



European Aviation Safety Agency
Executive Directorate
Safety Analysis and Research Department

**EASA safety analysis report for
RMT.0327/0328 based on data retrieved from
EASA copy of ICAO ADREP database**



EXECUTIVE SUMMARY

This safety analysis report is prepared in support of the European Aviation Safety Agency's (EASA) rulemaking task RMT.0327 (OPS.058(a)) and RMT.0328 (OPS.058(b)). The rulemaking task is a transfer of Joint Aviation Authorities' (JAA) cabin safety tasks in regard to air operator requirements for:

- Incapacitation and replacement of Senior cabin crew member (SCCM);
- Communication between a person on board the aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members.

This safety analysis report discusses occurrences retrieved from EASA copy of ICAO ADREP database in regard to both topics contained in JAA cabin safety tasks transfer.

During this safety analysis nineteen occurrences were captured in the EASA copy of International Civil Aviation Organisation (ICAO) Accident/Incident Data Reporting (ADREP) system database, which clearly identify that cabin crew incapacitation involved the SCCM incapacitation (including Single cabin crew member incapacitation). No data was available in the database on events associated to communication between a person on board the aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members.



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1. INTRODUCTION

European Commission Regulation (EC) No 859/2008 of 20 August 2008 amending Council Regulation (EEC) No 3922/91 *as regards technical requirements and administrative procedures applicable to commercial transportation by aeroplane* (EU-OPS) stipulates that an air operator shall nominate a SCCM whenever more than one cabin crew member is assigned for a flight¹.

When trying to find a definition of a cabin crew member incapacitation, none was available. It has always been referred to flight crew incapacitation which 'is a term used to describe the inability of a member of a flight crew to carry out their normal duties because of the onset during flight of the effects of physiological factors'².

However, the EU-OPS determines that an operator shall establish procedures to select the next most suitably qualified cabin crew member to operate as SCCM in the event of the nominated SCCM becoming unable to operate³.

For the purpose of this safety analysis report, the SKYbrary description of crew incapacitation may be used. SCCM incapacitation can then be considered as an event where SCCM becomes unable to perform his/her duties not only because of '*the effects of hypoxia, smoke and fumes, food poisoning, being asleep, a medical condition such as a heart attack, stroke or seizure or transient mental abnormality, a malicious or hostile act*'⁴, but also because of accidental injuries caused by turbulence, abrupt aircraft movement, or received while using aircraft systems and equipment.

Taking into account this safety analysis report's definition of a SCCM incapacitation, an objective for the analysis was set to identify every possible occurrence in the EASA copy of ICAO ADREP database associated to SCCM incapacitation. The aim of this safety analysis is not only to identify SCCM incapacitation occurrences but also to collect data on possible causes of the SCCM incapacitation and air operator's actions for selection of the next most suitably qualified cabin crew member to replace the incapacitated SCCM. Besides the above-mentioned, this report also analyses the flight phase of a SCCM incapacitation and other data such as: year of occurrence, occurrence class, occurrence category, state/area of occurrence, and aircraft.

For the purpose of extensive information coverage in regard to SCCM incapacitation, it was decided to include also occurrences where an incapacitation has occurred in 'Single cabin crew member operations'⁵. The review of Single cabin crew member incapacitation occurrences was based on the fact that SCCM and Single cabin crew member replacement procedures and effects on safety in certain situation might coincide.

¹ European Commission, *Regulation (EC) No 859/2008 amending Council regulation (EEC) No 3922/91 as regards common technical requirement and administrative procedures applicable to commercial transportation by aeroplane, OPS 1.1000 Senior cabin crew members (a)*, (Official Journal of the European Union, 20.9.2008).

² SKYbrary, *Crew Incapacitation*, < http://www.skybrary.aero/index.php/Crew_Incapacitation> [accessed 16 May 2012].

³ European Commission, *Regulation (EC) No 859/2008 amending Council regulation (EEC) No 3922/91 as regards common technical requirement and administrative procedures applicable to commercial transportation by aeroplane, OPS 1.1000 Senior cabin crew members (d)*, (Official Journal of the European Union, 20.9.2008).

⁵ European Commission, *Regulation (EC) No 859/2008 amending Council regulation (EEC) No 3922/91 as regards common technical requirement and administrative procedures applicable to commercial transportation by aeroplane, OPS 1.1002 Single cabin crew member operations* (Official Journal of the European Union, 20.9.2008).



