



ICAO/WHO Training Workshop

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ICAO/WHO Training Workshop

Outline

- IATA?
- Role of IATA in the response to a public health emergency of international concern
- Management of a suspected case of communicable disease on board
- Disinfection of an aircraft after transport of a suspected or confirmed case of communicable disease



International Air Transport Association

- Trade association of world's airlines
 - Represent, lead, serve
- Incorporated in Canada in 1945
 - 'Not for profit' organization
- ~ **240 member airlines in 130 nations**
 - ~ 84% of passenger and cargo traffic
- ~ 1300 employees around the globe
- Mains offices: Montreal and Geneva
 - several regional/national offices



International Air Transport Association

Medical Advisor

Part-time consultant to advise IATA on any medical problem that may have an impact on civil aviation



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Role of IATA in the response to a public health emergency of international concern

Role of IATA

- Provide advice to member airlines
- Prepare a plan to support member airlines
- Develop and update IATA guidance materials, as required
- Try as the situation allows to coordinate the medical response of its members to public health emergencies
- Maintain effective and cooperative working relations with WHO, ICAO and other international and national bodies involved in airline medical issues

Provide advice to member airlines

IATA recommends to its members:

- To consult their national public health authority before finalizing their emergency response plan
- To create a team to respond to emergencies including public health emergencies
- To adopt the IATA guidelines for suspected cases of communicable diseases

Plan to support member airlines

- IATA proposes a generic plan that can be adapted
- The plan includes control sheets in case of emergency

<http://www.iata.org/whatwedo/safety/health/Documents/airlines-erp-checklist.pdf>

Guidelines for Suspected Communicable Diseases

- Cabin Crew
- Passenger agents
- Cleaning crew
- Maintenance crew
- Baggage and cargo handlers

<http://www.iata.org/whatwedo/safety/health/Pages/diseases.aspx>



Role of IATA

Try as the situation allows to coordinate the medical response of its members to public health emergencies

IATA's role vs airline companies' role in the response to a public health emergency of international concern

Factors that influence the action of airline companies

Role of IATA

Factors that influence the action of airline companies

- The type and size of the company
- Available medical services vs non available medical services
- The national laws governing the company
- The government attitude
- The economic situation

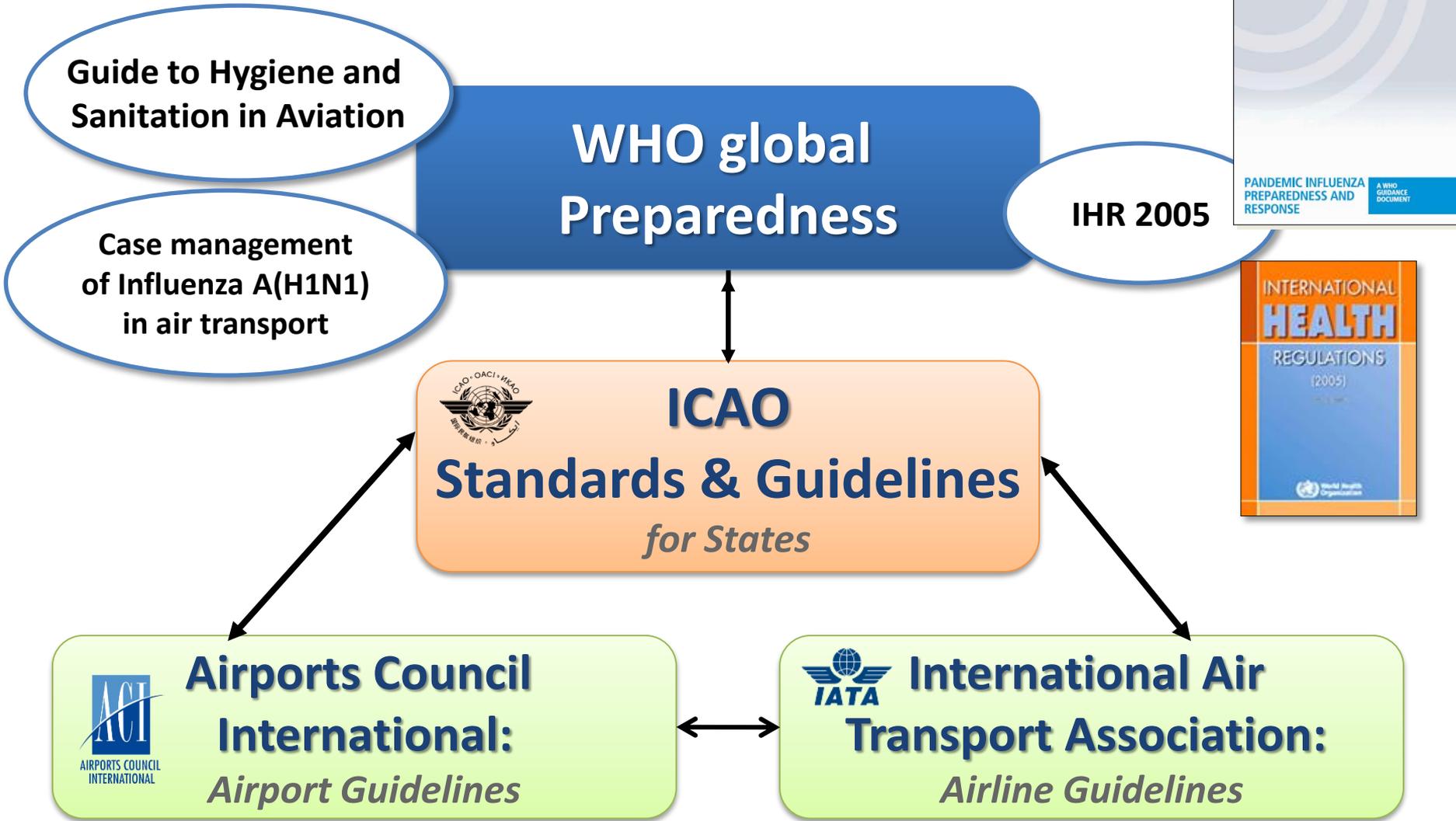
Role of IATA

Factors that influence the action of airline companies

For example, why would an airline company cancel flights to affected countries?

