



March 2015

## SUSPECTED COMMUNICABLE DISEASE

### Guidelines for Cabin Crew

The following are guidelines for cabin crew when managing a suspected case of communicable disease on board.

During an outbreak of a specific communicable disease, the World Health Organization (WHO) or member States may, in collaboration with IATA, modify or add further procedures to these guidelines.

A communicable disease is suspected when a traveler (passenger or a crewmember) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

**Note 1:** This list of signs and symptoms is identical to that listed in the Health part of the ICAO Aircraft General Declaration and in the World Health Organization International Health Regulations (2005) 2<sup>nd</sup> Edition.

**Note 2:** If food poisoning from in-flight catering is suspected, proceed as per company-established protocol. The pilot in command must follow the ICAO notification procedure in paragraph 14 below.

**Note 3:** If the temperature of the affected person is normal but several travelers have similar symptoms, think of other possible public health issues such as chemical exposure.

1. Ask the ill traveler where he/she has travelled in the last 21 days and if he/she has lived in the same household or has had contact with a person sick with a communicable disease

2. If medical support from the ground is available, contact them immediately *and/or* page for medical assistance on board (*as per company policy*).
3. If medical ground support and/or an on board health professional is available, crew should follow their medical advice accordingly.
4. If no medical support is available, and if possible, try to relocate the adjacent passengers leaving a space of two meters (6 feet) between the ill passenger and the other passengers. If no seats are available, consider giving PPE to the adjacent passengers.
5. Designate one cabin crew member to look after the ill traveler, preferably the crew member that has already been dealing with this traveler. More than one cabin crew member may be necessary if more care is required.
6. Designate a specific lavatory for the exclusive use of the ill traveler and use appropriate signage on the door.
7. If the ill traveler is coughing, ask him/her to follow respiratory etiquette:
  - i. Provide tissues and the advice to use the tissues to cover the mouth and nose when speaking, sneezing or coughing.
  - ii. Advise the ill traveler to practice proper hand hygiene\*. If the hands become visibly soiled, they must be washed with soap and water.
  - iii. Provide an airsickness bag to be used for the safe disposal of the tissues.
8. If a face mask is available and the traveler is coughing or sneezing, the ill traveler should be asked to wear it. As soon as it becomes damp/humid, it should be replaced by a new one. These masks should not be reused and must be disposed safely in a biohazard bag or equivalent after use. After touching the used mask (e.g., for disposal), proper hand hygiene\* must be practiced immediately.
9. If the ill traveler cannot tolerate a mask or refuses it, the designated cabin crew member(s) or any person in close contact (less than 1 meter) with the ill person should wear a mask. The airline should ensure that their cabin crewmembers have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or by mask adjustment, or by repeatedly putting it on and off.)
10. If touching the ill passenger is required (or their mask/contaminated clothes etc) and/or if there is a risk of direct contact with body fluids, the designated cabin crew member should wear the personal protective equipment (PPE) found in the Universal Precaution Kit (UPK). UPKs are not intended to replace proper hand hygiene.\* The PPE in the UPK should be carefully removed as per training syllabus and discarded as per paragraph (11) and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.

11. Store soiled items (used tissues, face masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc.) in a biohazard bag if one is available. If not, place in an intact plastic bag, seal it, and label it "biohazard".
12. Ask accompanying traveler(s) (spouse, children, friends, etc.) if they have any similar symptoms.
13. Ensure hand carried cabin baggage follows the ill traveler and comply with public health authority requests.
14. **As soon as possible, advise the captain of the situation because he/she is required by the *International Civil Aviation Organization regulations* (ICAO Annex 9, Chapter 8, and paragraph 8.15) and the World Health Organization International Health Regulations (WHO IHR 2005, Article 28(4)) to report the suspected case(s) to air traffic control. Also remind the captain to advise the destination station that specific cleaning and disinfection procedures may be required by local public health authorities.**
15. Unless stated otherwise by ground medical support or public health officials, ask all travelers seated in the same row, 2 rows in front and 2 rows behind the sick traveler to complete a passenger locator form if such forms are available on the aircraft or at the arrival station.

\* A general term referring to any action of hand cleansing, performed by means of washing one's hands with soap and water for at least 20 seconds. An alcohol-based hand cleaner is an alternative to hand-washing but will not be effective if hands are visibly soiled. Touching the face with hands should be avoided. Hands should be washed frequently.