UNITED NATIONS
HUMANITARIAN AIR SERVICE
REPUBLIC OF SOUTH SUDAN

<u>COVID19</u>
<u>Standard Operating Procedures</u>
<u>(SOP)</u>

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RECORD OF REVISION

Please note that this SOP and its revisions are distributed only by electronic means. Every time a revision is distributed, the entire SOP's digital file will be replaced by the new digital file version. This SOP will be placed on the Tresorit database and advised to all UNHAS staff, staff of contracted air operators and applicable WFP Staff and other key stakeholders as may be needed.

Revision number	Date	Edited by	Date distributed
Version 1	25Mar 2020	COVID FP	20 Mar 2020

SECTION 1 – GENERAL

1.1 Scope

This SOP defines WFP Aviation/UNHAS procedures to be followed when operating in areas affected by the current outbreak of the coronavirus disease (COVID-19). This SOP will be communicated to UNHAS staff, Operators, and user organisations.

1.2 Background

According to World Health Organization (https://www.who.int/health-topics/coronavirus), Coronaviruses (COVID-19) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Due to the lack of symptoms during the incubation period and the rapid spread of the virus, it can be assumed that cases of COVID-19 will generally increase within affected countries.

1.3 Coronavirus Symptoms

A person that presents the following symptoms may have the Covid-19 virus:

- Fever (38 C or higher) and/or one of the following symptoms:
- Persistent dry cough;
- Dizziness/vertigo;
- Difficulty breathing;
- Muscle pain, diarrhoea and vomiting;
- Appears obviously unwell.

1.4 Transmission

People are thought to be most contagious when they are most symptomatic. Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

The World Health Organization states that the spread of COVID-19 between humans is being driven by droplet transmission. The virus is transmitted from a sick person to a healthy person through respiratory droplets when the sick person coughs or talks close to another person.

COVID-19 can be spread by touching contaminated surfaces or objects, and then touching eyes, nose or mouth. COVID 19 may spread from contact with contaminated surfaces or objects.

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may remain on surfaces for a few hours or up to several days.

1.5 Staff and Operator Instructions

All personnel are responsible to review and follow the guidance in this document as applicable.

1.6 General guidance and directives

For all UNHAS staff and Air Operators while in ROSS and in countries with confirmed cases:

- Avoid Public Transportation - Travel only in private transport when traveling between the airport/office and home/accommodations.

- Minimize contact with passengers, ground personnel, other staff, and reduce time in public areas while moving between the aircraft/office and the private transport.

- Minimize going out into the general population, avoid hand shaking (no touching –) and use social distancing (maintain a distance of approximately 1 meter if possible) whenever out in public and among passengers.

- Avoid crowds, shopping malls, sporting or mass events, and other situations likely to attract large numbers of people.

- Wash your hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer.

- Avoid touching your face (eyes, nose and mouth) because contaminated hands may transfer the virus to your body through these openings.

- Do not touch surfaces or objects that you suspect may be contaminated.

- When sneezing or coughing, cover your mouth and nose with bent elbow or tissue and immediately dispose of the tissue in an appropriate place.

- Self-monitor your health condition; operators should also follow the guidance provided by your employer's occupational health program. If suspected to be infected or exposed, take your temperature with a thermometer twice a day and watch for cough or difficulty breathing. Fever means feeling feverish or having a measured temperature of 38 degrees Celsius or higher. Immediately report any fever, cough, or difficulty breathing to any of the following:
  - UNHAS contacts:
    - John Cassidy john.cassidy@wfp.org +211 926 225 434
    - Nikolay Riekhtin nikolay.riekhtin@wfp.org +211 922 845796
    - Kennedy Ooro kennedy.ooro@wfp.org +211 922 845 785
    - Mario Sibrian mario.sibrian@wfp.org +211 922 465 5460
  - WFP Country Office contacts
    - Fiona LITHGOW fiona.lithgow@wfp.org +211 922 465 747
    - Brian LANGDON brian.langdon@wfp.org +211 922 654 670
  - UN Medical Contacts
    - UN Physician UNDP on-call number +211 920 694 196
    - UNMISS +211 912 173 563
  - Employer Focal Person

- Face masks can limit transmission of the virus to others if you are sick or showing the symptoms as described above.

