

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

S.N.: SLCAGD - 011

Date: 21st October 2021

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.

A handwritten signature in black ink, appearing to read 'Themiya', with a long horizontal stroke extending to the right.

Captain Themiya Abeywickrama
Director General of Civil Aviation and
Chief Executive Officer

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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 Edition 4
 - (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) EASA Safety Information Bulletin Aerodromes SIB No.: 2020-07 – Preparation of Aerodromes to Resume Operations
- (h) FAA – Safety Alert for Operators 2009
- (i) ACI – Airport Operational Practice Examples for Managing COVID-19
- (j) ACI – Airport Preparedness Guidelines for Outbreaks of Communicable Disease
- (k) CAA China - Preventing Spread of Coronavirus Disease 2019 (COVID-19) Guideline for Airlines - Fourth Edition
- (l) WHO - Handbook for the Management of Public Health Events in Air Transport under IHR(2005)
- (m) WHO Infection prevention and control of epidemic and pandemic-prone acute respiratory infections in health care
- (n) WHO - Guide to Hygiene and Sanitation in Aviation, 3rd Edition
- (o) Ministry of Health & CAA Sri Lanka - National Public Health Contingency Plan for Designated Airports in Sri Lanka.
- (p) Public Health Measures to be adopted by Travellers during the COVID-19 outbreak in Sri Lanka (Reference Letter: DQ/06/2020 Issued on 09th July 2020)

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 The Operator shall carry out a Risk Assessment in accordance to the below mentioned table, Figure 01, on all international flights (Cargo/Passenger) to determine the risk level of the flight.

(a) Confirmed Cases at Point of Origin	0 > 50 Score = 1	51 > 100 Score = 2	>100 Score = 3
(b) Duration of Flight (Hrs.)	0 > 4 Score = 1	>4 Score = 2	---
(c) Passenger Load (%)	0 > 60% Score = 1	61 > 80% Score = 2	>80% Score = 3
Risk level associated with flight	Score determined (a) + (b) + (c)		
Low Risk	3 - 4		
Medium Risk	5 - 6		
High Risk	7 - 8		

Figure 01

2. Long Stopovers and Layovers

- 2.1. Aircraft operators shall take appropriate measures to avoid long stopovers and 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. When avoiding long stopover or layovers is not possible due to operational restrictions, 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) The transportation should be done, as much as possible, with a minimum separation of one seat between Crew Members;
- (c) 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 reserve single room for each crew member,
 - iii. The Aircraft Operator shall agree with the hotel that the rooms to be used by Crew Members are properly sanitised prior to occupancy;
 - iv. Crew members shall avoid contact with the public and fellow crew members as much as possible.
 - v. Crew Members shall accommodate in a hotel determined by the Airline adhering to the public health measures of the Layover State.
 - vi. Regular monitor for symptoms including fever; and
 - vii. Observe good hand hygiene, respiratory hygiene and physical distancing measures when to leave the hotel room only for the reasons specified in (iv);
- (d) 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 every twice daily or 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 as per the grid provided in attachment 01. 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. Face masks shall be worn by all Crew Members at all times and replace regularly (at intervals not exceeding 8hours).
- 3.7. 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.
- 3.8. When rostering Crew, the Operator should, maintain the same teams in order to avoid cross contamination. The Operator shall:
- (a) Make all efforts that, in an aircraft with more than one lavatory and if the number of passengers carried allows it, a lavatory should be blocked for the exclusive use of the crew, preferably the one in the front;
 - (b) Limit, to the greatest extent possible, access to the Flight Deck;
 - (c) Instruct their Cabin Crew Members to avoid touching passengers' belongings at all times (carry-on luggage). If Under any unavoidable circumstances Cabin Crew Members required to touch passenger belongings, they shall sanitize their hands immediately;
- 3.9. There is no documented evidence available so far regarding the specific immunity following the COVID -19. Furthermore, there are several cases of reinfection listed in the recent literature. For this reason, Crew Members that were infected and recovered shall take the same precautionary measures as all their colleagues.
- 3.10. 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.

- 3.11. 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.

NOTE: PCR Tests - The latest PCR testing requirements for the Crew members are published in form of Special Direction by CAASL 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 (Refer Attachment 1). In terms of personal protection, the following should be kept in mind;
- (a) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the crew 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.
 - (b) Flight Crew Members shall wear masks while in the Flight Deck and crew rest area on all high-risk flights. Crew Members flying high-risk flights shall change their masks at least once every 8 hours (or whenever necessary).
 - (c) Flight Crew Members may remove their face mask, while in the flight deck on all Low or Medium risk flights, according to their desire. They shall wear a face mask whenever they allow other crew members to enter the flight deck or when leaving the flight deck.
 - (d) 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.
 - (e) All disposable protective equipment, after their use, shall be placed in yellow medical waste bags (Bio-hazard bag). After the flight, they should be sprayed or sprinkled till fully soaked with disinfectant recommended before aircraft

cleaning commence, and packed in a tightly knotted plastic bag for centralized disposal as medical wastes (This bag shall be marked as Bio-hazard).

