



GUIDANCE MATERIAL

GM-07

GUIDELINES FOR AIRCRAFT OPERATORS, AIRPORT OPERATORS AND ASSOCIATED AVIATION PERSONNEL



GCAA Preventing Spread of Coronavirus Disease 2019 (COVID-19): Guidelines for Aircraft Operators, Airport Operators and Associated Aviation Personnel

Purpose:

The GCAA provides interim guidance for the aviation industry and personnel regarding COVID-19 to protect from exposure and reduce the risk of transmission of COVID-19 on-board aircraft and through air travel.

Description:

Following the evolution of the novel coronavirus (renamed SARS-CoV-2) outbreak in the city of Wuhan, People's Republic of China (PRC) and worldwide, and based on the reports published by the WHO, the GCAA has issued this Guideline, providing recommendations to the Aircraft operators in order to reduce the risk of spreading COVID-19 (see Note 1).

Note 1: On 12 February 2020, the novel coronavirus was renamed "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2), while the disease associated with it is referred to as COVID-19.

Ensuring business continuity at all levels is an essential part of crisis management. In this particular case the continuity of health-related activities is directly linked with the continuity of transport activities as this has a direct impact on the availability of required medication, protective equipment and medical experts. The GCAA would like to emphasise the importance of a coordinated approach to the crisis management.

The decision of the national public health authority will prevail in regard to the recommendations/requirements made in this Guideline.

Without prejudice to aviation safety and security, operators and aviation personnel shall comply with this guideline. Consequently, operators shall report to their Principal Inspector any provision of this guideline that could compromise aviation safety or security, before it is implemented.



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Section 1 - Air Operator's responsibilities

1) Aircraft Operators shall adapt its system to ensure that:

- a) Passengers are managed as per Section 3;
- b) Crew and other frontline staff are trained and managed as per Section 4 , to minimise the risk of contamination of the staff outside their duty, before, during and after their duty; and
- c) Their operations comply with any other provisions required by Section 3 and Section 4.

2) Management of Flight restrictions:

- a) Operator shall establish a COVID-19 testing programme to detect infected staff.
- b) Any suspected or COVID-19 symptomatic staff shall be PCR tested.
- c) Crew shall be PCR tested before their return to duty, and subsequent tests shall be randomly conducted (based on COVID-19 risk in the area of operations and flight hours of the crew) using any other diagnostic kit other than PCR provide the kit is reliable. There is no requirement for random test for staff other than crew, however it is recommended to adapt similar approach for them since they come in contact with crew.
- d) All tests shall be recognised by the UAE Health Authority or Local Health Authorities when test is conducted outside the UAE (if conducted outside UAE, medical certificate or approved health clearance should be provided).

3) Crew and other front line staff scheduling and protection:

- a) Scheduling
 - i) Operator shall establish a mechanism to:
 - 1) confirm crew and other front line staff's fitness to perform their duty;
 - 2) process Declaration Form (Attachment 6) for crew; and
 - 3) conduct reasonable health assessment for each staff before each duty (coordination with airport operator may be required if a doctor is required).
 - ii) Without prejudice to flight duty time limitation and rest period, the operator is encouraged to avoid unnecessary stopovers and layovers for operating crew members, and other staff required for a flight, to reduce the risk of contamination posed by the need for the crew to exit the airport's restricted area and to be in unnecessary contact with the local population.
 - iii) Without prejudice to flight duty time limitation and rest period, the operators should preferably schedule crew and other front line staff required for duty following:
 - 1) a risk assessment involving medical judgment with due consideration of the dominant COVID-19 mortality criteria:



- A) Age above 60
 - B) Pre-existing medical condition (Diabetes, Hypertension, heart disease, Cancer, high BMI)
 - C) Immune modulators Medicine
 - D) Asthma
 - E) People who are on certain medications such as Selective Serotonin Reuptake Inhibitors (SSRI) or Tricyclic Antidepressant (TCA)
 - F) Any other leading factor as per UAE National Health Guidelines
- 2) principles that give priority to the following categories of staff (in order of priority):
- A) Staff who have recovered from COVID-19 provided they:
 - Have PCR tested negative and have completed the 2 weeks quarantine requirements, as per the UAE National Health Guidelines; and
 - have been assessed by an Aeromedical Examiner (for flight crew and cabin crew) or Physician (for other than flight crew and cabin crew) following recovery and completed all required tests.
 - B) Staff who have not been infected by the Novel Coronavirus provided they:
 - Provide an evidence of negative PCR testing (conduct within a reasonable time before departure);
 - Had and have no contact with COVID-19 positive cluster or infected person; and
 - Are free from any medical conditions which may reduce their immunity (no immune modulators, no Diabetes, No Asthma, No Hypertension).
- b) Protection
- i) Operator shall determine, based on risk assessment (refer to Attachment 3), type and number of PPE to be worn by staff while exercising their roles. The PPE should be commensurate to the public health risk the staff is exposed while interacting with others (in particular passengers). PPE shall not be mandated when flight safety or human performance may be compromised. When face masks are required, their quality shall meet at least surgical standards and they shall be in sufficient number to ensure that they can be regularly replaced during flight.
 - ii) Protective Physical Barriers shall be installed at counter where passengers are handled and access behind the counter shall be controlled and restricted.
 - iii) Operator shall have means to address any report received from their staff when any work method/procedure is found incompatible with COVID-19 preventative measures and can



facilitate the transmission of the virus. Similarly, they shall address any report related to any COVID-19 preventative measures put in place that could compromise flight safety or flight security.

4) Facilitation for the crew and other front line staff:

- a) Operator shall establish means to minimise to the greatest extent possible importation / local transmission of the virus during pick-up, airport arrival, briefing, immigration, security, at the terminal, drop-off. Establishing a “staff clean” journey similar to the one created in this Guideline for passenger shall be mandatory for flight crew and cabin crew and recommended for other staff (refer to **Attachment 1**) - The journey should help the operator to understand the different gate/interface the staff will have to go through and mitigate the potential source of infection to staff.
- b) Operator should maintain workplace environment in accordance with recognised standards¹. Particular attention should be made on confined environment such as cockpit, cabin, crew rest, simulators, briefing room, etc....
- c) Staff transportation means shall ensure reasonable and safe physical distance between each person on-board, including at outstations. Particular attention should be made on the driver who generally conducts several transportation duties in a day.

5) Management of the crew and other frontline staff while at staff residence or company accommodation:

- a) Operator shall develop clear and detailed procedures in the event staff become symptomatic while at staff residence or company accommodation, including instruction for initiating the quarantine and/or medical observation processes.
- b) Operator should supervise staff self-monitoring of their health condition while at staff residence or company accommodation through health clinic.

6) Aircraft configuration, sitting arrangement and required equipment on-board:

- a) Aircraft's cabin shall be divided in a manner that allows crew to perform their (in-flight service and safety related) duties and avoid cross-infection among all persons on-board, in particular from a passenger to a crew or vice-versa. A clean and quarantine areas shall be designated.
 - 1) The cabin area should be divided into clean area, buffer zone, passenger sitting area and quarantine area.
 - 2) Each area should be clearly labelled, and a curtain be used for the physical separation of each area (curtain should be disposed after each flight).
 - 3) The following division may be adjusted to take into account different aircraft types,

¹ <https://www.osha.gov/Publications/OSHA3990.pdf>



classes and operator's commercial decision provided that the main objective mentioned above is achieved:

- A) **Clean area:** An area designated for the exclusive use by crew members. No one wearing PPE is allowed to enter the clean area.
 - B) **Buffer zone:** A zone designated as a buffer zone available for use by crew members to wear and take off PPE, when required so.
 - C) **Passenger sitting area:** An area designated for the exclusive sitting of healthy passengers.
 - D) **Quarantine area:** An area designated, preferably the last rows, for the exclusive sitting of suspected or symptomatic person(s). A safe distance should be respected with other area and zone to avoid cross-infection.
 - E) **Lavatories:** the lavatory in the front is to be used exclusively by crew members. The lavatory on the rear right side of the cabin is for the exclusive use by those under quarantine.
- b) Operator shall seat passengers and cabin crew throughout the cabin to comply, as much as practical, with physical and safe distancing principle. Passengers should be seated with at least one empty seat between each other, alternatively when separation not possible use of face masks for the passenger is mandatory.
- c) Equipment/Devices required on-board the aircraft
- i) Appropriate thermometers and PPE
 - 1) Sufficient number of thermometers shall be on-board. When a thermometer is used for or manipulated by more than one person, then it shall be disinfected before its use. Temperature shall be measured using calibrated non-contact infrared body temperature detection equipment, unless means to protect the crew and maintain safe physical distance have been established.
 - 2) Aircraft shall be equipped with any PPE required (refer to section 1)4) above) in particular, one or more UPKs. Such kits may be used to protect crew members who are assisting potentially infectious cases of suspected COVID-19 and in cleaning up and correctly discarding any potentially infectious contents.

Note: The content of the UPK should be in accordance with the **Attachment B** of ICAO Annex 6 (ICAO, 2020):

- Dry powder that can convert small liquid spill into a sterile granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)



- Gloves (disposable)
 - Protective apron
 - Large absorbent towel
 - Pick-up scoop with scraper
 - Bio-hazard disposal waste bag
 - Instructions
- ii) Other equipment
- 1) First Aid equipment shall be replenished and serviceable at all time.
 - 2) Additional oxygen may be required to address the need of potential COVID-19 symptomatic person.
 - 3) Hand disinfectant solutions shall be readily available in the lavatories and at appropriate areas of the aircraft to be used by the crew and passengers.
- d) Aircraft routine cleaning and preventative disinfection
- 1) Aircraft physical security shall ensure that, after cleaning or disinfection, no foreign object or person other than those required for the intended flight can contaminate the aircraft.
 - 2) Cleaning and disinfection personnel shall only perform their duty if properly qualified or professionally trained.
 - 3) Cleaning methods shall be documented².
 - 4) Preventative disinfection methods shall be documented³.
 - 5) Wet process cleaning for aircraft shall be applied during a stopover to avoid the onward spread of infectious substances. If conditions are limited, lavatory and galleys shall be cleaned in priority.
 - 6) Preventative disinfection shall be done on a regular basis and shall be commensurate with the risk, at least:
 - A) Cabin disinfection after each return to base. If returning to base with person(s) other than crew, additional precaution measures shall be in place to avoid transmission to those persons and crew;
 - B) Cabin disinfection after carrying passengers with suspicious symptoms and before next flight. For the stop-over flight, their sitting areas shall be disinfected during the stop-over and not used for the return flight, and after return to base, a disinfection shall be conducted covering the whole cabin;

² Refer to Attachment 4

³ Refer to Attachment 4



- C) Cabin disinfection when the aircraft is contaminated with blood, respiratory secretions, vomit, excretions and other liquid contaminants. For the stop-over flight, surface contaminated shall be disinfected during the stop-over, and after return to base, a disinfection shall be conducted covering the whole cabin.
- D) Cargo hold disinfection when animal remains or suspicious contaminants of a contagious nature are found in the cargo hold. The contaminated area in which the animal remains or the contaminants were shall be disinfected and cleaned as the first step, followed by a thorough disinfection of the remaining areas of the cargo hold.

