

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

General Directive

(Issued under Section 121, Civil Aviation Act No. 14 of 2010)

**Title: COVID-19 Special Air Travel Operational Procedures
Applicable to Sri Lanka.**

Reference No. : CA-GD-DM/DG-2020

Date: 01st February 2023

Pursuant to Section 121 of the Civil Aviation Act No. 14 of 2010 which is hereinafter is referred to as the CA Act, Director General of Civil Aviation shall have the power to issue, whenever he considers it necessary or appropriate to do so, such General Direction for the purpose of giving effect to any provisions of the CA Act, any Regulations or Rules made thereunder including the Articles of the Convention on International Civil Aviation which are specified in the Schedule to the CA Act.

Accordingly, I, being the Director General of Civil Aviation do hereby issue the General Direction giving effect to Section 121 as mentioned in the Attachment hereto (Ref: CA-GD-DM/DG-2020-Att-01], for the purpose of giving effect to the provisions in the CA Act and Standards & Procedures described under Article 37 of the Convention, which are specified in the Attachment.

This General Direction shall come in to force with immediate effect and remain in force unless revoked. This General Direction shall replace and supersede General Direction 009 & General Direction 10.

Attention is also drawn to Section 103 of the CAA Act, which states inter alia that failure to comply with General Direction is an offence.

P A Jayakantha

Director General of Civil Aviation and
Chief Executive Officer

Civil Aviation Authority of Sri Lanka
No. 152/1, Minuwangoda Road,
Katunayake

Enclosure: Attachment No. CA-GD- DM/DG-2020- Att.01

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1. Introduction.

- 1.1. Since December 2019 an outbreak of a new type of coronavirus was identified in the province of Hubei, China. Since that time the evolution of the outbreak was very rapid reaching out to the most of the countries worldwide. Consequently the outbreak was declared by the World Health Organisation (WHO) as a Public Health Emergency of International Concern (PHEIC) on the 30th of January 2020 and further declared as a pandemic on the 11th of March 2020.
- 1.2. In this background CAASL has developed and issued a Safety Information Bulletin in the form of a General Direction to provide operational recommendations for all stakeholders involved in Aviation Industries and at Points of Entries (PoE) in accordance with the official communications of WHO, as well as facilitating guidance developed by other stakeholders (e.g. CAPSCA, IATA, EASA, ACI, National Health Regulations etc.)
- 1.3. The requirements contained in this document are applicable to Persons/organizations holding an Air Operator Certificate issued by Director General of Civil Aviation, Sri Lanka for commercial Air transportation and prospective applicants for Air Operator Certificate for commercial air transportation.
- 1.4. Holders of Air Operator Certificate/ Aerodrome Certificate/Licence issued by the DGCA for commercial air transportation shall comply with the requirements published in this document and are hereby instructed to forward to the DGCA a "Declaration of Conformance" which indicates the degree of compliance with each item detailed in the document.
- 1.5. Wherever the words "Crew Members" are used it is applicable to Flight & Cabin Crew.
- 1.6. Wherever the word "Crew" is used it is applicable to all operational crew required on board for the aircraft operator to support the flight (Eg. Crew Members, Maintenance and Cargo /Load specialized personnel who are involved in flights).
- 1.7. This document may be amended from time to time and the amendments will be reflected with the vertical line on the right side of the text.

2. Reference Documents.

- 2.1 Requirements contained in this document are based on the following;
 - (a) IS 045 – Public Health Emergencies Involving Operations of Aircraft

- (b) ICAO – Council Aviation Recovery Task Force (CART) – Take-Off: Guidance for Air Travel Through the COVID-19 Public Health Crisis
- (c) IATA – Guidance for Cabin Operations During and Post Pandemic – Edition No. 01
- (d) IATA Ground Operations Bulletin 04 – Quick reference for Ground Handling During COVID-19
- (e) EASA Guidelines – COVID-19 – Guidance on Management of Crew Members – Issue No. 2
- (f) EASA ECDC COVID-19 Aviation Health Safety Protocol – Operational Guidelines for the management of Air Passengers and Aviation Personnel in Relation to the COVID-19 Pandemic – Issue No. 2
- (g) FAA – Safety Alert for Operators 2009
- (h) ACI – Airport Operational Practice Examples for Managing COVID-19
- (i) ACI – Airport Preparedness Guidelines for Outbreaks of Communicable Disease
- (j) WHO - Handbook for the Management of Public Health Events in Air Transport under IHR(2005)
- (k) WHO Infection prevention and control of epidemic and pandemic-prone acute respiratory infections in health care
- (l) WHO - Guide to Hygiene and Sanitation in Aviation, 3rd Edition
- (m) Ministry of Health & CAA Sri Lanka - National Public Health Contingency Plan for Designated Airports in Sri Lanka.
- (n) Public Health Measures to be adopted by Travellers during the COVID-19 outbreak in Sri Lanka.