- (f) 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 hands unless they wash their hands properly according to the hand washing guidelines (Refer IS 045).
- (g) After touching or disposing waste, hands shall be cleaned with soap under running water for 20 Seconds or hand sanitizer.
- (h) 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.
- (i) When sneezing or coughing whenever mask is removed for consumption of meals, one should try to lower the head or turn away from Crew Members and passengers nearby, cover the mouth and nose with tissues or flexed elbow.
- (j) Crew members should reduce their entry/exit of the Flight Deck and use intercom system for communication whenever they can to avoid close contact.
- (k) Flight crew members shall only leave the flight deck for short physiological breaks and scheduled rest.
- (l) Flight Crew 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 alcohol based hand sanitizer to clean and disinfect hands before meals. Also, they should use an exclusive lavatory.
- (m) During complete aircraft external inspection, refuelling,

Only one member of the Flight Crew or Technical Crew should be allowed to disembark the aircraft while conducting the external inspection, refuelling, etc., in such case direct contact with the ground crew should be avoided.

6. Temperature Screening

- 6.1 Shall check temperature at least twice per day during duty periods and at any time Crew member feels unwell.
- 6.2 Shall use non-contact infrared thermometer equipment.
- 6.3 Before boarding Non-contact infrared thermometer equipment (calibrated) shall be used to measure the body temperature of passengers & Crew Members.
- 6.4 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 until they operate the next flight under strict instructions 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 quarantine 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 adhere to strict quarantine 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.

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, 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 and transferred to a designated health facility in accordance with instructions of the Public Health Authorities after the flight has landed and all passengers and crew members have been disembarked;
 - (e) Put in quarantine or 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 quarantine 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-quarantine pending the result of the test of the suspected Crew Member. If the result is positive they will be placed in strict quarantine 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. CMO shall convey the details of each and every Crew Member who were infected and recovered to SCAI-AM, CAASL prior to the medical clearance of said Crew Member.
- 11.3. Cabin crew who have recovered from infection may experience a 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 disinfected at an appropriate frequency to accommodate safe operations for the passengers and crew. The frequency should 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 in accordance with Public Health Authority requirements.

- (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 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 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 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 fully sanitized
- (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 and disinfected 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**

- (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 and disinfection procedures to be applied for HEPA filtration systems.

- 13.5. Aircraft COVID-19 Disinfection Control Sheet shall be maintained and kept at Line Maintenance Control Centre for a period of 14 days (Refer Attachment 03 of Appendix A).

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

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.

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.

The disinfection shall be carried out according to the table in Attachment 02 of Appendix A.

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) While eating or drinking, shall not share meals, utensils or drinking containers;
 - (c) Reduce non-essential contact with passengers and/or their belongings;
 - (d) 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. Physical distancing techniques should be applied to passengers waiting to use lavatories.
- 15.5. 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. Depending on passenger booking figures Operators with pre-assigned seating procedures should consider physical distancing requirements within seating assignment systems.
- 16.4. Operators who do not have pre-assigned seating shall ensure Cabin Crew Members monitor passengers' seat choices during boarding, so that passengers are spread throughout the cabin as necessary.
- 16.5. Where passenger load and any weight/balance limitations allow, passengers may be encouraged to move to empty seats to increase physical distance between them.
- 16.6. 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. To minimize any possibility of cross infection, blankets where provided for Medical Emergencies, shall not be used by multiple persons and should reduce the usage of such items as much as possible.
- 17.2. Blankets may be given to the passengers with Infants, Passengers with Reduced Mobility, Sick and on request.
- 17.3. 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. 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.

22. Crew Positioning and Flight Duty Time Limitations

- 22.1. Cabin Crew Members may need to position/deadhead before operating services and the availability of commercial flights is likely to be limited. Additionally, quarantine requirements may prevent crew from being able to leave the aircraft upon arrival and they may be required to return to base immediately.

22.2. Flight Duty Time Limitations need to be considered carefully to ensure that Cabin Crew Members are suitably rested before operating the International Flights. The following shall be considered in the planning process:

- (a) Where Cabin Crew Members are required to remain on board the aircraft during extended turnarounds, power, lighting and heating/cooling shall remain available at all times.
- (b) Seating allocation on commercial flights should enable Cabin Crew Members to rest as appropriate;
- (c) When identified as positioning outside of the maximum permitted Flight Time Limitations, Cabin Crew Members should not be assigned any safety related duties on-board.

