne pathogens. This amendment would lessen the possibility of that exposure and therefore increase the level of safety for both passengers and crewmembers.

DATES: Effective date December 2, 1994.

Comments must be received on or before December 2, 1994.

ADDRESSES: Send or deliver comments on the rule in duplicate to: Federal Aviation Administration, Office of the Chief Counsel, Attn: Rules Docket (AGC-204), Room 916, 800 Independence Avenue SW., Washington, DC 20591. Comments may be examined in the Rules Docket weekdays, except Federal holidays, between 8:30 a.m. and 5:00 p.m.

FOR FURTHER INFORMATION CONTACT: Daniel V. Meier Jr., Regulatory Branch (AFS-240), Air Transportation Division, Flight Standards Service, Federal Aviation Administration, 800 Independence Avenue SW., Washington, DC 20591, telephone: (202) 267-3749.

SUPPLEMENTARY INFORMATION:**Background**

The Association of Flight Attendants (AFA) stated in a 1990 petition for rulemaking that flight attendants face many hazards in their work environment. Among these hazards it listed medical emergencies that involve bleeding, such as nose-bleeds, cuts, and childbirth, that could expose flight attendants to blood borne diseases such as Hepatitis B. AFA noted that some carriers currently provide barrier devices.

The FAA recognizes that crewmembers (usually flight

attendants), passengers, and health care professionals are sometimes called upon to provide assistance to ill or injured people on aircraft. Providing such assistance may cause such persons to come into contact with the body fluids of persons infected with a blood borne pathogen such as the human immunodeficiency virus (HIV) or the hepatitis B virus (HBV). Blood is the single most important source of HIV, HBV, and other blood borne pathogens in the occupational setting. Infection control efforts for these blood borne pathogens must focus on preventing persons from being exposed to blood. Medical research indicates that the risk of transmission of HIV and HBV from other body fluids and materials such as nasal secretions, sputum, sweat, tears, urine, vomitus and feces is extremely low or nonexistent. Where blood is visible in these substances, however, there is a risk of exposure to blood borne pathogens. The use of protective gloves is the most effective manner in which to prevent passengers and crewmembers from being exposed to contaminated blood and other fluids.

The possibility of crewmembers contracting HIV or HBV in their working environment is remote; nevertheless, the FAA is concerned about the possibility of unnecessary exposure to blood borne pathogens. The risk of exposure is greatest among flight attendants because they come into contact with and assist passengers more frequently than other crewmembers. However, passengers who are health care professionals, and flight crewmembers, may also be exposed, when they assist an injured or ill person on an aircraft. The FAA intends to lessen exposure to blood borne pathogens and provide a higher level of protection for crewmembers and any medical volunteer who may need to use the required aircraft first aid or medical kits. Therefore, the FAA has determined that it is necessary to require operators to aircraft used in operations under parts 121, 125, and 135 to install protective gloves on board those aircraft. This requirement applies to cargo-only as well as passenger-carrying aircraft. However, it does not apply to operators that are not required to have a first aid kit on board the aircraft.

Specifically, the rule contains the following requirements: (1) part 121 operators would be required to install one pair of protective gloves in the emergency medical kits of all of their aircraft; (2) part 121 operators are also required to distribute pairs of protective gloves, equal to the number first aid kits on the airplane, as evenly as practicable throughout the cabin of their aircraft;

and (3) part 125 and 135 operators would be required to provide one pair of protective gloves on their aircraft either in the first aid kit or in a location that is readily accessible to crewmembers.

Because a crewmember in part 121 operations may need to provide assistance when the other items of the first aid kit are not needed, the FAA does not require that the protective gloves be placed in the first aid kits; rather the rule requires that the gloves be located in places that are readily accessible for use by crewmembers in the cabin of the aircraft. This will encourage the use of gloves whenever a crewmember is required to assist a person and when there is the possibility of exposure to a body fluid. In reviewing the number of in-flight emergencies, the FAA has found that the number of first aid kits is appropriate to the treatment of injuries likely to occur in flight. The FAA also finds that requiring pairs of protective gloves in a number equal to the number of first aid kits on board is sufficient. Readers are reminded that this is a minimum requirement and operators may provide more gloves if they so elect.

Part 125 and 135 operators are only required to have first aid kits on board the aircraft. Part 125 and 135 operators may elect to put the gloves in the first aid kits, or as an alternative, may locate the gloves in a place that is readily accessible to crewmembers. Because operations conducted under part 135 are usually of a much shorter flight duration, multiple pairs of gloves are not required by this amendment. As with the part 121 operators, multiple pairs of gloves may be provided if the operator so elects.