Record of Revision

Revision No.	Date Entered	Entered By
00	01 st February 2023	SCAI-AM

List of Effective Pages

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APPENDIX A

Title: Guidelines for Airlines on Management of Crew Members and Aircraft Cleaning and Disinfection in Relations to the COVID- 19 Pandemic.

1. Prior to Operations

- 1.1 Based on the pandemic development at the points of origin of the flights (including international and domestic), and on whether the aircraft is equipped with High-Efficiency Particulate Air (HEPA) filters, as well as on other indicators such as load factors, flight time and special nature of the flight mission, flights operated by transport airlines can be divided into three levels, namely high, medium and low-risk flights. Differentiated prevention and control measures shall be implemented for different risk levels. Risk levels should be adjusted in real time in line with the development of the epidemic.
- 1.2 The risk levels will change frequently according to the rate of local transmission, booked passenger load, the length of the flight/s operated and other factors.
- 1.3 When there is high risk situation, a risk assessment shall be carried out by the Airline prior to operating to such destinations. The CAASL will issue guidelines on vulnerable countries and risk categories according to the Ministry of Health & WHO

2. Long Stopovers and Layovers

- 2.1. Aircraft operators shall take appropriate measures to avoid layovers in the high risk areas, as much as practicable, in order to reduce the risk of contamination posed by the need for the Crew Members to exit the airport's restricted area and to be in unnecessary contact with the local population.
- 2.2. Strict mitigating measures should be put in place in coordination with the airport operators and State public health authorities at airports, to ensure that risk of exposure by contact of the Crew Members with local population.
- 2.3. **Below mitigation measures shall be adopted;**
 - (a) In agreement with the airport and local public health authorities the transport to and from the resting facilities will not involve transiting the public areas of the airport terminal;
 - (b) When accommodations are provided, the Aircraft Operator shall ensure the following;

- i. At all times, Crew members shall comply with local public health regulations and policies;
 - ii. The Aircraft Operator shall agree with the hotel that the rooms to be used by Crew Members are properly sanitised prior to occupancy;
 - iii. Crew Members shall accommodate in a hotel determined by the Airline adhering to the public health measures of the Layover State;
 - iv. Strongly recommended to observe good hand hygiene, respiratory hygiene and physical distancing measures when to leave the hotel room.
- (c) Crew members experiencing symptoms suggestive of COVID-19 during layover or transit shall:
- i. Report it to the aircraft operator and seek assistance from a medical doctor for assessment of possible COVID-19;
 - ii. Cooperate with the assessment and possible further monitoring for COVID-19 in accordance with the evaluation procedure implemented by the State (e.g. assessment in the hotel room, or an isolation room within the hotel, or alternative location);
 - iii. If a crew member has been evaluated and COVID-19 is not suspected in accordance with the above procedures implemented by the State, the aircraft operator may arrange for the crew member to repatriate to base; and
 - iv. If a crew member is suspected or confirmed as a COVID-19 case by the State and isolation is not required by the State, such crew member could be medically repatriated by appropriate modes; if there is agreement to repatriate the crew member to home base.

3. Protection of Crew Members

3.1. Awareness on prevention of spread of disease is very important, and the Operator shall carry out awareness programmes for Crew Members on following key factors through webinars, emails, e-learning etc.

- (a) Washing hands often with soap and running water for at least 20 Seconds;
- (b) Avoid touching eyes, nose or mouth with unwashed hands;
- (c) Avoid close contact with people who are sick;

- (d) Use Personal Protective Equipment (PPE) that has been supplied ;
 - (e) Don a face mask at any given time during any flight;
 - (f) Maintain physical distancing of one meter with colleagues, passengers and any other person as much as possible;
 - (g) Cover the mouth and nose with a tissue or flexed elbow when sneezing or coughing;
- 3.2. The Aircraft Operator shall provide guidance to Crew Members operating into high risk areas on health self-monitoring, which shall include:
- (a) Measuring of body temperature whenever necessary;
 - (b) Monitoring for symptoms such as fever, persistent coughing, severe body ache or breathing difficulties;
 - (c) Clear and expeditious reporting to the Company Medical officer of potential signs of infection;
 - (d) If the Crew members feel unwell with the above mentioned COVID-19 symptoms, shall stay at home or in their hotel room, notify their employers' immediately and not report to work. They shall not return to work until cleared to do so by the Company Medical Officer.
- 3.3. The Operator shall develop clear and detailed procedures for the situation when a crew member becomes symptomatic, covering the cases when the crew member is at his or her home base, down-route or while on active duty.
- 3.4. Operators shall establish the necessary Personnel Protection Equipment (PPE) for their crew members, based on the risk of transmission/type of work for the respective flight. For operations into high risk areas, the operator shall equip their aircraft with one or more Universal Precaution Kits (UPKs) as mandated by CAASL.

