



Association of Port Health Authorities

Code of Practice

Dealing with Infectious Disease on Aircraft

Foreword  
By  
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It gives me great pleasure to introduce this new guide to dealing with incidents of infectious disease on aircraft. It's the product of many hours of hard work by representatives of a range of organisations concerned with containing and coping with outbreaks of infectious disease, and I believe it will be of great value to airlines and airline crews as they tackle what can be an area of difficult decisions in the course of their operations.

The booklet brings together advice and information from a number of sources to offer what we believe to be a simple and easy-to-understand guide to the best current practice where one or more passengers appears to be ill in flight.

In some areas it provides an at-a-glance guide to the regulations which come into play as soon as a case of infectious disease is suspected aboard an aircraft; and in others it provides an easy reference to the procedures which will keep other passengers and crew members themselves as safe as possible in the circumstances.

I am proud of the team which has put this guide together, and I offer my grateful thanks to the other organisations whose contribution made it possible.

## CONTENTS

Please click the links to go direct to a Section

[Section 1](#) - Introduction

[Section 2](#) - Legal Background

[Section 3](#) - Detailed Advice

Section 3.1 - Symptoms giving rise to suspicion

Section 3.2 - Isolation

Section 3.3 - Dealing with soiling

Section 3.4 - Information from passengers

Section 3.5 - Notification to the Port Health Authority

Section 3.6 - On arrival

[Section 4](#) - Miscellaneous Matters

Section 4.1 - Crew training

Section 4.2 - Crew manuals

Section 4.3 - Sharps

[Appendix 1](#) - Recommended equipment to be carried on all aircraft

[Appendix 2](#) - Infectious disease precautions

[Appendix 3](#) - Disinfectant Specifications

[Appendix 4](#) - External Links

## SECTION 1

### INTRODUCTION

1.1. The increase in international air travel over the last decade, together with the expansion of international traffic to a greater number of UK airports has increased the potential for infectious diseases to enter the country.

1.2 Few passengers contract infectious diseases on board aircraft, most originating elsewhere, and the following of the precautions advised in this Code will render the spread of infectious disease on board aircraft highly unlikely.

1.3 Legislation places certain duties on aircraft crew members where there is reason to suspect that there is on board anyone who may be suffering from an infectious disease. Airlines also have a duty of care to all on board.

1.4 The purpose of this Code is, therefore, to assist airlines by giving advice of best practice on dealing with suspected cases of infectious disease on board aircraft, and ensuring that they carry out their statutory obligations. Whilst the advice is both general and detailed it is not intended to be exhaustive and encyclopaedic, but allows sufficient flexibility for airlines to develop their own policies.

1.5 Adoption of the Code by airlines will minimise the risk of spread of infection to other passengers and also it will help to ensure the safety of crew members who deal with suspected infectious passengers. The adoption of procedures in the Code will also help to reduce any delay to the aircraft and its passengers on arrival at a UK airport arising from the necessary Port Health controls.

1.6 Although the provisions of this Code have no legal status it is anticipated that compliance with it will enable airlines to deal with infectious disease on board their aircraft safely and efficiently in accordance with the law. In the event of a court case the provisions of this Code may be accepted as representing current best practice.

1.7 The Association of Port Health Authorities represents authorities carrying out port health functions at sea and air ports throughout the UK. This Code of Practice has been prepared by a working party of the Association on which the following organisations were also represented:-

Department of Health  
Public Health Laboratory Service  
Royal Air Force  
Health and Safety Executive  
British Airways Health Services  
Coppetts Wood Infectious Diseases Unit, Royal Free Hospital

## SECTION 2

### LEGAL BACKGROUND

2.1 The International Health Regulations 1969 (as amended) provide measures for the international control of the spread of certain infectious diseases. The Public Health (Aircraft) Regulations 1979 and the Public Health (Aircraft) (Scotland) Regulations 1971 (as amended) extend these measures to apply to any other infectious or contagious disease other than venereal disease or tuberculosis.

2.2 The regulations require that where a member of the crew of an aircraft wherever it has come from, becomes aware, or suspects, that a person on board is suffering from an infectious disease, he or she must notify the commander. Advice on circumstances that should give rise to such suspicion is contained in Section 3 of this Code.

2.3 The commander of the aircraft is then required to pass a radio message to that effect to the local authority responsible for port health functions at the first point of landing in the UK.

2.4 Airlines must also have regard to their responsibilities to their staff and passengers, for example, under the Health & Safety at Work etc. Act 1974, the Air Navigation Order and other relevant legislation.

## SECTION 3

### DETAILED ADVICE

#### 3.1 Symptoms giving rise to suspicion.

3.1.1 It is acknowledged that few cabin crew members, if any, are medically qualified, although all have undergone first aid training. Difficulties might, therefore, arise in being able to decide whether or not a passenger is suffering from an infectious disease and thus whether or not notification to the port health authority is required.