- Notify your Focal Points above and the Medical Section if you had travelled to infected countries or you were exposed to individuals with suspected COVID-19.

- Contact UNHAS management or the Country Office Covid team if any support or further guidance is required.

- Stay informed by carefully reading circular and advisory mail sent by the WFP COVID team and also read information distributed through the WHO official website at the link for further information and guidelines. https://www.who.int/emergencies/diseases/novel-coronavirus-2019

1.7 Personal Protective Equipment

Air operators shall ensure availability of a Universal Precaution Kit as per ICAO Annex 6, Attachment A. This should include as a minimum:

- Germicidal disinfectant for surface cleaning

- Skin wipes

- Face/eye mask (separate or combined)

- Gloves (disposable)

- Protective apron

- Large absorbent towel

- Pick-up scoop with scraper

- Bio-hazard disposal waste bag

- Instructions

UNHAS ROSS staff shall have Personal Protective Equipment (PPE) that may be a combination of the items above but as a minimum face masks (surgical or N95), gloves, disinfectant gels or access to washing station. For all items refer to Annex 1 for specifications.

All staff shall be trained on basic rules on how to put on/take off PPE (as described in Annex 2) by completing the following training:

EVD training on the WHO website (https://openwho.org/courses/e-protect)

WHO training for COVID-19 https://openwho.org/courses/introduction-to-ncov

SECTION 2 – OPERATIONS

2.1 Pre-flight

UNHAS ROSS will monitor the spread of COVID-19 in country and undertake a risk assessment before each flight. If an operation to a COVID-19 affected area is required, additional precautionary measures such as reduced passenger seating configuration that ensures a **minimum** safety distance of one meter between passengers will apply.

2.2 Check-in and Boarding

UNHAS and/or the Air Operator staff shall provide information to passengers on the potential risk of Covid19 and advise on preventive hygiene measures.

Screening procedures shall be put in place at all locations for all staff and passengers for the purpose of flying on WFP aircraft. This may include before entering air terminals. All staff and passengers shall be screened before entering any UNHAS compound and WFP aircraft.

All UNHAS staff and porters should wear PPE comprising of a mask and gloves, and frequently use hand disinfectants, especially at air terminals that are congested.

2.2.1   Screening Process at entry

Operational steps to be performed:

- Where possible keep a distance from any person ideally 1 meter minimum.

- Check eligibility for entry, i.e. passenger and staff.

- Inform the passenger of screening reason and process.

- Observe passenger for any visible COVID-19 symptoms as per below.

    o   Ask the passenger whether they feel sick and have any of the symptoms, including fever, coughing, sore throat, difficulty breathing, or feeling unwell in the past 24 hours.

- Check the temperature keeping distance and measuring temperature 5 cm in front of the temple.

- If the temperature reading is high (38^0C or higher) and the passenger has no other COVID-19 symptoms, ask the passenger to move to a shaded area and wait. Retake their temperature again after 3-5 mins for an accurate reading. Clear the passenger if there are no symptoms and temperature below 38^0C. If temperature is still 38^0C or above a final reading can be made 5-10 mins later trying to calm and cool the person. If the temperature is still above 38^0C, separate the passenger as per below, point 2.2.3.

- If the Covid19 symptoms are displayed by the passenger:

    o   Provide them a mask to put on.

    o   Inform them to move to the isolation area.

    o   Inform your supervisor and contact the appropriate WFP Covid Focal point or UN Medical Section.

- If symptoms are present, follow separation actions per below, point 2.2.5 and also inform the UNHAS Chief Air Transport Officer (CATO) or Deputy Chief Air Transport Officer (DCATO).

- Direct passenger to disinfect hands before entering.

2.2.2   Screening Process at check-in area

Operational steps to be performed:

- Clean- Disinfect the Check-in areas before using them.

- Place posters with information about the COVID-19 preventive measures in the visible part of the passenger's check-in area.

- Place disinfectant gel at the Check-in counters and ask passengers to disinfect his/her hands.