Note; if necessity arises for more stringent measures on PPEs to be worn by Crew Members, the Airline shall consult the Company Medical Officer and decide on necessary PPEs according to the risk category after a proper risk assessment.

- 3.5. Disposable gloves shall be available for the use of suspected COVID-19 passenger(s) and all Crew Members. All Crew Members shall wear disposable surgical gloves at all times, while on duty.

Note 01: Contents of the UPK shall be in accordance to Appendix 1, Section 4.1.2 of Implementing Standards 015.

- 3.6. Correct disposal of the PPE and of other items that may be contaminated shall be ensured, by providing detailed instructions and

dedicated disposal bags, where such items should be placed and then sprayed or doused with disinfecting solutions. Once on the ground, the contents should be appropriately disposed following the guidelines for the disposal of bio-hazardous materials.

- 3.7. When rostering Crew, the Operator should;
- (a) Limit, to the greatest extent possible, access to the Flight Deck;
 - (b) Instruct their Cabin Crew Members to avoid touching passengers' belongings (carry-on luggage).
- 3.8. In case of a medical emergency on board the Cardiopulmonary Resuscitation (CPR), if needed, should be performed based on the existing protocols. Mouth to mouth resuscitation shall not be carried out. An ambu-bag shall be used for this purpose. Proper hand hygiene should be performed immediately after the CPR is over by all Crew Members (and volunteer where applicable), before touching or getting in direct contact with other passengers or Crew Members.

Note 03: All aircraft shall be equipped with ambu-bags on-board for Crew Members to carry out mouth to mouth resuscitation. The Operator shall ensure adequate numbers of ambu-bags are available.

- 3.9. Furthermore, should oxygen dispensing equipment (i.e. therapeutic oxygen, drop-down oxygen masks) be required to be used during the flight, it shall be thoroughly disinfected before the next flight. When therapeutic oxygen is provided to suspected passengers or crew members the oxygen mask(s) used **shall be disposed as explained above.**

4. Protective Measures for Crew Members (Quarantine and COVID-19 PCR Checks)

- 4.1. Shall implement the latest measures imposed by the CAASL and Ministry of Health.
- 4.2. Crew members shall adhere to the latest public health measures published by CAASL in form of Special Direction according to the requirements of Government of Sri Lanka.

5. Personal Protection for Crew Members

- 5.1. According to the flight risk levels, staff working on different posts should follow respective personal protection standard. In terms of personal protection, the following should be kept in mind;

- (a) Crew Members flying high-risk flights shall wear face masks and change their masks at least once every 8 hours (or whenever necessary);
- (b) Flight crew or other Crew Members in the Flight Deck, oxygen masks can be still rapidly placed on the face, properly secured, sealed, supplying oxygen on demand and Flight Crew are provided with the correct guidance on how to do so as it may be required according to the systems of the aircraft.
- (c) All disposable protective equipment, after their use, shall be placed in yellow medical waste bags (Bio-hazard bag).
- (d) The Crew Members can use alcohol-based disinfection wipes or alcohol based hand sanitizer to clean and disinfect hands. Crew Members shall avoid touching their noses, mouths and eyes with their soiled hands (Refer IS 045);
- (e) After touching or disposing waste, hands shall be cleaned with soap under running water for 20 Seconds or hand sanitizer.
- (f) When sneezing or coughing, one should try to lower the head or turn away from passengers and crew members nearby, and cover the mouth and nose with flexed elbow.
- (g) Crew members should reduce their entry/exit of the Flight Deck and use intercom system for communication whenever they can to avoid close contact.
- (h) Flight crew members shall only leave the flight deck for short physiological breaks and scheduled rest.

6. Temperature Screening

- 6.1 Shall check temperature whenever deemed necessary and at any time Crew member feels unwell.
- 6.2 Shall use non-contact infrared thermometer equipment.
- 6.3 In case of ill passengers or Crew Members found with such symptoms as fever, cough, shortness of breath, fatigue or any other symptoms of COVID-19, the temperature shall be checked using non-contact infrared thermometer. A WHO common cut-off point for fever is 37.5° C or higher or as decided by local public health authorities of the state.