The protective gloves required by this amendment must be the equivalent of latex gloves commonly found in hospitals and other medical facilities. Operators are expected to maintain and dispose of the gloves in accordance with acceptable procedures.

This rule does not include new language specifically requiring additional training for the use of latex gloves or their equivalent. However, under 14 CFR 121.415(a)(3) and 121.417(b)(3)(iv), part 121 operators are required to include in a training program "Illness, injury, or other abnormal situations involving passengers or crewmembers to include familiarization with the emergency medical kit * * *." Since protective gloves will be required in the medical kit, part 121 operators will be required to provide training as to their use. Likewise, 14 CFR 135.331(b)(2)(ii) and 135.331(b)(3)(iv) require that part 135

operators provide training in "First aid equipment and its proper use." As the gloves will be required equipment in the first aid kit on board part 135 operations, part 135 operators will be required to provide training in the use of the gloves. The FAA does not intend that this training be accomplished in a special training session but rather as part of the normal training cycle. Part 125 does not have training requirements, but rather has testing requirements. The FAA does not find it necessary to test crewmembers serving in part 125 operations on the use of the gloves or on blood-borne pathogens. Information on blood-borne pathogens and use of the gloves will be made available to these operators in a revised AC 120-44, and the agency finds this source sufficient.

Each part 121 and 135 operator must include as a part of such training information about blood borne pathogens and the proper use and disposal of the protective gloves. This training may be accomplished in a number of ways to include video tapes, computer based instruction, or pamphlets. Advisory Circular 120-44 is being revised to include discussion of the various options available to operators to ensure that an infectious disease awareness program is included in each approved training program.

Trade Impact Statement

The FAA finds that this amendment will have no impact on international trade.

Economic Summary

Changes to Federal regulations are required to undergo several economic analyses. First, Executive Order 12866 directs each Federal agency to propose or adopt a regulation only upon a reasoned determination that the benefits of the intended regulation justify its costs. Second, the Regulatory Flexibility Act of 1980 requires agencies to analyze the economic effect of regulatory changes on small entities. Third, the Office of Management and Budget directs agencies to assess the effect of regulatory changes on international trade. With respect to this final rule, the FAA has determined that it: (1) Will generate benefits that justify its costs and is not "a significant regulatory action" as defined in the Executive Order; (2) is not significant as defined in the Department of Transportation's Regulatory Policies and Procedures; (3) will not have a significant impact on a substantial number of small entities; and (4) will not constitute a barrier to international trade. Therefore, a full regulatory analysis, which includes the

identification and evaluation of cost reducing alternatives to this rule, has not been prepared. Instead, the agency has prepared a more concise analysis of this final rule which is presented in the following paragraphs.

Costs

The FAA estimates the total cost of the final rule amending parts 121.309(d), 125.207(a) and 135.177(a) to include protective gloves will be approximately \$1.1 million in 1993 dollars (\$750,000, discounted) over the 10-year period 1995-2004. This final rule requires, at a minimum, (1) part 121 operators to install one pair of protective gloves in the emergency medical kits of their aircraft; (2) part 121 operators to provide pairs of protective gloves equal in number to the first aid kits on each of their aircraft; and (3) parts 125 and 135 operators to provide, either in the first aid kit or in a readily accessible location, one pair of protective gloves for each aircraft.

In addition to the cost of the gloves, the FAA has estimated the incremental labor cost required for the breaking down of the part 121 emergency medical kits to install protective gloves, the supplying of gloves throughout part 121 aircraft cabins, the supplying of protective gloves aboard aircraft operated under parts 125 and 135, and the required record keeping associated with these activities. The FAA has also imputed an incremental cost for the containment and disposal of the gloves after use in keeping with current air carrier, air taxi and commercial aircraft policies on waste material. Finally, as one option available to operators to provide infectious disease awareness, the FAA has also estimated the cost for awareness materials (pamphlets) in accordance with the anticipated revisions to Advisory Circular 120-44.

