

**Management of Communicable Disease Events  
During Flight  
General Guidelines for Kuwait Airlines Cabin Crew  
Directorate General Of Civil Aviation  
Kuwait**

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**CAPSCA 3<sup>rd</sup> Meeting**

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# Convention on International Civil Aviation

## Article 14

### *Prevention of spread of disease*

Each contracting State agrees to take effective measures to prevent the spread by means of air navigation of cholera, typhus (epidemic), smallpox, yellow fever, plague, and such other communicable diseases as the contracting States shall from time to time decide to designate, and to that end contracting States will keep in close consultation with the agencies concerned with international regulations relating to sanitary measures applicable to aircraft. Such consultation shall be without prejudice to the application of any existing international convention on this subject to which the contracting States may be parties.



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- States are reminded that from May 2013 the ICAO Universal Safety Oversight Audit Programme (USOAP) audits will include monitoring of compliance with ICAO public health related standards and recommended practices (SARPs).
- Kuwait-Directorate General of Civil Aviation is urged to develop national regulations that incorporate ICAO health-related Standards and Recommended Practices (SARPs). and work closely with Public Health Authority (PHA) and airlines operators in Kuwait (Jazeera and Kuwait Airways) to implement the relevant provisions.



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- Kuwait-Directorate General of Civil Aviation had urged airlines operators in Kuwait (Jazeera and Kuwait Airways) to prepare and update an aviation health communicable disease emergency preparedness plans ,which include ,General Guidelines for cabin crew for **Management of Communicable Disease Events During Flight** , to maintain the well-being and health of staff and passengers.



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- Cabin Crew are the first and front main defense group for management and prevention of spread of any communicable disease in flights and then airports ,as they are the first to discover, deal and report it.
- General Guidelines for cabin crew for **Management of Communicable Disease Events During Flight** is of utmost important to help them manage a person with influenza-like symptoms in order to reduce potential transmission on board and to prepare follow-up actions with airport operators and local public health authorities at destination.





# GENERAL DECLARATION

## Declaration of Health

This version of the Aircraft General Declaration entered into force on 15 July 2007. The full document may be obtained from the web site of the International Civil Aviation Organization at <http://www.icao.int>.

### APPENDIX 1. GENERAL DECLARATION

GENERAL DECLARATION (Outward/Inward)		
Operator .....		
Marks of Nationality and Registration.....		Flight No. .... Date .....
Departure from .....		Arrival at .....
(Place)		(Place)
FLIGHT ROUTING ("Place" Column always to list origin, every en-route stop and destination)		
PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking .....
		Through on same flight .....
		<i>Arrival Place:</i> Disembarking .....
		Through on same flight .....
<p><i>Declaration of Health</i> Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop.....</p> <p>Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting .....</p> <p>Signed, if required, with time and date _____ Crew member concerned</p>		For official use only
<p>I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.</p> <p>SIGNATURE _____ Authorized Agent or Pilot-in-command</p>		

GENERAL DECLARATION (Outward/Inward)		
Operator .....		
Marks of Nationality and Registration* .....		Flight No. .... Date .....
Departure from .....		Arrival at .....
(Place)		(Place)
FLIGHT ROUTING ("Place" Column always to list origin, every en-route stop and destination)		
PLACE	TOTAL NUMBER OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking .....
		Through on same flight .....
		<i>Arrival Place:</i> Disembarking .....
		Through on same flight .....
<p><i>Declaration of Health*</i> Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight .....</p> <p>Any other conditions on board which may lead to the spread of disease .....</p> <p>Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting .....</p> <p>Signed, if required _____ Crew member concerned</p>		For official use only
<p>I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.</p> <p>SIGNATURE _____ Authorized Agent or Pilot-in-command</p>		



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A communicable disease is suspected when a traveler :  
fever with a temperature of (38°C/100°F or greater), associated with:

