



TEAMSTERS Safety & Health FACTS

Safety and Health Department, International Brotherhood of Teamsters
25 Louisiana Avenue, NW, Washington, DC 20001 ♦ 202/624-6960 ♦ ibtsafety@teamster.org

Ebola Guidance for Airlines

Stopping ill travelers from boarding aircraft

U.S. Department of Transportation (DOT) rule 14 CFR § 382.21 permits airlines to deny boarding to air travelers with serious communicable diseases that pose a **direct threat** as defined in §382.3. The provisions for denial of passenger travel are further detailed in 14 CFR §382.19(c)(1)-(2).

§382.3: Direct threat means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures, or by the provision of auxiliary aids or services.

Travelers originating from a country with a known Ebola outbreak *and* who present with possible Ebola symptoms could be considered a direct threat. This rule applies to all flights of U.S. airlines and to direct flights (no change of planes) to or from the United States by foreign airlines. Air travelers that pose a direct threat should be handled by airline personnel according to the airlines prescribed policies and procedures.

General infection control precautions

Personnel should always follow basic infection control precautions as prescribed by The Centers for Disease Control and Prevention (CDC) to protect against any type of infectious disease.

Managing ill people on aircraft if Ebola is suspected

It is important to assess the risk of Ebola by getting more information. Ask sick travelers whether they were in a country with an Ebola outbreak. Look for or ask about Ebola symptoms: fever (gives a history of feeling feverish or having chills), severe headache, muscle pain, vomiting, diarrhea (several trips to the lavatory), stomach pain, or unexplained bleeding or bruising.

The risk of spreading Ebola to passengers or crew on an aircraft is low because Ebola spreads by direct contact with infected body fluids. Ebola does NOT spread through the air like flu. Even if the person has been in a country with Ebola, cabin crew won't know for certain what type of

illness a sick traveler has. Therefore, cabin crew should follow routine infection control precautions for all travelers who become sick during flight, including managing travelers with respiratory illness to reduce the number of droplets released into the air. If in-flight cleaning is needed, cabin crew should follow routine airline procedures using personal protective equipment available in the Universal Precautions Kit.

Follow routine precautions

Keep the sick person separated from others as much as possible. Wear waterproof disposable gloves before directly touching the sick person, blood, or other body fluids as required by 29 CFR §1910.1030. (https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf).

When providing direct care to a sick traveler who came from a country with an Ebola outbreak, also wear surgical mask (to protect from splashes or sprays), face shield or goggles, and a protective apron or gown (see below: Universal Precaution Kit).

Do NOT give a surgical mask for someone who is nauseated or vomiting. Wearing a mask could harm a traveler who is vomiting. Give an air sickness bag if traveler is vomiting or reports feeling nauseated. Give a plastic bag for disposing used tissues or soiled air sickness bag. Give a surgical mask if a sick traveler is coughing or sneezing, if the sick person can tolerate wearing one. If a mask cannot be tolerated, provide tissues and ask the person to cover mouth and nose when coughing or sneezing.

Notify cleaning crew: Cabin crew should notify the airline's ground and cleaning crews about any ill traveler on board an aircraft so that preparations can be made to clean the aircraft after passengers have disembarked.

Universal Precaution Kits: Airplanes traveling to countries affected with Ebola should carry Universal Precaution Kits, as recommended by the International Civil Aviation Organization (ICAO) for managing ill travelers in Annex 6 Chapter 6, 6.2.2 a. Attachment B to Chapter 6 details the number of universal precaution kits required on a plane, the Location of universal precaution kits on a plane, and the Contents of the universal precaution kit. (<http://www.icao.int/MID/Documents/2013/capscamid3/ICAOHealthRelatedSARPsandguidelines.pdf>) Kit contents are defined below:

Universal precaution kit:

- Dry powder that can convert small liquid spill into a sterile granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)
- Gloves (disposable)
- Protective apron

Reporting ill travelers

The pilot of an international flight bound for the United States is required by law to report any onboard deaths or ill travelers who have certain symptoms to the CDC before arrival. The U.S. Code of Federal Regulations 42 CFR 70.4 and 71.21(b) contain requirements for reporting death and illness on international flights arriving to the United States and flights between states. Pilots must contact air traffic control or the CDC Emergency Operations Center (770.488.7100).