- Keep distance minimum 1 meter from any passenger.

- Ensure there is sufficient disinfectant gel at the passengers' waiting area.

- Assess passenger's physical condition i.e. sneezing, coughing, having difficulty in breathing or any

other known symptoms.

- The check-in counter staff interacting with passengers and their belongings such as luggage, electronics etc. shall use disposable gloves.

- Check-in and boarding staff to wear protective gloves when handling passenger documents.

- Passengers shall have their tickets checked by an UNHAS staff member for correct approval/boarding stamp and then have their hands sanitized or washed prior to boarding the aircraft.

- Ensure gloves are always worn when loading and unloading passenger baggage, cargo and pouches.

2.2.3 Screening at the field Stations

Note: This screening may be implemented depending of the severity of the COVID-19 Situation in ROSS

- At the field stations, where UNHAS staff is available, the hand sanitizing, temperature and symptoms screening may be arranged in the best suitable manner, as per the description given above by UNHAS staff. Support may be requested from the aircrew, whenever deemed necessary and should be provided whenever possible. In locations where IOM staff are also based, they may assist during the screening process.

- At the field station, where UNHAS staff is not present, similar actions may be conducted by crew members with the support of IOM Support Staff if located in the same field station, and/or an AFP.

2.2.4 Cost Recovery

Passengers denied entry on WFP flights due to failing the temperature testing will not be charged and cost recovery will be administered by UNHAS

2.2.5 Separation (isolation)

Actions to be undertaken when dealing with sick passenger:

1. Obtain the passenger details (name/organisation).

2. Inform the passenger that they will be separated/ isolated due to symptoms.

3. Offer a facemask, if available and if the passenger can tolerate it. If a facemask is not available or cannot be tolerated, ask the passenger to cover their mouth and nose with tissues when coughing or sneezing and stay separated from others.

4. Minimize contact between sick passenger and all other passengers and direct to predesignated isolation area. The passenger should be separated from others (by a distance of at least 1 meter) and a person contacted (agency focal point) to assist the passenger.

5. If the passenger refuses to be separated/isolated, provide them an information poster, advise them that they are displaying coronavirus symptoms and they should seek further medical assistance.

6. Contact UNHAS CATO, DCATO, COVID Focal Point or relevant Agency Focal Point and inform them of the passenger's name, agency and situation. They will then co-ordinate for further actions and inform the user agency if the passenger is non-UN. The passenger will not be allowed to board.

7. Where possible, medical service or advice may be offered at the air terminal. In such circumstances it is important that the guidelines or procedures offered are strictly adhered to.

8. **Isolation Areas**: Each air terminal shall have a separate designated isolation area for suspected passengers. The terminal shall have a COVID focal point to deal with these situations. A Rapid Response Team (RRT) can be contacted on 6666 to provide passengers with further guidance and support. Guidance and support posters are included at Annex 4). Enough information materials (posters at Annex 4) and PPE shall be available. A flowchart for COVID-19 Alert reporting for WFP South Sudan is provided at Annex 5. Where there is a UN medical clinic, guidance should be requested for the best means to deal with the passenger. Should it be required for deep field, advice should be sought through the COVID-19 focal points in coordination with UN medical teams. This may require self-isolation and/or contacting the organisation focal person.

    Note:

    An elevated temperature may indicate fever or other illnesses and not necessarily the presence of COVID-19. It is therefore important that every effort be made to investigate other symptoms (understanding that UNHAS are not medical professionals) such as coughing, difficulty breathing and sore throat as there could be other underlying illnesses such as malaria or typhoid etc.

2.2.6 Screening items and their use

1. Masks: the screener should always clean their hands before applying the mask and after removing it. A mask can be used only once but the screener can keep the same mask on until it becomes moist or damp inside. It should be noted that touching the mask with dirty hands or contaminated gloves will render the mask also contaminated, so every effort should be made avoid touching the mask.