7. In-Flight Meal Service

- 7.1. The method of in-flight meal service shall be decided by the airline with the concurrence of CAASL according to the latest public health requirements of the Government of Sri Lanka and CAASL after a proper risk assessment.
- 7.2. Airline shall conduct risk assessments prior to implementation of any deviated method than the CAASL approved method and shall obtain approval from the CAASL for the deviated procedure.

8. Management of Crew Members following a Post- Flight Confirmation of a Positive COVID-19 Passenger.

- 8.1. Crew Members who return from flights shall strictly adhere to the public health measures if given by the Public Health Authority and the DGCA.
- 8.2. Crew Members who indicate any history of having contact with COVID-19 positive passenger/ staff member shall adhere to the strict isolation procedures imposed by the Ministry of Health, Sri Lanka and shall produce the medical certificate of clearance issued by the Public Health Authority prior to resuming their duties again.
- 8.3. When the Public Health Authorities inform the operator that a flight of the respective operator carried a passenger who was confirmed positive, the operator shall notify the Crew Members flying the flight segment concerned and inform them that they shall be vigilant and observant on any signs & symptoms of COVID-19 disease.

9. Management of Suspected Passenger on Board

- 9.1. If a passenger becomes symptomatic, he/she shall be isolated on board in the designated isolation area, following the principles described for the Handling of a suspected passenger in IS 045;
- 9.2. Keep interaction with sick passenger as brief as possible. Designate one (or two if a sick passenger requires more assistance) Cabin Crewmember to interact with the sick passenger, preferably only the Cabin Crewmember who has already had contact with the passenger. The Cabin Crewmember or anyone in direct contact with the sick passenger should be using the Universal Precautionary Kit. The Cabin Crewmember/s should always wear gloves and perform hand hygiene after removing them. (For more guidelines refer IS 045)
- 9.3. Cabin crew who are in contact with a passenger suspected to be infected should not visit the flight deck unless operationally necessary.

10. Management of Suspected Crew Member on Board

10.1. If any Crew Member 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), he/she shall be:

- (a) Relieved from Flight Duties immediately;
- (b) If the Crew Member is on active duty when become symptomatic, he/she shall be isolated on board in the designated isolation area or in a suitable area following the same principles described for the suspected passenger in IS 045;
- (c) In the case of Flight Crew at controls displaying symptoms of COVID-19, the Aircraft operator shall ensure;
 - i. The suspected Flight Crew member shall not be removed from the flight deck;
 - ii. Whether the flight can continue with the suspected flight crew member to the Point of Origin if the conditions permits to do so; or
 - iii. Whether the flight can continue its journey to the Final Destination if the conditions permits to do so; or
 - iv. If a diversion is required depending on the condition of the Flight Crew Member and the Public Health Requirements of the receiving State;
 - v. The above decisions shall be considered following a proper assessment of the condition of the Flight Crew Member and safety.
- (d) Shall inform the local Public Health Authority immediately act in accordance with instructions of the Public Health Authorities after the flight has landed and all passengers and crew members have been disembarked;
- (e) Self-isolation in accordance with instructions of the local public health authority, pending the result of the test. If the test result is positive then the isolation will be extended until the crew member is considered fully recovered. If the test is negative, the Crew Member may resume flying duties pending recovery from the underlying pathology.
- (f) The other Crew Members that were in close contact with the suspected Crew Member within 3 days preceding the onset of symptoms should be placed in self-isolation pending the result of the test of the suspected Crew Member. If the result is positive they will be placed in strict isolation for 14 days

from the moment of the last contact. If the test is negative they can resume flight duties.

11. Crew Members Recovered from COVID-19

- 11.1. Crew Members that were infected and recovered shall undergo comprehensive medical assessment by the Company Medical Officer (CMO) and if any issues or concerns regarding their medical fitness, CMO shall refer them to SCAI-AM, CAASL for further assessment prior to resuming duties.
- 11.2. Cabin crew who have recovered from infection may experience some complications such as loss of smell and/or taste (anosmia). Operator shall consider the impact of anosmia on the Cabin Crews' ability to identify unusual smells within the cabin such as leakage of dangerous goods/chemicals and overheating/burning, especially where the number of Cabin Crew with anosmia on any given flight is significant.

