

## Guidance Material

---

# UK CAA Guidance Material for Preventing Gastroenteritis in Aircrew

## 1 Why is it important?

- 1.1 Gastroenteritis is a common condition that can cause diarrhoea and vomiting and is the most common cause of in-flight impairment in crew. Most cases are caused by a viral or bacterial infection in contaminated food and drink, or contact with an infected person or surface. The risk of contracting infection is greatest down-route. Incidents of in-flight gastroenteritis in aircrew can present a significant incapacitation risk resulting in a medical emergency and the need to divert an aircraft.
- 1.2 Symptoms can include **nausea, vomiting, fainting, sudden diarrhoea, stomach cramps**, and a **mild fever** and can last several days.

## 2 How to avoid

- 2.1 Wash your hands with soap after using the toilet and before handling food or drink (remember, alcohol hand gels are not always effective).
- 2.2 Don't eat high risk foods especially when down-route.  
**These include:**
- cold meat and fish dishes in warm climates
  - shellfish, molluscs and oysters
  - food that is under-cooked or not reheated thoroughly
  - salads, including rice and pasta salads, and berries
  - raw fruit and vegetables (these should be washed and peeled if eaten raw)
  - foods which contain milk, cream or ice-cream
  - any bottled or canned drink delivered with a broken seal
  - ice
  - freshly squeezed juices
  - fresh herbs (including in drinks)
- 2.3 **Drink bottled water in high risk areas** e.g. Asia, Africa, the Middle East and Central and South America.
- 2.4 **Follow company policy on eating crew meals.**

## 3 How do I know if I am fit to fly?

- 3.1 The symptoms of gastroenteritis can include loss of consciousness and several MORS reports are received by the CAA each year due to incapacitation from gastroenteritis.
- 3.2 If you have any of the symptoms listed above, **you should not fly.**

#### **4 What do I do if I am unwell down-route?**

- 4.1 Drink plenty of fluids to avoid dehydration; take small sips, often. Drink bottled water if down-route.
- 4.2 Use special rehydration sachets if available to replace important electrolytes, as well as water.
- 4.3 Avoid fizzy drinks and fruit juice as this can make the symptoms worse.
- 4.4 Stay in your hotel and get plenty of rest.
- 4.5 Consider paracetamol for any fever, aches or pains and consider loperamide for non-bloody diarrhoea without a fever.
- 4.6 Return to a normal diet as soon as you feel able to eat.
- 4.7 Seek medical advice for symptoms that last more than 48 hours, if you show signs of severe dehydration (dizziness, reduced urine volume, black outs) or if you have bloody diarrhoea.

#### **5 What if I develop symptoms in-flight?**

- 5.1 Report your symptoms to the other member(s) of the flight crew **immediately**, even if you do not yet have vomiting or diarrhoea.
- 5.2 Arrange to be relieved from duty if this is possible or be stood down at the end of the sector if not.
- 5.3 Ensure you have a sick bag available to avoid vomiting on flight controls/central console.
- 5.4 Impairment with gastroenteritis should be treated in the same way as other medical emergencies and pilot incapacitations.
- 5.5 Follow your company's standard procedures for incapacitation events.
- 5.6 Not reporting your symptoms can compromise the safety of everyone onboard.

#### **6 When should I return to duty?**

- 6.1 You must stay off work until at least 48 hours after your symptoms have resolved.
- 6.2 If you are unsure, seek aeromedical advice from your AME or company health department.