3.1.2 Nevertheless, most cabin crew members become highly skilled in recognising those passengers who are suffering from, for example, air sickness, acute fear of flying or excessive alcohol consumption. In such cases port health procedures are not required.

3.1.3 Whilst various diseases have different symptoms there are certain symptoms that should always give rise to suspicion that a person is suffering from an infectious disease. These include:-

- i) diarrhoea and/or vomiting (especially if severe or associated with a rash);
- ii) fever (high temperature, shivering, rigors);
- iii) rash or skin lesions.

A temperature above 38.5°C should always be notified, but a temperature above 37.5°C should give rise to suspicion especially if associated with other symptom in i) to iii) above. For the purposes of ascertaining a passenger's temperature it is recommended that self-adhesive temperature-sensitive strips are carried on board all aircraft, and these should be used at not less than hourly intervals and in accordance with the manufacturer's instructions. The commander should nominate a specific crew member to keep the passenger's condition under review.

3.1.4 Where two or more passengers are displaying similar symptoms this should give rise to a greater degree of suspicion, particularly if those passengers have been staying or living in the same place in another country.

3.1.5 In cases of doubt, it is preferable to regard the passenger as suffering from an infectious disease in order to minimise the risk and advice should be sought from the Port Health Authority at the first point of landing in the UK.

#### 3.2 Isolation

3.2.1 Where seating capacity allows, and at the discretion of the crew, the suspected passenger(s) should be relocated away from other passengers and preferably as close to a dedicated w.c. compartment as possible. In deciding whether or not to relocate a passenger attention should be given to the possibility of spreading any soiling or contamination.

3.2.2 Again, where capacity allows, one w.c. compartment should be restricted for the exclusive use of the suspected passenger(s) and should be clearly so marked.

#### 3.3 Dealing with soiling

3.3.1 Where soiling by vomit, faecal matter or blood has occurred this should, where possible, be left until a decision is made by port health staff at the first point of landing. Fouled w.c. compartments should be locked off. Where, however, in the interests of passenger or crew comfort, it is necessary to clear soiling from the cabin area this must only be done by persons wearing suitable protection.

3.3.2 Persons dealing with soiling should wear single use latex examination gloves and a single use plastic apron. Soil should be removed using absorbent paper towels and plastic scrapers which should be placed, together with gloves and apron when finished, into a sick bag first, then into an appropriate yellow bio-hazard bag. This bag must be kept separate from waste and will be dealt with by port health staff on arrival in accordance with local procedures.

3.3.3 Most disinfectants are rapidly inactivated by organic matter and their use on soiled areas is not recommended since this might lead to a false sense of safety as they cannot be relied upon to kill any micro-organisms present.

3.3.4 It is recommended that where crew numbers permit crew members who have dealt with spillage's or with a passenger suspected of suffering from an infectious disease do not subsequently handle food. Any crew member dealing with a suspected infectious passenger must pay particular attention to the most scrupulous hand washing and personal hygiene, especially If food handling is necessary. For this purpose the use of a hand sanitiser, or sanitising wipes based on seventy per cent alcohol is recommended.

3.3.5 All spillage's of blood must be considered potentially infected whether or not the passenger displays any symptoms of illness. Under no circumstances should blood spillage's be cleaned up without protective gloves and apron. Gross spillage's can be contained using non-disinfecting absorbent granules. Vermiculite based litter is recommended for this purpose. Sharps should be dealt with as in para 4.3.

3.3.6 A list of equipment for dealing with soiling which is recommended for use on all aircraft is included at Appendix 1.

## 3.4 Information from Passengers

3.4.1 In most cases the Port Medical Officer at the first point of landing will require information from each passenger and crew member on board in the event that further investigation or surveillance becomes necessary after they have left the aircraft. In order to minimise any delay to aircraft operations and inconvenience to passengers this information is best gathered prior to landing.

3.4.2 To ensure that the correct information is obtained a model form is attached at Appendix 2. Airlines should carry a sufficient supply of such forms, or similar, on every flight.

3.4.3 If a suspected case of an infectious disease is on board a form should be distributed before landing to every passenger and every crew member. After completion they should be collected by a crew member and handed to port health staff on arrival at the first point of landing.

## 3.5 Notification to the Port Health Authority

3.5.1 As described in Section 2 the commander of an aircraft must pass a radio message to the local authority responsible for port health at the first point of landing if there is on board any

person who is, or who is suspected to be, suffering from an infectious disease. This is a legal duty on the commander and failure to do so will render him/her liable to prosecution and a considerable penalty, as well as risking the importation into the UK of serious infectious diseases. Airlines should lay down clear procedures to ensure that any radio message from the commander of any of its flights and intended to be passed to the port health officer at its next point of landing is given to that officer as expeditiously and as accurately as possible.