12. On Board Isolation Area

- 12.1. It is not to mandate to have a quarantine zone in the cabin. But all efforts shall be made to arrange passengers to sit separately. The adjacent seat(s) of the suspected passengers should be left unoccupied, if feasible. The last three rows of seats should be reserved as an isolation area for handling possible in-flight emergencies if feasible only, and the rear lavatory on the right side should be designated for the exclusive use by those under isolation.

13. Cleaning and Disinfection of Aircraft

13.1. Cabin Cleaning

- (a) The cabin should be cleaned and then the affected areas are to be disinfected if necessary at an appropriate frequency to accommodate safe account for the operation of the aircraft and the potential exposure of the cabin to an infected person.
- (b) All cabin cleaning agents and disinfection products used must be compatible with aircraft components. Aircraft manufacturers provide operators with guidance on approved disinfection processes and cleaning fluids at recommended concentrations and contact times.
- (c) Operators may need to consider additional cleaning and disinfecting schedules whenever deemed necessary.

- (d) Increased frequency of inflight cleaning of lavatories by Cabin Crew Member is necessary according to the risk level associated with each flight.
- (e) Airframe manufacturers recommend the use of a 70% aqueous solution of Isopropyl Alcohol (IPA) as a disinfectant for the touch surfaces. Appropriate health organizations should be referred to for instruction on application to be effective against viruses. The Original Equipment Manufacturers (OEM) instructions should be referred to ensure that the proper application, ventilation, and personal protection equipment is used. For more detailed recommendations or additional disinfecting chemicals, reach out to the specific airframe manufacturer.
- (f) Surfaces shall be cleaned of dirt and debris to maximize effectiveness.
- (g) Application to surfaces shall be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the IPA solution.
- (h) Do not spray IPA in the cabin and do not allow the liquid to pool or drip into equipment (e.g. in-flight entertainment, electronic boxes).
- (i) IPA is flammable, so precautions shall be taken around potential sources of ignition.
- (j) Specific care shall be taken for application on leather and other porous surfaces. The operator shall validate disinfecting agents for buyer furnished equipment (e.g. Seats and IFE) with the manufacturer.

13.2. **Flight Deck Cleaning**

- (a) Frequency of cleaning of the flight deck should account for the separation of the flight deck from the passenger compartment as well as for the frequency of crew transitions.
- (b) The flight deck should be cleaned and disinfected whenever necessary at an appropriate frequency to accommodate safe operations for the crew
- (c) All Flight deck cleaning agents and disinfection products used must be compatible with aircraft components. Aircraft manufacturers provide operators with guidance on approved disinfection processes and cleaning fluids at recommended concentrations and contact times.
- (d) Prior to each Flight Crew change, the flight-deck shall be cleaned and fully sanitized if necessary.

- (e) Operators may need to consider additional cleaning and disinfecting schedules in accordance with Public Health Authority requirements as and when Cleaning and Disinfection are carried out at the state of Departure.
- (f) Surfaces shall be cleaned of dirt and debris before disinfecting to maximize effectiveness.
- (g) Application to surfaces shall be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the Isopropyl Alcohol (IPA) solution.
- (h) Do not spray IPA in the flight deck and do not allow the liquid to pool or drip into the equipment.
- (i) Precautions shall be taken around potential sources of ignition from IPA solutions.
- (j) Some equipment on the flight deck may have additional disinfectant needs based on usage (e.g. oxygen masks) and procedures shall be put in place accordingly.
- (k) Given the increased likelihood that switch positions may be inadvertently changed during the cleaning or disinfection process, operators and flight crew shall reinforce procedures to verify that all flight deck switches and controls are in the correct position prior to operation of the airplane.

13.3. **Cargo Compartment Cleaning**

- (a) All Cargo Compartment cleaning agents and disinfection products used must be compatible with aircraft components. Aircraft manufacturers provide operators with guidance on approved disinfection processes and cleaning fluids at recommended concentrations and contact times.
- (b) The proper application, ventilation, and Personal Protection Equipment shall be used when additional disinfecting chemicals.
- (c) The cargo compartment touch surfaces shall be cleaned at an appropriate frequency to accommodate safe operations for the ground staff.
- (d) Surfaces shall be cleaned of dirt and debris before disinfecting to maximize effectiveness.
- (e) Application to surfaces shall be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the IPA solution.

- (f) Do not spray IPA in the Cargo Compartment and do not allow the liquid contact critical equipment (e.g. smoke detector, electronic door operation equipment and fire extinguishing discharge nozzle).
- (g) Precautions shall be taken around potential sources of ignition from IPA solutions Pay particular attention to hidden ignition sources as many aircraft have electronic boxes mounted in the cargo compartment.
- (h) The operator shall periodically inspect the equipment to ensure that there are no long term effects or damage over time. If damage is observed, contact the OEM for guidance on alternate disinfectants.

