

IAC 2207
GROUND SERVICE
MANAGEMENT



Unit 6 Special Handling
Passengers

... the mask will drop down.
Please put your own mask on and pay
for your oxygen with a major
credit card before assisting others
with their transaction.

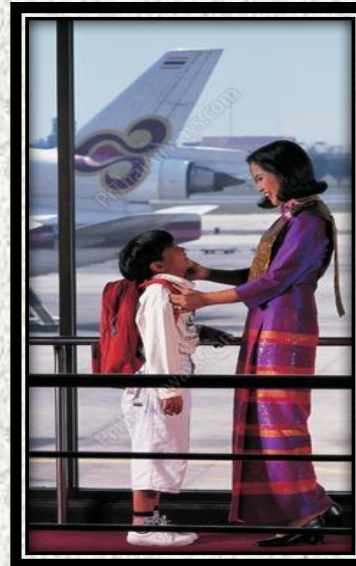
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Airline provide the services to pax who need special extra services.

IATA created standard Special Service Request code (SSR) which is standardized between airlines and used widely from reservations through departure.



TYPE OF PASSENGERS

- Important Passengers (VVIP, VIP, CIP)

VVIP: Head of state, member of ruling families, Presidents

VIP: Top-level state , diplomats, Top-level head of company, world famous person

CIP (Commercially Important Person) including FFP

They are entitled to:

- Priority for reservations on the airline
- Preferential treatment onboard, and on ground

How to take care VVIP<VIP<CIP

- PNR must indicate that the passenger is VVIP/VIP/CIP with the status.
-
- The reservation staff must signal a special message to departure/arrival station.
- Always pre-assign their prefer seat and their seat request should noted by the Reservation Center and be edited in DCS system.
- Staff assistance at their motor vehicle transport.

RLR ---

RP/BKKTG21Y7/BKKTG21Y7

AM/AS

8SEP10/0345Z

2SYQY5

BKKTG21Y7/1111IT/6SEP10

1.HIRAYAMA/YUKIKO MRS (INF/RIKU/19MAY10)

2 TG 672 Q 26SEP 7 BKKKIX HK1 1100 1830 26SEP E TG/I6C4MJ

3 TG 623 Q 01NOV 1 KIXBKK HK1 1100 1545 01NOV E TG/I6C4MJ

4 AP 080-086 0512/MRS

5 APE TEDDYBEAR11YUKIKO28@GMAIL.COM

6 TK TL18SEP/BKKTG21Y7

7 SSR BBML TG KK1/S2

8 SSR BBML TG KK1/S3

9 SSR INFT TG KK1 HIRAYAMA/RIKU 19MAY10/S2

10 SSR INFT TG KK1 HIRAYAMA/RIKU 19MAY10/S3

11 SSR BSCT TG HN1/S2

12 SSR BSCT TG HN1/S3

13 OSI TG RSVN BY SHINDAI SUKHUMVIT24 ITO/026610135

14 OSI TG WT 6.5KG/65CM HIGH/DOB 19MAY10

- The baggage must be labelled with priority tag.
- Checked baggage must be first delivery at destination.
- On arrival, staff must assist and escort to the arrival terminal/VIP lounge.



TYPES OF PASSENGERS

Unaccompanied minors : **UMNR**

Age 5-11 traveling without adult accompanied



Rules and regulations

Traveling within same day, non-stop, direct or connecting flights.

If transfer between airport authorized adult must meet and pick-up the child at first arrival a/p, must be confirmed to the airline where the child will be accompanied by an adult.



Parents of UM are responsible for:

- Making the reservation for UM
- Providing names, address, telephone no. of the person escorting the UM to the airport of departure and destination.
- Ensure that UM is escorted to departure a/p.
- Ensure that UM is picked up at destination a/p.
- UM must hold a confirmed reservation for all sectors.

Handling Procedure

1. UM must be accompanied to the a/p by person who is legally responsible for him.
2. The child's personal documents are place in the airline pouch for the entire trip. The pouch contains the child's ID, indemnity form with information about name , address, telephone no. of UM or parents.
3. Provide UM badge to worn throughout the flight.



TYPES OF PASSENGERS

- **Young passengers traveling alone :YPTA**
 - Age between 12-17 years
 - Some airline offer as a MAAS (meet and assist service)



- **Passengers traveling with infants :INFT**
 - Age new born (most airline permit to travel after 7-14days old) – 2 years

GSA should observe:

- The availability of bassinet seats
- The number of infant's life vests and infant's loop belts.