ATTACHMENT 01

PPE RECOMMENDATION FOR CREW MEMBERS

Personnel Type	Flight Risk	Surgical Mask	KN95/N95 Mask	Face Shield	Goggles	Disposable Protective Suit	Disposable Medical Surgical Gloves	Disposable Shoe Covers	Disposable Medical Cap
Flight Crew	Low and Medium	√							
	High	√							
	Special Transport Missions (High risk repatriation)		√		√	√*	√**	√	√
Cabin Crew	Low and Medium	√							
	High	√							
	Special Transport Missions		√	√	√	√*	√**	√	√
	Public Health Emergency Handling		√	√	√	√*	√**	√	√
	Medical Emergency Handling	√	√ ***		√	√*	√**	√***	√***
Aircraft Maintenance Staff	Low and Medium	√							
	High	√							
	Changing HEPA Filters		√						
Cleaning Staff	Low and Medium	√					√		
	High	√					√		

*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

*** In a high risk flight

Note: If necessity arises for more stringent measures on PPEs to be worn by the staff mentioned in the above table, the Airline shall consult the Company Medical Officer and decide on necessary PPEs according to the risk category after a proper risk assessment.

ATTACHMENT 02**AIRCRAFT CLEANING TYPES**

Area	Cleaning Items	Turnaround Time		Post-Flight
		<60min	>60min	
Flight Deck	Clean tray tables and cup holders	On Request	√	√
	Clean stowage areas and rack	On Request	√	√
	Wipe seats	On Request	√	√
	Clean floor/vacuum carpet	On Request	On Request	√
	Clean flight deck windows inside	On Request	On Request	√
	Clean door and walls	On Request	On Request	√
	Empty ashtrays (if installed)	√	√	√
Cabin	Dispose of wastes from closets	√	√	√
	Dispose of litter and newspapers	√	√	√
	Dispose of wastes in seat pockets	√	√	√
	Clean tray tables	On Request	On Request	√
	Clean cabin crew seat tables	On Request	On Request	√
	Clean interphone hand set	On Request	√	√
	Clean cabin windows inside			√
	Vacuum cloth-covered seats		On Request	√
	Wipe leather-covered seats		On Request	√
	Clean overhead bins outside and latch handle surfaces	On Request	On Request	√
	Dispose of wastes in overhead bins		On Request	√
	Clean PVC floors			√
	Vacuum carpet		On Request	√
	Replace pillows, headrest covers and blankets			√
	Clean in-seat monitors and service control unit panels			√
	Clean seats and armrests	On Request	On Request	√
	Remove passenger seat cushions and vacuum them			√
	Remove stains from carpets			√
	Clean seat rails, air outlets, ceiling, sidewalls, closets, bulkheads and magazine racks			√

ATTACHMENT 02 (Continued)

Galley	Empty waste bins and insert waste bags	√	√	√
	Clean bulkheads, trolley brake blocks, ceiling and ventilation grids (air-conditioning outlets)	On Request	On Request	√
	Clean faucets, sink and surfaces	On Request	√	√
	Clean retractable tables	On Request	√	√
	Clean ovens inside and outside	On Request	On Request	√
	Clean service trolleys	On Request	√	√
	Clean PVC floors	On Request	On Request	√
Lavatories	Empty waste bins and insert waste bags	√	√	√
	Clean toilet	√	√	√
	Clean basin, faucets and surfaces	√	√	√
	Clean mirrors	√	√	√
	Clean baby care table	√	√	√
	Clean board surfaces, interior and exterior door, handles and locks	√	√	√
	Clean PVC floors	√	√	√
	Replenish soap dispensers	On Request	√	√
	Replenish toiletry items	On Request	√	√

ATTACHMENT 03**AIRCRAFT COVID-19 DISINFECTION CONTROL SHEET**

Aircraft Registration: _____

Date (DD/MM/YYYY)	Time (24hrs – UTC)	Airport (ICAO Code)	Remarks	Disinfector Name
Aircraft Areas Treated	Disinfectant Material	Comments		Disinfector Signature
Flight Deck <input type="checkbox"/> Passenger Cabin <input type="checkbox"/> Cargo Compartment (s) <input type="checkbox"/> Other:				

Date (DD/MM/YYYY)	Time (24hrs – UTC)	Airport (ICAO Code)	Remarks	Disinfector Name
Aircraft Areas Treated	Disinfectant Material	Comments		Disinfector Signature
Flight Deck <input type="checkbox"/> Passenger Cabin <input type="checkbox"/> Cargo Compartment (s) <input type="checkbox"/> Other:				