The total \$1.1 million estimated cost of this final rule for the 1995-2004 time period is comprised of the following components expressed in 1993 dollars: (1) \$242,000 (\$160,000, discounted) for part 121 operators to install protective gloves in each aircraft's medical kit (cost of gloves plus labor) including a cost imputation to reflect the incremental cost to provide for the in-flight disposal of used gloves and to provide for their replacement as needed; (2) \$174,000 (\$122,000, discounted) for part 121 operators to provide protective gloves equal to the number of first aid kits on each aircraft (cost of gloves plus labor) including a cost imputation to reflect the incremental cost to provide for the in-flight disposal of used gloves and to provide for their replacement as needed; (3) \$25,000 (\$17,000, discounted) for

parts 125 and 135 operators to install one pair of protective gloves in each aircraft's first aid kit (cost of gloves plus labor) including a cost imputation to reflect the incremental cost to provide for the in-flight disposal of used gloves and to provide for their replacement as needed; and (4) \$620,000 (\$428,000, discounted) estimated materials cost to provide to all affected crew members with infectious disease awareness training and training in the proper use of the gloves in accordance with §§ 121.415(a)(3), 121.417(b)(3)(iv), 135.311(b)(2)(ii), and 135.331(b)(3)(iv).

Benefits

The FAA has no recorded incidents in which a crewmember or passenger sustained serious illness or death as a result of attending to a passenger with resulting exposure to bloodborne pathogens. However, based on information obtained from various sources, the FAA can reasonably approximate the risk involved in attending to a carrier of the bloodborne pathogens HIV or HBV.

According to information provided by OSHA and the Centers for Disease Control, the estimated numbers of HIV and HBV carriers in the general population (255 million) in 1992, were respectively, 1.0 million and 1.2 million. The probability of contact of any kind with a carrier of either HIV or HBV is approximately 0.004 and 0.005, respectively; the probability of contact with a person who is a carrier of either HIV or HBV is 0.00898 adjusted for the probability that the person is a carrier of both pathogens. Data contained in an FAA study reports that 1,150 in-flight medical emergencies, e.g., those requiring the use of the "doctors only" medical kit, occur annually ("A Study of In-Flight Medical Occurrences"; FAA AFS-200, July 1994). In a 1-year exhaustive study at a major airport, twenty percent of the in-flight medical emergencies were for lacerative, vomitous or obstetric conditions, conditions which could potentially result in exposure of persons to bloodborne pathogens (Richard O. Cummins and Jessica Schubach, Frequency and Types of Medical Emergencies Among Commercial Air Travelers; Journal of American Medicine, Vol. 261, No. 9 (1989). Statistically, this data suggests that at a minimum the frequency of in-flight medical emergencies each year which could potentially result in exposure to bloodborne pathogens is two ($1,150 \times 0.2 \times 0.00898$). Thus, over a 10-year period, the FAA estimates that care-givers attending to a person in an in-flight medical emergency will be at

risk of being exposed to bloodborne pathogens on twenty occasions.

International Trade Impact Analysis

This rule will have no effect on the sale of foreign aviation products or services in the U.S. or on the sale of U.S. products or services in foreign countries.

Regulatory Flexibility Determination

The Regulatory Flexibility Act of 1980 (RFA) ensures that government regulations do not needlessly and disproportionately burden small businesses. The RFA requires the FAA to review each rule that may have "a significant economic impact on substantial number of small entities." FAA criteria define "a substantial number" as not less than 11 nor more than one-third of the small entities subject to the rule. Among air carriers, a small entity is defined as one which owns, but does not necessarily operate, nine or fewer aircraft. The criteria define "a significant impact" as \$102,000 for scheduled air carriers with 60 or more seats and \$57,000 for scheduled air carriers with fewer than 60 seats. The final rule's amendments will impose a negligible annual cost burden (about \$16 per aircraft) on all air carrier, air taxi and commercial aircraft operators. This cost burden is not expected to exceed threshold levels.

Federalism Implications

The regulation adopted herein would not have substantial direct effects on the states, on the relationship between the states, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this regulation would not have sufficient federalism implications to warrant the preparation of the Federalism Assessment.

International Civil Aviation Organization and Joint Aviation Regulations

In keeping with U.S. obligations under the Convention on International Civil Aviation, it is FAA policy to comply with ICAO Standards and Recommended Practices (SARP) to the maximum extent practicable. For this final rule, the FAA was unable to discover an ICAO requirement for protective gloves.

Likewise, the Joint Aviation Regulations do not specifically list items required for the first aid or medical kits but do specify that all items must be serviceable for their intended purpose.

Paperwork Reduction

The current paperwork requirements for part 121 have been approved under OMB Control No. 2120-008, for part 135 under Control No. 2120-0039, and for part 125 under Control No. 2120-0085. This proposal adds no new paperwork requirements.