The maximum number of infants per a/c is limited by the number of supplemental oxygen.





www.shutterstock.com · 95697718

Bassinet : **BSCT**

Wall-mounted bassinets

Pax should be pre -assigned with appropriate seats on the **bulkhead**

The permission of age and weight of infant varies between different airlines

Cathay Pacific allow 12kg and 76.2cm

Emirates 11 kgs. and 74.93 cm - allow up to 2 years old but state infants over a year may be uncomfortable.

Qantas 11kg and 71cm - allow up to 18 m old
Infants

TG 10KG 67cm up to 6 mths.



- **Pregnant passengers**

permit vary depend on the airlines and must not sit at exit rows.

- **Example;**

- **Air Asia pregnant flying rules for pregnant women**

Pregnant passengers up to **27** weeks can fly with the airlines by completing the Air Asia Liability Statement at the check-in counters.

- Pregnant passengers who are pregnant between 28 and 34 weeks will need to prove a doctor's medical certificate

- **Air China pregnancy policy**
- Expectant mothers who are under **32** weeks pregnant may travel as a normal passengers unless they are recommended by a doctor not to fly.
- Women who are over 32 weeks pregnant and under 35 weeks pregnant, must have a medical certificate that is issued within 7 days prior to departure.

- **Thai airways**

For pregnancies after the **28**th week of pregnancy must obtain a medical statement of fitness to travel issued by their physician, stating the number of weeks of pregnancy and estimated date of delivery.

The medical statement must be issued no later than 7 days prior to departure and must be carried by the passenger when boarding the flight.

Meet and Assist (**MAAS**) and Passenger with foreign language problems (**LANG**)

MAAS for Elderly and LANG for passenger with insufficient knowledge of English are given special assistance at check-in, during transit.



1. Passenger misconduct

1.1 Intoxicated passengers due to the effect of alcohol .Their behavior are

- moving in slow motion
- walking unsteadily
- unable to sit up-right
- awkwardness in movement
- arguing or debating
- raising voice without provocation
- Taking an unusually long time to respond



- 1.2 Failure to comply with seatbelt, seatback instruction
- 1.3 Smoking in lavatory
- 1.4 Damaging airline property
- 1.5 Refusing to wear shirt or shoes
- 1.6 serious body odor
- 1.7 Fighting



1.8 Unruly/Disruptive Passengers

The following behavior could be unruly

- Speaking louder than usual
- Smell of alcohol
- Seem nervous
- Does not make eye contact
- Sweating when it is not hot

- Passengers who are identified as potential unruly may be denied transportation.

The airline will consider pax to be o/b or not **if refuse** GSA have to

- Find later flight for pax
- GSA has to contact ramp agent to offload his bag.
- GSA informs the new flight details to pax
- GSA has to inform other GSA who will handle the next flight

2. Passengers with reduced Mobility (PRM)

Physical or Mental who require individual assistant during ground handling and during flight

- **WCHR** for Ramp can ascend or descend steps can walk to and from cabin seat ,need wchr for long distance
- **WCHS** Steps, can walk but can't ascend or descend stairs but can walk to/from the seat.
- **WCHC** Cabin, immobile must be carried to and from cabin seat



Onboard wheelchair calls **aisle chair**

some airports are equipped with special boarding facilities such as ambu lift, aisle stretcher, ramps, and wheelchair stair lift. Wheelchairs can be lifted to the door of the aircraft via the bespoke wheelchair stair lift

Whenever the passenger has his own wheelchair, these wheelchair are free of charge but not include in the baggage allowance:

WCBD wheelchair with dry battery

WCBW wheelchair with wet battery

WCBL wheelchair with lithium battery

WCMP pax has own wheelchair no battery

WCOB pax request wheelchair onboard

- Passengers required assistance will be on board first and deplane last.

Blind passengers **BLND**

- May travel accompanied or unaccompanied
- If unaccompanied Airlines will provide assistance : escort from check-in counter to boarding gate



DEAF passenger DEAF

- Airline provide assistance upon pax request
- GSA has to identify blind and deaf pax to the crew due to extra assistance during emergency evacuation

Medical Attention passenger MEDA

Pax need Medical Information Form (MEDIF) valid for 2 months from issue date, and must hand in to airline 3 days before departure, pax will be accompanied by nurse or physician escort.

