Ebola and Other Communicable Disease Incident Response Checklists

The Association of Flight Attendants-CWA, AFL-CIO calls for the federal agencies overseeing aviation safety and health to require that all airlines comply with the following measures.

Prevention for All Crew Members

Provide an adequate supply for every Flight Attendant on all flights of non-allergenic medical gloves and masks that are determined appropriate protection by the CDC and/or WHO.
Provide an adequate supply of medical gloves and masks that are determined appropriate protection by the CDC and/or WHO for any volunteer medical personnel assisting with medical situations.
Ensure each flight has one universal precaution kit for every Flight Attendant on duty plus two additional kits for intervening healthcare personnel. Universal precaution kits should include all items specified by the International Civil Aviation Organization (ICAO) as follows: Universal precaution kit:
 — Dry powder that can convert small liquid spills into a sterile granulated gel — Germicidal disinfectant for surface cleaning — Skin wipes
— Face/eye mask (separate or combined)— Gloves (disposable)— Protective apron
Permit Flight Attendants working on flights to wear gloves any time during the flight without any discriminatory or disciplinary actions being taken against them.
Issue guidance to all crew in the event that a passenger exhibits signs or symptoms of infectious disease during a flight.
Develop realistic procedures and/or engineering controls for isolating symptomatic passengers if the incident aircraft is too full to permit isolating an unoccupied radius around the symptomatic individual(s) consistent with WHO and/or CDC recommendations.
Require pre-flight briefings to communicate the use of universal precaution procedures and equipment to prevent exposure on a flight and to review guidance in the event that a passenger exhibits signs or symptoms of infectious disease during a flight.
Provide an adequate supply of surgical masks for any passengers who exhibit symptoms on a flight.
Provide a leak-resistant airsick bag that is immediately available for each passenger.

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	Ensure all aircraft meet the federal requirements for access to soap and		
	running water. Provide on all flights equipment necessary to take temperatures of potentially		
	infected persons without requiring physical contact with those individuals. It is a federal requirement to have running water, soap and clean towels on every flight – but if a flight is scheduled to leave in violation of this regulation then the airline should ensure Flight Attendant(s) has the ability to wash hands with running water and soap prior to departure of every flight and provision a		
	sufficient quantity of alcohol-based hand rub (minimum concentration of 60%) as foam or gel, with moisturizers.		
	Make all of the above stated supplies no-go items (required for aircraft dispatch).		
Aircraft Cleaning			
	Require airlines to follow CDC recommended guidelines for cleaning aircraft and any contaminated areas after a flight with a sick traveler who may have Ebola or other communicable diseases, including protection and training for the aircraft cleaners.		
Post-Incident Measures to Protect Crew Members on a Flight with Person(s) Suspected of Being Infected with Ebola or Other Communicable Disease			
	Immediately lock-down crew names, similar to an airline incident/accident. Immediately contact the union leadership with the names, cell phone numbers, current locations, and in-sheltering locations of impacted crewmembers.		
	Coordinate with the crewmember union leadership around any issues related to care and protection of the crew.		
	Immediately remove crew with pay and benefits for the entire disease incubation period.		
	Provide all resources necessary to safely in-shelter the crewmembers during the incubation period; for example, safe and secure location with meals and medical supplies provided, including, but not limited to, thermometers for self-monitoring and protective masks.		
	Cover all medical costs related to potential exposure, including, but not limited to, tests, doctor visits, and medications.		
	Once the in-sheltering period is over, provide transportation to each crewmember's choice of base or home.		

	Provide an external (non-airline employee) mental health professional who can make daily confidential telephonic wellness calls to the in-sheltering crewmember. Crewmembers may accept or decline calls at their own discretion.	
	Within 8 hours of knowledge of the incident, the company and union will implement the communications plan.	
Management Plan Checklist		
	Establish an unrestricted, transparent, and confidential on-going communication flow plan between the company, union(s), and managing public health authorities.	
	The company and the union(s) will develop a joint communications plan, including message templates, to be used in the event of a communicable disease related incident aboard an aircraft.	
	Establish a plan for in-sheltering of crewmembers following a communicable disease related incident aboard an aircraft.	
	Institute liberal leave policies to ensure that employees do not feel obligated to fly when sick, or when they are in the position of having to care for ill family members.	
	During pandemic periods, ticket change penalties and restrictions on ticket refunds in the event of passenger illness (with doctor's or public health authority's note) should be waived. This will lessen the potential for travel by ill passengers, limit spread of the disease through air travel, and ensure the public that the industry is doing all it can to minimize risks to public health.	
	Require the regular performance of drills and tabletop exercises to test communicable disease response capabilities and procedures. Such exercises must include participation from (at least) airline operations management personnel and affected line employee groups (including their union representatives as applicable.)	
	Require any ground-based medical providers that provide coordinated medical services to airlines and support in-flight crew members during incidents (e.g., airline medical departments, University of Pittsburgh, MedLink) to develop, in coordination with airline management and the airline's affected line employees, communicable disease incident response management plans.	