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

- 3.1. All Staff Shall wear a Mask
- 3.2. Adequate number of Personal Protective Equipment (PPE) shall be provided according to the risk level of the work, work station, duty hours. Guidance is provided in Annexure 1 to this Attachment 1
- 3.3. Adequate number of Alcohol based hand sanitizers shall be available at each check-in point (For the staff and the passengers). Please refer to 9.2 of this document for more details.
- 3.4. For personnel working at document verification and body searching posts, their work uniform should be washed when they are off duty for the day. 75% alcohol can be applied to wipe or spray clothes in case of emergency.
- 3.5. Protective screens at check-in counters, information counters, immigration & emigration counters shall be installed.
- 3.6. For staff and teams working shifts, handovers shall be conducted in a contact-free manner, i.e. via telephone, videoconference, electronic logs, or at a minimum through physical distancing.
- 3.7. Maintenance and repair work in public areas should be prioritized and their schedule adjusted or possibly postponed if it's non-essential.
- 3.8. Staff training should maximise the use of online training and virtual classrooms until the classroom training are established.
- 3.9. 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.
- 3.10. Training schedules and modules of the above point 3.9, 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 these areas through advanced-planning and monitoring of passenger flows.
- 4.2. Airports shall provide signage, floor markings 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. At the traditional check-in counters, use of retractable stanchions and floor signage in the queuing area shall maintained social distancing and shall install transparent barriers in front of staff at counters.
- 4.6. Kiosks touch screens shall be disinfected between each use.
- 4.7. 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.
- 4.8. Procedures involving passengers presenting boarding passes and other travel documents to security personnel should be done, to the extent possible, while avoiding physical contact and in a way that minimizes face-to-face interaction. If there is a need to identify a person wearing a mask against a government-issued photo identification, the mask could be removed if physical distancing measures are met. Appropriate signage shall be deployed that clearly inform about subsequent steps of the process.
- 4.9. Whenever screening checkpoints are processing a high number of passengers, staff and crew screening shall be performed in dedicated checkpoints and separately from passengers.
- 4.10. Where possible, alarm resolution should be conducted in a dedicated area separated from the flow of passengers. This methodology mitigates the risk of queue build up and maintains passenger throughput but may need the positioning of additional personnel.
- 4.11. For WTMD alarm resolution, prioritize the use of hand held metal detectors to identify the cause of alarm followed by a targeted manual search where the alarm is.
- 4.12. The use of Explosive Trace Detection equipment (ETD) or Explosive Detection Dogs (EDD) should not be limited to alarm resolution. Random use of such explosive detection should be encouraged and leveraged where possible.
- 4.13. In order to resolve any alarms or concerns identified by screeners, the use of ETD or EDD should be considered in lieu of manual searches, where appropriate and subject to the nature of the screener's concerns.

- 4.14. If the standard procedure allows for the reuse of ETD swabs, consideration should be given to discontinuing this practice to limit the possibility of spreading COVID-19.
- 4.15. Larger quantities of health-related Liquids, Aerosols and Gels (LAGs) than prescribed by applicable security regulations, such as Alcohol-based hand disinfectants not exceeding 100ml, could be accepted if permitted by the appropriate authorities for aviation security and safety.
- 4.16. Airport shall have a proper boarding process to reduce physical contact between passengers, especially once load-factors start increasing. Airlines will need to revise their current boarding processes. Airports may need to assist in redesigning gate areas, increase use of automation, such as self-scanning and biometrics should be facilitated.
- 4.17. Carry-on baggage that would need to be stowed in the overhead bins should be limited in volume and weight to facilitate a smooth boarding process while ensuring smaller groups of passengers are boarded in order to increase space between them.
- 4.18. 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. Ventilation of the Airport and Aircraft

5.1. General Air Conditioning of the Airport

- 5.1.1 The control of air-conditioning systems and natural ventilation (if possible only) in public places such as terminals should be enhanced.
- 5.1.2 With moderate temperature, doors and windows can be opened to increase the natural ventilation.
- 5.1.3 Where air-conditioning systems are used, full fresh air operation mode can be started as appropriate, and exhaust system should be turned on to keep the air clean.
- 5.1.4 Increase the use of air conditioning and effective filtration systems to keep air clean, reduce recirculation and increase the fresh-air ratio. Horizontal airflows should be limited.

5.2 General Air Conditioning of the Aircraft

- 5.2.1 Where external Pre-Conditioned Air (PCA) and fixed electrical ground power (400 Hertz) are available at the stand, an aircraft can switch off its Auxiliary Power Unit (APU) after arrival. A PCA system takes in ambient air through an intake filter and provides conditioned air to the cabin.