GSA has to inform crew for assistance.



MEDIF

FORMULARIO STANDARD DE INFORMACION MEDICA PARA EL VIAJE AEREO

Responda todas las preguntas. Marque una cruz (x) en los casilleros Si o No. Use letra tipo IMPRENTA.

1ª	PARTE
	Para ser completado por Oficina de Ventas/Agentes de Tráfico

A	NOMBRE COMPLETO				EDAD	
B	ITINERARIO PROPUESTO	DESDE	HACIA	FECHA	Pnr (CODIGO DE RESERVA)	LA TRANSFERENCIA DE UN VUELO A OTRO REQUIEREN MAYOR TIEMPO DE CONEXIÓN
C	OFICINA O AGENCIA				TELEFONO	
D	¿NECESITA SILLA DE RUEDAS?	SI <input type="checkbox"/>	¿PUEDE DESPLAZARSE POR SI SOLO DISTANCIAS CORTAS?		SI <input type="checkbox"/>	SÓLO SILLAS DE RUEDAS CON BATERIA LÍQUIDAS SON CONSIDERADAS "ARTÍCULOS RESTRINGIDOS" Y SON PERMITIDOS EN AVIONES DE PASAJEROS, BAJO CIERTAS CONDICIONES LAS QUE PUEDEN OBTENERSE DE LA CIA. AEREA. ADEMÁS, ALGUNOS PAÍSES PUEDEN IMPONER RESTRICCIONES ESPECÍFICAS.
		NO <input type="checkbox"/>			NO <input type="checkbox"/>	
E	ACOMPAÑANTE PROPUESTO (nombre, sexo, edad. Profesión u caso de persona no calificada anote ACOMPAÑANTE DE VIAJE)				EN CASO DE PASAJEROS CON DISCAPACIDAD VISUAL, INDIQUE SI VIÁJA CON PERRO DE	
F	EL PASAJERO ES RESPONSABLE DE CONTRATAR LOS SERVICIOS DE TRASLADO PARA EMBARQUE/DESEMBARQUE, DESDE/HACIA LA AMBULANCIA HASTA EL ASIENTO DEL AVIÓN.		COMPANIA DE AMBULANCIA TEL CONTACTO AMBULANCIA			
			DIRECCION DE DESTINO			
G	NECESIDAD DE OTROS PREPARATIVOS EN TIERRA	SI <input type="checkbox"/>	CASO POSITIVO ESPECIFIQUE E INDIQUE MAS ABAJO EN CADA ITEM (a) CONVENIO CON LA COMPAÑIA AEREA U OTRA ORGANIZACIÓN (b) QUIEN ABSORBE EL GASTO Y (c.) NUMERO DE TELEFONO Y DIRECCION DONDE CORRESPONDA O CUALQUIER PERSONA EN PARTICULAR DESIGNADA PARA PRESTAR ASISTENCIA AL PASAJERO.			
		NO <input type="checkbox"/>				
1	PREPARATIVOS PARA LA ENTREGA EN EL AEROPUERTO DE SALIDA	SI <input type="checkbox"/>	ESPECIFIQUE			
2	PREPARATIVOS PARA ASISTENCIA EN PUNTOS DE CONEXIÓN	SI <input type="checkbox"/>	ESPECIFIQUE			
		NO <input type="checkbox"/>				
3	PREPARATIVOS PARA ASISTENCIA EN PUNTOS DE LLEGADA	SI <input type="checkbox"/>	ESPECIFIQUE			
		NO <input type="checkbox"/>				
4	OTROS PREPARATIVOS O INFORMACION IMPORTANTE	SI <input type="checkbox"/>	ESPECIFIQUE			
		NO <input type="checkbox"/>				
H	REQUERIMIENTOS ESPECIALES EN VUELO. TALES COMO COMIDAS ESPECIALES, ASIENTO ESPECIAL PARA DESCANSO DE LAS PIERNAS, ASIENTO EXTRA, EQUIPO ESPECIAL, ETC. (Vea "Nota" al pie de la 2da parate al reverso)	SI <input type="checkbox"/>	ESPECIFIQUE			
		NO <input type="checkbox"/>				