13.4. **Maintenance**

The below mentioned precautionary measures are to be implemented when and if necessary as per the state public health requirements;

- (a) Regular maintenance to both air systems and water systems shall be carried out to ensure they continue to protect the Passenger and Crew from viruses. Airlines should refer to the Airframe OEM for specific maintenance actions and intervals.
- (b) Aircraft Operators shall include access panels and other maintenance areas in their disinfection procedures to ensure a safe environment for the maintenance crews.
- (c) Aircraft Operators shall review their operating procedures to minimize the number of personnel who need to be in contact with high-touch surfaces such as access panels, door handles, switches, etc.
- (d) Aircraft Operators shall establish maintenance procedures to be applied after disinfection procedures in order to check the Flight Deck, Passenger Cabin and Cargo Compartment for the correct positioning of control handle, circuit breakers and control panels switches and knobs. Access panels and doors' closure also shall be checked.
- (e) Aircraft Operators shall establish cleaning procedures to be applied for HEPA filtration systems.

13.5. **Preventive Disinfection and the Disinfection after an Event**

- (a) There are several cleaning and disinfection frequencies possible and this document will focus on that preventive disinfection which will aim disinfecting all passenger aircraft arriving from high risk destinations.

- (b) This should take in to consideration the size of the aircraft and ground time (turnaround time) of the flight and should follow the general principle of thorough disinfection from top to down, out ring to centre in an incorporating approach.
- (c) The disinfection shall be carried out whenever it is necessary.

14. Waste Management

- 14.1. Cabin waste is already subject to legislation that ensures it is handled, stored and disposed appropriately to minimize pollution and disease risk. Nevertheless, Public Health Authorities may impose additional restrictions on waste from International Flights. It is not expected that the nature of cabin waste will significantly change as flights resume beyond discarded PPE (masks and gloves), empty sanitizer bottles and amendments associated to changes to in-flight menus (additional packaging, etc.) and that operational impacts for crew will be minimal.
- 14.2. Cabin waste from International Flights are classified as bio-hazardous due to prevailing COVID-19 infections and agricultural health concerns.
- 14.3. The disposal of bio-hazard bag shall be carried out in accordance to the guidance given by Public Health Authority.
- 14.4. Bio-hazard bags shall be handled separately and treated with appropriate chemicals and incinerated.

15. Physical Distancing

- 15.1. Physical distancing measures may be required as per Health Authorities and/or customer confidence.
- 15.2. Where physical distancing measures are required on High Risk Flights, Cabin Crew Members shall consider the following:
 - (a) Wherever possible, remain within their assigned area of responsibility;
 - (b) Reduce non-essential contact with passengers and/or their belongings;
 - (c) Reduce physical contact between each other and with other staff or member of public;
- 15.3. Where physical distancing is required, at least one lavatory should be blocked and dedicated for Crew use in order to ensure it remains available for hand washing, as well as limiting the possibility of contamination from infected persons.

- 15.4. Passengers shall not be permitted to congregate in the cabin, galley.

16. Boarding and Disembarkation

- 16.1. Where physical distancing is required, Cabin Crew Members positions during boarding should be altered, for example in areas such as over wing exits where it is not possible to maintain a suitable distance from passengers during boarding.
- 16.2. Operator shall ensure during passenger boarding smaller groups of passengers are boarded in order to increase space between them while they store carry-on baggage and take their seats.
- 16.3. During disembarkation, Cabin Crew Members shall limit the number of passengers standing to retrieve personal belongings and to manage the number of passengers disembarking simultaneously, in order to ensure physical distancing is possible while on steps/aerobridges.

17. Usage of Blankets

- 17.1. There are no restriction on providing Blankets to Passengers.
- 17.2. The Aircraft Operator shall ensure all blankets distributed are collected prior to disembarkation and it shall be sent for cleaning and disinfection according to Public Health Guidelines, prior to been used for the next flight.

18. Passengers with Disabilities

- 18.1. Passengers with disabilities may be more vulnerable to infection and will likely seek additional reassurance that measures are in place to prevent transmission of infection from those who are assisting them, before they are able to travel.
- 18.2. Operators should be mindful of this and may need to consider additional measures within their acceptance procedures for such passengers, so that precautions can be taken to protect them.
- 18.3. Where physical distancing techniques are required by Public Health Authorities, these may not be possible when passengers with disabilities require additional assistance such as seat transfers, use of wheelchairs or help with carry-on baggage.
- 18.4. Where on-board wheelchairs are provided, operators shall consider additional cleaning procedures to ensure they remain clean between each use.

