



CAPSCA

AMERICAS

Lima, Peru, December 2-3, 2009



CAPSCA AMERICAS

Regional Aviation Medicine Team

First meeting

Lima, Peru, December 2-3, 2009

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International Air Transport Association

- Trade association of world's airlines
 - Represent, lead, serve
- Incorporated in Canada in 1945
 - 'Not for profit' organization
- ~ 230 member airlines in 130 nations
 - ~ 93% of scheduled passenger and cargo traffic
- ~ 1300 employees around the globe
- Mains offices: Montreal and Geneva
 - >70 regional/national offices

What does IATA do?

- Aircraft Operations
- Airport Development and Infrastructure
- Cargo
- Finance (clearing house)
- Industry Initiatives
- Passenger
- Regulatory and Public Policies
- **Health and Safety**
- Security and Facilitation



IATA responsibilities

Prepare guidelines for its members

Guidelines for Suspected Communicable Diseases

http://www.iata.org/whatwedo/safety_security/safety/health_safety/aviation_communicable_diseases.htm

Guidelines for Onboard Case Management

WHO

WHO technical advice for case management of
Influenza A(H1N1) in air transport

[http://www.who.int/ihr/travel/A\(H1N1\)_air_transport_guidance.pdf](http://www.who.int/ihr/travel/A(H1N1)_air_transport_guidance.pdf)*

Guidelines for Onboard Case Management

Case Study

- Toronto-Lima flight
- Four hours into the flight, a cabin crew notices a middle age man who is coughing more and more. The gentleman is sweating and appears quite unwell.
- What should the cabin crew do?

Guidelines for Cabin Crew

A communicable disease is suspected when a traveller (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 vomiting*
- *Persistent coughing*
- *Skin rash*
- *Impaired breathing*
- *Bruising or bleeding without previous injury*
- *Persistent diarrhea*
- *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

Note 2: if food poisoning is suspected as a result of in-flight catering, proceed as per company-established protocol.

Guidelines for Onboard Case Management

Next steps:

- Discuss situation with the in-charge cabin crew
- Question the passenger
- Take temperature if thermometer is available

Guidelines for Onboard Case Management

- Passenger tells the cabin crew that his youngest son had a flu like illness a few days ago, but did not consult a doctor as the illness was quite mild.
- Passenger's temperature is 38.5°C
- What next?

Guidelines for Onboard Case Management

- The in-charge cabin crew advise the rest of the crew that only the cabin crew who has already been caring for this ill passenger will continue to care for him
- The designated cabin crew asks the ill passenger to wear a face mask and explains the respiratory etiquette to him

Guidelines for Onboard Case Management

Respiratory etiquette

- Provide tissues and the advice to use the tissues to cover the mouth and nose when speaking, sneezing or coughing.
- Advise the ill traveller to practice proper hand hygiene*. If the hands become visibly soiled, they must be washed with soap and water.
- Provide an airsickness bag to be used for the safe disposal of the tissues

Guidelines for Onboard Case Management

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.

Guidelines for Onboard Case Management

- Unfortunately this airline does not have medical support from the ground
- The in-charge pages for onboard medical assistance
- Unfortunately no medical personnel onboard

Guidelines for Onboard Case Management

- The flight is almost full and the crew cannot relocate the ill passenger without putting some more people at risk
- However, the in-charge decides to designate one lavatory for the exclusive use of the ill passenger

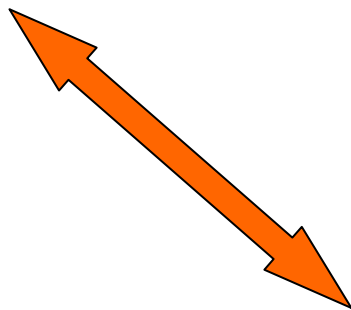
Guidelines for Cabin Crew

- c) **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 lavatory(ies) (faucet, door handles, waste bin cover, counter top) after each use by the ill traveller

Guidelines for Onboard Case Management

- The in-charge cabin crew advises the captain of the situation
- The captain decides to continue the flight to destination
- The captain advises the en-route air traffic controller as per ICAO (*ICAO Annex 9, Chapter 8, paragraph 8.15*) and WHO (*WHO IHR 2005, Article 28(4)*)
- As soon as communication is possible, the captain advises the station of the situation and tell them that aircraft cleaning and disinfection will be required

ATC NOTIFICATION OF EVENT



PHA



AIRLINE
OPERATING
AGENCY

AIRPORT
OPERATOR



OTHER
AGENCY



En route ATC

Aerodrome tower

Guidelines for Onboard Case Management

- The designated cabin crew (DCC) continues to care for the ill passenger as required
- The DCC asks the ill passenger if he is travelling with someone. If so, the DCC ask the accompanying person(s) if they have similar symptoms.

Guidelines for Onboard Case Management

- The DCC prepares a biohazard bag (if none available, use a regular plastic bag to be sealed and labeled “biohazard”) to store soiled items (used tissues, disposable masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc)
- If Passenger Locator Cards are available onboard, the DCC or in-charge will prepare them in case they are required by the public health authority

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		2. Date of arrival	3. Seat Number where you actually sat on the aircraft
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Airline	Flight Number	DD MM YYYY	

Personal Information

4. Name

Family Name Given Name(s)

Your Current Home Address (including country)

Street Name and Number City State/Province

Country ZIP/Postal Code

Your Contact Phone Number (Residential or Business or 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 cell phone 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, who? (name of Individual(s) or Group)

Guidelines for Onboard Case Management

- The aircraft lands and the ill passenger, with his hand carried baggage, is transferred to the public health authorities that meet the flight
- The captain gives the properly completed Aircraft General Declaration to the authorities

Guidelines for Onboard Case Management

Other guidelines

Guidelines for Cabin Crew

If a medical mask (surgical or procedure) is available, the ill traveller should be asked to wear it. As soon as the mask 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.

Guidelines for Cabin Crew

If the ill traveller cannot tolerate a mask, the designated cabin crew member(s) or any person in close contact (less than 1 metre) with the ill passenger should wear a medical mask. The airline should ensure that their cabin crew members have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

Guidelines for Cabin Crew

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 (h) and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.



Thank you for your attention



to represent, lead and serve the airline industry

