

## **Interim Guidance for Aircraft Cabin Staff on Management Suspected Severe Acute Respiratory Syndrome (SARS)**

### ***Introduction***

Severe Acute Respiratory Syndrome (SARS) is a severe form of pneumonia, or infection of the lungs that was first recognised in Asia in mid-February 2003 and has now been reported on three continents. It is thought that, in some cases, some passengers travelling from affected areas have carried the illness on board aircraft to other countries.

### ***What are the Symptoms of SARS?***

The first sign of SARS is generally quite a high fever (greater than 38<sup>0</sup>C or 100<sup>0</sup>F). Other symptoms may include headache, aches and pains, chills and generally feeling “unwell” or “poorly”. There may be shortness of breath. After 3 to 7 days, a cough may develop and the patient may have difficulty breathing

### ***How is SARS spread?***

It is likely that it is spread by direct contact with an ill person or by an ill person sneezing or coughing. Up until now, the majority of cases have occurred in people who have had very close contact with other cases such as family members or healthcare workers looking after patients with SARS. There is no evidence to date that the disease spreads through casual contact. It may take between 3 and 5 days ranging from 2 to 7 days to show symptoms of illness after having been exposed to the virus.

### ***In-flight care of suspected case of SARS***

If a passenger on a flight from an affected area becomes noticeably ill with a fever and respiratory symptoms, the following action is recommended for cabin crew:

1. The passenger should be, as far as possible, isolated from other passengers and crew.
2. The passenger should be asked to wear a protective (surgical) mask and those caring for the ill passenger should follow the infection control measures recommended for cases of SARS.
3. A toilet should be identified and made available for the exclusive use of the ill passenger.
4. The captain should radio ahead to the airport of destination so that local Director of Public Health can be alerted to the arrival of a suspect case of SARS.
5. On arrival, the ill passenger should be placed in isolation and medically assessed.

***Management of contacts of the ill passenger***

If the immediate medical assessment of the ill passenger excludes SARS as a possible cause of his/her illness, the passenger should be referred to local health care facilities for any necessary follow up.

If however, the initial medical assessment conducted in the airport concludes that the passenger is a suspect or probable case of SARS (<http://www.ndsc.ie>) the following action should be taken:

**CONTACTS**

1. All contacts of the ill passenger should have already been identified during the flight. For the purposes of air travel a contact is defined as:
  - Passengers sitting in the same seat row or within at least 2 rows in front or behind the ill passenger.
  - All flight attendants on board.
  - Anyone having intimate contact, providing care or otherwise having contact with respiratory secretions of the ill passenger.
  - Any one on the flight living in the same household as the ill passenger.
  - If it is a flight attendant who is considered to be a suspect or probable SARS case all the passengers are considered to be contacts.
2. Contacts should provide, to the Health Board/Authority, identification and details of address/contact details valid for 14 days.
3. Contacts should be given information about SARS and advised to seek immediate medical attention if they develop any symptoms of SARS within 10 days of the flight. In seeking medical attention they should ensure that all those treating them are aware that they have been in contact with a suspect case of SARS.
4. Contacts should be allowed to continue to travel so long as they do not have symptoms compatible with SARS.
5. If over time it becomes apparent that the suspect case is a probable case of SARS, the health authority where the case is being cared for should inform other health authorities in those areas in which contacts reside that active surveillance of each contact (daily temperature check and interview by health care worker) should be undertaken until 10 days after the flight.

**OTHER PASSENGERS**

As a precautionary measure passengers and cockpit crew not defined as contacts, should also provide to the health authorities identification and address/contact details valid for 14 days after the flight. They should be given information about SARS and advised to seek medical attention if they develop any symptoms of SARS within 10 days of the flight. These passengers should be free to travel unless they develop any symptoms compatible with SARS.

***What can you do to protect yourself?***

As with all infectious illnesses, the first line of defence is careful hand hygiene. Frequent hand washing with warm water and soap is an effective way of preventing spread of infection. If there is not any visible soiling of hands, an alcohol-based hand rub may be used as an alternative.

If you are concerned that a passenger, who has travelled from any of the areas affected by SARS, may be ill with a respiratory illness, you should try to keep him or her separated from the other passengers as much as possible. A surgical mask, placed on the passenger's face, can reduce the number of droplets coughed into the air. If a surgical mask is not available, give the passenger tissues and ask him or her to cover their mouth and nose when coughing. There is no need to provide masks for cabin crew or other passengers.

It is very important to wash your hands thoroughly after dealing with such a passenger.

If, you are aware of having carried a patient with suspected SARS on board your aircraft, and you develop symptoms within ten days, you should report to your occupational health department.