7) Aircraft Maintenance:

- a) The operator shall adapt / reassess its routine aircraft maintenance (i.e. before, during and after the maintenance activity takes place) to the context of COVID-19 to avoid transmission of the virus to maintenance staff.
- b) Wherever and whenever possible, number of staff required during the maintenance shall be limited to strict minimum. Maintenance instructions/practices shall consider physical distancing principles, as much as practical.
- c) Access to the area dedicated for maintenance shall be controlled and temperature measurement check points shall be established.
- d) The operator shall review its maintenance arrangement to ensure that its operations can be supported by maintenance organisations at the final destination.
- e) Maintenance staff, to reduce the risk of exposure, shall refrain from walking around the cabin and interacting with other person unless it is for the interest of their safety or flight safety.
- f) High Efficiency Particulate Air (HEPA) filter replacement:
 - i) During maintenance, aircraft auxiliary power unit (APU) or other means shall be used for ventilation, the use of bridge load air supply should be avoided, unless it is clear air. After arrival, doors of cabin and cargo hold shall be opened for ventilation before maintenance work is performed, and natural ventilation time should be extended. OEM (Aircraft and GSE) should be consulted to achieve clean air, when air cabin system is connect with external equipment.
 - ii) High Efficiency Particulate Air (HEPA) filters shall be replaced in accordance with standards specified in the manufacturer's manual, in strict compliance with the prevention and protection requirements of the Aircraft Maintenance Manual, and based on the personal prevention and protection program for aircraft maintenance personnel. Used HEPA shall be placed in a special plastic bag, disinfected with chlorine disinfectant and sealed. The frequency of HEPA replacement may be required to be increased based on the efficiency and reliability of the filter and the cabin contamination.
 - iii) After the task is completed, the maintenance staff shall disinfect their hands and remove their protective equipment in the specified order before disinfecting their hands again thoroughly.



- g) Other maintenance activities may require additional preventative measures before they can be performed such as vacuum waste tank where it is recommended to use a technique that exhausts the air outside the hangar or handling of bird strike. Personal hygiene (in particular hand) shall be considered before and each maintenance activity.

8) Aircraft Operation:

- a) The operator shall adapt / reassess its aircraft operations (i.e. before, during and after the flight takes place.) to the context of COVID-19 to avoid transmission of the virus to flight crew, cabin crew, and ground staff.
- b) Ground operations
- i) Access to the ramp and aircraft shall be controlled and temperature measurement check points shall be established.
 - ii) Wherever and whenever possible, number of staff required during the ground operations shall be limited to strict minimum.
 - iii) Ground staff, to reduce the risk of exposure, shall refrain from walking around the cabin and interacting with other person unless it is for the interest of their safety or flight safety.
 - iv) Aircraft auxiliary power unit (APU) should be used for ventilation, the use of bridge load air supply should be avoided, unless it is clean air. The same should apply to any GSE used for air ventilation of the aircraft. OEM (Aircraft and GSE) should be consulted to achieve clean air, when air cabin system is connect with external equipment.
 - v) After arrival, doors of cabin and cargo hold should be opened for ventilation before work is performed, and natural ventilation time should be extended.

9) Aircraft readiness for the intended flight:

- a) The aircraft shall be ready for the flight, including cleaning and disinfection (when required), prior to crew boarding and only crew required for the flight can enter the aircraft after cleaning and disinfection unless additional protective measures are in place (i.e. maintenance engineer wears protective equipment before he can enter).
- b) All lavatories shall be serviceable with water full from UAE.
- c) High Efficiency Particulate Air (HEPA) filters have demonstrated good performance with particles of the SARS-Cov-2 virus size (approximately 70-120 nm). The operator employing recirculation of cabin air, shall either install and employ HEPA filters, according to the manufacturer specifications, or to avoid the use of cabin air recirculation completely provided it is confirmed they do not contribute to any safety critical functions (e.g. avionics cooling, etc.). In this regard, the operator shall review procedures addressing utilization of recirculation fans in air conditioning system based on information provided by the aircraft manufacturer or, if not available, to seek advice from them. Furthermore, when HEPA filters are installed, recirculation fans shall not be stopped, but increased fresh air flow shall be promoted by selecting high PACK FLOW, whenever



possible. The operator shall confirm with the aircraft manufacturers the practice of selecting the configuration high PACK FLOW and follow their instructions for continuous use.

10) In-flight Service for Passengers:

- a) Only pre-packaged food and bottled drinking water shall be provided to passengers. Preferably, do not serve cold dishes or cold meat/fish. Passengers shall be remind on the need for hand hygiene before meals.
- b) The schedule of services, the number of services and the types of services shall be designed based on the category of the class and the flight duration, however it shall be kept to strict to minimum and avoid on-request service. For example, to avoid frequent interaction with passengers for water supply, the supply of a sufficient quantity of water for each passenger shall be provided, in the back pocket of the front seat before boarding.
- c) Services other than food and beverage shall not be allowed (e.g. inflight duty free).
- d) Passengers shall be reminded to use their exclusive lavatory and reduce their visit to the lavatory.
- e) Lavatory shall be cleaned once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands should be timely cleaned and disinfected. Frequency shall be adjust to the risk and passengers utilisation.
- f) The management of wastes and the collection of used masks shall be enhanced so that wastes could be cleaned in time and won't create any source of contamination to others.

11) On-board aircraft COVID-19 operational procedures:

- a) Passengers and crew, to reduce the risk of exposure, shall refrain from walking around the cabin and interacting/grouping with other persons unless it is for the interest of their safety or flight safety.
- b) Operators shall review the designation of tasks and cabin areas of responsibility to all cabin crew members in the context of COVID-19 in particular for those who are expected to be in direct contact with passengers. Depending on the aircraft configuration and crew composition, each cabin crew shall be directed to perform duties in only one, delimited, sector of the cabin in as much as possible. This will enable easier identification of individuals who might be at greater risk of contamination should an on-board infection be identified.
- c) According to the composition of the cabin crew, the Senior Cabin Crew shall receive instructions on how to handle the assistance of the quarantine area. Specific crew members shall be designated to provide necessary in-flight service for quarantine areas. This cabin crew shall be the one that already had contact with the suspected passenger. The designated crew member shall make use of the PPE equipment in the UPK. The designated crew shall minimize close contacts (within 2 meters) with other crew members and avoid other unnecessary contacts with other passengers.
- d) Crew shall reduce their entry/exit of the cockpit and use intercom system for communication



whenever they can to avoid close contact.

- e) They shall avoid two of them dining at the same time, do not have cold dishes or cold meat/fish, choose pre-packaged food to the greatest extent possible, and use rinse free hand sanitizer to clean and disinfect hands before meals. Also, they shall use an exclusive lavatory and reduce their visit to the lavatory.
- f) Cabin Crews in different cabin areas shall be managed separately and provide separate in-flight services. Cabin Crew shall be designated to provide basic service for flight crew members when needed.
- g) The flight crew working area, passenger sitting area and quarantine area on an aircraft shall be served by different Cabin Crews. In principle, Cabin Crews are not allowed to leave the area they serve and passengers are not allowed to move across different areas. In addition, Cabin Crews shall avoid close contact with passengers or other Cabin Crews.
- h) Crew shall wear appropriate PPE when determined necessary. Facial masks shall be worn by crew members having direct contact with the passengers, at all times and replaced regularly (at intervals not exceeding 4 hours). (Refer to Attachment 3)
- i) Lavatory for crew use shall be cleaned once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands should be timely cleaned and disinfected. Frequency shall be adjust to the risk and crew utilisation. Crew shall be reminded to use their exclusive lavatory and reduce their visit to the lavatory.

12) Procedure for Crew Members Deplaning after Operation:

- a) After landing, the aircraft shall be parked at a remote stand or as suggested so by the airport authorities. If not possible, bridge docking may be used provided that it is disinfected or measures to avoid cross-infection of the aircraft environment are in place (the use of bridge load air supply should be avoided, unless it is clean air). OEM (Aircraft and GSE) should be consulted to achieve clean air, when air cabin system is connect with external equipment.
- b) When deplaning, a special lane should be set aside for crew members, in order to avoid mixed flow with passengers. For example, passengers should disembark through the rear cabin door, while the crew should disembark through the front cabin door.
- c) After all passengers have deplaned, flight crew members shall open the cockpit door and have their protective equipment, if any, changed in the clean area before deplaning.
- d) After all flight crew have deplaned, the cabin crew should enter into the buffer zone one after another to take off their protective clothing and other equipment (if any), then enter into the clean area to wear new protective equipment (as required) before deplaning. Crew members should be picked up by special vehicle(s).
- e) Crew members should pay attention to hand cleaning and disinfection before and after changing their protective equipment.



- f) All the discarded protective equipment of crew members shall be placed in waste bags appropriate to the hazard they carry with additional precaution measures and be centrally disposed as wastes.

13) Handling of on-board Medical Emergency Event:

- a) In case of suspect case, timely report and response shall be made in case of ill passenger(s) found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and dry cough, and cooperation with (departure or destination) airport authorities shall be provided in the handover of the passenger(s).
- b) If any passenger is found with suspicious symptoms, the emergency shall be dealt with in accordance with the following procedures:
- i) Before contacting ill passengers or touching contaminated substances (such as vomit, excretions or blood) or contaminated objects or surfaces, crew members should wear personal protective equipment (PPE).
 - ii) The passengers with suspicious symptoms should be seated in the window seats on the right side of the pre-set emergency quarantine area, so as to discharge, to the greatest extent possible, the exhaled air directly out of the aircraft.
 - iii) It is recommended that a Cabin Crew be designated to provide them with essential on-board services. Except for the need to conduct operation for safety reasons, the Cabin Crew designated should refrain from close contact with other crew members.
 - iv) Where any passenger on board, after take-off, shows symptoms such as fever, persistent cough, difficulties breathing or other flu-like symptoms, and has an epidemiological context (such as having been in recent contact with confirmed positive cases), the following measures should be considered. The same measures shall be applied when a crew is also suspected:
 - 1) The respective passenger should be immediately provided with a face mask in order to limit the potential spread of contaminated droplets. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.
 - 2) The respective passenger should be isolated on board. Depending on the configuration of the aircraft, the actual occupancy and distribution of passengers, the position of the symptomatic case, and to the extent that is practicable.
 - 3) Define and delimit a quarantine area, leaving, if possible, 2 rows of seats cleared in each direction around the passenger. Consider, if feasible, the use of the last three rows on the right hand side as quarantine area.
 - 4) Taking into consideration all previous factors and the air circulation system of the aircraft, where possible, the suspected passenger should be seated in the last right window seat;
 - 5) In addition, where possible, the individual air supply nozzle for the symptomatic passenger should be turned off in order not to exacerbate the spread of droplets.



- 6) Where the suspected passenger is traveling accompanied, the companion should be also included in the area confined to the designated quarantine area even if he/she does not exhibit any symptoms.
- 7) The isolated passenger should be transferred in accordance with the instruction of the local public health authorities, after the flight has landed and other passengers have disembarked.
- 8) The operator should follow the basic principles to reduce the general risk of transmission of acute respiratory infections as presented in the WHO Operational considerations for managing COVID-19 cases or outbreak in aviation.
- 9) The operator should use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative.
- 10) The operator should report to the destination aerodrome that they have on board a passenger presenting symptoms suggestive of COVID-19 and follow the instructions received.
- 11) The operator should ask the passengers to fill in the passenger locator card (PLC) forms, where instructed to do so by the Public Health Authorities at the arrival airport, in order to collect information regarding the passengers' position in the aircraft as well as other information regarding their immediate travel plans and contact details.
- 12) The information is intended to be held by Public Health Authorities in accordance with applicable law and is to be used only for authorised public health purposes.
- 13) The crew member designated to provide on board services for the symptomatic passenger and other crew members which may have been in direct contact with the suspected passenger should be provided transportation to facilities where they can clean and disinfect before being in contact with other people. Alternatively, as a last resort, after carefully disposing of the used PPE and washing and disinfecting their hands, the respective cabin crew members might be isolated on board, in a quarantine area, to return to base or a layover destination.
- 14) After report to the Local Health Authorities and UAE Health Authorities, all crew, regardless, shall comply with instructions received as far as self-isolation or quarantines and not schedule for subsequent duty.
- 15) Refer to Attachment 5 on First Aid Adaptation to attend any other emergency in the context of COVID-19.

14) Management of crew members performing medical flight:

- a) They should avoid unnecessary contact with the medical patient or person who is not a crew.
- b) In case of having information from the medical crew that the person is a suspected COVID-19



patient, should wear a face mask, gloves and protective clothing when they are in the proximity of the medical passenger.