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



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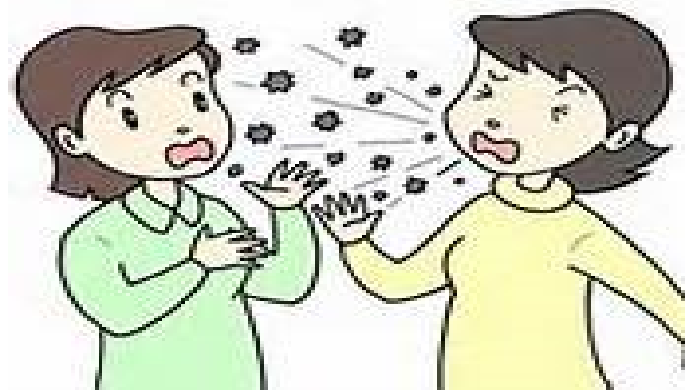
- Measures to be taken:

- **Page for medical assistance** on board or contact medical ground support
- **Relocate the traveler** to isolated area with cleared two rows front & back
- **do not reuses** his vacated seat
- **Designate one cabin crew** to look after the ill traveler
- **designate a specific lavatory** for the exclusive use of the ill traveler
- **clean and disinfect the commonly touched surfaces of the lavatories** (faucet, door handles, and waste bin cover, counter top) after each use by the ill traveler.



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- If the ill traveler is coughing, request him/her to follow respiratory etiquette:



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Advise the ill traveler to :

- use tissues to **cover the mouth and nose** when speaking, sneezing or coughing.
- practice **proper hand hygiene**
- air sick bag to be used for the **safe disposal of tissues**
- **Wear face mask** , not be reused and disposed safely after use



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- The designated cabin crew member should:
  - wear disposable **gloves**
  - should wear a **mask**
  - **Avoid hand-face contact** or repeated mask adjustment
  - **Avoid touching his ears, eyes and mouth** as much as possible after shaking hands or touching any possible disinfected surface or person.
  - **disposed used mask safely**, practice proper **hand hygiene**
  - **Store soiled used items** in a **biohazard bag** or sealed plastic bag



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- Ask **accompanying traveler(s)** if they have any similar symptoms
- Ensure **hand carried cabin baggage** follows the ill traveler and comply with public health authority's request
- ask **all travelers seated in the same row, and two rows in front and two rows behind** the ill traveler (i.e. a total of five rows) to complete a [Passenger Locator Form](#).



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# Public Health Passenger Locator Form

Amend Appendix 13 to Annex 9 – Facilitation by **replacing** the existing Appendix 13 with the new 28 Feb. 2013 Con. No. XX

**PUBLIC HEALTH PASSENGER LOCATOR CARD**

Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

**Flight Information**  
 1. Airline and Flight Number  
 Airline Flight Number  
 2. Date of arrival  
 DD MM YYYY  
 3. Seat Number where you actually sat on the aircraft

**Personal Information**  
 4. Name  
 Family Name Given Name(s)  
 Your Current Home Address (including country)  
 Street Name and Number City State/Province  
 Country  
 Your Contact Phone Number (Residential or Business, Land, Mobile)  
 Country code Area code Phone Number E-mail address  
 Passport or Travel Document Number Issuing Country/Organization

**Contact Information**  
 5. Address and phone number where you can be contacted during your stay or, if visiting many places, your mobile phone number and initial address  
 Street Name and Number City State/Province  
 Country ZIP/Postal Code Telephone Number (including country code) or mobile phone number  
 6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact or a work contact. This must NOT be you.  
 a. Name  
 Family Name Given Name(s)  
 b. Telephone Number  
 Country Code Area Code Phone Number E-mail address  
 c. Address  
 Street Name and Number City State/Province  
 Country ZIP/Postal Code

7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, with whom? (name of Individual(s) or Group)

**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

**FLIGHT INFORMATION:** 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

**PERSONAL INFORMATION:** 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex  
 Male  Female

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**  
 9. Mobile 10. Business  
 11. Home 12. Other  
 13. Email address

