Interim Guidance for Aircraft Cleaning When H1N1 Influenza 09 (human swine influenza) is Suspected in a Passenger or Crew Member

International air travel can play a major role in the rapid movement of new strains of influenza. There is a significant risk that a passenger or crew member infected with H1N1 influenza 09 (human swine influenza) might bring the infection into Australia. For this reason there are existing requirements that travellers arriving on international flights into Australia with symptoms suggestive of influenza be screened and reported immediately to local health authorities for evaluation.

Most ill travellers are able to be quickly ruled out as H1N1 influenza 09 cases and no additional action is required. For passengers who are suspected to be H1N1 influenza 09 cases additional cleaning procedures for the aircraft may be required to reduce the risk of infection from surfaces they may have contaminated. This document provides guidance on appropriate cleaning procedures for passenger aircraft in such a scenario.

The following are general guidelines for cleaning the cabin when an aircraft has carried a passenger or crew member who is suspected to have H1N1 influenza 09. These guidelines provide a basic framework of response. This guidance may be modified or additional procedures may be recommended by local health authorities as part of the evaluation of an ill traveller or as new information about the H1N1 influenza 09 strain becomes available.

Influenza viruses can persist on non-porous surfaces for up to 48 hours, but quantities of the virus needed to infect a human are likely to persist for shorter periods. Although the relative importance of virus transfer from inanimate objects to humans in spreading influenza is not known, hand transfer of the virus to the mucous membranes of the eyes, nose, and mouth resulting in infection is likely to occur. Hand hygiene, cough etiquette and respiratory hygiene are important means of interrupting transmission of influenza. Routine cleaning and disinfection practices also play an important role in minimizing the spread of influenza.

Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants to inactivate any remaining virus are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus.

Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources. These products must be used in accordance with their label instructions; following label instructions is necessary to achieve adequate efficacy and to avoid unreasonable adverse effects.

Routine cleaning methods should be employed throughout the plane with special attention in certain areas as specified below:

1. Wear non-sterile, disposable gloves while cleaning the cabin and toilets and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, as described in item 5 below; never wash or reuse the gloves. Eye protection, such as a face shield or goggles, may be required if splashing is expected.

2. Use only disinfectants (including detergent/disinfectants) that are approved for use on aircraft against influenza viruses, and have been approved by the aircraft manufacturer. Several disinfectants (such as bleach) that are effective against viruses and bacteria must not be used because they could damage aircraft components and equipment or affect safety features such as fire resistance of upholstery. Clean the surface first, and then apply the disinfectant according to procedures approved by the aircraft manufacturer and as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection. Adhere to any safety precautions or other label recommendations as directed (e.g. allowing adequate ventilation in confined areas such as toilets, and proper disposal of unused product or used containers). Avoid using product application methods that cause splashing or generate aerosols. Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.

3. The following surfaces should be cleaned and disinfected at the seat of the ill passenger or crew and at adjacent seats in the same row, the backs of the seats in the row in front of the sick passenger's row, and other areas as noted below:

    - Armrests
    - Seatbacks (the plastic and/or metal part)
    - Tray tables
    - Seat belt latches
    - Light and air controls, cabin crew call button and overhead compartment handles
    - Adjacent walls, windows and window shades
    - Individual video monitor
    - Toilet(s) used by the sick traveller: door handle, locking device toilet seat, faucet, washbasin, adjacent walls and counter.

4. Body fluids (e.g., vomit from the ill traveller) should first be removed from visibly contaminated surfaces by using an absorbent material, which should then be disposed of as described in item 5 below. Hard, non-porous surfaces must then be cleaned and disinfected as described in item 2 above. Large areas contaminated with body fluids (e.g., covering most of a tray table) should be treated with disinfectant after removal of the body fluid with absorbent material, and then cleaned and given a final disinfection. Since disinfectants are not registered for use on porous surfaces, seat covers and carpeting should be removed carefully and laundered in accordance with the manufacturer's instructions or disposed of after being removed as described in item 5 below. Although influenza viruses can persist on porous materials, the transfer of these viruses from sheets, bedding, and clothing is not an efficient process.

5. Dispose of soiled material and gloves in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. Porous materials that will be laundered can be removed from the aircraft in the same manner. State and local governments should be consulted for appropriate disposal decisions. Barring specific state routine solid waste or medical waste regulations to the contrary, these wastes are considered routine solid wastes in the community that can be sent to municipal solid waste landfills without treatment.

6. When cleaning is completed and gloves have been removed, immediately clean hands with soap and water or an alcohol-based hand gel. Avoid touching the face with gloved or unwashed hands.

7. Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing or might re-aerosolize infectious material. Vacuum cleaners should be used only after proper disinfection has taken place.

Additional Information on H1NI 09 Influenza:

Australian Department of Health and Ageing H1N1 influenza 09 website:

- www.healthemergency.gov.au/

Acknowledgement:

This guidance draws heavily on guidance developed by the US Government and IATA.

- www.pandemicflu.gov/travel/cleaning_aircraft.html
- www.iata.org/whatwedo/safety_security/safety/health_safety/h1n1