- c) Where after a flight where no preventive measures have been taken, the information that the person or another flight or medical crew member was tested positive for SARS-CoV-2, the crew members which were performing their duties in the same aircraft compartment with the confirmed positive case should be placed in quarantine for 14 days.
- d) This should apply for the flights taking place within 5 days before the collection of the test sample for asymptomatic persons or within 3 days prior to the onset of symptoms for the symptomatic passengers. For flight taking place outside this interval the risk of the passenger being contagious during the flight is considered low.
- e) Operator should adapt their procedures to the specificities of the medical or special flight in consultation with the UAE Health Authority and/or their medical crew members.

15) Management of a suspected positive case within its staff or handled passengers:

- a) The Operator shall manage a suspected case (i.e. a crew or passenger arriving to the UAE) as per WHO guidance "Management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19". Same technique may apply to a suspected case while departing the UAE.
- b) The Operator shall report to the UAE health Authorities, Local Health Authority (for outstations) and to the GCAA any suspected case (including its own staff or his/her family). This includes cases reported to the operator by a foreign State (such as a crew suspected positive at an outstation).
- c) The operator shall facilitate contact tracing, conducted by Health Authorities, within the family and professional network of the suspected person (e.g. ground staff at a UAE or foreign airport, crew, passenger). If not practical, then an alternative could be a broad notification to those persons and State's health authorities.
- d) The Operator should ensure that staff who have known exposure to persons with COVID-19 are assessed and managed on a case-by-case basis and in compliance with Local or UAE Health Authorities.

16) Management of the Quarantine of Flight Crew, Cabin Crew and other ground staff:

- a) Operator shall supervise staff while placed under medical observation or self-quarantine by Health Authorities.
- b) The Operator shall adhere to the following guideline:
 - i) National Health Guidelines shall prevail over this Guideline.
 - ii) Flight Crew, Cabin crew and any other staff are carried out for each flight shall comply with condition stated in **Safety Decision 2020-01**.
 - iii) If any staff shows such symptoms as fever, fatigue and dry cough during off-duty hours, and



- has a history of epidemiology (such as a history of living, traveling and having contacts with locals in high-risk countries/regions), he/she should be dealt with in accordance with the requirements in the COVID-19 National Health Guidelines for Prevention and Control Program. Staff who performed duty on the same flight or had close contact with him/her that day or within the 2 days preceding the appearance of the above symptoms should be instantly removed from rosters and reported to UAE Health Authorities for further instructions.
- iv) If any staff shows such symptoms as fever, fatigue and dry cough during the duty hours, he/she should cease performing his/her duties immediately as long as flight safety is not compromised. It is recommended to put him/her under quarantine in the cabin quarantine area or isolate him/her to avoid close contact with other crew members or persons. A special vehicle should be sent, carrying him/her to a designated medical facility for examination. Other persons who came close to the staff should be processed as required by Local Health Authorities.
 - v) Where any passenger on-board shows such symptoms as fever, fatigue and dry cough, the cabin crew should be treated as instructed by Local or UAE Health Authorities after the flight has landed. All crew need to monitor their health conditions and report promptly any abnormalities that may crop up.
 - vi) Where an operator has been informed by local disease control or quarantine department that a flight operated by the operator did carry confirmed, suspected or asymptomatic case(s), the crew involved should be isolated and reported to UAE Health Authorities for further instructions.
- e) Quarantine period should be as per National Health Guideline. During Quarantine, the Operator should ensure the following:
- i) operator, through health clinic, also checks in with staff periodically to make sure they are well (medically, physically and psychologically).
 - ii) Staff have access to thermometers and masks.
 - iii) Staff under medical observation reports their body temperatures and health conditions to the operator every morning and evening.
 - iv) Staff under centralized or house quarantine stay in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together.
 - v) Staff under observation do not go out during the observation period. If they have to go out, they should report to the operator, wear a surgical mask and avoid crowded places.
 - vi) The operator should keep a record of the health conditions of the staff under medical observation, as well as the number of times they went out.
 - vii) Once a staff under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat,



headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhoea and abdominal pain), the operator should report to the local public health department immediately for further instructions and the staff should not work subsequent duty period until the staff has been cleared by local health officials.

- viii) After the medical observation period, the staff under observation may return to duty if showing no signs of symptoms.

17) Management of flight crew and cabin crew at out stations during layovers:

- a) Operators shall develop a clear and detailed procedures in the event a crewmember becomes symptomatic while being on a layover. Operator should provide information to crewmembers regarding medical facilities in the vicinity of cities in which crewmembers remain overnight.
- b) While flying abroad on duty, crew members shall be supervised by the Pilot-in-Command (PIC) or Senior Cabin Crew (SCC).
- c) The SCC shall keep a daily record of the body temperature of the crew, keep a close watch on their health status, and timely report any abnormalities that may arise.
- d) While staying abroad, crew members shall avoid gathering for meals and be encouraged to dine separately.
- e) While staying abroad, crew members shall have themselves well protected except when being indoors alone.
- f) They shall avoid going to places with poor ventilation for physical exercise. Also, they should wear masks (when possible) while taking elevators (no direct contact with buttons) or having contact with other with commonly used surfaces, and keep a safe distance with other whenever possible.
- g) Their hotels shall be selected following criteria that ensure that the hotel has taken dispositions to reduce the transmission and they should be located in area less exposed to the COVID-19 risk. Hotels should be close to the airport and operators should agree with the hotel that the rooms to be used by crew members are to be disinfected prior to being used and wipes and hand sanitiser products provided.
- h) Their rooms should be ventilated frequently and the use of central air conditioning system should be avoided to the extent possible. Attention should be paid to maintaining clean and hygiene by removing garbage on a daily basis and leaving no kitchen waste indoors, so as to avoid potential indoor air pollution and the spread of pathogenic microorganisms.
- i) After checking in, crew members should first of all disinfect the frequently touched surfaces (such as door handles, power switches and seat armrests).
- j) Information on epidemic development should be provided to crew members of the changes in local epidemic development in a timely manner. Also, they should provide crew members with a sufficient amount of protective equipment covering a full variety.



- k) Crew should also have thermometer and at least a 60% alcohol-based hand sanitizer as appropriate to the situation.
- l) Operators shall facilitate in-room dining for the crew members in their hotel accommodation
- m) In agreement with the airport and local authorities the transport to and from the crew hotel accommodation will not involve transiting the public areas of the airport terminal. They should be transported as a group between the airport and the hotel on-board private ground transport that has been sanitized in advance with a minimum separation of one seat between crew members.
- n) Crew should be instructed to:
 - i) Minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.
 - ii) Stay in their hotel room to the extent possible, crew members should not be allowed to exit their rooms except for emergency reasons.
 - iii) Eat in their hotel room with room service.
 - iv) Avoid public transport and use only transportation offered by the operator.
 - v) Avoid going out or not receive external visitors.
 - vi) Avoid contact with other people.
 - vii) Wash their hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer. Use soap and water when your hands are visibly soiled.
 - viii) Avoid touching their face.
 - ix) Be informed on how to contact public health authorities in locations where crew remain overnight.

18) Flight Crew / Cabin Crew (hereafter “crew”) and other frontline staff additional training and Awareness Sessions:

- a) In addition to below training/awareness session, the Operator shall determine what training and awareness sessions is deemed necessary for staff to perform their duties safely.
- b) Training shall be delivered by appropriately qualified training providers.
- c) Psychological training
 - i) For staff (including flight crew and cabin crew – hereafter “staff”) with overreacted emotions or resistance behaviour during work to contain the epidemic, they should be viewed from a humanistic perspective with enough understanding and comfort, through the establishment of a Psychological Health Service System for Employees
 - ii) A working team on psychological care should be set up, which works with the three social support systems of information, material and emotion to ease the psychological stress of



- frontline staff.
- iii) Psychological health assessment should be carried out for front-line staff, with the focus on confirmed patients, close contacts (including those with fever) and those involved in epidemic handling and rescue, while others affected by epidemic prevention and control measures are considered normal group. In the meantime, operators need to work with local and industrial service resources on psychological health to provide self-service epidemic-related psychological stress tests and professional mental health assistance channels for the use by employees, and encourage those with abnormal emotions to seek professional help.
 - iv) Such assessment generally starts with allowing the staff to (1) have a good understanding of his/he own emotional experience, (2) acquire the epidemic information with a proper attitude, (3) obtain Friendly and mutual social support, and (4) Maintain a stable and healthy lifestyle
 - v) Science-based duty shift, on-duty and quarantine arrangement should be made for staff, and to timely learn and help solve their life difficulties, and ensure good logistic support.
- d) COVID-19 specific awareness
- i) All staff shall receive a COVID-19 awareness training. The following training may be used <https://learn.mbru.ac.ae/courses/covid19>.
 - ii) The staff can use alcohol-based disinfection wipes or non-alcohol rinse free hand sanitizer to clean and disinfect hands.
 - iii) When staff are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands.
 - iv) When sneezing or coughing, one should try to lower the head or turn away from passengers and staff nearby, and cover the mouth and nose with tissue or flexed elbow.
 - v) After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.
 - vi) Operators should inform their staff that the preferred and most efficient preventive measure in order to limit the potential transmission of SARS-CoV-2 from contaminated surfaces is thorough and frequent hand washing, at least after each interaction with another person.
 - vii) Operators, irrespective of the area of aircraft operation, should advise their crew members to avoid the use of their own disinfectants in the aircraft environment. Disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions with the residues of the chemicals used for general aircraft disinfection which can have negative effects (corrosive) on the aircraft or for the health of the passengers and crew (fumes). In this context and in order to discourage the crew members from making use of their own disinfectants, aircraft operators should, to the practicable extent, provide appropriate and sufficient disinfectants (e.g. disinfectant-wipes) for all crew members, and establish appropriate procedures/guidance on their use, making sure that all possible touch



points and transmission-capable surfaces are appropriately treated. This should occur before flight crew compartment and cabin preparation, with emphasis on ensuring all aircraft systems are correctly set before use.

- e) Infection control training: Staff shall also, as appropriate to their roles, be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- f) PPE specific training: Front-line staff in civil aviation shall be trained to correctly wear masks, hats, gloves, goggles and other protective equipment, and properly sanitize hands:
 - i) Refer to Attachment 3 for type of PPE
 - ii) PPE wearing/taking-off procedure
 - 1) Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of gloves.
 - 2) Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off protective clothing (including taking off the second layer of gloves and shoes cover) - clean and disinfect hands - take off facial mask - clean and disinfect hands - take off hat - take off the first layer of gloves - clean and disinfect hands.
 - iii) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the staff must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.
 - iv) All disposable protective equipment, after their use, shall be placed in waste bags appropriate to the hazard they carry with additional precaution measures. After the flight, they shall be sprayed or sprinkled till fully soaked with chlorine-containing disinfectant (500mg/L-1000mg/L) before cleaning, and packed in a tightly knotted plastic bag for centralized disposal as wastes.
 - v) Reusable goggles should be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.
 - vi) Operator should provide information to staff regarding the management of a case with acute respiratory infection on board an aircraft and the area of operations. Information and materials should be as recommended by the local authorities for their inhabitants.
- g) Staff handling Passengers
 - i) Most of COVID-19 signs and/or symptoms may not be obvious at the counter. However, when



in doubt regarding the health of a passenger, refer to the operator's procedures.

- 1) Supervisor should be called.
- 2) If the supervisor agrees with the staff's concerns, then medical support is available (own medical department or outside designated physician or group) should be contacted immediately.
- 3) If the supervisor agrees with the staff's concerns but medical support is not immediately available, boarding should be denied and the traveller should be asked to obtain medical clearance in accordance with operator's policy. For some countries, the operator's Customer Complaint Resolution Official (CCRO) may be required to be involved.
- 4) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, request should be made to the passenger to wear and keep ON the face mask. If masks are available but the sick passenger cannot tolerate a mask and the operator should ensure that their passenger agents have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

19) Coordination with external stakeholders:

- a) Coordination is required with the public health authorities for providing support in passenger tracing and epidemiological investigation in the event of flights where the COVID-19 has been confirmed.
- b) Additionally, operators are encouraged to be proactive and establish contact with public health authorities (at final and departure destination) prior to encountering a suspected case.