**PERMANENT ADDRESS:** 14. Number and street (Separate number and street with blank box) 15. Apartment number  
 16. City 17. State/Province  
 18. Country 19. ZIP/Postal code

**TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.**  
 20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number  
 23. City 24. State/Province  
 25. Country 26. ZIP/Postal code

**EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days**  
 27. Last (Family) Name 28. First (Given) Name 29. City  
 30. Country 31. Email  
 32. Mobile phone 33. Other phone

**34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**  
 Last (Family) Name First (Given) Name Seat number Age <18  
 (1) (2) (3) (4)

**35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)**  
 Last (Family) Name First (Given) Name Group (tour, team, business, other)  
 (1) (2)



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**All Crew should practice Proper hygiene:**

- **hand cleansing**, by means of applying an **antiseptic hand rub**
- Washing hands with **soap and water for at least 15 seconds**.
- **Avoid touching ears, eyes and mouth** as much as possible after shaking hands or touching any possible disinfected surface or person.
- **Avoid kissing and shaking hands** as much as possible.
- **Cover mouth and nose with paper napkins/tissue** after sneezing or coughing and ensure safe disposal of the same.
- **Keep galleys surface, working places and equipment disinfected at all times**

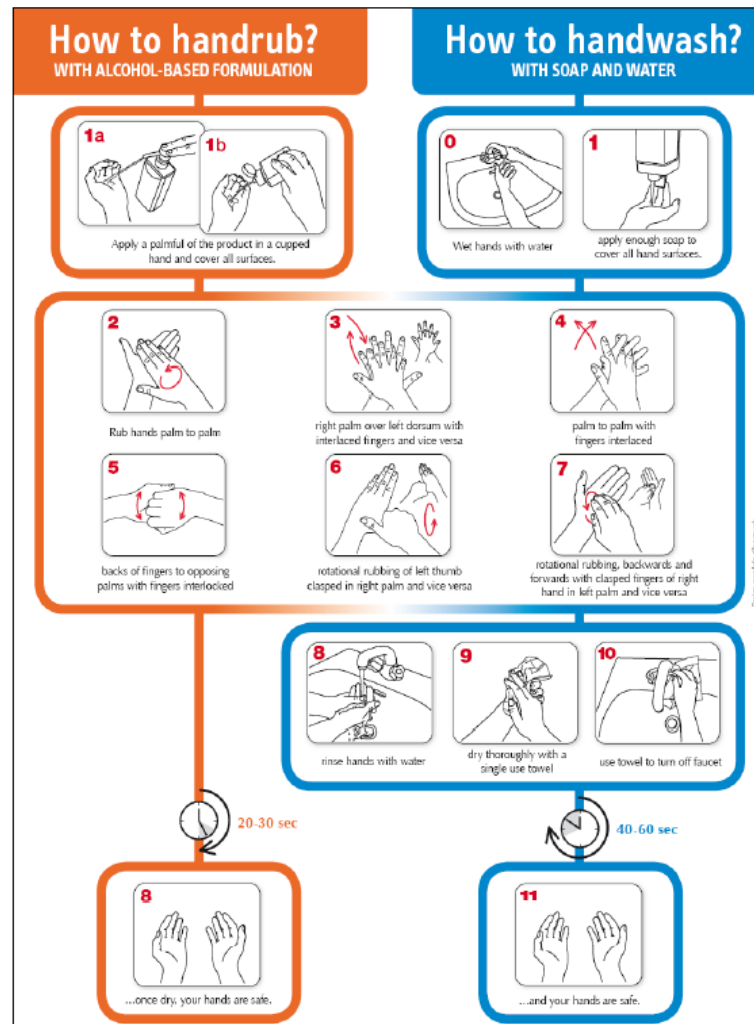


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SOURCE : WORLD ALLIANCE FOR PATIENTY SAFETY [HTTP://WWW.WHO.INT/PATIENTSAFETY/EN/](http://www.who.int/patientsafety/en/)