2. Gloves: Always wash hands before putting on gloves and after removing them. Change gloves any time they are damaged or torn and when they become too moist. There is a misconception that wearing gloves means the persons hands are clean, but the surface of the glove may be contaminated if touching infected surfaces. It is therefore important to ensure that you do not touch your eyes, nose, mouth or mask when wearing gloves. Follow these steps to remove gloves:

   - Grasp the outside of one glove at the wrist. Do not touch your bare skin.
   - Peel the glove away from your body, pulling it inside out.
   - Hold the glove you just removed in your gloved hand.
   - Peel off the second glove by putting your fingers inside the glove at the top of your wrist.
   - Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.
   - Dispose of the gloves safely and do not reuse the gloves.
   - Clean your hands immediately after removing gloves.

3. Non-contact Infrared thermometer:

   - The screener will be asked to take temperatures of anyone entering the premises. In general, the non-contact infrared thermometers are held 3 to 5 cm away from the

passenger getting screened and typically measure temperature on the forehead or temple. Ask the passenger to remove any hair to expose base skin for correct reading. The thermometers currently in use recommend the reading to be taken between 3-5 cm from the passenger's skin. Separate guidance for thermometer use can be found at Annex 6).

- General information on infrared thermometers: https://youtu.be/js0qDiH9gGg

- If temperature readings are higher than reference, the person should be given 3-5 minutes to stay calm in a cooler place if possible and then measurements to be taken again. If the reading is still higher than reference, a final reading can be made 5-10 mins later trying to calm and cool the person. If the reading is still higher than reference the person cannot board the WFP flight.

2.2.7   Loaders and helpers

Loaders and helpers especially when working in close proximity with delivery drivers and user staff, shall:

- Use PPE comprised of masks and gloves;

- Wash hands before entering the airside.

- Wash hands after handling cargo/baggage and avoid touching face areas (eyes, nose, mouth).

2.3   In Flight

Actions to be performed by crew:

- Passengers shall be provided with sick bags and hand sanitiser upon boarding.

- Cabin crew shall use gloves when handling items such as used napkins, glasses and food trays.

- Seat-back pockets shall contain sick bags and laminated safety cards only. It is recommended that stickers be placed within the aircraft to highlight COVID-19 precautions and to prevent passengers spreading germs through touching. No other materials are to be placed in seat pockets.

- Gloves, face masks and additional sick bags shall be available on board to cater for suspect passengers.

- Passengers shall be instructed on the proper use of alcohol hand wash gel and face mask, and advised to use the sick bags if needed.

- Used sick bags shall be placed in a biohazard bag on board the aircraft.

- Cabin crew shall use protective equipment (single-use gloves and mask) when in contact with passengers exhibiting symptoms of an acute respiratory infection (cough, frequent sneezing, runny nose, sore throat, difficulty breathing).

The following actions shall apply if flight crew members identify a COVID-19 suspected case in-flight:

- AFO Flight Following and Air Traffic Services in the Host Country shall be informed, providing the following information:

  o UN call-sign;

- o Departure aerodrome/ take-off location;

- o Destination aerodrome/ landing location;

- o Estimated time of arrival;

- o Number of passengers onboard;

- o Number of suspected case(s) onboard; and

- o Nature of the public health risk or symptoms, if known.

- AFO shall forward a message as soon as possible to the UN Medical Unit serving the destination/departure location unless established procedures exist to notify the appropriate authority designated by the Host Country.

- if a passenger is coughing, provide tissues. request the tissues be used to cover their mouth and nose when they are speaking, sneezing and coughing;

- provide an airsickness bag for the safe disposal of the tissues;

- advise the passenger to practice hand hygiene (washing hands with soap and water);

- if soap and water are not available, provide an alcohol-based hand sanitizer with at least 60% alcohol (if hands are visibly dirty, soap and water must be used);

- ask the passenger to wear a surgical mask (as soon as it becomes damp, provide a replacement mask);

- dispose used masks safely in a biohazard bag or equivalent;

- practice proper hand hygiene immediately after handling the mask;

- if the mask is refused, the crewmember(s) or any passenger in close contact (less than 1 meter) with the suspect passenger should wear a mask;

- try to limit the passenger's interaction with others on board;

- if possible, leave a space of two meters (6 feet) between the ill passenger and all others on board (if this is not possible, provide personal protective equipment (PPE) to anyone within the vicinity);

- anyone attending the suspect passenger should wear the PPE found in the universal precaution kit onboard the aircraft;

- if there is more than one lavatory on board, restrict one for the exclusive use of the suspect passenger.