The second objective of this safety analysis report is an identification of events where communication between a person on board the aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members is involved. Some might raise a question whether European air operator rules accept boarding of passengers in the absence of the flight crew. Without saying 'yes' or 'no' it is obvious that there are no requirements on the European level regulating passenger embarking/disembarking or presence on board an aircraft in the absence of flight crew except for cases when aircraft is being refuelled/defueled⁶.

EU-OPS stipulates that aircraft commander's responsibility for the safety of all crew members, passenger and cargo on board starts when he/she arrives on board until he/she leaves the aircraft at the end of the flight. In addition to that, EU-OPS holds the aircraft commander responsible for the operations and safety of the aeroplane from the moment the aeroplane is first ready to move for the purpose of taxiing prior to take-off until the moment it finally comes to rest at the end of the flight and the engine(s) used as primary propulsion units are shut down⁷.

Given that commander's responsibility starts only when he/she arrives on board an aircraft, and that European requirements do not restrict passenger boarding in the absence of flight crew or qualified staff (except for aircraft refuelling/defueling), there are reasonable grounds to believe that European air operators accept passenger ground operations in the absence of flight crew members and possibly events have occurred due to communication issues.

⁶ *ibid.* Appendix 1 to OPS 1.305 Re/defueling with passengers embarking, on board or disembarking.

⁷ *ibid.* OPS 1.085 Crew responsibilities (f) 1., 2.



2. RESULTS

2.1 Incapacitation and replacement of SCCM

From 1970 until April 2012 the EASA copy of ICAO ADREP database contains nineteen occurrences which clearly identify SCCM incapacitation during his/her flight-related duties. However, it should be remarked that two of the retrieved occurrences are related to Single cabin crew member operations where cabin crew incapacitation has been involved. For detailed occurrence description, please refer to Attachment B.

Figure 1 depicts the event types coded in the EASA copy of ICAO ADREP database which have caused SCCM incapacitation in various flight phases.

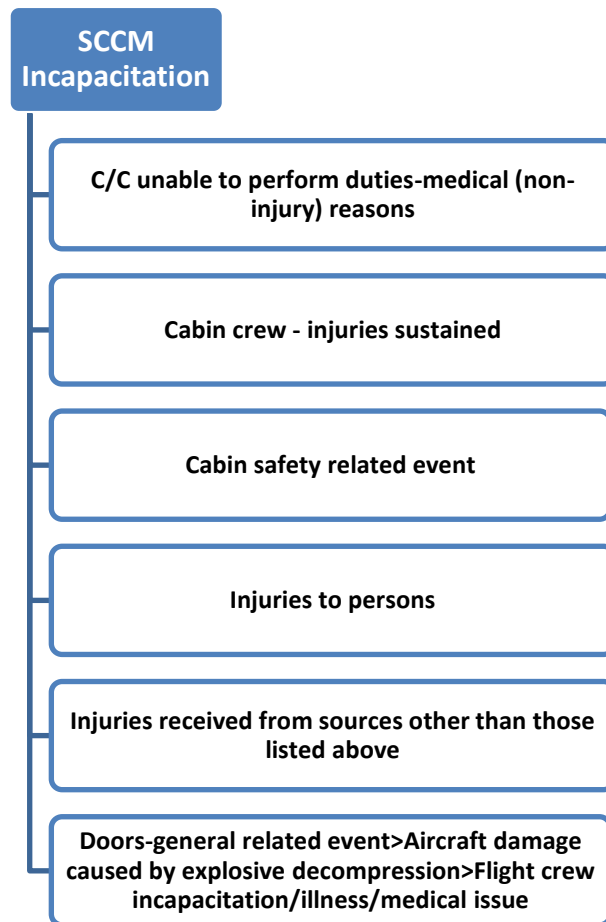


Figure 1 Identified events contributing to SCCM incapacitation

In-depth analysis based on data available in the EASA copy of ICAO ADREP database reveals that five of the SCCM incapacitation occurrences have happened in the United States, thirteen in Canada and one in Europe.