- Its government prohibits flights to those countries
- The company cannot guaranty medical support to its crewmembers in case of medical problem
- There is insufficient demand for those destinations

Communication and coordination between the stakeholders is critical



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Management of a suspected case of
communicable disease on board

Cabin Crew

Management of a suspected case of communicable disease on board

Premises

- Non medical personnel that have to manage a situation involving an ill passenger
- This personnel may or may not have access to the opinion of an expert

Management of a suspected case of communicable disease on board

Objectives

- provide a working tool for personnel with a limited medical training
- provide a generic tool vs specific: more practical
- provide a tool that is better aligned with the Health Part of the ICAO General Aircraft declaration

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, in collaboration with IATA, may modify or add further procedures to these guidelines.

Guidelines for Cabin Crew

A communicable disease is suspected when a traveler (passenger or a crewmember) has a fever (temperature of 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*

Guidelines for Cabin Crew

Note 1: this list of signs and symptoms is identical to the list 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 is suspected as a result of in-flight catering, proceed as per company-established protocol. The captain still has to follow the ICAO procedure of section 13 below.

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

Guidelines for Cabin Crew

- 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*)

Guidelines for Cabin Crew

- 3) If medical ground support and/or 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.

Guidelines for Cabin Crew

- 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

Guidelines for Cabin Crew

- 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

Guidelines for Cabin Crew

- 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 .

Guidelines for Cabin Crew

- 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.)

Guidelines for Cabin Crew

- 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 .

Universal Precaution Kit

- Dry powder that can convert small liquid spill into a granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)
- Gloves (disposable)
- **Impermeable full length long sleeved gown that fastens at the back**
- Large absorbent towel
- Pick-up scoop with scraper
- Bio-hazard disposal waste bag
- Instructions

Guidelines for Cabin Crew

- 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 .

Guidelines for Cabin Crew

- 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.

Guidelines for Cabin Crew

- 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.

Guidelines for Cabin Crew

Proper hand hygiene:

- * 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.

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Disinfection of an aircraft after transport
of a suspected or confirmed case of
communicable disease

Disinfection of an aircraft after transport of a suspected or confirmed case of communicable disease

- Responsibility of the carrier
- May do it itself or hire a contractor
- The public health authorities may ask to be advised of the disinfectants in use and the procedures
- ICAO, IATA, et WHO are working with aircraft manufacturers to establish a list of disinfectants that could cover most of the situations

Guidelines for cleaning crew

- 1) Wear Personal Protective Equipment (PPE) recommended by your national public health authority. Note that PPE requires appropriate training before use
- 2) Remove and discard gloves if they become soiled or damaged, and after cleaning

Guidelines for cleaning crew

- 3) Use *only* cleaning agents and disinfectants that have been approved by aircraft manufacturers at recommended concentrations and contact times

- 4) Begin the cleaning at the top (light and air controls) and proceed downward progressively working from clean to dirty areas

Guidelines for cleaning crew

- 5) Surfaces to be cleaned (affected seat, adjacent seats same row, back of the seats in the row in front):
- Light and air controls
 - Adjacent walls and windows
 - Seatbacks (the plastic and/or metal part)
 - Individual video monitor
 - Tray tables
 - Armrests
 - Remove seat pocket contents and replace. Safety Briefing Card can be cleaned with the approved disinfectant

Guidelines for cleaning crew

5) Surfaces to be cleaned (cont.):

- In the lavatory(ies) used by the sick traveler: door handle, locking device, faucet, wash basin, adjacent walls and counter and toilet seat
- * In exceptional circumstances public health authorities may require additional cleaning

Guidelines for cleaning crew

- 6) Disinfection of upholstery, carpets, or storage compartments is only indicated when they have been soiled by body fluids. In such cases, use absorption agent first if required, clean any visible soil and disinfect before vacuuming to eliminate the risk of re-aerosolization

- 7) Wash hands with soap and water immediately after PPE is removed. An alcohol based hand sanitizer may be used as an alternative if the hands are not visibly soiled

Guidelines for cleaning crew

- 8) Dispose of soiled material and PPE in a biohazard bag if one is available. If not, place in an intact plastic bag, seal it, and label it as biohazard

- 9) Do not use compressed air. It might re-aerosolize infectious material

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Conclusion

IATA is very conscious of its role in the response to a public health emergency of international concern and try to do its best to meet the challenge

IATA supports the objectives of these workshops since the multisector approach put forward by CAPSCA has already shown effectiveness in previous outbreaks

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Conclusion (cont.)

Unfortunately there is still a long way to go because:

- many States still use more political information than scientific information in their decision making
- it is still difficult to have the attention of a number of public health authorities
- the media that play a major role major during an emergency might have a more positive influence if they saw that the different sectors were better coordinated



Thank you for your attention



- to represent, lead and serve the airline industry -