Section 2 - Airport Operator's responsibilities

1) Airport Operator must adapt its system to ensure that:

- a) Passengers are managed as per Section 3.
- b) Staff and other frontline staff are trained and managed as per Section 4, to minimise the risk of contamination of the Staff outside their duty, before, during and after their duty.
- c) Their operations comply with any other provisions required Section 2 and Section 4.

2) Management of Flight restrictions:

- a) The operator shall comply with the latest issue of the **Safety Decision 2020-01**.

3) Staff COVID-19 testing programme:

- a) Operator should establish a COVID-19 testing programme to detect infected staff.
- b) Any suspected or COVID-19 symptomatic staff shall be PCR tested.
- c) All tests shall be recognised by the UAE Health Authority.

4) Staff scheduling and protection:

a) Scheduling

- i) Operator shall establish a mechanism to confirm staff's fitness to perform their duty;
- ii) Operator should preferably select the staff required for duty based on a risk assessment involving medical judgment with due consideration of the dominant COVID-19 mortality criteria:
 - 1) Age above 60
 - 2) Pre-existing medical condition (Diabetes, Hypertension, heart disease, Cancer, high BMI)
 - 3) Immune modulators Medicine
 - 4) Asthma
 - 5) People who are on certain medications such as SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI) OR TRICYCLIC ANTIDEPRESSANT (TCA)

b) Protection

- i) Operator shall determine, based on risk assessment (refer to Attachment 3), type and number of PPE to be worn by staff while exercising their roles. The PPE should be commensurate to the public health risk the staff is exposed while interacting with others (in particular passengers). PPE shall not be mandated when flight safety or human performance may be compromised. When face masks are required, their quality shall meet at least surgical



standards and they shall be in sufficient number to ensure that they can be regularly replaced during flight.

- ii) Protective Physical Barriers shall be installed at counter where passengers are handled and access behind the counter shall be controlled and restricted.
- iii) Operator shall have means to address any report received from their staff when any work method/procedure is found incompatible with COVID-19 preventative measures and can facilitate the transmission of the virus. Similarly, they shall address any report related to any COVID-19 preventative measures put in place that could compromise flight safety or flight security.

5) Facilitation for the staff and airport users:

- a) Operator shall establish means to minimise to the greatest extent possible importation / local transmission of the virus to their staff and aircraft operators' crew before, during, and after their duty. Establishing a "staff clean" journey similar to the one created in this Guideline for passenger should be recommended (refer to **Attachment 1**) - The journey should help the operator to understand the different gate/interface the staff will have to go through and mitigate the potential source of infection to staff.
- b) Operator should maintain workplace environment in accordance with recognised standards⁴. Particular attention should be made on confined environment.
- c) Staff transportation means shall ensure reasonable and safe physical distance between each person on-board, including at outstations. Particular attention should be made on the driver who generally conducts several transportation duties in a day.
- d) Operator should provide information to staff regarding the management of a case with acute respiratory infection on board an aircraft and the area of operations.

6) Management of the staff while at residence or company accommodation:

- a) Operator shall develop clear and detailed procedures in the event staff become symptomatic while at staff residence or company accommodation, including instruction for initiating the quarantine and/or medical observation processes.
- b) Operator should supervise staff self-monitoring of their health condition while at staff residence or company accommodation.

⁴ <https://www.osha.gov/Publications/OSHA3990.pdf>



7) Airport Infrastructures and assets COVID-19 management:

- a) Body Temperature Screening and hygiene product
 - i) Calibrated non-contact thermometers shall be equipped in proper and sufficient places of terminals, along the passenger “journey”.
 - ii) All arriving and departing passengers (including transiting) and crew (including layover) shall have their body temperatures taken, and quarantine areas for feverish passengers shall be set up.
 - iii) Airport infrastructures shall be provided with necessary hand sanitizers and disinfection products.
- b) Airport Ventilation
 - i) The control of air-conditioning systems and natural ventilation in public places such as terminals shall be enhanced. Practical measures can be taken according to the structure and layout of terminals as well as local climate to improve air circulation.
 - ii) With moderate temperature, doors and windows can be opened; however, where air-conditioning systems are used, full fresh air operation mode can be started as appropriate, and exhaust system shall be turned on to keep the air clean.
- c) Check-in area
 - i) At check-in area, an area away from other person’s movement shall be defined to isolate any COVID-19 suspected person.
- d) Passengers seating areas
 - i) Within the airport facilities, passengers shall be seated with at least one empty seat separation.
- e) Wastes Disposal
 - i) The management of wastes sorting and the collection of used masks shall be enhanced so that wastes could be cleaned in time.
 - ii) The cleaning of wastes containers such as trash cans shall be strengthened, and disinfection of trash cans shall be performed after garbage collection, either by spraying or wiping with 250mg/L to 500mg/L chlorine based disinfectant.
 - iii) When potentially contaminated wastes are found, related local departments shall be promptly contacted, and the wastes shall be disposed as instructed. Please refer to the Dubai Healthcare City Authority (DHCR) HSE Waste Policy, Procedure & Guideline. (file:///C:/Users/mohdabbas/Downloads/DHCR%20Waste%20Guideline.pdf) and the Centers for Disease Control and Prevention. (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html>).



f) Hygiene Requirements for Ferry Buses

- i) If conditions permit, ferry buses shall operate at a low speed with windows open to maintain natural ventilation.
- ii) By increasing the frequency of ferry buses, it can be ensured to the greatest extent possible that passengers could stand with at least one meter between each other and avoid crowding.
- iii) Preventative disinfection needs to be performed after the daily operation, during which frequently touched surfaces such as hanging straps, handrails and seats should be wiped particularly with disinfectant. Tires do not need to be disinfected. If the ferry bus has carried passengers with suspicious symptoms, it should be subject to terminal disinfection by professionals.
- iv) Ferry buses shall be disinfected as per the airport procedures. Please refer to “Management of Covid-19 Guidelines for Public Transport Operators”, (https://www.uitp.org/sites/default/files/cck-focus-papers-files/Corona%20Virus_EN.pdf).
- v) The same requirement should be applied to any other means of transportation used in the terminal and in the airfield.

g) Handling Emergency

- i) Once feverish passengers are found, they should be required to wear facial masks, register personal information and their means of contact immediately.
- ii) Medical departments of airports should be notified in a prompt manner for quarantine, isolation or any other instructions. Local health departments should also be informed, and supports should be given to them to take over the concerned passengers.
- iii) Flights carrying passengers with suspicious symptoms should be, as much as practicable, parked in remote stands, and special and separated passages for passengers on-board should be set up.
- iv) Refer to Attachment 5 on First Aid Adaptation to attend any other emergency in the context of COVID-19.

h) Hygiene Requirements for Immigration and Security Inspection Areas

- i) The control of air-conditioning systems and natural ventilation in these areas should be enhanced to keep the air clean, and civil aviation security inspection aisles should be equipped with relevant facilities to enhance ventilation.
- ii) After the daily operation, areas and facilities such as security/immigration inspection sites and waste bins should be wet-cleaned, and all-round disinfection needs to be performed to keep the environment clean.
- iii) Key areas (document verification counters, baggage packing areas, baggage plates, hand-held metal detectors) and security/immigration screening facilities should be disinfected. On the basis of low-risk level, the frequency of disinfection shall be increased for high-risk level



airports.

- iv) Hand sanitizers should be provided in screening aisles at the beginning and end of the inspections, and any person processed through should be required to hand sanitized before the inspection could start.
 - v) More security/immigration inspection desks should be opened when queuing may comprise the principle of “physical distancing” in each queue.
- i) Disinfection of Airport Public Areas (lifts, escalators, lavatories, etc...)
- i) Disinfection of airport public areas should follow the Guidelines for Prevention of Novel Coronavirus Infection in Public Places, Guidance to Disinfection Techniques in Public Places, and Guidance for the Use of Disinfectants. Airport should perform preventative cleaning and disinfection on a daily basis, and increase the frequency of disinfection as appropriate in key crowded areas. Any area used by a suspected case shall be disinfected immediately.
 - ii) Daily Preventative Cleaning and Disinfection
 - 1) Preventative cleaning and disinfection of airport public areas should be conducted.
 - 2) Air disinfection: use natural ventilation where conditions allow; air conditioning ventilation should be enhanced, and exhaust fans should be cleaned and disinfected once a month. 250mg/L to 500mg/L chlorine disinfectant or 250mg/L chlorine dioxide spray could be applied for reaction for no less than 30 minutes, and 2% hydrogen peroxide with 10ml/m³ ultra-low volume spray could be used in key areas for 60 minutes. Ventilation is needed when disinfection is completed.
 - 3) Surface disinfection: crowded places and high-touch surfaces (such as self-check-in or check-in counters, document verification counters, buttons in elevators, and handrails) should be the focuses. 250mg/L to 500mg/L chlorine based disinfectant or 250mg/L chlorine dioxide spray could be used together when wiping.
 - iii) Terminal Disinfection
 - 1) When suspected or confirmed cases, or passengers with suspicious symptoms are found in airports, terminal disinfection should be performed by professionals. The procedures of terminal disinfection shall follow the Appendix A of the General Principle on Disinfection for Infectious Focus (GB19193-2015). On-site disinfection personnel should ensure their personal protection when preparing and using chemical disinfectants. It is recommended to choose one of the following methods:
 - 2) Hydrogen peroxide gas sterilization devices can be used for integrated disinfection of the air, the environment and surface of objects. The specific operation can be performed according to the equipment instruction manual.
 - 3) 0.5% peroxyacetic acid, 3% hydrogen peroxide, or 500mg/L chlorine dioxide can be adopted for air disinfection, by way of aerosol spray, with 10-20ml/m³. Windows should be closed before disinfection, and the surface and the space shall be evenly sprayed,



starting from up-down, and then from left to right. Windows can be opened for ventilation after 60 minutes of reaction. After spray disinfection, the surface of objects may be wiped (swept) in the way of daily disinfection.

- 4) For key passenger areas, 1000mg/L to 2000mg/L chlorine based disinfectant can be applied by spraying or wiping for reaction of more than 30 minutes. If there are obvious contaminated objects, 10000mg/L chlorine based disinfectant shall be applied for more 30 minutes.
- j) Disinfection of bridge and other GSE connect to air cabin
 - i) before use, they shall be cleaned and disinfected and their air ventilation system clean.
 - ii) The same shall apply to any GSE on the ground.

8) Handling Procedures of Arriving Passengers:

- a) Dedicated parking apron shall be set up for flights coming from impacted countries, and remote stands should be used as far as possible.
- b) Any transferring passengers with normal body temperature from countries impacted by the disease should be handled in accordance with the following procedures:
 - i) The airport should coordinate with local customs to set up a special waiting area, and provide passengers with basic daily necessities such as food. After the passengers' departure, preventative disinfection shall be performed in the quarantine waiting area.
 - ii) Accompanying airport staff should wear surgical masks or masks of higher standards, disposable rubber gloves, goggles or face screens.
 - iii) The airport should take such measures as simplifying boarding formalities, non-contact boarding, setting up special passages, and assigning designated person to monitor the passengers, in a bid to prevent cross-infection at the airport, and shall promptly provide the airlines flying the domestic segment and destination airport with information on the passengers, enabling them to make preparations for the proper handling of the incoming passengers.
 - iv) If Ramp Buses are required, assess the situation before-hand:
 - 1) Provide and identify a limited number of buses for that service
 - 2) Use the same buses for the whole disembarkation service and disinfect once the process is finalized
 - 3) Limit the number of passengers in the bus
 - 4) Define a communication protocol between the ground personnel and cockpit crew to avoid direct contact e.g., the Ramp Agent communicates with Cockpit through headsets to advise:
 - 5) The stair/s at door have been securely placed



- 6) The Ramp Agent will confirm the stair is secured and safe for disembarkation
- 7) They will agree on number of passengers to disembark at the given time
- 8) A hand signal shall be provided by both the cabin crew and ground crew once the agreed limits are reached to maintain the “physical distancing”:
- 9) Once the process is agreed the buses and boarding devices shall be disinfected prior use for the next process

9) Handling Procedures of Departing Passengers:

- a) No additional procedure should be foreseen provided there is no passenger having COVID-19 symptoms or be Novel Coronavirus positive.