- 5.2.2 External air sources are not processed through the aircraft's High-Efficiency Particulate Air (HEPA) filter. The aircraft APU should be permitted to be used at the gate to enable the aircraft's air conditioning system to be operated, if equivalent filtration from PCA is not available.
- 5.2.3 Fully operational air conditioning packs and recirculation fans provide the best overall cabin ventilation performance. It is recommended to minimize dispatch with packs inoperative. It is recommended to minimize dispatch with recirculation fans inoperative for aircraft equipped with HEPA filter.
- 5.2.4 The OEM should be contacted about ventilation performance of the aircraft with outflow valves inoperative and the limitations associated with the dispatch in this situation or if the aircraft has an option for high flow operation.

6. Cleaning and disinfection of Airport Public areas

- 6.1. 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.
- 6.2. Daily Preventative Cleaning and Disinfection of airport public areas shall be conducted.
- 6.3. **Air disinfection:**
Use natural ventilation where conditions allow; air conditioning ventilation should be enhanced, and exhaust fans shall be cleaned and disinfected once a month with chlorine disinfectant.
- 6.4. **Surface disinfection:**
Crowded places and high-touch surfaces (such as self-check-in or check-in counters, document verification counters, buttons in elevators, baggage trolleys, trays at security check points and handrails) shall be the focuses. A recommended disinfectant could be used together when wiping with alcohol based disinfectant. The cleaning and disinfection of these surfaces shall be carried out every two hours and whenever the surfaces are visibly soiled.
- 6.5. **Terminal Disinfection:**
When suspected or confirmed cases, or passengers with suspicious symptoms are found in airports, terminal disinfection shall be performed by professionals as per the guidelines given by the Public Health Authority.
- 6.6. **For key passenger areas:**
A recommended disinfectant shall be applied by spraying or wiping for reaction of more than 30 minutes. If there are obvious contaminated objects, the concentration of chlorine based disinfectant shall vary according to the guidelines given by the Public Health Authority.

- 6.7. All airports shall have cleaning and disinfection plan in accordance to the guidelines published by Public Health Authority, Ministry of Health for COVID-19.
- 6.8. All cleaning and disinfection staff shall be made aware of the cleaning and disinfection plan. It is necessary to ensure staff are utilising products effectively, including the concentration, method and contact time of disinfectants, and addressing areas that are frequently touched and most likely to be contaminated, such as:
- (a) Airport information desks, passengers with reduced mobility (PRM) desks, check-in areas,
 - (b) Immigration/customs areas, security screening area, boarding areas, etc.
 - (c) Escalators and lifts, handrails.
 - (d) Washrooms, toilets and baby changing areas.
 - (e) Luggage trolleys and collection points: cleaned with dispensable wet wipes or disinfectants. Ensuring that disposal bins are made available.
 - (f) Seats prior to security screening and in boarding/check-in areas.
 - (g) Parking shuttle buses and airside buses.

6.9. **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) All efforts shall be made to provide a speedy baggage claim process and ensure the passengers waiting time in the baggage claim area is reduced.
- (b) Shall maximize the use of available arrival baggage carousels to limit the gathering of passengers and should use dedicated baggage carousels for flights from high risk areas.
- (c) Shall ensure that the customs clearance process is as speedy as possible and that appropriate measures are taken in case of physical baggage inspections.
- (d) Cleaning schedules shall be aligned based on flight schedules to ensure a more frequent, in-depth disinfection of luggage carts, washrooms, elevator buttons, rails, etc.
- (e) Online options for passenger needing to report lost or damaged luggage should be made available.
- (f) Retractable stanchions and floor markings shall be used to encourage physical distancing at the baggage carousel.

- (g) Airline agents at lost luggage counters shall be provided with a protective transparent separator/ screen when possible.
- (h) The use of baggage delivery services, where the passenger's baggage can be delivered directly to their hotel or home, should be encouraged.
- (i) Baggage tracking information shall be shared with passengers so that they are able to make a baggage claim, in case of baggage mishandling, without waiting in the reclaim area.
- (j) Protocols for cleaning and disinfection of the area shall be established.

7. Waste disposal

- 7.1. 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.
- 7.2. Process of waste disposal shall be maintained with increased frequency of waste disposal in the cleaning schedules.
- 7.3. All types of waste/garbage collected at aprons shall be incinerated.
- 7.4. Adequate number of foot peddle waste bins shall be provided at all stations especially the stations where the passenger and staff interaction are high.
- 7.5. Disinfection of waste bins shall be performed after garbage collection, either by spraying or wiping with chlorine based disinfectant.

8. 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:

- Frequently wash hands with soap and running water for at least 20 seconds
 - If soap and running water are unavailable, use an alcohol-based hand rub with at least 70% alcohol.
 - Always wash hands that are visibly soiled.
 - Avoid touching your eyes, nose, or mouth with unwashed hands.
 - Always keep the distance of 1 meter with the others and avoid close contact with people who are sick.
- 8.1. Adequate number of hand washing areas shall be established at the entrances, terminals, waiting areas.