3.5.2 In practice this radio message is passed to the airline operations base who then notify the appropriate authority. The radio message should be sent at the earliest possible opportunity in order to enable port health staff to prepare for the arrival of the aircraft. Except at the largest airports port health staff may need to be called in to attend from outside the airport and late notification may result in delays to aircraft operations and passenger inconvenience. The earlier the notification the greater the probability of a port health doctor being available to meet the aircraft on arrival.

3.5.3 Detailed information should be sent regarding symptoms and their severity, number of passengers affected, airport of embarkation, etc. to enable the Medical Officer to form an opinion as to the likely risks.

## 3.6 On arrival

3.6.1 On arrival at a UK airport, provided there has been adequate notification time port health staff should be present to meet the aircraft and will identify themselves. No person other than port health staff should be permitted to enter the aircraft. Any police officer or officer of H.M. Customs & Excise present should be informed that there is on board a suspected case of infectious disease.

3.6.2 Passengers should be asked to remain seated until port health staff have reached a decision on the action required. Airlines are recommended to prepare a standard passenger briefing for this purpose.

3.6.3 The completed passenger information forms should be handed to the port health staff by a crew member. The number of cards should tally with the number of passengers and crew recorded in the aircraft log and any discrepancy may result in delay to the disembarkation of passengers and crew.

## SECTION 4

### MISCELLANEOUS MATTERS

#### 4.1 Crew training

Airlines should ensure that their crew training programmes, based on this Code, give adequate and appropriate instruction on recognising and dealing with passengers suspected to be suffering from an infectious disease in order both to protect themselves and to minimise the risk of spread of infection.

#### 4.2 Crew manuals

Manuals issued to crew members should include clear guidance on the procedures to be followed in dealing with passengers suspected to be suffering from an infectious disease, based on this Code.

#### 4.3 Sharps

It is not uncommon for used syringes to be found on board aircraft, particularly in the W.C. compartment and seatback pockets. In all cases these must be carefully placed into a sharps box, using the recommended gloves and without detaching needles where they are still attached to the syringe. Any spillage of blood should be dealt with as described in para 3.3.5. Ground cleaners must be made aware of these instructions. Used sharps boxes and gloves should be stored and disposed of along with other biohazards in accordance with para 3.3.2.

Where needlestick injuries occur crew members and other staff should have regard to their employers own health and safety procedures for the reporting of accident.

## APPENDIX 1

### RECOMMENDED EQUIPMENT TO BE CARRIED ON ALL AIRCRAFT

It is recommended that aircraft carry a standard pack, with instructions for use, for dealing with soiling on board all aircraft, containing the following equipment:-

Single use latex examination gloves complying with British Standard

Single use plastic aprons

Non -disinfecting, vermiculite-based litter

Yellow biohazard bags

Single-use, self adhesive, temperature-sensitive strips

Antiseptic wipes (based on 70% alcohol)

Suitable sharps disposal box complying with British Standard (BS 7320:1990)

Plastic scrapers

## APPENDIX 2

### INFECTIOUS DISEASE PRECAUTIONS

#### PART A

Whilst travelling you may, without knowing it, have been in contact with an Infectious disease. For your own protection you are asked to complete and hand in Part B of this form before landing. This Information will be treated with strict confidence. Please retain Part A for your own information.

If you feel ill within the next 21 days, consult a doctor, tell him where you have come from and that you were issued with this warning form when you disembarked.

Under the Public Health (Aircraft) Regulations (1979) there is, in certain circumstances, a penalty, maximum level 5 on the standard scale (£5000, 1995), for failure to provide the information requested. Failure to complete this form may delay your disembarkation on arrival.

## SAMPLE FORM

### PART B

CONFIDENTIAL (BLOCK LETTERS PLEASE)

Surname: (Mr/Mrs/Miss)\*delete

Other Names:

Address to which you are going:

Postcode:

Telephone Number(s):

Disembarked from Flight No: on (Date)

Signature:

Date:

NOTE: Please complete a separate form for each member of the family, including children, travelling with you.

## APPENDIX 3

### DISINFECTANT SPECIFICATIONS

The specification for general purpose disinfectants permitted for use on aircraft is contained in the Aerospace Material Specification AMS 1452A of the Society of Automotive Engineers, which has been adopted as an American National Standards. Disinfectants that have been tested against the specification and approved are: -

#### **a) PHOROID**

U.K Supplier of PHOROID

[P and D Pharmaceuticals Ltd](#)

Tel: +44 (0)1420 487501 - Fax: +44 (0)1420 478315

Link & contact details for information only.

Link & contact details for information only.

#### **b) ARDROX 1820**

U.K Supplier of ARDROX 1820

[Aeropia Ltd](#)

Tel: +44 (0)1293 459500 - Fax: +44 (0)1293 459600

Link & contact details for information only.

In all cases disinfectants should be used in accordance with their manufacturers recommended dilution.