- Cabin crew shall ask passengers to complete the passenger locator card forms (Annex 3) to identify passengers' seat along with information regarding their immediate travel plans and contact details;

- Cabin crew shall recommend passengers to self-report if feeling unwell. General pre-boarding and pre-disembarking information to the passengers shall be provided.

- Where applicable flight attendants or cabin crew members can use the Universal Precaution kits for their personal safety

2.4 After Flight

As passengers exit the aircraft, they should place all used gloves and masks in the designated

biohazard bag use a hand wash.

Upon arrival, airport authorities may take body temperature readings in case an affected passenger was found on board:

- On arrival, the Medical Unit serving the destination/departure location and/or designated medical officials shall escort the passenger directly to the designated health care facility before any other passenger or crew disembark.
- Once the affected passenger has been assisted from the designated medical officials, an announcement to reassure other passengers shall be made and information for preventive public health measures shared.

After a suspected COVID-19 case, the aircraft must be disinfected after flight.

2.5 Management of Crew Exposure after Completed flight

Flight and cabin crew members and ground personnel who may have been exposed to a passenger suspected of having coronavirus, should monitor their health for 14 days after the exposure (including temperature check twice daily). If they become unwell with coronavirus-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhoea they should immediately take the following steps:

- Stay home except to seek medical care; do not report to work.

- Notify their employer and UNHAS

- Contact their personal physician or UN Clinic.

- Inform the physician before visiting about the possible exposure to influenza.

- Do not travel, unless it is critical to travel locally for health care.

- Limit contact with others as much as possible.

- When not alone or in a public place, wear a mask to reduce the number of droplets coughed or sneezed into the air.

All people who have been in close contact with a confirmed case should consult their healthcare provider or UN Doctor and check their temperature and symptoms of flu twice per day for 14 days. A self-quarantine at home for 14 days is a measure that can be applied after discussion with the local healthcare provider and based on local public health recommendations or UN medical clinic

Incubation period for coronavirus is advised to be two weeks. As soon as a passenger who has been in contact with a confirmed case develops symptoms (temperature of 38°C or higher, cough, shortness of breath) it is important to wear a mask and to seek medical advice.

2.6 Transportation of specimen

UNHAS will follow the WHO international procedure for transporting samples that are potentially contaminating which is as follows:

- Medical samples shall be packed in accordance to IATA Packing Instruction 650 to prevent any spills, withstand the shocks and protect the people handling the package,

- Package shall be labelled UN 3373 according to Dangerous Goods Regulations.

- Dangerous goods declaration for transportation of UN 3373 is <u>NOT REQURED</u> as per current Dangerous Goods Regulations.

- Manifest for the shipment shall indicate: "UN 3373" the text: "BIOLOGICAL SUBSTANCE, CATEGORY B" and the number of packages.

- The packaging shall be provided with a transport document with the names and addresses of the patients.

- Handling staff the package shall use gloves.

- Handling staff shall ensure the packaging is properly sealed from the outside.

- Handling staff shall decontaminate of all exterior compartments of the triple pack with a 0.5% chlorine solution or bleach before boarding the aircraft.

- Handling staff shall load the package in a secure place in the aircraft somewhere to avoid from tilting

- Pilots may not accept the shipment on board if not in compliance with listed above.

2.7 Medical Evacuation of Non-Critical COVID-19 suspected/symptomatic passengers

2.7.1 General

This chapter covers provision on non-critical MEDEVACS in order to assist the contracted Air Operators to transfer patients with infectious diseases/symptoms.

2.7.2 WHO COVID-19 MEDEVAC Protocol

COVID-19 may present with mild, moderate or severe illness with severe cases presenting with severe Pneumonia, ARDS (Acute Respiratory Distress Syndrome), Sepsis and Septic Shock. Recognizing this varying natural progression of disease, early recognition and timely care is of essence. Cases meeting suspect COVID-19 case definition shall be tested using medically approved testing methods. Availability of a level 3 intensive care unit is important in ensuring optimal care for COVID-19 patients.

