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SUSPECTED COMMUNICABLE DISEASE

General Guidelines for Cabin Crew

The following are general guidelines for cabin crew when facing 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 modify or add further procedures to these general guidelines.

However, these general guidelines provide a basic framework of response to reassure cabin crew and help them manage such an event.

A communicable disease is suspected when a traveller (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) 2nd Edition.

Note 2: If food poisoning from in-flight catering is suspected, proceed as per company-established protocol. The captain still has to follow the ICAO procedure of section 13 below.

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

1. If medical support from the ground is available, contact that ground support immediately *and/or* page for medical assistance on board (*as per company policy*).
2. If medical ground support and/or on board health professional is available, crew should follow their medical advice accordingly.
3. If no medical support is available, relocate the ill traveller to a more isolated area but only if two rows can be cleared immediately in front of a solid bulkhead. If the ill traveller is relocated, do not reuse the vacated seat and make sure that the cleaning crew at destination is advised to clean and disinfect both locations.
4. Designate one cabin crew member to look after the ill traveller, preferably the crew member that has already been dealing with this traveller. More than one cabin crew member may be necessary if more care is required.
5. When possible, designate a specific lavatory for the exclusive use of the ill traveller. If not possible, clean and disinfect the commonly touched surfaces of the lavatories (faucet, door handles, waste bin cover, counter top) after each use by the ill traveller.
6. If the ill traveller 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 traveller 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.
7. If a face mask is available, the ill traveller 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 after use. After touching the used mask (e.g., for disposal), proper hand hygiene* must be practiced immediately.
8. If the ill traveller cannot tolerate a mask or refuses it, the designated cabin crew member(s) or any person in close contact (less than 1 metre) 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.)
9. If there is a risk of direct contact with body fluids, the designated cabin crew member should wear disposable gloves. Gloves are not intended to replace proper hand hygiene.* Gloves should be carefully removed as per training syllabus and discarded as per paragraph (10) and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.

10. 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, use a sealed plastic bag and label it "biohazard".
11. Ask accompanying traveller(s) (spouse, children, friends, etc.) if they have any similar symptoms.
12. Ensure hand carried cabin baggage follows the ill traveller and comply with public health authority requests.
13. 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 cleaning and disinfection will be required.
14. Unless stated otherwise by ground medical support or public health officials, ask all travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator card if such cards are available on the aircraft or at the arrival station.

* A general term referring to any action of hand cleansing, performed by means of applying an antiseptic hand rub (i.e., alcohol-based hand rub) if hands are not visibly soiled, or washing one's hands with soap and water for at least 15 seconds. Touching the face with hands should be avoided. Hands should be washed frequently.