CDC staff can be consulted to assist in evaluating an ill traveler, provide recommendations, and answer questions about reporting requirements. Reporting to CDC does not replace usual company procedures for in-flight medical consultation or getting medical assistance. When necessary, CDC routinely conducts contact investigations to alert passengers and crew of their exposure to ill travelers with certain diseases who were possibly contagious on their flight.

What to do if you think you have been exposed

If a traveler is confirmed to have had infectious Ebola on a flight, CDC will conduct an investigation to assess risk and inform passengers and crew of possible exposure. Any airline crew, cleaning, or cargo personnel who think they were exposed to Ebola either through travel, assisting an ill traveler, handling a contaminated object, or cleaning a contaminated aircraft should take the following precautions:

- Notify your employer immediately.
- Monitor your health for 21 days. Watch for symptoms of Ebola: fever (temperature of 101.5°F/38.6°C or higher), severe headaches, muscle pain, diarrhea, vomiting, stomach pain, unexplained bleeding or bruising.
- If you develop symptoms after possible exposure to Ebola, get medical attention right away.

Guidance for airline cleaning personnel

Ebola spreads through direct contact by touching the blood or other body fluids (like feces, saliva, urine, vomit, and semen) of a person who is sick with Ebola. Infected blood or other body fluids can spread Ebola through breaks in your skin or if they get into your eyes, nose, or mouth. Treat any body fluid as though it is infectious. Hand hygiene is the most important infection control measure.

When cleaning aircraft and any contaminated areas after a flight with a sick traveler who may have Ebola, CDC recommends that personnel:

- Use disposable protective equipment while cleaning the passenger cabin and lavatories.
- If working with reusable equipment, properly clean and disinfect it after use.
- Use Waterproof gloves

- Change gloves if they become dirty or damaged during cleaning.
- Consider double-gloving if cleaning large amounts of blood or other body fluids.
- Throw away used gloves according to your company's recommended infection control precautions.
- Clean hands with soap and water immediately after gloves are removed or when changing gloves.
- Use only soap and water if hands are visibly dirty. (When soap is not available, use waterless alcohol-based hand sanitizer with at least 60% alcohol.)
- Surgical mask
- Eye protection: goggles or face shield
- Long-sleeved, waterproof gown
- Closed-toe shoes and shoe covers. If increased risk of splashing or area appears highly contaminated with body fluids, wear rubber boots or shoe covers. Wear gloves to carefully remove shoe covers to avoid contamination of hands.
- Practice Safe removal and hygienic methods. Carefully remove protective equipment to avoid contaminating yourself or your clothes. After removing protective equipment, clean your hands. Use only soap and water if hands are visibly dirty.
- Clean affected areas
 - Use an Environmental Protection Agency (EPA)-registered cleaner/disinfectant that has been tested and approved for use by the airplane manufacturers.
 - Lavatory surfaces: door handle, lock, faucet, sink, walls, counter, and toilet seat.
 - Sick traveler's seat and the seats around it, seat backs, armrests, tray tables, video monitor, light and air controls, and adjacent walls and windows
 - If a seat cover or carpet is obviously dirty from blood or body fluids, it should be removed and discarded by the methods used for bio-hazardous material.
 - If surfaces are contaminated with large amounts of body fluids (such as blood, vomit, feces), clean off the material before applying disinfectant.
- Special considerations
 - Special cleaning of upholstery, carpets, or storage compartments is not indicated unless they are obviously dirty from blood or other body fluids.
 - Special vacuuming equipment or procedures are not necessary.
 - Do NOT use compressed air, pressurized water or similar procedures, which might create droplets of infectious materials.

Guidance for air cargo personnel

- Packages or luggage should not pose a risk. Ebola virus is spread through direct contact with blood or body fluids (like feces, saliva, urine, vomit, and semen) from an infected person.
- Don't handle packages visibly dirty from blood or body fluids.
- Wash your hands often to prevent other infectious diseases.

References:

Centers for Disease Control and Prevention

<http://www.cdc.gov/quarantine/air/managing-sick-travelers/ebola-guidance-airlines.html>