- 8.2. Adequate number of hand sanitizers shall be placed at the entrance to terminal both from land side and airside, security screening points, immigration/emigration areas, document filling tables, check-in counter areas, lobbies, passenger sitting areas/waiting areas, customs, boarding gates, lounges etc.
- 8.3. Water dispensing facilities such as water fountains, water dispensers shall be discontinued.
- 8.4. Dine in services may be available adhering to the strict Government public health protocols.
- 8.5. Food and beverages (F&B) shops and retail outlets shall be made available for passengers at airports, while food will be served in takeaway boxes and alcohol will not be permitted.
- 8.6. Shall maintain adequate spacing between passengers when queuing (at least 1 meter between passengers). Floor markings shall be used where passengers queuing.
- 8.7. Shall Rearrange or remove seating at waiting areas, departure gates, or food courts to maintain adequate distance between people.
- 8.8. Airport Terminal access should be restricted to fare Wellers, greeters and accompany persons according to the public health measures imposed by the Government of Sri Lanka.
- 8.9. Spa Centres and Massage chair facilities may be available adhering to the public health measures imposed at the airport.
- 8.10. Special lounges shall maintain adequate spacing. Seating shall be arranged maintaining 1 meter distance in all lounges.
- 8.11. Staff personal shall be placed at all washrooms to control the crowd and frequent cleaning and disinfection shall be carried out.

9. Hygiene Requirements for Ferry Buses

- 9.1. If conditions permit, ferry buses shall operate at a low speed with windows open to maintain natural ventilation.
- 9.2. Should ensure increased frequency of ferry buses to the greatest extent possible to avoid crowding that passengers could sit and stand with at least one meter between each other and avoid crowding. The Ground handler shall maintain maximum number of passengers per bus according to the above requirements.
- 9.3. Preventative disinfection shall be performed after the daily operation, during which frequently touched surfaces such as hanging straps, handrails and seats should be wiped particularly with alcohol based disinfectant.

- 9.4. If the ferry bus has carried passengers with suspicious symptoms, it shall be subject to deep disinfection by professionals according to the Public Health Authority requirements.

10. Psychological Self-regulation for Front-line Personnel of Airports

We may be in a stage where front-line staff of airports may suffer collective stress reaction due to COVID-19 pandemic situation with all kind of restrictions. Psychological status is going to diversify among different population groups, leading to a more complicated phase for emotion change.

- 10.1. Airports should enhance emotional care and guidance through Airport Medical Services, for front-line employees by fully recognizing their hard work during the outbreak, timely commending those with outstanding contributions to the fight against virus and avoiding discrimination of those quarantined or confirmed with COVID-19 infection, so as to help build and strengthen employee' psychological sense of security.
- 10.2. For 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.

11. Disembarking and Arrivals

- 11.1. Coordination with various stakeholders (Eg. Immigration, Health, Custom, etc.) shall be established for measures facilitating the clearance of entry/arrival.
- 11.2. The identity verification process should be automated with the use of biometric technology. Use of contactless technology, automated border control or eGates should be encouraged in order to enhance transaction time and limit interaction between passengers, officers and staff.
- 11.3. For flights arriving from higher-risk airports where there are cluster or community transmission, a particular section of the arrivals terminal shall be utilised to increase physical distancing, and/or smart thermal cameras could be placed at appropriate locations to screen arriving passengers, in consultation with the public health authorities.
- 11.4. **Health Declaration Forms (HDF)**
- (a) Where declarations are needed on arrival, States should consider electronic options (e.g. mobile applications and QR codes) to minimize human-to-human contact. Information could be sent in advance via government portals. For customs formalities, where possible green/red lanes for self-declarations are recommended.

- (b) The staff at check-in counters shall ensure the availability of duly completed HDF with the air ticket of the passenger(s) & crew members or if the completed HDF is not available, ensure spare HDF are available at the Check-in counters.
 - (c) Template of HDF issued by Ministry of Health, Sri Lanka is attached as Attachment 02 of Appendix B.
 - (d) All passengers and Crew Members shall submit the duly completed HDF to the Health Counters at the Airports in Sri Lanka. The Public Health Inspectors shall scrutinize the HDF to evaluate travellers with high risk conditions and if any concerns arise the suspected case will be referred to the Airport Health Officer.
 - (e) The permission whether to enter in to the country or transfer to a designated hospital of such suspected case will be determined the Airport Health Officer.
- 11.5. Where transfer security screening is carried out, it shall follow Public Health measures applicable to a departing passenger.