DECLARACION DEL PASAJERO

Yo autorizo al Dr. _____ a proporcionar a las Compañías Aéreas información requerida por sus departamentos médicos con el fin de determinar mi aptitud para el transporte aéreo y en consecuencia relevo al médico de sus obligaciones éticas al respecto y acuerdo cancelar a dicho médico los honorarios respectivos. Estoy consciente que si el transporte es aceptado, mi viaje está sujeto a las condiciones generales de transporte y tarifas de la Compañía Transportadora y que el transportador no asume ninguna responsabilidad que exceda dichas condiciones y tarifas, asumo la responsabilidad a mi propio riesgo de cualquier consecuencia que el transporte por aire pueda afectar mi estado de salud y relevo al transportador, sus empleados y agentes de cualquier responsabilidad por tales consecuencias. Acuerdo reembolsar al Transportador a su demanda, cualquier gasto especial o costos de conexión con mi transporte. Acepto que la línea aérea me puede negar el embarque si mi condición no fuera coincidente con los datos entregados o si mi embarque pone en riesgo mi salud, la de los demás pasajeros o la operación del vuelo.

Importante

La no presentación de un pasajero en camilla son aviso para el vuelo en que tenía la reserva, tendrá una penalización del 100% del valor del boleto adquirido. Donde sea necesario debe ser leído por el/la pasajero(a). Fechado y firmado por él o en su nombre

LUGAR	FECHA	FIRMA DEL PASAJERO	TELEFONO DE CONTACTO
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CPAL
Phone +45 3332 1866, +45 32 32 68 99
Fax +45 32 32 68 10
E-mail sasmedical@sas.dk

Confidential

Medical information form - medif		For completion by
To be completed by: Attending Physician	This form is intended to provide Confidential information to enable the airline's Medical Department to assess the fitness of the passenger to travel. This passenger's complete file, comprising all against the operation of the necessary checked designed to provide for the passenger's continued well-being.	
	The Physician attending the incapacitated passenger is requested to forward the Questionnaire (Over 4000) to: P.O. Box 33150 - Copenhagen 13, Denmark, 2100 Copenhagen, Denmark.	
	Use Block letters of the passenger when completing this form (i.e. in the form of English, German, French or Italian).	
Passenger's name (Printed name, SURNAME, MR, MS)	Address	
Attending Physician - North America	Address	Phone
Medical history		
M1001	Diagnosis (include final medical diagnosis)	Date of operation / Date of diagnosis
M1004 - Progression of the NP/NEC		
M1001	Cardiopulmonary compromise?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1002	Respiratory compromise for medical attention (i.e. Supplemental oxygen, CPAP, BiPAP, etc.) (Specify number of passengers)?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1003	Can patient use normal aircraft seat with additional restraint (i.e. CPAP) (specify when necessary)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
M1004	Can patient tolerate extra aircraft seat on board (standard/oversized) (including meals, and services etc)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
M1005	Has the patient a life emergency medical equipment?	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1006	Does patient need oxygen equipment on flight? (yes, specify flow)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify <input type="checkbox"/> Continued No <input type="checkbox"/> Yes <input type="checkbox"/>
M1007	Does patient need life support equipment in aircraft? (i.e. ventilator) (other than self-administered and for the use of ground-based medical equipment, including respiratory resuscitator, etc.?)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1008	Does patient need respiratory support? (Type, indication and equipment, location of reservoir, mode, etc.) (i.e. NP/NEC/CPAP/CPAP)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1009	Does patient need additional support? (Specify)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1010	Other arrangements made by the passenger? (Specify)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
M1011	Other arrangements made by the passenger? (Specify)	No <input type="checkbox"/> Yes <input type="checkbox"/> Specify
Notes: Other specific information on this form should be provided by the patient's physician, and in addition, they are requested to provide to the airline any other information relevant to the flight, including any special requirements, if any, for the flight.		
Signatures		Important: Please, if any, attach to the provision of the above information and by return - provided (signature and stamp) (if any) are those providing the passenger concerned.
Name	Phone	Attending Physician's Signature

5002 EN

Information sheet for passengers requiring special assistance – Special Assistance Form SAF

In accordance with IATA Resolution 700, attachment A, 28th edition, December 2010

