



Civil Aviation Safety Authority
of Papua New Guinea

Advisory Circular

AC 119-5

Management of Suspected Case of Communicable Disease onboard aircraft

Initial Issue
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GENERAL

Civil Aviation Authority Advisory Circulars (AC) contain information about standards, practices and procedures that the Director has found to be an Acceptable Means of Compliance (AMC) with the associated rule.

An AMC is not intended to be the only means of compliance with a rule, and consideration will be given to other methods of compliance that may be presented to the Director. When new standards, practices or procedures are found to be acceptable, they will be added to the appropriate Advisory Circular.

PURPOSE

This advisory circular (AC) provides guidance on the management of a suspected case of communicable disease on board in flight.

This AC provides an acceptable method for developing procedures for:

- Air Operator preparedness for Management of Communicable Disease onboard aircraft;
- An air operator's procedure for the crew to evaluate a traveler with a suspected communicable disease, based on the presence of a fever and certain other signs or symptoms; and
- The pilot-in-command of an aircraft to ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

RELATED CAR

This AC relates specifically to Civil Aviation Rule 119.81- Communicable Disease on board.

CHANGE NOTICE

There was no previous issue of this AC, consequently no change is in effect.

APPROVAL

This AC has been approved for publication by the Director of Civil Aviation

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1 BACKGROUND

1.1 Implementation of International Health Regulations and related provisions

The Convention on International Civil Aviation signed by 191 States (governments) Titled “*Prevention of Spread of Disease*”, Article 14 of this Convention commits signatory States to prevent “*by means of air navigation*” the spread of communicable disease and to consult on this subject with other involved agencies.

The following amendments to the International Civil Aviation Organisation (ICAO) Annex 9- *Facilitation* are applicable to this AC:

- Amendment 20- incorporates the Air Transport Committee and Council Assembly Resolution A35-12. This amendment incorporated new revised provisions related to the protection of the health of passengers and crews and the prevention of the spread of communicable diseases through international air transport. The amendment became applicable on 15 July 2007;
- Amendment 22 (13th Edition) is sourced from The Sixth meeting of Facilitation Panel (FALP/6), 2010. This amendment incorporated new revised provisions related, inter alia, to further strengthening Standards and Recommended Practices in order to address international outbreaks of communicable diseases; Advanced Passenger Information (API) systems; and measures to assist air travelers whose flights are disrupted as a result of *force majeure*. The amendment became applicable on 17 November 2011;
- Amendment 23 is sourced from The Air Transport Committee, 2012. This amendment incorporated a revised Appendix (Appendix 13 of Annex 9) of the Public Health Passenger Locator Form. The amendment became applicable on 28 February 2013.

Annex 9- *Facilitation*, Chapter 8 requires Contracting States to comply with the following:

- pertinent provisions of the *International Health Regulations* (2005) of the World Health Organization;
- take all possible measures to have vaccinators use the Model International Certificate of Vaccination or Prophylaxis, in accordance with Article 36 and Annex 6 of the *International Health Regulations* (2005), in order to assure uniform acceptance;
- make arrangements to enable all aircraft operators and agencies concerned to make available to passengers, sufficiently in advance of departure, information concerning the vaccination requirements of the countries of destination, as well as the Model International Certificate of Vaccination or Prophylaxis conforming to Article 36 and Annex 6 of the *International Health Regulations* (2005); and
- the pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

1.2 Definitions

- (1) **Communicable Disease** means an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host.
- (2) **Disinfection.** The procedure whereby health measures are taken to control or kill infectious agents on a human or animal body, in or on affected parts of aircraft, baggage, cargo, goods or containers, as required, by direct exposure to chemical or physical agents.
- (3) **Disinsection.** The procedure whereby health measures are taken to control or kill insects present in aircraft, baggage, cargo, containers, goods and mail.
- (4) **Interactive API (iAPI) system.** An electronic system that transmits, during check-in, API data elements collected by the aircraft operator to public authorities who, within existing business processing times for passenger check-in, return to the operator a response message for each passenger and/or crew member.
- (5) **Public authorities.** The agencies or officials of a Contracting State responsible for the application and enforcement of the particular laws and regulations of that State which relate to any aspect of these Standards and Recommended Practices.

- (6) **Public health emergency of International concern.** An extraordinary event which is determined, as provided in the *International Health Regulations (2005)* of the World Health Organization: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response.
- (7) **Public health risk.** A likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.

1.3 Related Reading Material (Current Editions)

- Rule 119.81 Communicable disease on board aircraft
- International Civil Aviation Organization (ICAO) Annex 9- *Facilitation*;
- ICAO Annex 6- *Operations of Aircraft*
- ICAO Doc 4444 Procedures for Air Navigation Services,
- Article 36 and Annex 6 of the International Health Regulations (2005)
- IATA Emergency Response Plan (template for air carriers)

2 PNG Civil Aviation Rule requirement

2.1 Civil Aviation Rule

PNG Civil Aviation Rule 119.81 – Communicable disease on board transposes the provisions of ICAO Annex 9- *Facilitation* related to the protection of the health of passengers and crews and the prevention of the spread of communicable diseases through international air transport.