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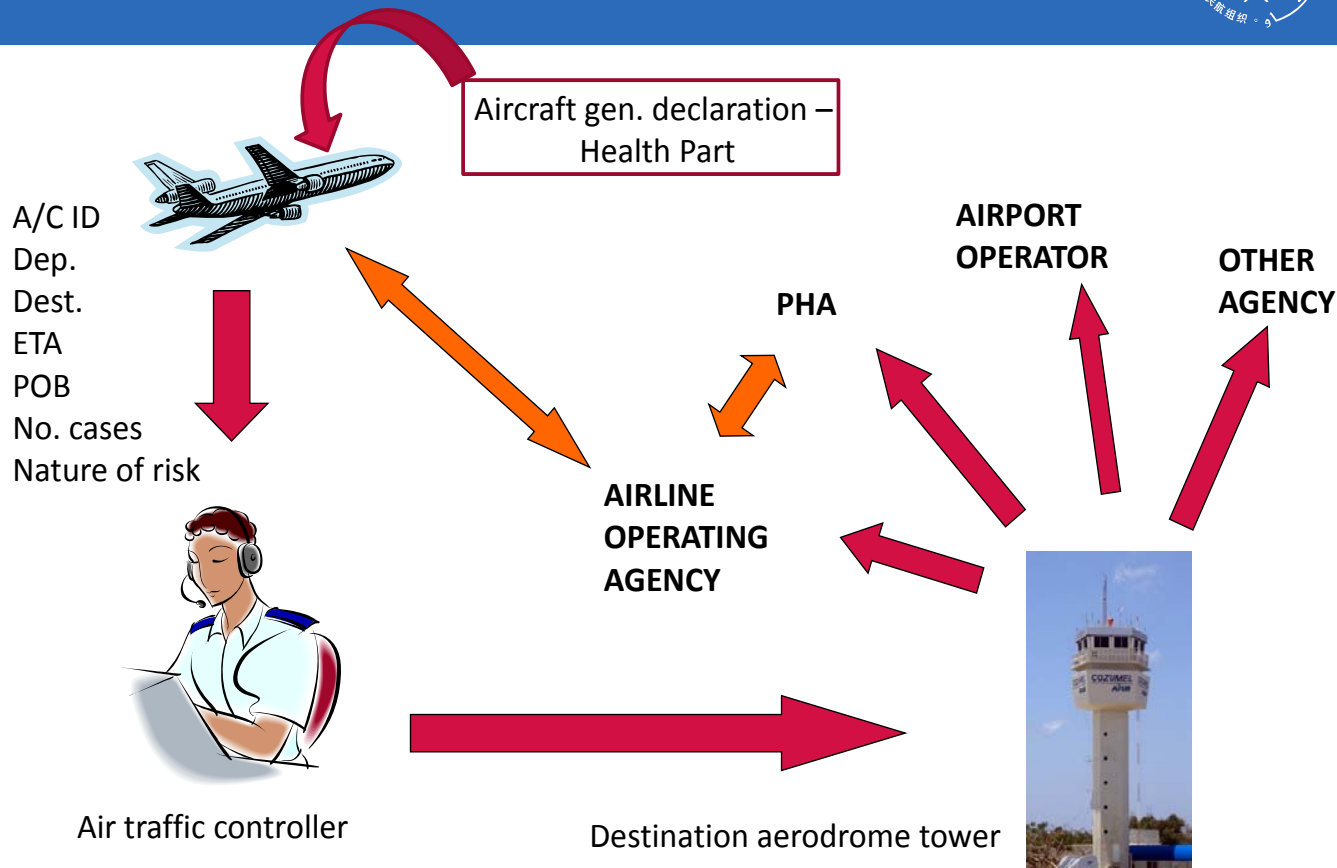