10) Handling Procedures of Cargo:

- a) Personnel shall not handle packages visibly dirty from blood or body fluids.
- b) Personnel shall be instructed to wash hands often to prevent other infectious diseases.
- c) When disinfecting supplies or pallets, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended.

11) Ramp Handling:

- a) Similarly, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended for handling of GSE equipment, the handling of water and toilet waste.

12) Catering Handling:

- a) No change is foreseen to these procedures.
- b) Simple handwashing techniques and avoidance of touching the face, as all the public are being advised, are the key to prevention.
- c) However, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended.

13) Management of a suspected positive case within its staff or handled passengers:

- a) The Operator shall manage a suspected case (i.e. a crew or passenger arriving to the UAE) as per WHO guidance “Management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19”. Same technique may apply to a suspected case while departing the UAE.
- b) The Operator shall report to the UAE health Authorities, Local Health Authority and to the GCAA any suspected case (including its own staff or his/her family).
- c) The operator shall facilitate contact tracing, conducted by Health Authorities, within the family and professional network of the suspected person (e.g. ground staff at a UAE or foreign airport,



crew, passenger). If not practical, then an alternative could be broad notification to those persons and State's health authorities.

- d) The Operator should ensure that staff who have known exposure to persons with COVID-19 are assessed and managed on a case-by-case basis and in compliance with Local or UAE Health Authorities.

14) Management of the Quarantine of Staff:

- a) The Operator should recommend to other service providers (immigration, maintenance organisation, security, cleaning companies, handling, catering etc...) working in the airport to apply similar Quarantine procedure.
- b) Operator shall supervise staff while placed under medical observation or self-quarantine by Health Authorities.
- c) The Operator shall adhere to the following guideline:
 - i) National Health Guidelines shall prevail over this Guideline.
 - ii) The Operator shall facilitate compliance of aircraft operator with conditions stated in **Safety Decision 2020-01**.
 - iii) If any staff shows such symptoms as fever, fatigue and dry cough during off-duty hours, and has a history of epidemiology (such as a history of living, traveling and having contacts with locals in high-risk countries/regions), he/she should be dealt with in accordance with the requirements in the COVID-19 National Health Guidelines for Prevention and Control Program. Staff who performed duty on the same flight or had close contact with him/her that day or within the 2 days preceding the appearance of the above symptoms should be instantly removed from rosters and reported to UAE Health Authorities for further instructions.
 - iv) If any staff shows such symptoms as fever, fatigue and dry cough during the duty hours, he/she should cease performing his/her duties immediately as long as flight safety is not compromised. It is recommended to put him/her under quarantine in the cabin quarantine area or isolate him/her to avoid close contact with other crew members or persons. A special vehicle should be sent, carrying him/her to a designated medical facility for examination. Other persons who came close to the staff should be processed as required by Local Health Authorities.
- d) Quarantine period should be as per National Health Guideline. During Quarantine, the Operator should ensure the following:
 - i) operator also checks in with crew periodically to make sure they are well (medically, physically and psychologically).
 - ii) Staff have access to thermometers and masks.
 - iii) Staff under medical observation reports their body temperatures and health conditions to the operator every morning and evening.



- iv) Staff under centralized or house quarantine stays in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together.
- v) Crew under observation do not go out during the observation period. If they have to go out, they should report to the relevant department of the operator, wear a surgical mask and avoid crowded places.
- vi) The operator should keep a record of the health conditions of the crew under medical observation, as well as the number of times they went out.
- vii) Once a staff under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhea and abdominal pain), the operator should report to the local public health department immediately and send the crew to the designated medical care facility for diagnosis and treatment and do not work subsequent duty period until they have been cleared by occupational health and local health officials.
- viii) After the medical observation period, the staff under observation may return to duty if showing no signs of symptoms.

15) Staff Additional Training and Awareness Sessions:

- a) The Operator should recommend to other service providers (immigration, maintenance organisation, security, cleaning companies, handling, catering etc.) working in the airport to apply similar Quarantine procedure.
- b) In addition to below training/awareness session, the Operator shall determine what training and awareness sessions is deemed necessary for staff to perform their duties safely.
- c) Training shall be delivered by appropriately qualified training providers.
- d) Psychological training
 - i) For staff (including flight crew and cabin crew – hereafter “staff”) with overreacted emotions or resistance behaviour during work to contain the epidemic, they should be viewed from a humanistic perspective with enough understanding and comfort, through the establishment of a Psychological Health Service System for Employees
 - ii) A working team on psychological care should be set up, which works with the three social support systems of information, material and emotion to ease the psychological stress of frontline staff.
 - iii) Psychological health assessment should be carried out for front-line staff, with the focus on confirmed patients, close contacts (including those with fever) and those involved in epidemic handling and rescue, while others affected by epidemic prevention and control measures are considered normal group. In the meantime, operators need to work with local and industrial



- service resources on psychological health to provide self-service epidemic-related psychological stress tests and professional mental health assistance channels for the use by employees, and encourage those with abnormal emotions to seek professional help.
- iv) Such assessment generally starts with allowing the staff to (1) have a good understanding of his/he own emotional experience, (2) acquire the epidemic information with a proper attitude, (3) obtain Friendly and mutual social support, and (4) Maintain a stable and healthy lifestyle
 - v) Science-based duty shift, on-duty and quarantine arrangement should be made for staff, and to timely learn and help solve their life difficulties, and ensure good logistic support.
- e) COVID-19 specific awareness
- i) All staff shall receive a COVID-19 awareness training. The following training may be used <https://learn.mbru.ac.ae/courses/covid19>.
 - ii) The staff can use alcohol-based disinfection wipes or non-alcohol rinse free hand sanitizer to clean and disinfect hands.
 - iii) When staff are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands.
 - iv) When sneezing or coughing, one should try to lower the head or turn away from passengers and staff nearby, and cover the mouth and nose with tissue or flexed elbow.
 - v) After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.
 - vi) Operators should inform their staff that the preferred and most efficient preventive measure in order to limit the potential transmission of SARS-CoV-2 from contaminated surfaces is thorough and frequent hand washing, at least after each interaction with another person.
- f) Infection Control Training: Staff shall also, as appropriate to their roles, be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- g) PPE specific training: front-line staff in civil aviation shall be trained to correctly wear masks, hats, gloves, goggles and other protective equipment, and properly sanitize hands:
- i) Refer to Attachment 3 for type of PPE
 - ii) PPE wearing/taking-off procedure
 - 1) Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of gloves.
 - 2) Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off



protective clothing (including taking off the second layer of gloves and shoes cover) - clean and disinfect hands - take off facial mask - clean and disinfect hands - take off hat - take off the first layer of gloves - clean and disinfect hands.

- iii) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the staff must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.
 - iv) All disposable protective equipment, after their use, shall be placed in waste bags appropriate to the hazard they carry with additional precaution measures. After the flight, they shall be sprayed or sprinkled till fully soaked with chlorine-containing disinfectant (500mg/L-1000mg/L) before cleaning, and packed in a tightly knotted plastic bag for centralized disposal as wastes.
 - v) Reusable goggles should be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.
- h) Staff handling Passengers
- i) Most of COVID-19 signs and/or symptoms may not be obvious at the counter. However, when in doubt regarding the health of a passenger, refer to the operator's procedures.
 - 1) Supervisor should be called.
 - 2) If the supervisor agrees with the staff's concerns, then medical support is available (own medical department or outside designated physician or group) should be contacted immediately.
 - 3) If the supervisor agrees with the staff's concerns but medical support is not immediately available, boarding should be denied and the traveller should be asked to obtain medical clearance in accordance with operator's policy. For some countries, the operator's Customer Complaint Resolution Official (CCRO) may be required to be involved.
 - 4) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, request should be made to the passenger to wear and keep ON the face mask. If masks are available but the sick passenger cannot tolerate a mask and the operator should ensure that their passenger agents have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

16) Coordination with external stakeholders:

- a) Coordination is required with the public health authorities for providing support in passenger



tracing and epidemiological investigation in the event of flights where the COVID-19 has been confirmed.

- b) Additionally, operators are encouraged to be proactive and establish contact with public health authorities prior to encountering a suspected case.



Section 3 - Handling of Passengers

1) General:

- a) The handling of passengers is not under the sole responsibilities of the aircraft operators. Airport operators have their roles and responsibilities too. Therefore, appropriate service level agreement shall be designed to describe everyone's roles, responsibilities and authorities.
- b) Effective coordination between all stakeholders in the "passenger journey" should:
 - i) ensure consistent information is passed to passengers and personnel;
 - ii) avoid passengers are kept on board of an aircraft without proper ventilation for longer than 30 minutes;
 - iii) ensure social distancing is practiced at all times, especially during the check-in, security check, pre-boarding, boarding and disembarkation procedures, as well as passport control, baggage claims, airline desk, information desks, where applicable;
 - iv) the availability of gloves, masks, and hand sanitiser in the airport public areas;
 - v) ensure any non-essential facilities or shops or service are closed (e.g. duty free, shops, lounges), if required to remain open then it should be with acceptable mitigation means (e.g. only pre-prepared food/drink items should be served); and
 - vi) ensure passenger clean corridors are established to prevent passengers to unnecessarily room around.
 - vii) Ensure coordination with health authorities for any public health precaution and measures in place at departure or destination airport.
- c) Should a passenger have an illness prior to considering air travel, he/she should be referred to the airport clinic for further evaluation.

2) Flights departing from UAE:

- a) General considerations for passengers
 - i) Well in advance (prior to arriving at the airport), passengers shall be notified to:
 - 1) have their own travel hygiene pack that contains hand sanitiser, gloves, and masks before boarding (in sufficient for the duration of their travel). Passengers shall be offered to purchase it at the airport and on-board.
 - 2) fill a Declaration Form (attachment 2);
 - 3) that they will be subjected to medical screening at the airport, including body temperature measurement;
 - 4) they should arrive at the airport asymptomatic.
 - 5) wear gloves and mask throughout their travel.



- 6) have their attending physician complete the International Air Transport Association Medical Information Form (“MEDIF”, or the equivalent form in use by the airline) or discuss the situation with the airline ticketing/reservations staff who will forward the enquiry to appropriate medical staff (applicable to passengers who have medical conditions that may affect their fitness for travelling).
- ii) Passenger information at airport and in-flight
 - 1) Passengers should have access to consistent information about screening measures that may be in place at the airport.
 - 2) When in the airport, information can be given by signage, stands, posters or electronic displays, and by public address. A sample text is:

“This airport has COVID -19 screening in place. Passengers that may be suffering from Corona virus infection will not be permitted to board any flight. The main symptoms of Corona virus infection are: fever, cough, runny nose, sore throat, abdominal pain, or diarrhoea” The text would be adjusted according to the information to be conveyed”.
 - 3) Increase the awareness about COVID-19 precautions through: Public announcements, and other forms of communication at the airport and in-flight. Awareness sessions should be provided in the languages used by persons most frequently travelling through the airport, including English, as well as the State’s own language(s).
 - iii) Medical screening before check-in
 - 1) A substantial proportion of transmission of a Corona virus occurs during the incubation period or during asymptomatic infection, the impact of health screening on reducing international spread will be diminished by introducing a screening methods before departure.
 - 2) The recommended screening methods are:
 - A) Visual inspection,
 - B) On-line Declaration Form and,
 - C) Temperature measurement (using thermal scanners or other suitable methods).
 - 3) Passengers determined at screening to be at increased risk of having a COVID -19 positive posing a potentially serious public health risk should undergo secondary screening by a medical practitioner which should include Physical check-up if clinically indicated , Heart Rate and Respiratory rate . If the assessment is positive i.e. the passenger is thought to be suffering from a Corona virus infection, the passenger should not fly.
 - 4) In the event of positive secondary screening, measures should be taken to refer the individual for appropriate diagnosis, and management, in accordance with the UAE National Guidelines with a view to protecting the public from potential infection i.e. by isolation or quarantine. Appropriate isolation or quarantine facilities should be identified



by the health authority and are normally only available away from the airport site.