A. Name, first name	Title	Age	Sex
Phone (indicate country and area code)			
E-mail			
B. Passenger Name Record (PNR)	Fax		
C. Booking	From	Flight number	Class
	To	Flight number	Class
D. Nature of disability and/or required assistance			
E. Staircase required on board	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Escort needed in flight	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of escort			
Medical qualification: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse/paramedic <input type="checkbox"/> Pilot <input type="checkbox"/> PWS (if different)			
G. Wheelchair required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CWCHR	Ambulant but required assistance in walking, transfer in terminal to/from gate, needs assistance or similar when boarding/deboarding by walking over a ramp, does not need assistance in a ramp, taxi, on passenger steps, and in the aircraft cabin to/from seat, toilets and walkways.		
CWCHS	Ambulant but more severely limited in walking, cannot use a ramp but does not need assistance in boarding/deboarding (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and walkways.		
CWCHL	Not ambulant, needs assistance in the aircraft to/from seat, toilets and walkways (Please note that help within toilet or walkways is not provided by airlines).		
Can wheelchair	<input type="checkbox"/> RCH (air)	Battery driven	CWCH (battery powered) <input type="checkbox"/> Collapsible <input type="checkbox"/>
Size (H/W/L, cm)	Weight (kg)		
H. Automobile to be used as part of or organized by assistance services (passenger)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of company			
Contact (phone/e-mail)			
I. Assistance (other than wheelchair) required while in the airport	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify needs			
J. Other general support required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify			
K. Specific needs/equipment (incl. own equipment) required in flight (if on board)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please specify (e.g. extra seat, type of equipment, special seating, etc.)			
Airfare operates on account of passenger			
For use of portable oxygen concentrator (POC) and CPAP machine, please find special information at http://medalservices.sas.com (English/Latin)			
Use of POC and CPAP requires technical POC, CPAP and medical clearance (POC) issued by airline			
L. PRIMEC (Prepoint Medical Transfer Cost)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
issued by	Issued by		
If PRIMEC required please indicate full address and phone (incl. country and area code) number of applicant	Phone number		
Address			

The conditions of carriage, in particular the rules of liability contained in the terms and conditions of Swiss International Air Lines Ltd., will apply

A STAR ALLIANCE MEMBER



Stretcher passenger :STCR

- Requires lying down throughout the flight. The stretcher installed in the rear of the aircraft and require 6-9 seats .
- **Request for oxygen : OXGN**
- Inform the airline 24 hrs before departure. Since the oxygen cylinder is a DG pax may only use ox provided by airline and will be charged
- O2 bottles can only be installed on selected seats and a spare bottle may required for long-hual flight





Handling procedure for PRM

1. Verify PRM at time of check-in from SSR in DCS to provide assistance available.
2. Prepare wheelchair or other devices for handling PRM at the a/p.
3. PRM must be offered pre-board facilities.
4. Seating must not be at emergency exit

5. Loading of special equipment required by PRM must be done and should be delivered as close as the a/c door.

6. Are allowed to stay onboard during transit time.

7. Staff assisted after disembark to customs and baggage claim area.

8. Information of PRM handling must be transmitted to transit and final destination

Deportees and Inadmissible Passenger

Deportee: A person who enter legally or illegally and later is ordered by the authorities to be removed from that country because;

- Resisted or not followed the entry or residence permit.
- Been guilty of violation of a law or criminal offence.

DEPA: Deportee accompanied by an escort

DEPU/DEPO: Deportee unaccompanied



Inadmissible **INAD**

A passenger refused entry to a country by the authorities of such country, or who is refused onward carriage by an airline or government authority at a transfer point; Lack of visa, expired passport etc.

The most common reason for being refused

- The passenger's travel documents are insufficient and/or valid.(Passport expired)
- The passenger intends to or suspected of intending to take illegal employment.
- The passenger is without any fund

SPECIAL MEALS

- A meal base on religious , medical /health care or other dietary request.
- Many airlines have to order at least **24 hours** before your departure to request your preferred meal.



RELIGIOUS MEALS

- **HNML Hindu Meal** This is a non-vegetarian meal prepared according to the requirements of the Hindu religion.
- Beef and pork will not be served. Mainly, boiled fish, chicken, mutton, seafood, rice, and fruits will be used. Ingredients will not contain alcohol.



- **KSML Kosher meal** – prepared according to Jewish law, fruit must be served with the skin unbroken crew serve with unopened seal. Meals will be served in a sealed package.



VJML –Vegetarian Jain Meal

This is an Indian vegetarian meal prepared in accordance to Jain principles.

- It may contain: Vegetables grown above ground and fruit.
- Does not contain: Meat, poultry, fish, seafood, eggs, dairy products, root and bulbous vegetables such as onion, garlic, potatoes, ginger, etc.



MOML– **Muslim Meal** *Halal* are prepared according to Islamic principles.