Event analysis by aircraft type shows that SCCM incapacitations have occurred on:

- Boeing 727-200;
- Boeing 737-200;
- Boeing 737-700;
- Boeing 747-100/200;
- Boeing 767-200;
- McDonnell Douglas DC 9-50;
- Airbus Industries A319;
- Airbus Industries A320;
- Airbus Industries A321;
- Canadair Regional Jet Series 700;
- Embraer 145 (Single cabin crew member operation); and
- Saab 340 (Single cabin crew member operation).

The analysis of flight phases reveals that SCCM incapacitation events have occurred during:

- Parking or standing (2);
- Taxi (2);
- En route/cruise/descent (12+2 Single cabin crew member operation);
- Approach (1).

Figure 2 represents a fatal accident and on-board fatalities by phase of flight (worldwide commercial jet fleet – 2001 through 2010) graph obtained from Boeing Statistical Summary of Commercial Jet Airplane Accidents (Worldwide operations 1959-2010)⁸. This graph is supplemented by the figures (in red) of SCCM incapacitation occurrences analysis.

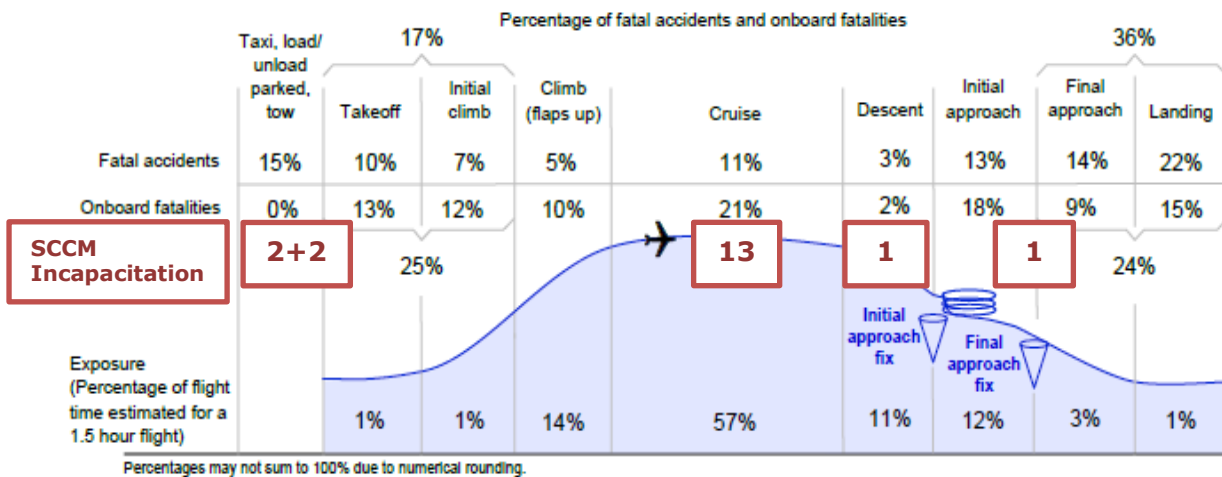


Figure 2 Fatal accidents and on-board fatalities (worldwide commercial jet fleet – 2001 through 2010) and SCCM incapacitations (1996 through 2009) by phase of flight

⁸ Aviation Safety Boeing Commercial Airplanes, *Statistical Summary of Commercial Jet Airplane Accidents*, June 2011, < <http://www.boeing.com/news/techissues/pdf/statsum.pdf> > [accessed 17 May 2012].



Despite the fact that safety analysis was also focused on air operator proceedings in case of a SCCM incapacitation, none of the occurrence contains any information on whether incapacitated SCCM was replaced by the next most suitably qualified cabin crew member or air operator has used any other event solution.

2.2 **Communication between an aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members**

This safety analysis did not retrieve any event involving communication between a person on board an aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members.



3. CONCLUSIONS

Cabin crew members spend their working day in a mobile environment which can be unexpectedly affected by various predictable and unpredictable factors. Even though aircraft systems have been developed to the level where cabin crew injuries are unlikely to be present, and air operators have developed their procedures to avoid cabin crew member getting hurt during operations or becoming incapacitated, such events still happen and will continue to happen. Cabin crew incapacitation, e.g. due to becoming sick, is something which very often cannot be prevented.