Critical COVID-19 MEDEVACs shall be conducted using WHO protocol in countries with no level 3 ICU capability in accordance with country specific public health regulations. There are four phases in the execution of WHO protocol, namely the alert phase, transfer to Isolation facility, testing and treatment and MEDEVAC. The following summarizes actions for each of the phases:

- Alert Phase: Symptomatic or high risk exposure patient calls the WHO MEDEVAC Coordinator central hotline:

  o The patient can also call the local Alert Number (6666);

  o Individual risk assessment and a decision as to whether the case meets COVID-19 suspect case definition will be taken;

- o The patient should isolate themselves until the clinical team arrives to transfer the patient to appropriate health facility. Patient can also safely transport themselves to the COVID-19 treatment centre if able.

- Transfer to nearest Testing and Treatment Centre: COVID-19 suspect is transferred to the nearest designated isolation health facility for testing and initial care

- Testing and Treatment: Done at a designated Health facility/treatment centre. Confirmed cases continue supportive care management and begin on therapeutics if available awaiting MEDEVAC to a health facility with Level 3 ICU Capacity in or out of the country

- MEDEVAC: MEDEVACs using agreed WHO protocols.

2.7.3 MEDEVAC Coordination

Upon request, UNHAS ROSS may conduct a MEDEVAC of COVID-19 confirmed passengers in accordance with country-specific public health regulations.

Approval for all medical evacuations of COVID-19 symptomatic passengers shall be undertaken by the requesting agency through the WHO and authorization with the Host Country. The Agency requesting air transport of COVID-19 symptomatic passengers shall inform respective authorities and obtain required authorizations.

It must be noted that UNHAS aircraft are not equipped with medical equipment. Therefore, MEDEVAC request shall be accompanied with the fit-to-fly form/statement from the authorized medical facility/doctor. Critically ill passengers shall be evacuated on special fully equipped MEDEVAC flights.

To effectively manage a patient transfer on UNHAS aircraft, and to minimize the adverse effect of such events on air operations, the AFO shall take action according to the Host Country public health surveillance and response procedures, the airport emergency plan regarding public health events and international requirements, addressing the following issues among others:

- Coordinate with the airport operator/airport authority to provide a specific parking area for the aircraft;

- Coordinate with airport authorities to grant credentials and security escorts to public health personnel and emergency responders who require access to restricted areas of the airport;

- Make appropriate notifications about the flight;

- Facilitate and supervise the implementation of arrangements, including agreements or memoranda of understanding with appropriate agencies, health care units, airport authorities and service providers, for the management of arriving patient(s) displaying symptoms of COVID-19, including coordination for customs and immigration clearance if needed;

- Ensure availability of appropriate transport for patients suspected of having COVID-19 to a designated facility for further evaluation, quarantine, isolation and treatment as necessary;

- Conduct health risk assessment relating to the arrival and departure of ill or suspect patient(s). Consideration should be given to disease-specific local protocols where appropriate, and assessment should be undertaken at the earliest possible opportunity following disembarkation from the conveyance;

- Establish with airport operators an appropriate area(s) for undertaking health assessment of patient(s) with symptoms of a disease of concern. This area(s) should accommodate appropriate numbers of patient(s).

- Establish a communication strategy that educates and informs in a timely manner relevant agency, the airport operator, aircraft operators and service providers of their obligations as specified in the contingency plan;

- Ensure that all relevant health authorities and border agency representatives are appropriately trained in patient health assessment and management, according to their duties and competences, including use of and access to personnel protective equipment (PPE);

- Assist with logistics, as applicable, and

- Patients must be treated:

  o With courtesy, and respect for their dignity, human rights and fundamental freedoms;

  o So as to minimize any discomfort or distress associated with these measures.

2.7.4 Pre-flight checklist

Checklist for arriving or departing of patients (including crew members) to be considered:

- Are systems in place, on departure, en-route, or on arrival, for management of patients reported as displaying symptoms suggestive of infectious disease?