5) In the event of negative secondary screening, the passenger should be allowed to continue on his/her way.

a) Passenger journey

i. The aircraft operator and airport operator (in their respective authorities, roles and responsibilities) should ensure “passenger journey” (as per Attachment 1) is complied with.

b) Passenger Declaration

i. The aircraft operator should ensure it is completed (Refer to Attachment 2).

3) Flights arriving to UAE:

a) No specific procedures required for time being, compliance with Sections 3)1 and 3)2), as applicable, should suffice.



Section 4 - Aviation Personnel

Aviation Personnel: Any staff employed by the aircraft operator or airport operator or government agencies working at the airport. When crew is mentioned then it refers to any person required for the flight, generally Cabin Crew and/or Flight Crew and/or Maintenance Engineer.

1) Day-to-day responsibilities:

- a) Aviation Personnel shall develop good practices to ensure that they cannot be cross-infected by the virus such as avoid public transportation (use operator's transportation, or personnel car – without pooling), avoid public areas, etc...
- b) They shall comply with any requirements their operator and airport operators have established to comply with Section 1 and Section 2 (respectively).

2) Protection at work:

- a) Aviation Personnel shall report to the aircraft or airport operator any work method/procedure incompatible with COVID-19 preventative measures and can facilitate the transmission of the virus.
- b) Similarly, they shall report any COVID-19 preventative measures put in place by their operator that could compromise flight safety or flight security.
- c) They shall have their own travel hygiene pack that contains hand sanitiser, gloves, and masks before boarding (in sufficient for the duration of their travel), unless provide by their operator.
- d) They shall respect any installed protective physical barrier when handling passengers.

3) Crew and other frontline staff while at crew residence or company accommodation should:

- a) Be aware of the risk of COVID-19 in his/her local community
- b) Follow guidance/instruction of your operator.
- c) Follow applicable Health Authorities Requirements regarding self-isolation (applicable for flight crew and cabin crew).
- d) Avoid crowded places and use social distancing (applicable for staff other than flight crew and cabin crew).
- e) Avoid contact with sick people.
- f) If become sick, or have or a member of household had a risk exposure to COVID-19, report to your operator.
- g) Know how to contact their local health Authorities.
- h) Notify their UAE Health Authority if they become symptomatic, in addition to reporting to the operator.



4) Fitness to perform their duty, Declaration Form and health assessment:

- a) Staff should know how to assess their health before, during, and after their duty and what to do to manage their health in the context of COVID-19 (National Health Guidelines may prevail). Staff should:
 - i) At all other times, monitor their health condition, following the guidance provided by operator and local health authorities.
 - ii) Measure their body temperature regularly during a day (at least twice in morning and evening and when feeling feverish or developing a cough or difficulty breathing).
 - iii) Monitor themselves for fever, cough, or difficulty breathing following the guidance provided by health clinic. Fever means feeling feverish OR having a measured temperature of (37.3 degrees C) or higher.
- b) If staff develop a fever, cough, or difficulty breathing, they should:
 - i) Stay home or in hotel room and avoid contact with others.
 - ii) Immediately report symptoms to operator.
 - iii) Seek operator clearance before working your next flight segment. A clearance from public health officials should be required before return to work.
 - iv) If symptoms occur during flight, separate from others as per the National Health Guidance, to the extent possible.
 - v) If at the residence, call the UAE Health Authority or a doctor for medical advice before seeking care and inform them about symptoms and his/her work as an aviation personnel.
 - vi) If at an international location, inform operators to (1) get health care, as needed (2) notify the public health authority for that location; and (3) notify the UAE Health Authority (the crew may have performed one or more flight sectors while symptomatic).
 - vii) If sick, do not travel unless authorised by the operator (if allowed don't use jump seat instead as deadheading, or as a regular passenger).
 - viii) Wash your hands frequently and use hand sanitizers.
- c) Staff should complete Declaration Form before each duty and report any underlying condition to the operator
 - i) Refer to Attachment 6
 - ii) If you have any of the dominant COVID-19 mortality criteria, then you should report to your operator for consideration:
 - 1) Age above 60.
 - 2) Pre-existing medical condition (Diabetes, Hypertension, heart disease, Cancer, high BMI)



- 3) Immune modulators Medicine.
- 4) Asthma.
- 5) People who are on certain medications such as “Selective Serotonin Reuptake Inhibitors (SSRI)” or Tricyclic Antidepressant (TCA).

5) Additional principles for Maintenance Staff:

- a) Wherever and whenever possible, number of staff required during the maintenance should be limited to strict minimum. Maintenance instructions/practices should consider physical distancing principles.
- b) During ground operation and maintenance, aircraft auxiliary power unit (APU) should be used for ventilation, the use of bridge load air supply should be avoided. After arrival, doors of cabin and cargo hold should be opened for ventilation before maintenance work is performed, and natural ventilation time should be extended. OEM (aircraft and GSE) should be consulted to achieve clean air, when air cabin system is connect with external equipment.
- c) High Efficiency Particulate Air (HEPA) filters should be replaced in accordance with standards specified in the manufacturer’s manual, in strict compliance with the prevention and protection requirements of the Aircraft Maintenance Manual, and based on the personal prevention and protection program for aircraft maintenance personnel. Used HEPA should be placed in a special plastic bag, disinfected with chlorine disinfectant and sealed. After the task is completed, the maintenance staff should disinfect their hands and remove their protective equipment in the specified order before disinfecting their hands again thoroughly.
- d) Other maintenance activities may require additional preventative measures before they can be performed such as vacuum waste tank where it is recommended to use a technique that exhausts the air outside the hangar or handling of bird strike. Personal hygiene (in particular hand) shall be considered before and each maintenance activity.
- e) If the operator decided to embark maintenance staff for a flight, then provisions that apply to Flight Crew / Cabin Crew will apply to them.

6) Additional principles for Staff dealing with passengers:

- a) Most of these signs and/or symptoms may not be obvious at the counter. However, when in doubt regarding the health of a passenger, refer to the operator’s procedures.
 - i) Call your supervisor.
 - ii) If the supervisor agrees with your concerns and if medical support is available (own medical department or outside designated physician or group) contact that support immediately.
 - iii) If the supervisor agrees with your concerns but medical support is not immediately available, deny boarding and ask the passenger to obtain medical clearance in accordance with your airline’s policy. For some countries you may also have to involve the company’s Customer



Complaint Resolution Official (CCRO).

- iv) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, ask him/her to wear a face mask. If no mask is available or the sick passenger cannot tolerate the mask, e.g. because of breathing difficulties, provide tissues and ask him/her to cover the mouth and nose when coughing, sneezing or talking. If masks are available but the sick passenger cannot tolerate a mask and adequate training should be received to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

7) Additional Prevention and Control Measures for Security/Immigration Inspection Personnel, Health Care Workers, Ground Cleaning Staff and Personnel Working at Check-in Counters:

- a) Personnel should refer to the attached table in Appendix 6 and adopt different types of prevention and control measures.
- b) For personnel working at document verification and body searching posts, their work uniforms should be subject to centralized high-temperature steam disinfection for 20 to 40 minutes or ultraviolet lighting for 1 to 2 hours when they are off duty for the day. 75% alcohol can be applied to wipe or spray clothes in case of emergency.
- c) Packages or luggage should not pose a risk, unless it came in contact with blood or body fluids (like feces, saliva, urine, vomit, and semen) from an infected person. It is essential that staff: (1) don't handle packages visibly dirty from blood or body fluids and (2) wash hands often to prevent other infectious diseases.

8) Crew at out stations during layovers:

- a) Crew should be under the full supervision of the Pilot-in-Command (PIC) or Senior Cabin Crew (SCC).
- b) Crew should not leave their hotel or receive external visitors.
- c) Crew should daily report to the SCC his/her body temperature, keep a close watch on his/her health status, and timely report any abnormalities that may arise.
- d) Crew should avoid gathering for meals and dine separately.
- e) Crew should have him/herselves well protected except when being indoors alone.
- f) Crew should avoid going to places with poor ventilation for physical exercise.
- g) Crew should wear masks while taking elevators (no direct contact with elevator buttons) or having contact with others, and keep a physical distance whenever possible.
- h) Crew should report any anomalies observed in their hotels room that may require immediate cleaning/disinfection intervention by the hotel.
- i) Crew should ensure that their rooms are ventilated frequently and should avoid (to the extent



possible) the use of central air conditioning system.

- j) Crew should pay attention to maintain clean and hygiene by removing garbage on a daily basis and leave no kitchen waste indoors, so as to avoid potential indoor air pollution and the spread of pathogenic microorganisms.
- k) After checking in, crew members should first of all disinfect the frequently touched surfaces (such as door handles, power switches and seat armrests).
- l) Crew should in a timely manner receive information on epidemic development.
- m) Crew should be provided with a sufficient amount of protective equipment covering a full variety.
- n) Crew should also be provided with temperature meter and at least a 60% alcohol-based hand sanitizer as appropriate to the situation.
- o) Crew should make use of in-room dining offer by their hotel accommodation
- p) Crew should not use any transport other than those arranged by the operators;
- q) When transported, crew should maintain minimum separation of one seat between crew members.
- r) Crew should:
 - i) Minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.
 - ii) Stay in their hotel room to the extent possible, crew members should not be allowed to exit their rooms except for emergency reasons.
 - iii) Eat in their hotel room with room service.
 - iv) Avoid public transport.
 - v) Avoid going out
 - vi) Avoid contact with other people.
 - vii) Wash their hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer. Use soap and water when your hands are visibly soiled.
 - viii) Avoid touching their face.
 - ix) Know how to contact public health authorities in locations where crew remain overnight.

9) Quarantine of Staff:

- a) The staff should adhere to National Health Guidelines and this guidelines. National Health Guidelines prevail over this Guidelines.
- b) Staff are (self-)quarantined when:
 - i) required by SAFETY DECISION 2020-01 (flight crew, cabin crew are subject to Health Authority



- screening and quarantine regime).
- ii) they show symptoms such as fever, fatigue and dry cough during off-duty hours, and have a history of epidemiology. When symptoms are confirmed, they should cease performing their duties immediately as long as flight safety is not compromised.
 - iii) they performed duty on a flight or had close contact with a COVID-19 symptomatic person (passenger or other staff).
 - iv) their operator has been informed by local disease control or quarantine department that their flight did carry confirmed, suspected or asymptomatic case(s).
- c) Quarantine Period should be as per National Health Guideline. During Quarantine, the following should be complied with:
- i) Staff should be periodically checked by operator to make sure they are well (medically, physically and psychologically).
 - ii) Staff under medical observation should report their body temperatures and health conditions to the operator every morning and evening.
 - iii) Staff under centralized or house quarantine should stay in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together. They should wear mask when required to do so.
 - iv) Staff under observation must not go out during the observation period. If they have to go out, they should report to the operator, wear a surgical mask and avoid crowded places.
 - v) The operator is allowed to keep a record of the health conditions of the Staff under medical observation, as well as the number of times they went out.
 - vi) Once a Staff under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhoea and abdominal pain), he/she should report it to its operator. Such Staff should not work subsequent duty period until they have been cleared by occupational health and local health officials
 - vii) After the medical observation period, the Staff under observation should be released from medical observation if showing no signs of symptoms.

10) Staff Necessary Training:

- d) In addition to below training/awareness session, they shall receive training and awareness sessions deemed necessary by their operator to perform their duties safely.
- e) Psychological and Infection Control training
 - i) Staff should receive professional mental health assistance channels, and those with abnormal emotions are encouraged to report to their operator any professional help.