Does not contain: Pork, alcohol or any haram ingredients



VEGETARIAN MEALS

AVML Asian vegetarian meal – spices and curry (veg prepare **Indian** style) This is a vegetarian meal flavor with spices from the Indian sub-continent which may include limited use of dairy products.

It may contain: Vegetables, fruit, dairy products, spices and aromas associated with the Indian sub-continent. The meal could be mildly spiced.

VGML Vegetarian/ Vegan Meal / Stricted vegetarian (vegan) meal

Completely free of animal products including honey, eggs, and dairy products.

It may contain: Vegetables, grains, and fruit.



RVML Raw Vegetarian Meal

for customers who prefer only raw vegetable

It contains: Raw vegetables and fresh fruit.

Does not contain: Meat, poultry, fish, seafood, eggs, caffeinated beverages, highly-processed foods, additives and preservatives.



VLML Vegetarian Lacto-OVO

This is a **western** vegetarian meal that does not use any meat products and fish. It contains eggs and/or dairy products.



VEGETARIAN MEALS

- **VOML vegetarian oriental meal**– Oriental style .This is an **Chinese style** vegetarian meal.
- **It may contain:** Vegetables, grains, and fruit.
- **Does not contain:** Meat, poultry, fish, seafood, eggs, milk and dairy products



FPML fruit platter. For a passenger who prefer a fruit-only meal option. The fruits used is complete additive/preservatives-free.





YOUNG TRAVELLER

- **BBML baby meal** This meal is for infants (ages 0-1). Pre-weaning and post-weaning baby meals such as pureed foods and soup are included.
- **CHML child meal**– 2-5 years Meals include sandwiches and fruits, and are soft and easy to chew
- It may contain: Pancakes, pasta, breaded chicken / fish fillets, chips, sweets, fruit, etc.



MEDICAL / HEALTH CARE MEALS

BLML bland or soft meal

This is for who prefer light and easily digestible foods which are low in fat and help prevent gastric discomfort.

It may contain: Low-fat food items such as boiled meats, soft vegetables, mashed potatoes, milk, dairy products and steamed or poached prepared foods as a cooking style.

Does not contain: Fried or fatty foods, nuts, garlic, onions, strong scented spice, pickles and mustard.

DBML diabetic meal This meal contains minimal sugar content with an equal balance of proteins, fats, fibre and complex carbohydrates.

It may contain: Lean meats, fiber products, fresh vegetables, fruits, bread and cereal will be used. steamed or poached prepared foods as a cooking style.

Does not contain: Fried or fatty foods, sugar, syrups, jam, and sweets

GFML – **Gluten free** NO wheat, rye, barley, oats.
This meal is for customers on a gluten-free diet.

It may contain: Lean meats, fish, rice, dairy products, fresh vegetables and fruit.

Does not contain: Wheat and wheat flour, barley, oat and rye-based sauces, soups, breads, crackers, cakes, pastas, sweets, soups, sausages, starch and gravy.

MEDICAL / HEALTH CARE MEALS

NLML Non-Lactose Meal This meal is for customers who cannot consume dairy products.

It may contain: Meat, fish, pasta, rice, potatoes, vegetables, and fruit.

Does not contain: Milk, yoghurt, cheese, croissants, soft rolls, ice cream, sherbet, pudding, and all other dairy products.



LCML low calories meal– High fibers that low fat and low calories.

It may contain: Lean meats, low-fat dairy, complex carbohydrates and steamed or poached prepared foods as a cooking style.

Does not contain: Fried or fatty foods, sugar, full cream dairy products, fatty meats, sweets, sauces such as mayonnaise, and salad dressing.

LSML low salt meal– for passengers with high blood pressure, heart disease, or kidney problems. where no salt is added during preparation.

It may contain: Any food which is low in salt. Meal can be flavored with herbs and spices.

Does not contain: salt, MSG, baking powder, shellfish, salt-cured meats or fish, gravies, canned vegetables, fish, pickles, and salty cheese

LFML – **low fat meal**. This meal contains limited fat and cholesterol.

It may contains: Raw vegetables, lean meats or fish, margarine, low fat dairy products and high-fiber bread or fruits

Does not contain: Fried or fatty foods, animal fats, egg yolks, full cream dairy products

SFML – **Seafood meal** eating only fish or seafood



<https://youtu.be/2xknxMCktM4>

ANY QUESTION?



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