Good Cause for Immediate Adoption

The FAA finds that notice and public comment for this rulemaking is impracticable and contrary to the public interest. Because this rule will lessen a potential health risk to passengers and crewmembers, those persons should not be further subjected to that potential risk by a delay in issuing a final rule.

In light of the current wide-spread use of protective gloves by operators, the agency expects little or no adverse comment on the final rule. Comments on the amendment are invited, however, and the Administrator may amend or rescind the rule in view of public comment. Comments should identify the Docket No. 27926 and be submitted in triplicate to the address provided above. All comments will be available for public review, both before and after the closing date for comments.

Conclusion

For the reasons discussed in the preamble and based on the findings in the Regulatory Flexibility Determination and the International Trade Impact Analysis, the FAA has determined that this regulation is not a significant regulatory action under Executive Order 12866. In addition, the FAA has determined that this regulation will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. This regulation is not considered significant under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979).

List of Subjects in 14 CFR Parts 121, 125, 135

Air safety, Air transportation, Aviation safety, Safety, Transportation, Cabin safety, Medical kits, First-aid kits.

The Amendment

Accordingly, 14 CFR parts 121, 125, and 135 are amended as follows:

PART 121—CERTIFICATION AND OPERATIONS: DOMESTIC, FLAG, AND SUPPLEMENTAL AIR CARRIERS AND COMMERCIAL OPERATORS OF LARGE AIRCRAFT

1. The authority citation for part 121 continues to read as follows:

Authority: 49 U.S.C. App. 1354(a), 1355, 1356, 1357, 1401, 1421-1430, 1472, 1485, and 1502; 49 U.S.C. 106(g) (revised, Pub.L. 97-449, January 12, 1983).

2. Section 121.309(d) is revised to read:

§ 121.309 Emergency equipment.

(d) *First aid and emergency medical equipment and protective gloves.* (1) Approved first aid kits and, on passenger flights, an emergency medical kit for treatment of injuries or medical emergencies that might occur during flight time or in minor accidents must be provided and must meet the specifications and requirements of appendix A of this part.

(2) Pairs of protective latex gloves, or equivalent nonpermeable gloves, equal in number to the number of first aid kits on board the aircraft. These gloves must be distributed as evenly as practicable throughout the cabin of the aircraft.

3. Appendix A of part 121 is amended by revising item 3 under "Emergency Medical Kits" to read as follows:

Appendix A to Part 121—First Aid Kits and Emergency Medical Kits

Emergency Medical Kits

(3) The approved emergency medical kit must contain, as a minimum, the following appropriately maintained contents in the specified quantities:

Contents	Quantity
Sphygmomanometer	1
Stethoscope	1
Airways, oropharyngeal (3 sizes) .	3
Syringes (sizes necessary to administer required drugs)	4
Needles (sizes necessary to administer required drugs)	6
50% Dextrose injection, 50cc	1
Epinephrine 1:100, single dose ampule or equivalent	2
Diphenhydramine HCl injection, single dose ampule or equivalent	2
Nitroglycerin tablets	10
Basic instructions for use of the drugs in the kit	1
Protective latex gloves or equivalent nonpermeable gloves	11

¹ Pair.

PART 125—CERTIFICATION AND OPERATIONS: AIRPLANES HAVING A SEATING CAPACITY OF 20 OR MORE PASSENGERS OR A MAXIMUM PAYLOAD CAPACITY OF 6,000 POUNDS OR MORE

4. The authority citation for part 125 continues to read as follows:

Authority: 49 U.S.C. App. 1354, 1421 through 1430, and 1502; 49 U.S.C. 106(g) (Revised Pub. L. 97-449, January 12, 1983.)

5. Section 125.207 is amended by revising paragraph (a)(1)(iii) and adding paragraph (a)(1)(iv) to read as follows:

§ 125.207 Emergency equipment requirements.

(a)(1)(iii) Except as provided in paragraph (a)(1)(iv) of this section, at time of takeoff, each first aid kit must contain at least the following or other contents approved by the Administrator:

Contents	Quantity
Adhesive bandage compressors, 1 in	16
Antiseptic swabs	20
Ammonia inhalants	10
Bandage compressors, 4 in	8
Triangular bandage compressors, 40 in	5
Burn compound, 1/8 oz or an equivalent of other burn remedy	6
Arm splint, noninflatable	1

Contents	Quantity
Leg splint, noninflatable	1
Roller bandage, 4 in	4
Adhesive tape, 1-in standard roll	2
Bandage scissors	1
Protective latex gloves or equivalent nonpermeable gloves	1

¹ Pair.