This safety analysis shows that fairly few occurrences can be linked to SCCM incapacitation in the EASA copy of ICAO ADREP database. However, it has to be stated that data retrieved from the EASA copy of ICAO ADREP database does not mean that fully comprehensive information on EASA rulemaking task RMT.0327 (OPS.058 (a)) and RMT.0328 (OPS.058 (b)) has been obtained.

Directive 2003/42/EC of the European Parliament and of the Council of 13 June 2003 *on occurrence reporting in civil aviation* stipulates that incapacitation of any member of the cabin crew which renders them unable to perform essential emergency duties should be reported to the European Union Member State's designated competent authority⁹. However, there is no standard which would require an indication of incapacitated cabin crew member's position or nomination for the particular flight.

Another explanation of limited SCCM incapacitation occurrences could be the general philosophy of occurrence data collection where the whole process is based on safety hazard and accident/incident cause identification rather than description of consequential events, which usually can only be retrieved from occurrence narrative.

Figure 2 of this safety analysis report shows that 17 % of commercial jet fatal accidents can be associated to take-off and initial climb, and 36 % of fatal accidents happen during final approach and landing. These two flight phases are the most demanding from flight crew's perspective; one of the SCCM incapacitation has occurred during one of the critical flight phases. It must be noted that the retrieval of the data was not focused on finding occurrences, which would include events where SCCM has become incapacitated because of a crash impact, since such events do not fit within the scope of the EASA rulemaking task RMT.0327 (OPS.058 (a)) and RMT.0328 (OPS.058 (b)). Figure 2 depicts that 4 events have occurred during taxi and parking, 14 occurrences have happened en route, and one during approach. Parking, taxi and en route allow a timely replacement of incapacitated SCCM with another SCCM or with the next most suitably qualified cabin crew member.

During this safety analysis no occurrence was retrieved from the EASA copy of ICAO ADREP database which could be associated with issues regarding communication between a person on board an aircraft and aerodrome services during ground operations with passengers on board and in the absence of flight crew members. Search for this kind of information in the EASA copy of ICAO ADREP database is a search for elements which describe the accident/incident rather than indicate the actual causes of the accident/incident.

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⁹ European Parliament and Council, *Directive 2003/42/EC on occurrence reporting in civil aviation, ANNEX I A. AIRCRAFT FLIGHT OPERATIONS (iii) Crew incapacitation (b)* (Official Journal of the European Union, 4.7.2003).



ATTACHMENT A: Acronyms and Definitions

ADREP	Accident/Incident Data Reporting system database
EASA	European Aviation Safety Agency
EU-OPS	European Commission Regulation (EC) No 859/2008 of 20 August 2008 amending Council Regulation (EEC) No 3922/91 <i>as regards technical requirements and administrative procedures applicable to commercial transportation by aeroplane</i>
ICAO	International Civil Aviation Organisation
JAA	Joint Aviation Authorities
SCCM	Senior cabin crew member

**ATTACHMENT B: List of Occurrences**

Note: Occurrence narrative text as received from reporting country

No	Year	Occurrence class	Occurrence category	State/area of occurrence	Aircraft manufacturer/model	Flight phase
Senior cabin crew member incapacitation						
1	1996	Incident	<i>Not available</i>	United States	Boeing 727-200	En route
2	1997	Accident	RAMP: Ground Handling	United States	McDonnell Douglas DC 9-50	Taxi
3	1998	Incident	SCF-NP: System/component failure or malfunction [non-powerplant]	United Kingdom	Boeing 737-200	En route
4	2000	Incident	CABIN: Cabin safety event	Canada	Boeing 747-100/200	En route
5	2002	Incident	OTHR: Other	United States	Boeing 767-200	Standing
6	2003	Incident	<i>Not available</i>	Canada	Airbus Industries A319	Standing
7	2006	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A319	En route
8	2006	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A321	En route
9	2006	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A320	En route
10	2006	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A319	En route
11	2007	Incident	CABIN: Cabin safety	Canada	Boeing 737-700	En route

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event						
12	2007	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A319	En route
13	2007	Incident	CABIN: Cabin safety event	Canada	Boeing 737-700	En route
14	2007	Incident	CABIN: Cabin safety event	Canada	Canadair Regional Jet Series 700	Taxi
15	2008	Incident	CABIN: Cabin safety event	Canada	Boeing 737-700	En route
16	2008	Incident	CABIN: Cabin safety event	Canada	Airbus Industries A321	En route
17	2010	Incident	CABIN: Cabin safety event	Canada	Boeing 737-700	Approach