- ii) Such training generally starts with allowing the staff to (1) have a good understanding of his/he own emotional experience, (2) acquire the epidemic information with a proper attitude, (3) obtain Friendly and mutual social support, and (4) Maintain a stable and healthy lifestyle.
- iii) Staff should also be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- f) COVID-19 specific awareness
 - i) All staff shall receive a COVID-19 awareness training. The following training may be used <https://learn.mbru.ac.ae/courses/covid19>.
 - ii) The staff can use alcohol-based disinfection wipes or non-alcohol rinse free hand sanitizer to clean and disinfect hands.
 - iii) When staff are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands.
 - iv) When sneezing or coughing, one should try to lower the head or turn away from passengers and staff nearby, and cover the mouth and nose with tissue or flexed elbow.
 - v) After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.
 - vi) To limit the potential transmission of SARS-CoV-2 from contaminated surfaces, they should thoroughly and frequently hand wash, at least after each interaction with another person.
 - vii) Staff should avoid the use of their own disinfectants in the aircraft environment. Disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions with the residues of the chemicals used for general aircraft disinfection which can have negative effects (corrosive) on the aircraft or for the health of the passengers and crew (fumes).
- g) Infection control training: Staff shall also, as appropriate to their roles, be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- h) PPE specific training: Front-line staff in civil aviation shall be trained to correctly wear masks, hats, gloves, goggles and other protective equipment, and properly sanitize hands:
 - i) PPE wearing/taking-off procedure
 - 1) Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of gloves.
 - 2) Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off



protective clothing (including taking off the second layer of gloves and shoes cover) - clean and disinfect hands - take off facial mask - clean and disinfect hands - take off hat - take off the first layer of gloves - clean and disinfect hands.

- ii) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the staff must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.
- iii) All disposable protective equipment, after their use, shall be placed in waste bags appropriate to the hazard they carry with additional precaution measures. After the flight, they shall be sprayed or sprinkled till fully soaked with chlorine-containing disinfectant (500mg/L-1000mg/L) before cleaning, and packed in a tightly knotted plastic bag for centralized disposal wastes.
- iv) Reusable goggles should be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.
- i) Staff handling Passengers
 - i) Most of COVID-19 signs and/or symptoms may not be obvious at the counter. However, when in doubt regarding the health of a passenger, refer to the operator's procedures.
 - 1) Supervisor should be called.
 - 2) If the supervisor agrees with the staff's concerns, then medical support is available (own medical department or outside designated physician or group) should be contacted immediately.
 - 3) If the supervisor agrees with the staff's concerns but medical support is not immediately available, boarding should be denied boarding and the traveller should be asked to obtain medical clearance in accordance with operator's policy. For some countries, the operator's Customer Complaint Resolution Official (CCRO) may be required to be involved.
 - 4) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, request should be made to the passenger to wear and keep ON the face mask. If masks are available but the sick passenger cannot tolerate a mask and the operator should ensure that their passenger agents have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).



Appendices

1) Attachment 1: Passenger journey:

| | Passenger must... | Booking | Arrival at Airport | Check-in | Immigration | Security | Terminal | Boarding | In-flight | Disembarkation |
|----|--|--|--------------------|----------|-------------|----------|----------|-----------------------------------|-------------------------|----------------|
| 1. | be made aware of the public health situation and precaution measures put in place | X | X | X | X | X | X | X | X | X |
| 2. | present a clean Completion form ⁽¹⁾ | X | X | X | | | | | | |
| 3. | be assessed for their Fitness to Fly and wear mask and gloves and have spares | X (to be mentioned on the booking T&C) | X | X | X | X | X | X | X | X |
| 4. | Have or be provided Hand Sanitizer that respects the WHO specifications. | X (to be mentioned on the booking T&C) | X | X | X | X | X | X | X | |
| 5. | be required to adhere to Staff's instruction including respect social distancing of 1.5-2m | X (to be mentioned on the booking T&C) | X | X | X | X | X | X (in particular limit with crew) | X (in particular limit) | X |



| | | | | | | | | | | |
|-----|---|--|---|---|---|---|---|---|---------------|------------|
| | | | | | | | | | | with crew) |
| 6. | (1) Preferably use On-line/Kiosk Check-in provided cleaned/disinfected prior to each use (2) have his cargo bags plastic wrapped up at the airport by a person from the operator or airport. (3) bags be dropped off by airport or airlines | | | X | | | | | | |
| 7. | Have limited hand baggage to personal effects only (ie essential items only). | X (to be mentioned on the booking T&C) | | X | | | | X | | |
| 8. | have body temperature measured and be monitored for COVID-19 compatible symptoms | | X | X | | | | X | X (regularly) | X |
| 9. | be isolated if suspected case | | X | X | X | X | X | X | X | |
| 10. | E-Gate will be de-activated for physical passport control. | | | | X | | | | | |
| 11. | must himself place his personal belongings on the security machine | | | | | X | | | | |



| | | | | | | | | | | |
|-----|--|--|---|---|---|---|---|---|---|---|
| 12. | hand sanitize his hands before touching any objects other his belongings at the different point of checking | | X | X | X | X | X | X | X | X |
| 13. | (1) be offered limited / F&B in the terminal (2) No Duty Free Service at the airport or on the aircraft. (3) No Access Airport lounges | | X | X | X | X | X | X | X | |
| 14. | be offered access to lavatory which are required to be further inspection, disinfection and cleaning processes | | X | X | | | X | | X | |
| 15. | be instructed to limit physical interaction with other person (unless it is part of family) | | X | X | X | X | X | X | X | X |
| 16. | must be transported into vehicle that respect Hygiene Requirements for Ferry Buses | | X | X | X | X | X | X | | |



| | | | | | | | | | |
|-----|---|--|---|---|---|---|---|---|---|
| 17. | <p>be informed to:</p> <p>(1) try to lower the head or turn away from passengers and crew members nearby When sneezing or coughing, and cover the mouth and nose with tissue or flexed elbow and</p> <p>(2) after touching or disposing wastes, to clean hands with soap or hand sanitizer under running water followed by hand cleaning and disinfection.</p> | X (to be mentioned on the booking T&C) | X | X | X | X | X | X | X |
| 18. | <p>(1) reduce their movement in the cabin to avoid close contact with crew and other passengers</p> <p>(2) not be served with cold dishes or cold meat/fish, as preference pre-packaged food , and</p> <p>(3) use rinse free hand sanitizer to clean and disinfect hands before meals;</p> <p>(4) use an exclusive lavatory and reduce their visit to the lavatory.</p> | X (to be mentioned on the booking T&C) | | | | | | X | X |



| | | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|---|---|
| 19. | Be made aware of hygiene principles (wash hands, don't touch face etc...) | X | X | X | X | X | X | X | X | X |
|-----|---|---|---|---|---|---|---|---|---|---|



2) Attachment 2: Passenger Declaration Form:

1. Are you fit to perform your travel?

- Yes
 No
 I don't know

2. Do you have any of the following symptoms?

- Fever
 Cough
 Runny nose
 Sore throat
 Abdominal pain/ Diarrhoea
 Loss of smell or taste
 Rash

3. Did you, in the past 14 days, come in close contact with someone who?

- i. Is a confirmed COVID-19 (Novel Coronavirus) case; or
ii. Has been in habitation area with high density of COVID-19 (Novel Coronavirus).
 Yes
 No

4. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient?

- Yes, if yes when: _____
 No

5. Have you been hospitalized because you've been diagnosed by COVID-19 (Novel Coronavirus)?

- Yes
 No

If yes, please confirm that you have finished a 14 days quarantine after the discharge from the hospital.

Note: All the Declarations will be evaluated by a health authority doctor.



3) Attachment 3: Personal Protective Equipment (PPE) Recommendations for Aircrew, Maintenance and Cleaning Personnel:

- a) PPE shall be removed and disposed in accordance with the procedure for disposal of bio-hazard debris, immediately after usage, service in the passenger cabin, after interaction with the passengers. Long term use of the gloves may facilitate the spread of the contaminated particles.
- b) Crew shall wear mask when they leave clean zone and during services. Masks shall be disposed appropriately and shall be changed at least once every 4 hours (or whenever necessary) and shall not be re-used after removal.

| Personnel Type | Flight Risk | Surgical Mask | KN95/N95 Mask | Medical Mask | Goggles | Disposable Protective Suit | Disposable Medical Rubber Gloves | Disposable Shoe Covers | Disposable Medical Cap |
|----------------|----------------------------|---------------|---------------|--------------|---------|----------------------------|----------------------------------|------------------------|------------------------|
| Flight Crew | Low and Medium | X | | | | | | | |
| | High | | X | | X | | | | |
| | Special Transport Missions | | | X | X | | | | |
| Cabin Crew | Low and Medium | X | | | | | | | |
| | High | | X | | X | | X | | |
| | Special Transport Task | | | X | X | X | X** | Boot Covers | X |



| | | | | | | | | | |
|--------------------------|--------------------|---|---|---|---|----|-----|---|---|
| | Emergency Handling | | | X | X | X* | X** | | |
| Maintenance Staff | Replacing HEPA | | X | | X | X | X | X | X |
| Cleaning Staff | Low and Medium | X | | | | | X | X | X |
| | High | | X | | X | | X | X | X |

* Could be replaced with the protective apron in the Universal Precaution Kit (UPK) under special circumstances as an interim emergency handling measure.

** Double layer disposable rubber gloves



4) Attachment 4: Aircraft Cleaning and Disinfection Types:

- a) Refer to the EASA Interim guidance on Aircraft Cleaning and Disinfection (<https://www.easa.europa.eu/sites/default/files/dfu/Interim-guidance-on-Aircraft-Cleaning-and-Disinfection.pdf>), the WHO Operational considerations for managing COVID-19 cases or outbreak in aviation and the ECDC interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2.
- b) Cleaning instructions should be as below:

| Area | Cleaning Items | Stopover Time | | Post-flight |
|-------------|---|---------------|------------|-------------|
| | | <60min | >60min | |
| Flight Deck | Clean tray tables and cup holders | On Request | X | X |
| | Clean stowage areas and racks | On Request | X | X |
| | Wipe seats | On Request | X | X |
| | Clean floor/vacuum carpet | On Request | On Request | X |
| | Clean flight deck windows inside | On Request | On Request | X |
| | Clean door and walls | On Request | On Request | X |
| | Empty ashtrays (if installed) | X | X | X |
| Cabin | Dispose of wastes from closets | X | X | X |
| | Dispose of litter and newspapers | X | X | X |
| | Dispose of wastes in seat pockets | X | X | X |
| | Clean tray tables | On Request | On Request | X |
| | Clean cabin crew seat tables | On Request | On Request | X |
| | Clean interphone mic | On Request | | X |
| | Clean cabin windows inside | | | X |
| | Vacuum cloth-covered seats | | On Request | X |
| | Wipe leather-covered seats | | On Request | X |
| | Clean overhead bins outside and latch handle surfaces | On Request | On Request | X |
| | Dispose of wastes in overhead bins | | On Request | X |
| | Clean PVC floors | | | X |



| | | | | |
|-------------------|---|------------|------------|---|
| | Vacuum carpet | | On Request | X |
| | Replace pillows, headrest covers and blankets | | | X |
| | Clean in-seat monitors and service control unit panels | | | X |
| | Clean seats and armrests | On Request | On Request | X |
| | Remove passenger seat cushions and vacuum them | | | X |
| | Remove stains from carpets | | | X |
| | Clean seat rails, air outlets, ceiling, sidewalls, closets, bulkheads and magazine racks | | | X |
| Galleys | Empty waste bins and insert waste bags | X | X | X |
| | Clean bulkheads, trolley brake blocks, ceiling and ventilation grids (air-conditioning outlets) | On Request | On Request | X |
| | Clean faucets, sink and surfaces | On Request | X | X |
| | Clean retractable tables | On Request | X | X |
| | Clean ovens inside and outside | On Request | On Request | X |
| | Clean service trolleys | On Request | X | X |
| | Clean PVC floors | On Request | On Request | X |
| Lavatories | Empty waste bins and insert waste bags | X | X | X |
| | Clean toilet | X | X | X |
| | Clean basin, faucets and surfaces | X | X | X |
| | Clean mirrors | X | X | X |
| | Clean baby care table | X | X | X |
| | Clean board surfaces, interior and exterior door, handles and locks | X | X | X |
| | Clean PVC floors | X | X | X |



| | | | | |
|-----------------|---|------------|---|------------|
| | Replenish soap dispensers | On Request | X | X |
| | Replenish toiletry items | On Request | X | X |
| Crew Rest Areas | Dispose of waste from closets | | X | X |
| | Dispose of litter/newspapers | | X | X |
| | Remove sheets, and other items | | X | X |
| | Clean pillows and blankets | | X | X |
| | Clean control consoles (reading lights and air conditioning) and interphone mic | | X | X |
| | Vacuum carpet | | X | On Request |
| | Clean cabin crew seats | | X | X |
| | Clean cabin inside window glass | | X | X |