This Advisory Circular provides guidance on the following:

- Air Operator preparedness on the Management of Communicable Disease;
- An air operator's procedure for the crew to evaluate a traveler with a suspected communicable disease, based on the presence of a fever and certain other signs or symptoms; and
- The pilot-in-command of an aircraft to ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

3 Air Operator Preparedness

3.1 Policy and Procedures

- (a) An air operator must establish:
 - (1) a contact point for policy formulation and operational organization of preparedness;
 - (2) a position within the organization tasked with the responsibility for the operational implementation of the air operator's preparedness plan. This position must have reasonable autonomy/flexibility for rapid policy and decision making;
 - (3) the air operator's policy and procedure must:
 - (i) comply with pertinent provisions of the *International Health Regulations (2005)* of the World Health Organization and applicable Papua New Guinea Health Regulations.
 - (ii) establish measures to have vaccinators use the Model International Certificate of Vaccination or Prophylaxis, in accordance with Article 36 and Annex 6 of the *International Health Regulations (2005)*, in order to assure uniform acceptance;
 - (iii) make arrangements to enable all agencies concerned to make available to passengers, sufficiently in advance of departure, information concerning the vaccination requirements of the countries of destination, as well as the Model International Certificate of Vaccination or Prophylaxis conforming to Article 36 and Annex 6 of the *International Health Regulations (2005)*;
 - (iv) establish procedures to ensure the pilot-in-command of an aircraft shall ensure that a

suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival; and

- (v) establish procedures for the crew to evaluate a traveler with a suspected communication disease, based on the presence of a fever and certain signs or symptoms.
- (vi) procedures to include the transmission, as required, of a General Declaration form to the appropriate public health authorities.

3.2 Communication

(a) An air operator must establish communication links with the following:

- (1) Internal
 - (i) airport authorities
 - (ii) handling agents
 - (iii) airport medical service providers
 - (iv) emergency medical services
 - (v) maintenance service providers
 - (vi) cleaning service providers
 - (vii) baggage handling services
 - (viii) air traffic management
 - (ix) local public health authority
 - (x) local hospital(s)
 - (xi) police
 - (xii) immigration
 - (xiii) custom
 - (xiv) security service providers
 - (xv) other stakeholders as necessary
- (2) External
 - (i) travelers
 - (A) before reaching the airport
 - (B) when in the terminal building
 - (ii) travel agents
 - (iii) international organizations involved with migration
 - (iv) media

3.3 At the airport (pre- and post-flight)

- (a) It is not the role of air operator staff or handling agents to have prime responsibility for screening and managing travelers who may have a communicable disease. This is usually a public health responsibility.
- (b) However, an air operator must:
 - (i) establish general guidelines for passenger agents who may be faced with a suspected case of communicable disease, relevant to airline operations, at the airport; and,
 - (ii) cooperate with airport and public health authorities on logistics e.g. dealing with a sick traveler.

3.4 In-flight illness

An air operator must establish:

- (1) a system enabling cabin crew to identify travelers suspected of having a communicable disease;
- (2) a system of managing travelers who are suspected of having a communicable disease, including:
 - (i) advice from medical ground support (if available)
 - (ii) sick traveler relocation, away from other travelers, if possible
 - (iii) carriage of appropriate first-aid equipment and supplies, cabin crew training in its use (in accordance with ICAO, Annex 6, 6.2) and general sanitary precautions
 - (iv) clean-up of areas occupied by the affected traveler, when necessary
 - (v) reallocation of cabin crew duties
 - (vi) use of appropriate personal protective equipment by passenger and crew e.g. masks, gloves
 - (vii) disposal of contaminated supplies and equipment
 - (viii) personal hygiene measures to reduce risk

3.5 Aircraft maintenance

An air operator must establish the following for maintenance crew:

- (1) a policy concerning the removal of re-circulated air filters including:
 - (i) use of personal protective equipment
 - (ii) precautions to be implemented when removing the filter
 - (iii) precautions to be implemented when disposing of filters
 - (iv) personal hygiene measures to reduce risk
 - (v) reference to the filter manufacturer's guidelines for frequency of filter replacement
- (2) a policy concerning the venting of vacuum waste tanks; and,
- (3) a policy for tasks that involve removing bird debris associated with a bird strike.

3.6 Aircraft cleaning

For crew tasked with cleaning an aircraft having transported a traveler suspected of having a communicable disease that may pose a serious public health risk, the air operator must establish a policy consistent with the national public health and aviation authorities that would include:

- (i) use of appropriate personal protective equipment
- (ii) personal hygiene measures to reduce risk
- (iii) surfaces to be cleaned
- (iv) use of cleaning agents/disinfectants
- (v) disposal of personal protective equipment and soiled material

3.7 Cargo and baggage handling

Air operators must establish procedures to ensure that:

- (1) cargo and baggage handlers are encouraged to frequently wash their hands and, if required, provide advice concerning any further precautions they may need.
- (2) It should co-operate with the public health authority with respect to baggage and cargo inspections (IHR (2005) Article 23 (b)).