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18	2008	Accident	OTHR: Other	United States	Embraer 145 (145ER)	En route
19	2009	Serious incident	CABIN: Cabin safety event	United States	Saab 340	En route



Occurrence narratives

No Narrative

Senior cabin crew member incapacitation

- 1 DURING CRUISE, AT 33,000 FT, THE A/C EXPERIENCED CABIN DEPRESSURIZATION. AN EMERGENCY DESCENT AND LANDING WERE CARRIED OUT. SEVERAL CREW MEMBERS SHOWED SIGNS OF HYPOXIA WHEN THE DECOMPRESSION OCCURRED. A FLIGHT ATTENDANT FAINTED.>DRN: AT 33,000 FT THE CABIN ALTITUDE WARNING HORN SOUNDED. THE PILOT NOTICED THE RIGHT AIR CONDITIONING PACK WAS OFF AND HE AND THE ENGINEER TRIED TO RESTART IT WITHOUT USING A CHECKLIST. THE CABIN ALTITUDE CONTINUED TO CLIMB TO 14,000 FT AT WHICH TIME THE WARNING LIGHTS ILLUMINATED AND THE OXYGEN MASKS DEPLOYED IN THE CABIN. WHILE ATTEMPTING TO CORRECT THE CABIN ALTITUDE, THE FLIGHT ENGINEER INADVERTENTLY OPENED THE OUTFLOW VALVE. THIS CAUSED A RAPID LOSS OF CABIN PRESSURE. THEN, THE PILOT, FLIGHT ENGINEER AND LEAD FLIGHT ATTENDANT ALL BECAME UNCONSCIOUS DUE TO HYPOXIA. THE PILOT HAD DELAYED DRESSING HIS OXYGEN MASK. THE FLIGHT ENGINEER BECAME UNCONSCIOUS AFTER REVIVING THE FLIGHT ATTENDANT. THE CO-PILOT, WHO HAD ONLY 10 HR OF FLIGHT TIME IN THE A/C HAD DONNED HIS OXYGEN MAST WHEN THE WARNING HORN FIRST SOUNDED, MAINTAINED CONSCIOUSNESS AND WAS ABLE TO INITIATE THE EMERGENCY DESCENT, DURING WHICH TIME THE PILOT, FLIGHT ENGINEER AND FLIGHT ATTENDANT REGAINED CONSCIOUSNESS.
- 2 DRN: THE CAPTAIN AND A GROUND HANDLER REPORTED THAT PUSHBACK WAS NORMAL. THE CAPTAIN WAS THEN INFORMED THAT THE LEAD FLIGHT ATTENDANT HAD BEEN INJURED AND WAS COMPLAINING OF DIZZINESS AND NAUSEA. THE A/C WAS RETURNED TO THE GATE. THE FLIGHT ATTENDANT REPORTED THAT AS THE A/C WAS BEING PUSHED BACK, IT JERKED, AND HE HIT HIS HEAD ON A GALLEY DOOR. HE RECEIVED MEDICAL ATTENTION, AND INITIAL INDICATION WAS THAT HE HAD RECEIVED A CONCUSSION AND TORN MUSCLES TO THE NECK AND HEAD.
- 3 THE THRUST LEVERS WERE RETARDED BY THE CO-PILOT TO COMMENCE DESCENT WHEN THERE WAS A RAPID LOSS OF CABIN PRESSURE. THE CO-PILOT PUT ON HIS OXYGEN MASK BUT THE COMMANDER WAS NOT ABLE TO PUT ON HIS MASK BEFORE HE BECAME UNCONCIOUS. THE CO-PILOT ATTEMPTED TO ASSIST THE COMMANDER BUT WAS UNABLE TO DO SO. THE AIR SPEED REDUCED CLOSE TO THE STALLING SPEED. THE CO-PILOT THEN PUT THE A/C INTO AN EMERGENCY DESCENT AND DECLARED A "MAYDAY".>THE CO-PILOT ASKED THE SENIOR CABIN CREW MEMBER TO ASSIST THE COMMANDER, BUT SHE TOOK OF HER OXYGEN MASK AND ALSO BECAME UNCONCIOUS. BOTH CREW MEMBERS RECOVERED LATER WHEN GIVEN OXYGEN MASKS. IN THE PAX CABIN THERE WERE FOUR PAX WHO SUFFERED SOME EAR DAMAGE DURING THE RAPID DESCENT.>THE AFT CARGO DOOR HAD SUFFERED A FATIGUE CRACK AND THE CABIN PRESSURE CAUSED THE REAR LOWER PORTION OF THE DOOR TO BEND OPEN AND CABIN PRESSURE TO ESCAPE.
- 4 PRN: (*flight number*), A BOEING 747, REPORTED A MEDICAL EMERGENCY AND DIVERTED TO THE EDMONTON INTERNATIONAL AIRPORT. THE LEAD FLIGHT ATTENDANT HAD PASSED OUT AND AN ON-BOARD NURSE WAS UNABLE TO REVIVE HER. THE OPERATOR REPORTED THAT THE FLIGHT ATTENDANT IS DIABETIC AND THAT MEDICAL EXAMINATION DETERMINED SHE HAD EXPERIENCED A RARE INSULIN REACTION. SHE WAS RELEASED FROM HOSPITAL IMMEDIATELY AFTER EXAMINATION AND HAS SINCE RETURNED TO DUTY."
- 5 PRN: (*air operator*) FLIGHT (*flight number*), A BOEING 767-200, WAS AT THE GATE IN CALGARY, AB PREPARING FOR DEPARTURE TO TORONTO, ON, WHEN THE IN-CHARGE FLIGHT ATTENDANT BECAME ILL. THE IN-CHARGE WAS REMOVED FROM THE AIRCRAFT AND THE AIRCRAFT DEPARTED AS SCHEDULED.
- 6 PRN: (*air operator*) FLIGHT (*flight number*), AN AIRBUS A319-114 AIRCRAFT, REGISTRATION (*a/c registration*), WAS BEING PREPARED FOR A FLIGHT FROM WILLIAM B. HARTSFIELD INTERNATIONAL AIRPORT, ATLANTA, GEORGIA TO TORONTO/LBPIA. DURING BOARDING, THE IN-CHARGE FLIGHT ATTENDANT STRUCK HER ELBOW HARD ENOUGH TO CAUSE HER TO PASS OUT. SHE RECEIVED MEDICAL ATTENTION AND DEADHEADED BACK TO TORONTO.