11.6. **Arriving Passengers**

- (a) Risk categorization of countries
 - i. Risk categorization of the countries on COVID-19 will be done by the Ministry of Health.
 - ii. Based on the risk categorization of countries on COVID-19 by Ministry of Health, Civil Aviation Authority Sri Lanka (CAASL) and Department of Immigration and Emigration will give the clearance to the travellers to enter into the country.
- (b) COVID-19 PCR testing at the airport on arrival in Sri Lanka

Please refer to the latest Special Direction of CAASL and the guidelines of Ministry of Health.

12. Measures to be implemented for the passengers at Airports in Sri Lanka

- 12.1. All don a mask.
- 12.2. All shall sanitize their hands with alcohol based hand rub before embarkation & disembarkation.
- 12.3. All shall go through the screening process done at the Airport (starting from body temperature screening & whenever necessary further screening according to the Public Health Officials).
- 12.4. All shall submit the duly completed passenger locator form/Health declaration form to the Public Health Officials.

- 12.5. All shall adhere to the Public Health & quarantine laws of the country

13. Baggage Claim Area and Land side Areas

- 13.1. Shall have a speedy baggage claim process and ensure that passengers are not made to wait for excessive amounts of time in the baggage claim area.
- 13.2. Maximize use of available arrival baggage carousels to limit the gathering of passengers, and, where possible, use of dedicated baggage carousels for flights from high risk areas and shall be disinfected after each flight.
- 13.3. The Customs Clearance Process shall be made as speedy as possible and that appropriate Public Health measures are taken in case of physical baggage inspections.
- 13.4. Cleaning schedules shall be aligned based on flight schedules to ensure a more frequent, in-depth disinfection of luggage carts, washrooms, elevator buttons, rails, etc.
- 13.5. Self-service kiosks or online options for passenger needing to report lost or damaged luggage should be made available.
- 13.6. The use of retractable stanchions and floor markings shall be in place as a temporary measure to encourage physical distancing at the baggage carousel.
- 13.7. Airline agents at lost luggage counters shall be provided with a protective transparent separator. The use of baggage delivery services, where the passenger's baggage can be delivered directly to their hotel or home, should be encouraged.
- 13.8. Protocols for cleaning and disinfection of the area shall be established and implemented according to Section 06 of Appendix B.
- 13.9. Multiple hand washing stations or hand sanitizers shall be provided prior to the exit of the terminal building.

14.CARGO

14.1. Road Feeder to Freight Reception & Freight Pick Up

14.1.1. Onsite Biosafety Principles:

- (a) Proximity for document handover shall be minimized, floor markings shall be indicated and / or appropriate PPE shall be worn.
- (b) Hand washing or Alcohol-Based Hand Sanitizer shall be placed on entry.

- (c) Area(s) for donning and doffing of appropriate PPE as needed shall be identified and awareness programme shall be conducted to all staff regarding proper management of PPE.

14.1.2. Physical Handover of Goods (truck offload):

- (a) Drivers shall stay in vehicle cabin until instructed (as per relevant procedures).
- (b) Physical distance shall be kept between driver and facility staff where possible.
- (c) Close contact of personnel shall be limited, appropriate PPE shall be worn where appropriate.

14.1.3. Documentation Handover (office):

- (a) Digital document systems and data exchange should be implemented wherever possible.
- (b) Physical distancing of at least 1 meter shall be kept between all parties where possible, use of floor markings or wearing the appropriate PPE.
- (c) Where physical documents need to be signed, each signatory shall do so with their own pen.
- (d) Physical barriers/Screens shall be installed (transparent) at counters and reception.
- (e) Alcohol-based hand sanitizer shall be made available when entering or exiting common areas.

14.1.4. Material Handling Equipment (MHE) Usage (e.g. forklifts, hand carts):

- (a) To avoid cross contamination, MHE shall be cleaned and disinfected after use.
- (b) Employees shall be educated and shall practice personal hygiene principles.
- (c) Appropriate PPE shall be worn where necessary (Refer Attachment 01 of Appendix B).

14.2. **Within Cargo Facility (Origin / Destination / Transit)**

14.2.1. Onsite Biosafety Principles:

- (a) Physical distance shall be kept at all times when operational safety is not compromised.
- (b) Close proximity for handover minimized (e.g. drop zones) or appropriate PPE shall be worn.
- (c) Alcohol-based hand sanitizer shall be placed on entry into common areas.
- (d) Regular cleaning and disinfection of surfaces (e.g. handles, mobile devices) shall be established.
- (e) Sanitizer shall be made available for users of shared mobile devices, and other shared devices.

14.2.2. Physical Handling Goods:

- (a) Physical distance shall be kept when operational safety is not compromised;
- (b) Appropriate PPE shall be worn where necessary.