4 Suspected Communicable Disease

4.1 Guidelines on crew procedures for evaluating a traveller

An air operator's procedure for crew to evaluate a traveler with as suspected communicable disease must capture the following:

- (1) A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain 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;
- (2) In the event of a case of suspected communicable disease is on board an aircraft, the pilot-in-command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned; and
- (3) When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers' and/or crews' travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State should accept the "Public Health Passenger Locator Form" in Appendix 13 of Annex 9 – *Facilitation* as the sole document for this purpose.

4.2 Guidelines for Cabin Crew procedures

The following are guidelines for cabin crew procedures **when managing a suspected case of communicable disease on board**.

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

Note 1: This list of signs and symptoms is identical to that listed 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 from in-flight catering is suspected, proceed as per company-established protocol. The pilot in command must follow the ICAO notification procedure in paragraph 14 below.

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

- (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).
- (3) If medical ground support and/or an 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.
- (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.
- (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.
- (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.
 - (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.)
 - (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.
 - (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.
 - (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.
 - (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.
- A general term referring to any action of hand cleansing, performed by means of washing one's hands with soap and water for at least 20 seconds. An alcohol-based hand cleaner is an alternative to hand-washing but will not be effective if hands are visibly soiled. Touching the face with hands should be avoided. Hands should be washed frequently.

4.3 Guidelines on Procedure for notification of suspected communicable diseases on board an aircraft or other public health risk

- (a) The flight crew of an en-route aircraft shall, upon identifying a suspected case(s) of communicable disease, or other public health risk, on board the aircraft, promptly notify the ATS.
- (b) An air operator's procedure must require that the pilot-in-command of an aircraft shall ensure the following information is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival:
 - (1) aircraft identification;
 - (2) departure aerodrome;
 - (3) destination aerodrome;
 - (4) estimated time of arrival;

- (5) number of persons on board;
 - (6) number of suspected case(s) on board; and
 - (7) nature of the public health risk, if known.
- (c) The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk, on board the aircraft, shall forward a message as soon as possible to the ATS unit serving the destination/departure, unless procedures exist to notify the appropriate authority designated by the State, and the aircraft operator or its designated representative.
- (d) When a report of a suspected case(s) of communicable disease, or other public health risk, on board an aircraft is received by an ATS unit serving the destination/departure, from another ATS unit or from an aircraft or an aircraft operator, the unit concerned shall forward a message as soon as possible to the public health authority (PHA) or the appropriate authority designated by the State as well as the aircraft operator or its designated representative, and the aerodrome authority.

Note 1. See Annex 9, Chapter 1 (Definitions), Chapter 8, 8.12 and 8.15, and Appendix 1, for relevant additional information related to the subject of communicable disease and public health risk on board an aircraft.

Note 2. The PHA is expected to contact the airline representative or operating agency and aerodrome authority, if applicable, for subsequent coordination with the aircraft concerning clinical details and aerodrome preparation. Depending on the communications facilities available to the airline representative or operating agency, it may not be possible to communicate with the aircraft until it is closer to its destination. Apart from the initial notification to the ATS unit whilst en-route, ATC communications channels are to be avoided.

Note 3. The information to be provided to the departure aerodrome will prevent the potential spread of communicable disease, or other public health risk, through other aircraft departing from the same aerodrome.

Note 4. AFTN (urgency message), telephone, facsimile or other means of transmission may be used.

Note 5. The Procedures for Air Navigation Services — Air Traffic Management (Doc 4444) (PANS-ATM) detail the procedures to be followed by the pilot-in-command in communication with air traffic control

4.4 Universal Precaution Kit

- (a) ICAO Annex 6 — Operation of Aircraft describes the “on board” medical supplies that are required to be carried on aircraft.
- (b) Annex 6 Attachment-A states that for routine operations, one or two universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member. Additional kit(s) should be made available at times of increased public health risk, such as during an outbreak of a serious communicable disease having pandemic potential. Such kits may be used to clean up any potentially infectious body contents such as blood, urine, vomit and faeces and to protect the cabin crew members who are assisting potentially infectious cases of suspected communicable disease;
- (c) Rule 121.575(b)(3) states that the cabin crew member training must ensure that each person is drilled and capable in the use of emergency and life-saving equipment required to be carried, such as *inter-alia* universal precaution kits.
- (d) An air operator procedure must ensure that an aircraft carries sufficient numbers of universal precaution kits and the universal kit must contain the following:
- (1) Dry powder that can convert small liquid spill into a granulated gel;
 - (2) Germicidal disinfectant for surface cleaning;
 - (3) Skin wipes;
 - (4) Face/eye mask (separate or combined);
 - (5) Gloves (disposable);
 - (6) Impermeable full length long sleeved gown that fastens at the back;
 - (7) Large absorbent towel;
 - (8) Pick-up scoop with scraper;
 - (9) Bio-hazard disposal waste bag;
 - (10) Instructions.