- 7 The (*air operator*) A319, registration (*a/c registration*), operating as flight number (*flight number*), was en route to Toronto/LBPIA from Calgary, Alberta. The in-charge flight attendant became ill and was unable to perform their duties.
- 8 The Airbus 321-211, registration (*a/c registration*), operating as (*flight number*), was en-route to Toronto/LBPIA from Vancouver International Airport. During the flight, the in-charge flight attendant suffered from suspected food poisoning and was unable to continue duties.
- 9 (*a/c registration*), an Airbus A320-211 aircraft operating as (*air operator*) flight (*flight number*), was en route to Toronto LBPIA (CYYZ) when the in-charge flight attendant became ill and was unable to perform duties. The flight continued to destination and landed without further incident.
- 10 During cruise flight, the in-charge flight attendant on (*air operator*) flight (*flight number*) became ill and was unable to continue duties.
- 11 The (*air operator*) Boeing 737-700, (registration (*a/c registration*), flight number (*flight number*) was en-route to Toronto/LBPIA when a flight attendant became ill and could not continue duties.
- 12 The (*air operator*) Airbus A319 aircraft, (*a/c registration*), operating as (*flight number*), took off from Vancouver for Los Angeles. Soon after the aircraft reached cruising altitude, the in-charge flight attendant complained of dizziness and was unable to continue with assigned duties. Upon arrival in Los Angeles the individual was transported to hospital.
- 13 The (*air operator*) Boeing 737-700 aircraft, (*a/c registration*), operating as (*flight number*), was en route from Toronto to Vancouver when the in-charge flight attendant became ill and was unable to continue with her duties. The aircraft continued to Vancouver, where it landed without further difficulty.
- 14 The (*air operator*) Canadair CL-600-2D15 (CRJ 705), (*a/c registration*), flight (*flight number*), was taxiing for departure when the in-charge flight attendant fell ill. The aircraft returned to the gate, and EMS was requested to meet the flight attendant at the gate area.
- 15 The (*air operator*) Boeing 737-700 aircraft, registration (*a/c registration*), operating as flight (*flight number*), was en-route from Orlando, Florida to Toronto, Ontario when the lead flight attendant became ill and was unable to continue assigned duties.
- 16 The (*air operator*) Airbus A321 aircraft, (*a/c registration*), operating as (*flight number*) took off from Montreal for Vancouver. During the descent into Vancouver the In-Charge flight attendant became ill and was unable to continue with her duties. Three other flight attendants and 20 passengers reported similar symptoms. Maintenance cleaned the cabin temperature sensors, replaced the left and right recirculation filters, and tested the cabin temperature control. Maintenance personnel are to accompany the aircraft for further troubleshooting.
- 17 The (*air operator*) Boeing 737-700, (*a/c registration*), was operating as flight (*flight number*) from San Diego, CA to Calgary, AB. While on approach into Calgary, the lead flight attendant became ill and was not able to perform their duties.