19. Safety Demonstration

- 19.1. Manual safety demonstration equipment should be sanitized before each use and shall not be shared with anyone crew members. .
- 19.2. It is recommended that Cabin Crew Members are not required to place demonstration equipment such as oxygen masks and life vest mouthpieces to their mouth and nose.
- 19.3. When demonstrating the use of oxygen masks, passengers shall be reminded that protective facial masks if worn, shall be removed in the event of a depressurization before fitting oxygen masks.

20. Passenger Announcements

- 20.1. It is recommended that Operators include specific passenger announcements including guidance aimed at preventing the spread of infection. These may include cough/sneeze etiquette and any requirements for wearing of masks as recommended by Public Health Authorities.
- 20.2. If necessary an Announcement shall be made informing all passengers to complete passenger locator information during flight for tracking and tracing of contacts.

21. Normal, Abnormal and Emergency Safety Procedures.

- 21.1. The use of PPE shall not impact the ability to carry out normal, abnormal and emergency safety procedures, such as the donning of oxygen masks, carrying out firefighting procedures etc. The Aircraft Operator shall have procedures in place covering the above emergencies.

APPENDIX B

Title: Guideline for Airports in Sri Lanka on Airport Operations in Relation To COVID-19 Pandemic Situation.

1. Risk Assessment

Standards for Risk Level of Airports and Principles of Disease Prevention and Control

- 1.1. Airports shall be categorized into the two levels, namely high-risk and low-risk airports based on their flight operation, and differentiated prevention and control measures should be applied accordingly.

Note: If flights arriving from heavily impacted countries (with over 5000 existing confirmed cases) landed in a local airport, the airport shall therefore be deemed as high-risk airport in terms of epidemic prevention and control.

This risk categorization may change time to time according to the local & international standards.

2. Body Temperature Screening and Emergency Handling

- 2.1. Calibrated non-contact thermometers should be equipped at appropriate locations of terminals.
- 2.2. It is strongly advisable to screen temperature of all arriving and departing passengers. If the body temperature of a passenger/staff exceeds 37.5° C, a repeat check shall be conducted after 10 mints and if the temperature remains above 37.5° C, he/she shall be referred to airport medical Centre.
- 2.3. Thermal screening can be done using conducted using thermal scanners to avoid drastic impact on throughput resulting in more queues.
- 2.4. Airports shall have 24/7 availability of Emergency Medical Facilities (for medical and Public Health emergencies).

3. Prevention and Control Measures for Airport staff & Ground staff.

- 3.1. Provide PPEs to the staff only if necessity arises while handling a suspected case.
- 3.2. Sanitizers should be available in main gathering areas

- 3.3. Staff awareness programmes on Public Health Measures, Personnel Hygiene, Proper usage of Personal Protective Equipment (PPEs) and other related areas for prevention of spread of COVID-19.
- 3.4. Training schedules and modules of the above point 3.3, shall be submitted to CAASL for approval prior to commencing the training.

4. Public Health Measures at General Check-in Area and Terminal Area

- 4.1. Implement measures that reduce congestion within check-in areas through advanced-planning and monitoring of passenger flows.
- 4.2. Airports shall provide signage and announcements via Public Address (PA) system to encourage physical distancing. In addition, support communication of key prevention messages from health authorities through audio visual messages and signs at key touch points of the passenger journey should be considered.
- 4.3. Various self-service tools, such as boarding pass and baggage tag kiosks and baggage drop are of specific concern due to the high levels of physical contact that increase the probability of contamination. Usage of these devices should nonetheless be encouraged to reduce face-to-face interactions. These devices shall be adequately and constantly disinfected.
- 4.4. Whenever possible, passengers should be encouraged to complete check-in processes prior to arriving at the airport. Online check-in, mobile boarding pass, off airport baggage tagging, and other initiatives will contribute to the reduction in the amount of contact with airport staff and infrastructure.
- 4.5. Whenever possible, airport and other stakeholders should use contactless processes and technology, including contactless biometrics such as facial or iris recognition). Such digital identification processes can be applied to self-service bag drops, various queue access, boarding gates and retail and duty-free outlets.
- 4.6. Installation of touch-free equipment in toilet facilities such as the following should be considered:
 - (a) Automated Door Systems.
 - (b) Automatic Toilet Flushing System.
 - (c) Taps and Soap/Hand Sanitizer Dispensers.
 - (d) Automated Hand Towel Dispensers.