- advise the Captain of the situation, as he is required **to report** the suspected cases to Air Traffic Controller,
- to advice the **destination station** that cleaning and disinfection will be required.
- (ICAO Annex 9, Chapter 8, paragraph 8.15) and the WHO regulations International Health Regulations 2005, article 28(4))



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MANAGING AN ON-BOARD CASE

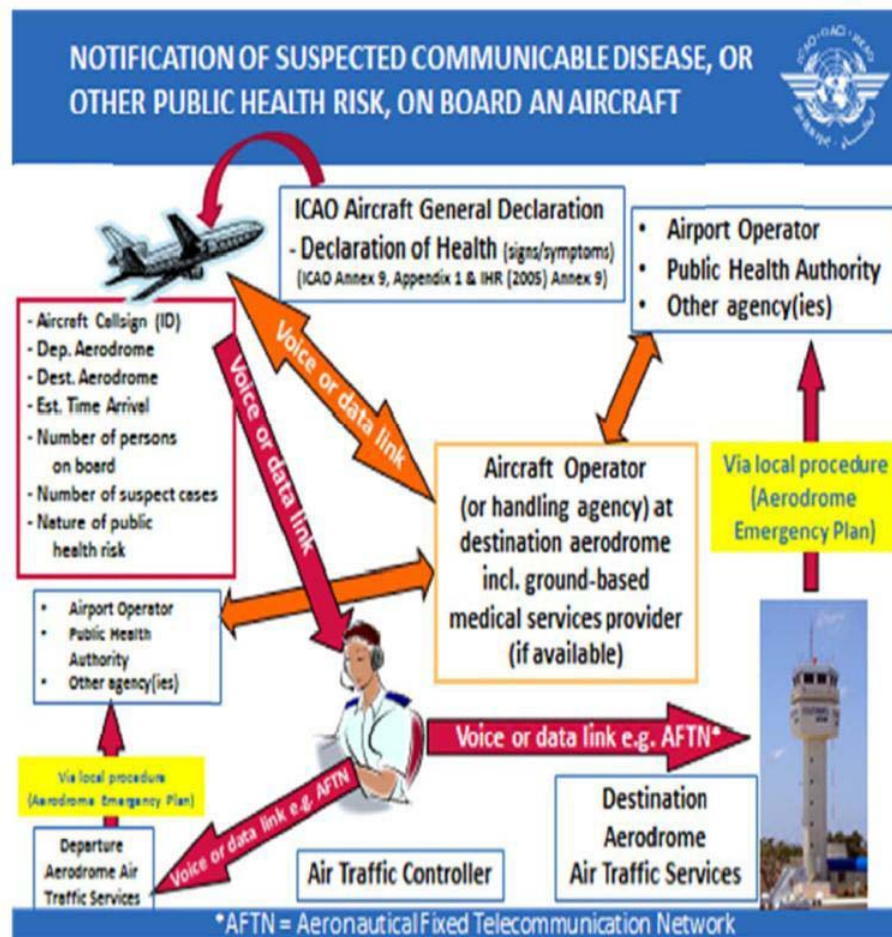


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- When a notification is received from the commander of the aircraft reporting that there is Epidemic or Viral case on his aircraft , the Air Traffic Services Unit duty supervisor shall inform the Emergency Operations Centre at the Kuwait International Airport so they can prepare for receiving the suspected case.



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Action by the Emergency Operations Center

- 1- Call the Kuwait International Airport First Aid Centre so they can prepare for the suspected case.
- 2- Call the Central Emergency Operation Medical Center for initiating the necessary measures.
- 3- Inform Airport Facilitation (Operation) Center about the suspected case so they can initiate the necessary measures and formalities.
- 4- Inform the Airline Company or the aircraft operator which are entitled to the suspected case.
- 5- Inform the Airport Security Department (MOI) to prevent getting close to the infected aircraft unless for the specialized staff.



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**Thank you**

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