

UK CAA guidance material for preventing gastroenteritis in aircrew

Why is it important?

Gastroenteritis is a common condition that can cause diarrhoea and vomiting and is the most common cause of in-flight impairment in crew. Most cases are caused by a viral or bacterial infection in contaminated food and drink or contact with an infected person or surface. The risk of contracting infection is greatest over the winter period and applies both at home and down-route. Incidents of in-flight gastroenteritis in aircrew can present a significant incapacitation risk resulting in a medical emergency and the need to divert an aircraft.

Symptoms can include nausea, vomiting, fainting, sudden diarrhoea, stomach cramps, and a mild fever and can last several days.

How to avoid

Wash your hands with **soap** after using the toilet and before handling food or drink (remember, alcohol hand gels are not always effective).

Don't eat high risk foods especially when down-route.

These include:

- cold meat and fish dishes in warm climates
- shellfish, molluscs and oysters
- food that is under-cooked or not reheated thoroughly
- salads, including rice and pasta salads, and berries
- raw fruit and vegetables (these should be washed and peeled if eaten raw)
- foods which contain milk, cream or ice-cream
- any bottled or canned drink delivered with a broken seal
- ice
- freshly squeezed juices
- fresh herbs (including in drinks)

Drink bottled water in high-risk areas, for example, Asia, Africa, the Middle East and Central and South America.

Follow company policy on eating crew meals.

How do I know if I am fit to fly?

The symptoms of gastroenteritis can include loss of consciousness and several mandatory occurrence reports are received by the CAA each year due to incapacitation from gastroenteritis.

If you have any of the symptoms listed above, you should not fly.

What do I do if I am unwell down-route?

- Drink plenty of fluids to avoid dehydration; take small sips, often. Drink bottled water if down-route.
- Use special rehydration sachets if available to replace important electrolytes, as well as water.
- Avoid fizzy drinks and fruit juice as this can make the symptoms worse.
- Stay in your hotel and get plenty of rest.
- Consider paracetamol for any fever, aches or pains and consider loperamide for non-bloody diarrhoea without a fever.
- Return to a normal diet as soon as you feel able to eat.
- Seek medical advice for symptoms that last more than 48 hours, if you show signs of severe dehydration (dizziness, reduced urine volume, black outs) or if you have bloody diarrhoea.

What if I develop symptoms in-flight?

- Report your symptoms to the other member(s) of the flight crew **immediately**, even if you do not yet have vomiting or diarrhoea.
- Arrange to be relieved from duty if this is possible or be stood down at the end of the sector if not.
- Ensure you have a sick bag available to avoid vomiting on flight controls / central console.
- Impairment with gastroenteritis should be treated in the same way as other medical emergencies and pilot incapacitations.
- Follow your company's standard procedures for incapacitation events.
- Not reporting your symptoms can compromise the safety of everyone onboard.

When should I return to duty?

You must stay off work until at least 48 hours after your symptoms have resolved.

If you are unsure, seek aeromedical advice from your AME or company health department.