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- 18 According to the Captain, "at about 11,000 feet, we received a call from our flight attendant, who stated that she was injured. She said that when she stood up from her flight attendant seat after 10,000 feet and was making her way back to the galley she slipped and fell. I inquired if she could still perform her duties, at which point she said that she could not. I proceeded to call dispatch and notified him of the incident and told him that we would return to the airport and he concurred. I requested medical assistance and after [I] did a passenger briefing about the incident and that we were returning to CVG."

According to the Flight Attendant, she got out of her jumpseat after 10,000 feet to begin service. As she proceeded to the galley, she slipped and fell. The flight attendant said there was glycol on the floor, and she must have slipped on it. She had difficulty getting up. A passenger seated in 2A was able to assist her into seat



1A. Another passenger came forward and identified himself as a family physician and offered assistance. He had her apply ice to her ankle and got the interphone for her so she could notify the Captain. The flight attendant informed the Captain that she could not continue to work the flight. The captain made the decision to turn around and go back to CVG instead of continuing onto GSP. The captain made an announcement advising the passengers that she was injured and unable to continue and they would be returning to CVG. After landing, the Emergency Medical Service met the aircraft and carried her off the airplane. The passengers then deplaned back into the terminal. At the hospital, the flight attendant said the doctor informed her that her leg was broken in three places.

19 (Day of the month), 2009, about 2102 eastern daylight time, a Saab 340B, (a/c registration) operated by (air operator) as Flight (flight number), diverted to Cherry Capital Airport (KTVC), Traverse City, Michigan, because of a medical emergency involving the sole flight attendant aboard the flight. The 2 pilots, 1 cabin flight attendant, and 30 passengers were uninjured. The scheduled domestic passenger flight was operating under the provisions of 14 Code of Federal Regulations Part 121 while on an instrument flight plan. Dark night visual meteorological conditions prevailed at the time of the incident. The flight departed Detroit Metropolitan Wayne County Airport (KDTW), near Detroit, Michigan, at 2018 and had the intended destination of Sawyer International Airport (KSAW), near Marquette, Michigan.

According to the captain, while en-route at 20,000 feet mean sea level there were several knocks on the flight-deck door. As a security precaution, he used the public-address (PA) phone to establish contact with the cabin flight attendant. One of the passengers answered the cabin PA phone and reported that the flight attendant was "no longer coherent" and was performing "numerous unusual activities." The captain advised the passenger to assist the flight attendant to a seat and to stow the service-cart that was blocking the aisle. He then alerted air traffic control that they were diverting to KTVC due to a medical emergency. Prior to landing, the captain coordinated with a passenger to ensure that all passengers were seated and using their seatbelts. The flight made an uneventful landing and was met by paramedics and local law enforcement.

The flight attendant was evaluated at a local emergency room (ER). Records from that treatment noted a diagnosis of "Acute anxiety/delirium of uncertain etiology, resolved while in ER." There was no indication in those records of any pre-existing medical or psychiatric conditions. In addition, no pre-existing medical or psychiatric conditions were noted on a September 10, 2008, "Post-job offer medical history questionnaire," required by the airline to be completed by the flight attendant prior to beginning duties.

According to federal regulations, a single flight attendant was required for the incident flight. In addition, there are no medical standards for flight attendants currently stipulated by federal regulations.