- c) Separate rags and mops should be used for aisles, lavatories and galleys, and be marked with different colours.
- d) Different personnel should be assigned to each of the aforementioned areas when conditions allow.
- e) During disinfection, surfaces should be rubbed using rags soaked with disinfectant, and after a period of reaction, a regular cleaning process should be carried out to avoid erosive effect on cabin components due to long time exposure to the disinfectant.
- f) Disinfectant should be sprayed onto cabin floor from the front to the back, followed by disinfection of key areas. Once cabin disinfection is finished, disinfectant should be sprayed onto cabin floor again from the back to the front.
- g) Disinfection of key areas should proceed in the following order
- i) **Aisles:** Overhead bins, reading lights, air outlets, sidewall panels, windows, seats (tray tables, armrests, passenger control units, decorative panels), cabinets/lockers, bulkheads, magazine racks, cabin attendant seats.
 - ii) **Lavatories:** The disinfection in lavatory should be progressed from contaminated to clean areas as follow: toilet bowls, waste bins, hand-basins, lavatory sidewalls, door surfaces, doorknobs, ashtrays (if installed), and latches.
 - iii) **Galleys:** Ovens, water boilers, coffee makers, galley facilities, lockers/drawers, and waste bins.
- h) Cleaning or disinfection products



- i) Cleaning or disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions with the residues of the chemicals used for general aircraft disinfection which can have negative effects (corrosive) on the aircraft or for the health of the passengers and crew (fumes). In this context and in order to discourage the staff from making use of their own product, operator or its suppliers should, to the practicable extent, provide appropriate and sufficient disinfectants (e.g. disinfectant-wipes), and establish appropriate procedures/guidance on their use, making sure that all possible touch points and transmission-capable surfaces are appropriately treated.
- ii) Aircraft cleaning and disinfectant products to be used should be approved for airworthiness (refer to <http://www.fccc.org.cn/webs/xhg/list.aspx?classid=0202> for products list, same below and always consult OEM) to avoid corrosion to aircraft components. Given the current epidemic development and information available, the following disinfectants are recommended to be used for wiping disinfection, at a concentration set out in the product user's manual.
- iii) As far as preventative disinfection is concerned, it is recommended to use compound quaternary ammonium salt, double-chain quaternary ammonium salt, hydrogen peroxide or chlorine-containing disinfectant. For hydrogen peroxide, concentration should be no higher than 3% and reaction time be 20 minutes; effective concentration of chlorine should be within the range of 250mg/L-500mg/L, and reaction time be 10 minutes.
- i) A post-flight terminal disinfection should be conducted after landing as following:
 - i) After all occupants get off the aircraft, close cabin doors, and set the air conditioner wind flow to its highest to allow at least one complete air exchange in the cabin area.
 - ii) All wastes in the cabin should be centrally disposed of as waste with additional precaution measures.
 - iii) Once the air exchange is finished, the sitting area of passengers with suspicious symptoms and lavatory should be disinfected before proceeding with the all-encompassing terminal disinfection by following the general principle of thorough disinfection from out ring-to-center and top-down.
 - iv) After disinfection, the passenger cabin should be cleaned in accordance with the post-flight cleaning requirements.
 - v) Air conditioner should be turned off during disinfection operation, and passenger cabin or cargo hold should be fully ventilated after disinfection.
- j) Post-flight terminal disinfection of the cargo should be as follow:
 - i) The method of spray disinfection and enclosed disinfection should be used. Disinfection should be performed from the upwind to the downwind direction and from top to bottom.
 - ii) Before disinfecting the inside area of the cargo hold, the personnel in charge of disinfection



- should spray around the door, close the door, enter into the cargo hold, and spray on the floor while moving forward till the whole floor is sprayed before disinfecting other areas of the cargo hold.
- iii) The personnel should disinfect the ceiling of the cargo hold by spraying disinfectant from left to right and vice versa, and then spray the cargo hold wall from top to bottom. While disinfecting the ceiling and the wall, the amount of disinfectant sprayed should not exceed the amount of the liquid that can be absorbed (the maximum amount of disinfectant the surface can absorb).
 - iv) Upon completion, the cargo hold floor should be disinfectant again by spraying while moving backward. After returning to the ground along the ladder, the ladder should be sprayed.
- k) The procedure to disinfect when the aircraft is contaminated with blood, respiratory secretions, vomit, excretions and other liquid contaminants should be:
- i) Wear personal protections (PPE).
 - ii) Prepare disinfectant: Put one surface disinfection tablet into 250-500ml clean water to make a 1:500-1000 disinfectant.
 - iii) Cover the secretions, blood, vomit, excretions and other contaminants evenly with absorbent disinfectant for 3-5 minutes to enable them to be solidified.
 - iv) Shovel the coagulated contaminants with portable pickup shovels into waste bags appropriate to the hazard they carry with additional precaution measures.
 - v) Sterilize twice the contaminated area with pre-prepared disinfectant, make sure disinfectant stays on the contaminated surface for 3-5 minutes, and then wash the area twice with clean water before drying the area with towels. Put those towels and other used disinfectants into waste bags appropriate to the hazard they carry with additional precaution measures.
 - vi) Clear and disinfect hands before removing protections in the following order: take off protective suits (aprons), gloves, apply skin disinfection wipe for hand cleaning and disinfection; then take off goggles, facial masks, and finally apply skin disinfection wipe to clean hands and other parts of the body that may have been exposed to contaminants.
 - vii) Place all used protections and contaminated items inside a biohazard bag, seal the bag, and stick a "Biohazard Wastes" label close to the seal.
 - viii) Keep the sealed biohazard bag in a proper place temporarily to prevent it from missing, being damaged or contaminating meals on board.
 - ix) Inform ground departments at the destination to prepare for takeover.



5) Attachment 5: First Aid Adaptation

- a) This guidance has been updated to reflect pandemic evolution and the changing level of risk of Cabin crew exposure to SARS-CoV-2. It is recognized that in contexts where SARS CoV-2 is circulating in the community at high rates, Cabin crew may be subject to a risk of contact and droplet transmission providing basic life support to passenger. GCAA has introduced a guidance material to assist the organization in providing basic life support in the aircraft.
- b) Operators should perform a risk assessment on the measures to decrease the cross-infection between the Cabin crew who is basic life support provider and the passenger who is suspected of COVID 19 positive. These measures should be based on WHO guidance and local or from appropriate public health authorities.
- c) Operators should provide the appropriate Personal Protective Equipment (PPE) readily available for the use of Cabin crew whenever required. Re-usable PPE can be used⁵. Advice on suitable decontamination arrangements should be obtained from the manufacturer, supplier or local infection control. Recommended list of PPE:
 - i) Initial attending the passenger crew should be wearing the following PPE:
 - 1) Medical mask
 - 2) Gown
 - 3) Gloves
 - 4) Eye protection (goggles or face shield)
 - ii) For providing CPR, Crew should wear the following PPE:
 - 1) Respirator N95 or FFP2 standard, or equivalent.
 - 2) Gown
 - 3) Gloves
 - 4) Eye protection (a full-face shield or visor)
 - 5) Apron (A long-sleeved disposable fluid repellent gown (covering the arms and body))
- d) All Crew must follow local and national guidance for infection control and the use of PPE.
- e) During CPR, there is always the potential for rescuers to be exposed to bodily fluids, and for procedures (e.g. chest compressions) to generate an infectious aerosol.
- f) Crew members must be trained to put on/remove PPE safely (including respirator-fit testing) and to avoid self-contamination. If a defibrillator is readily available defibrillate shockable rhythms rapidly prior to starting chest compressions. The early restoration of circulation may prevent the need for further resuscitation measures. The training methodology depends on the airlines,

⁵ <https://www.who.int/csr/resources/publications/ebola/personal-protective-equipment/en/>



videos and online training should be acceptable.

- g) Do not check for breathing. Only for pulse, if absent in a non-conscious patient call for CPR
- h) Do not do chest compression as normal, until you have appropriate PPE protection.
- i) Once suitably clothed, start compression-only CPR and monitor the patient's cardiac arrest rhythm as soon as possible. Do not do mouth-to-mouth ventilation or use a pocket mask. If the patient is already receiving supplemental oxygen therapy using a face mask, leave the mask on the patient's face during chest compressions as this may limit aerosol spread
- j) Meantime, Cabin Crew can give Electric shocks with the standard Corona PPE
- k) Use closed circuit ventilations and suctioning, BNM (AMbu Bag) if available and you are trained to use it. Don't use a pocket mask or face shield.
- l) Limit the number of cabin crew attending the resuscitation and effort should be made to transfer the passenger to the allocated zone if possible.
- m) Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and local guidelines. Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to local guidelines.
- n) Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines. Hand hygiene has an important role in decreasing transmission. Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective



6) Attachment 6: Crew Declaration Form

1. Do you have any of the following symptoms

- Fever
- Cough
- Runny nose
- Sore throat
- Abdominal Pain/ Diarrhoea
- Loss of Smell or Taste

2. Did you, in the past 14 days, come in close contact with someone who:

- (i) Is a confirmed COVID-19 (Novel Coronavirus) case; or
- (ii) Has been in habitation area with high density of COVID-19 (Novel Coronavirus).

- Yes
- No

3. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient?

- Yes, if yes when: _____
- No

4. Have you been hospitalized because you've been diagnosed by COVID-19 (Novel Coronavirus)?

- Yes
- No

If yes, please confirm that you have finished a 14 days quarantine after the discharge from the hospital.



5. Are you suffering from?

- High Sugar
- High Blood pressure
- Heart disease
- Treated Cancer
- Asthma

6. Are you currently taking any medicine which lower your immunity such as (Humira Interferon /Steroids /Methotrexate/Infliximab...etc...)

7. Did you use a fever reducing medicine for the past 6 hours?

8. Are you smoking a tobacco product (Shisha, Cigarettes, Midwakh)?

- Declaration:** I hereby declare that I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information including any medication used by myself (prescribed or non-prescribed) or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.



7) Attachment 7: Prevention and Control Measures for Security Inspection Personnel, Health Care Workers, Cleaning Personnel and Personnel Working at Check-in Counters:

| Personnel Type | Airport Risk Level | Surgical Mask | KN95/N95 Mask | Medical Mask | Goggle/ Face Screen | Disposable Protective Suit | Disposable Medical Rubber Gloves | Disposable Shoe Covers | Disposable Medical Cap |
|--|--------------------|---------------|---------------|--------------|---------------------|----------------------------|----------------------------------|------------------------|------------------------|
| Personnel Working at Check-in Counters | Low | X | | | | | X | | |
| | High | | X | | X | | X | | X |
| Ground Cleaning Personnel | Low | X | | | X | | X | | X |
| | High | | X | | X | X | X | X | X |
| Security Inspection Personnel | Low | X | | | X | | X | | X |
| | High | | X | | X | | X | | X |
| Health Care Workers at Airports | Low | X | | | X | | X | | X |
| | High | | X | | X | X | X | X | X |
| Emergency Handling Personnel | | | | X | X | X | X | X | X |



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