5. Cleaning and disinfection of Airport Public areas

- 5.1. A written plan for enhanced cleaning and disinfection should be agreed upon by the airport health authority, airport operators and service providers, according to the standard operating procedures outlined in the WHO Guide to Hygiene and Sanitation in Aviation.

5.2. Daily Preventative Cleaning and Disinfection of airport public areas shall be conducted.

5.3. **Baggage Claim Area**

The baggage claim area of an airport is susceptible to high passenger footfall and physical contact with luggage carts, baggage, washrooms and other facilities. Disinfection measures and increased frequency of cleaning shall be implemented.

(a) Protocols for cleaning and disinfection of the area shall be established.

6. Waste disposal

6.1. The management of wastes collection of used PPEs shall be enhanced in frequency so that wastes could be disposed in time. It is advisable to incinerate all waste products at present.

6.2. Process of waste disposal shall be maintained with increased frequency of waste disposal in the cleaning schedules.

6.3. All types of waste/garbage collected at aprons shall be incinerated.

7. Personal Hygiene (Staff and Passengers)

Note: Based on recommendations from the WHO, ICAO & IATA regarding COVID-19, it is always a good practice to follow below personal hygienic procedures by all workers, regardless of specific exposure risks:

- (a) Frequently wash hands with soap and running water for at least 20 seconds
- (b) If soap and running water are unavailable, use an alcohol-based hand rub with at least 70% alcohol.
- (c) Always wash hands that are visibly soiled.
- (d) Avoid touching your eyes, nose, or mouth with unwashed hands.
- (e) Always keep the distance of 1 meter with the others and avoid close contact with people who are sick.

7.1. Advisable to maintain adequate spacing between passengers when queuing (at least 1 meter between passengers). Floor markings shall be used where passengers queuing.

ATTACHMENT 01 HEALTH DECLARATION FORM (HDF)



A-Health Declaration Form Ministry of Health /Sri Lanka Office Copy

Please fill the form accurately and completely in English

(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (<i>In Block Capitals</i>):		2) Sex (✓): Female <input type="checkbox"/> Male <input type="checkbox"/>	
4) Date of birth: (dd/mm/yyyy)		3) Nationality:	
5) Passport No:		6) Flight No. (<i>Arrived to Sri Lanka</i>):	
8) Country of beginning of this travel:		7) Seat No. of the flight:	
9) Date of departure from the country of beginning of this travel: (dd/mm/yyyy)		10) Countries transited during current travel:	
11) Countries visited during last 14 days:			
12) Have you been diagnosed of having COVID-19 when you were in overseas (✓): Yes <input type="checkbox"/> No <input type="checkbox"/>			
13) Did you have close contact with confirmed COVID-19 patient or patient with flu during last 14 days (✓): Yes <input type="checkbox"/> No <input type="checkbox"/>			
14) If you experienced any of following symptoms within last 14 days, please mark '✓' on relevant cage: Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle/Joint pain <input type="checkbox"/>			
15) Did you take any medicine (e.g. paracetamol) to suppress fever within last 1-2 days Yes <input type="checkbox"/> No <input type="checkbox"/>			
16) Address in Sri Lanka:			
17) Contact Details in Sri Lanka: Telephone (Sri Lanka):..... Email:.....			
18) I declare all the information given by me is true and correct: Signature:..... Date:..... (dd/mm/yyyy)			
For office use only Temperature of the traveller :°C / °F			
Official stamp of the Health Office			



B-Health Declaration Form Ministry of Health /Sri Lanka Travellers's copy

Please fill the form accurately and completely in English

(For the children below 15 years, need to be filled by parent/guardian)

1) Name with Initials (<i>In Block Capitals</i>):		2) Sex (✓): Female <input type="checkbox"/> Male <input type="checkbox"/>	
4) Date of arrival to Sri Lanka : (dd/mm/yyyy)		3) Nationality:	
5) Passport No:		6) Country of beginning of this travel:	
7) Flight No. (<i>Arrived to Sri Lanka</i>):		8) Seat No. of the flight:	
9) Address in Sri Lanka:			
10) Contact details in Sri Lanka: Telephone (Sri Lanka):..... Email:.....			
Following to be filled by the staff of Airport Health Office			
Temperature of the traveller :°C / °F		Official stamp of the Health office	
Date : (dd/mm/yyyy)			

If you are a foreigner, please keep this form till you leave the country. You may be asked to produce this by the health authorities during your stay in Sri Lanka. You should produce this at immigration when you departure Sri Lanka.

For Immigration only

Entry approval

Entry grant	Signature
	Date : (dd/mm/yyyy)

Departure approval

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