(iv) Protective latex gloves or equivalent nonpermeable gloves may be placed in the first aid kit or in a location that is readily accessible to crewmembers.

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PART 135—AIR TAXI OPERATORS AND COMMERCIAL OPERATORS

6. The authority citation for part 135 continues to read as follows:

Authority: 49 U.S.C. App. 1354(a), 1355(a), 1421 through 1431, and 49 U.S.C. 106(g) (Revised Pub. L. 97-449, January 12, 1993).

7. Section 135.177 is amended by revising paragraph (a)(1)(iii) and adding paragraph (a)(1)(iv) to read as follows:

§ 135.177 Emergency equipment requirements for aircraft having a passenger seating configuration of more than 19 passengers.

* * * * *

(a)(1)(iii) Except as provided in paragraph (a)(1)(iv) of this section, at

time of takeoff, each first aid kit must contain at least the following or other contents approved by the Administrator:

Contents	Quantity
Adhesive bandage compressors, 1 in	16
Antiseptic swabs	20
Ammonia inhalants	10
Bandage compressors, 4 in	8
Triangular bandage compressors, 40 in	5
Burn compound, 1/8 oz or an equivalent of other burn remedy	6
Arm splint, noninflatable	1
Leg splint, noninflatable	1
Roller bandage, 4 in	4
Adhesive tape, 1-in standard roll	2
Bandage scissors	1
Protective latex gloves or equivalent nonpermeable gloves	1

¹ Pair.

(iv) Protective latex gloves or equivalent nonpermeable gloves may be placed in the first aid kit or in a location that is readily accessible to crewmembers.

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Issued in Washington, DC, on September 26, 1994.

David R. Hinson,
Administrator.

[FR Doc. 94-24498 Filed 10-17-94; 8:45 am]

BILLING CODE 4910-13-M

14 CFR Parts 121, 125, and 135

[Docket No. 27926; Amendment Nos. 121-242, 125-22, 135-53]

RIN 2120-AF37

Protective Glove Requirement

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; correction.

SUMMARY: This document contains corrections to the final rule [FR Doc. 94-24498] published on October 18, 1994 (59 FR 52640). The published list of items to be included in the kit inadvertently listed an item that previously had been deleted. This document corrects that error and one editorial omission.

EFFECTIVE DATE: December 2, 1994.

FOR FURTHER INFORMATION CONTACT:

Daniel V. Meier, Jr., Regulatory Branch (AFS-240), Air Transportation Division, Flight Standards Service, Federal Aviation Administration, 800 Independence Avenue SW., Washington, DC 20591; telephone (202) 267-3749.

SUPPLEMENTARY INFORMATION: On October 18, 1994, the FAA published a final rule amending the regulations that list the items required in the first aid kits carried on board aircraft operated in air carrier, air taxi, and commercial operations (59 FR 52640). In the list published in the final rule, the item "Burn compound, 1/8 oz or an equivalent of other burn remedy" appeared in the listing under §§ 125.207 and 135.177. The inclusion of burn compound was in error. Burn compound was removed by an earlier amendment (59 FR 1780, January 12, 1994).

Further, in the amendment to § 121.309, a period was omitted at the end of paragraph (d)(1).

Correction of Publication

Accordingly, the publication on October 18, 1994 of the final rule that was the subject of FR Doc. 94-24498 is corrected as follows:

§ 121.309 [Corrected]

1. On page 52642, in the third column, in § 121.309, in paragraph (d)(1), in the last line, add a period after the words "of this part".

§ 125.207 [Corrected]

2. On page 52643, in the first column, in § 125.207, in the table in paragraph (a)(1)(iii), in the column titled

"Contents" remove the entry that reads "Burn compound, 1/8 oz or an equivalent of other burn remedy"; in the column titled "Quantity" remove the entry "6" that corresponds to the burn compound entry.

§ 135.177 [Corrected]

3. On page 52643, in the third column, in § 135.177, in the table in paragraph (a)(1)(iii), in the column titled "Contents" remove the entry that reads "Burn compound, 1/8 oz or an equivalent of other burn remedy"; in the column titled "Quantity" remove the entry "6" that corresponds to the burn compound entry.

Issued in Washington, DC on October 31, 1994.

Donald P. Byrne,

Assistant Chief Counsel for Regulations.

[FR Doc. 94-27390 Filed 11-3-94; 8:45 am]

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