14.2.3. Material Handling Equipment (MHE) / Ground Support Equipment (GSE) Usage:

- (a) To avoid cross contamination MHE and GSE shall be cleaned and disinfected between uses.
- (b) All employees shall be educated and shall practice personal hygiene principles.
- (c) Appropriate PPE shall be worn where necessary.

14.3. **Cargo Facility to Ramp (Origin / Transit / Destination)**

Protect staff during the Cargo facility handover to/from ramp crews in preparation for aircraft loading and unloading.

14.3.1. Onsite Biosafety Principles

- (a) Physical distance shall be kept at all times when operational safety is not compromised or appropriate PPE shall be worn.
- (b) Regular cleaning and disinfection of surfaces (e.g. handles) should be established.

- (c) Alcohol-based hand sanitizer shall be made available for users of shared mobile devices, etc.
- (d) Close proximity for handover shall be minimized (e.g. drop zones)

14.3.2. Physical Handover Of Goods

- (a) Physical distance shall be maintained, and cargo drop zones used where possible.
- (b) Close contact of personnel shall be limited, shall be worn where necessary.

14.3.3. Ground Support Equipment (GSE) Usage

- (a) To avoid cross contamination, GSE shall be cleaned and disinfected between users.
- (b) All employees shall be educated and shall practice personal hygiene principles.
- (c) Appropriate PPE shall be worn where necessary.

14.4. **Aircraft Loading / Unloading**

14.4.1. Onsite Biosafety Principles

- (a) Physical distance should be kept at all times when operational safety is not compromised or appropriate PPE should be worn.
- (b) Alcohol-based hand sanitizer should be placed on entry into common areas.
- (c) Regular cleaning and disinfection of surfaces (e.g. handles, mobile devices) should be established.
- (d) Alcohol-based hand sanitizer should be made available for users of shared mobile devices, etc.
- (e) Close proximity of staff for loading should be minimized

14.4.2. Physical Loading Of Goods

- (a) Physical distance shall be kept when operational safety is not compromised (encourage single person operations).
- (b) Close contact of personnel shall be limited

- (c) For “human chain” loading, appropriate PPE shall be used (masks and gloves) and hygiene principles should be applied between operations.

14.4.3. Material Handling Equipment (MHE) / Ground Support Equipment (GSE) Usage

- (a) To avoid cross contamination, MHE/GSE shall be cleaned and disinfected between users.
- (b) All employees shall be educated and shall practice personal hygiene principles.
- (c) Appropriate PPE shall be worn where necessary.

ATTACHMENT 01

The Rationalized Use and Distribution of PPE

Personnel Type	Airport Risk	Surgical Mask	KN95/N95 Mask	Goggles /Face Shield	Disposable Protective Suit	Disposable Medical Surgical Gloves	Heavy duty Gloves	Disposable Shoe Covers	Disposable Medical Cap
Aircraft Maintenance Staff	Replacing HEPA		√						
General Maintenance Staff	Low	√							
	High	√							
General Maintenance Staff ##	Low	√							
	High	√							
Cleaning Staff	Low	√				√			
	High	√				√			
*Baggage & Cargo handling staff	Low	√							
	High	√							
Ramp Handling staff	Low	√							
	High	√							
###Passenger Service Staff	Low	√				√			
	High	√				√			
Check-in Staff	Low	√							
	High	√							
Dispatcher/ Load Controller	Low	√							
	High	√							

ATTACHMENT 01 (continued...)

Personnel Type	Flight Risk	Surgical Mask	KN95/N95 Mask	Goggles	Disposable Protective Suit	Disposable Medical Surgical Gloves	Heavy duty Gloves	Disposable Shoe Covers	Disposable Medical Cap
Security staff at the departure entrance	Low High	√				√			
Security staff before the Check-in counter	Low	√				√			
	High	√				√			
Security staff at the boarding gate	Low	√				√			
	High	√				√			
Security at the arrival gates	Low	√							
	High	√							
Security staff carrying out on board security checks	Low	√				√			
	High	√				√			
Customs	Low	√				√			
	High	√				√			
Immigration/ Emigration	Low	√				√			
	High	√				√			

ATTACHMENT 01 (continued...)

Personnel Type	Flight Risk	Surgical Mask	KN95/N95 Mask	Goggles	Disposable Protective Suit	Disposable Medical Surgical Gloves	Heavy duty Gloves	Disposable Shoe Covers	Disposable Medical Cap
Other Airport staff not mentioned above	Low High	√							

Note: If necessity arises for more stringent measures on PPEs to be worn by the staff mentioned in the above table, the Service Provider shall consult the Company Medical Officer and decide on necessary PPEs according to the risk category after a proper risk assessment.

ATTACHMENT 02

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)
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Departure approval

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