

Corporate Safety

FREQUENTLY-ASKED QUESTIONS ABOUT EBOLA VIRUS

Ebola Virus – Q&A Supplement to Bulletin CSSI 14-05 – Version #2 – October 27, 2014

- **What is a "high risk exposure"?**

Certain behaviours place a person at higher risk for getting infected with Ebola. Some examples are caring for an ill person, preparing the body of an Ebola patient for burial, and sharing a bed with an ill person. Other risky activities include attending the funeral of an Ebola patient, touching their bodily fluids, or handling or eating meat from a sick or dead animal.

- **What are body fluids?**

Ebola has been detected in blood and many body fluids. Body fluids include saliva, mucus, vomit, feces, sweat, tears, breast milk, urine, and semen.

- **Can Ebola spread by coughing? By sneezing?**

Unlike respiratory illnesses like measles or chickenpox, which can be transmitted by virus particles that remain suspended in the air after an infected person coughs or sneezes, Ebola is transmitted by direct contact with body fluids of a person who has symptoms of Ebola disease. Although coughing and sneezing are not common symptoms of Ebola, if a symptomatic patient with Ebola coughs or sneezes on someone, and saliva or mucus come into contact with that person's eyes, nose or mouth, these fluids may transmit the disease.

- **What does "direct contact" mean?**

Direct contact means that body fluids (blood, saliva, mucus, vomit, urine, or feces) from an infected person have touched someone's eyes, nose, or mouth or an open cut, wound, or abrasion.



- **How do we minimize the risks to ourselves when going through an airport?**

Stay away from people who look obviously sick, at least at a distance of 3 feet. Avoid direct unprotected contact with sick people and their body fluids. Pay strict attention to hygiene. Wash your hands often. (The US CDC and WHO state waterless alcohol-based hand sanitizer may be used as long as hands are physically clean/not visibly soiled.)

- **What is the likelihood of one of our passenger service agents contracting Ebola from handling passenger documents that have been handed to an agent directly from a passenger who has placed the document in their mouth just prior to handing them over to the agent?**

Unlikely. The Ebola virus is transmitted through close and direct contact with infected bodily fluids (the most infectious fluids are blood, stool and vomit). It is not transmitted through indirect (casual) contact – which constitutes the scenario as described. Furthermore, the WHO says in studies related to saliva, the virus was only found in people who were in advanced stages of the disease – someone in this stage would be in such a weakened state, that they would be in no condition to fly. Furthermore, the virus would also have to find a way into the host (through a cutaneous route – such as a cut, etc.) which would be unlikely and further demonstrates the importance of proper hand hygiene (washing and/or sanitizer hand rub).

- **How is Air Canada interacting with authorities?**

Over and above remaining in contact with the medical departments of the leading aviation authorities such as International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA), Air Canada is in frequent communication with the Public Health Agency Canada (PHAC) and is alerted to changes in protocol that may have an effect on operational Standard Operational Procedures (SOPs).

- **What Personal Protective Equipment (PPE) is recommended for cleaning contaminated areas after a flight with a sick traveler who may have Ebola?**

Treat any body fluid as though it is infectious. Hand hygiene is the most important infection control measure. When cleaning aircraft and any contaminated areas after a flight with a sick traveler who may have Ebola, the Centers of Disease Control (CDC) recommends that personnel:

- Use disposable protective equipment while cleaning the passenger cabin and lavatories. If working with reusable equipment, properly clean and disinfect it after use.
- Waterproof gloves
- Change gloves if they become dirty or damaged during cleaning.
- Consider double-gloving if cleaning large amounts of blood or other body fluids.



- Throw away used gloves according to your company's recommended infection control precautions.
- Clean hands with soap and water immediately after gloves are removed or when changing gloves. (When soap is not available, use waterless alcohol-based hand sanitizer with at least 60% alcohol.) Use only soap and water if hands are visibly dirty.
- Surgical mask
- Eye protection: goggles or safety glasses and face shield
- Long-sleeved, waterproof coverall
- Closed-toe shoes and shoe covers. If increased risk of splashing or area appears highly contaminated with body fluids, wear rubber boots or shoe covers. Wear gloves to carefully remove shoe covers to avoid contamination of hands.