- Are systems in place to ensure that any reports of arriving patients displaying symptoms suggestive of infectious disease are accurately and immediately relayed to the Host Country health authority at the intended place of arrival?

- Are systems in place to alert the Host Country Health Focal Point, should patients arrive with symptoms suggestive of a condition that could be related to this public health event (or other applicable events)?

- Are systems in place for the identification and contact tracing of various categories of fellow patients depending on the suspected illness, as applicable, in accordance with the Host Country and international requirements?

- Are agreements in place with relevant UN agencies for: the management of patients displaying symptoms suggestive of infectious disease, including initial medical assessment of the ill patient; assessment of associated public health risks; expediting of clearance procedures etc.?

- Are agreements in place with the relevant agencies for the transportation of patients displaying symptoms suggestive of infectious disease from the airport of entry to the designated health care facility/facilities, and for the delivery of the relevant medical examination and treatment, as well as access to diagnostic capability in the designated health care facility/facilities?

- Are arrangements in place for public health responders to have access through secure areas of the airports to respond to reports of arriving or departing patients displaying symptoms suggestive of a communicable disease, should that be required?

- Are arrangements in place with other border agencies for the clearance of ill patients, those accompanying ill patients, and their baggage, being transported to health care facilities?

- Is there a designated area that will allow privacy, with good ambient light, ventilation, easy cleaning and access to designated toilet facilities and telecommunications for the assessment where necessary of small groups of suspect patients?

- Do contingency plans at the airport include the potential need to separate suspect patients from others in the airport until given public health clearance.

- Do contingency plans at the port of entry include the possibility of moving suspect patients to designated health care facilities away from the airport for assessment, treatment, isolation, or quarantine, as appropriate? Does the existing procedure ensure minimal contact with others, until such time as the risk of their carrying such disease has been dismissed or managed?

- Do contingency plans include the provision of language interpretation services if required?

- Do contingency plans include media communication strategies, as applicable, for the event of an ill person arriving with a suspected communicable disease, the nature of which could raise public concern?

- Are systems in place for the collection, management and use of contact-tracing information, to allow for rapid contact with patients' post-clearance, should that be required due to the eventual diagnosis?

- Are public health response stockpiles available for rapid response at the airport, e.g. personal protective equipment (e.g. masks and gloves), documentation, passenger locator cards, etc.?

- Are systems in place to ensure the cleaning and disinfection of conveyances, and any contaminated airport spaces if required?

2.7.5 MEDEVAC Flight

MEDEVAC flights shall be conducted in full compliance with respective contracted air operators procedures taking into consideration additional instructions indicated in the points below:

- Transport must be coordinated with the Host Country Ministry of Public Health, Civil Aviation Authorities, WHO and requesting agency at origin and destination;

- Infection control policies and procedures shall be established before/implemented during all phases of patient transport;

- A portable isolation unit is recommended to be used for the MEDEVAC of a person with a suspected or confirmed COVID-19 case, in order to contain infected substances/materials spreading and minimize contamination of the aircraft;

- If no isolation unit is available, additional precautionary measures shall be taken into consideration and agreed upon with the air operators:

  o Aircraft with a lockable cockpit door shall be used. Alternatively, separation curtains shall be used to protect flying crew;

  o Cabin crew shall wear PPE comprised of a mask and gloves;

  o Reduced seating configuration shall be used that ensures an extended minimum safety distance of three meters between patients;

  o All non-essential items such as leaflets, information bulletins etc. shall be removed from the seat pockets;

  o Hygiene items and water bottles shall be placed in the seat pockets in advance.

- All baggage shall be placed in plastic bags before loading.

- Personnel providing care during transport should be trained in clinical management, infection control, and correct use of PPE;

- Full set of PPE should be used by all those in the patient care area or who may have contact with patients or their body fluids; infection control guidelines should be followed, and

procedures that could increase the risk of exposure to the patient's body fluids should be avoided. Patients and cabin crew shall wear full PPE set at all times;

- Ground transport of a confirmed case should be handled by appropriate Ambulance. Local arrangements for an Ambulance shall be made in consultation with public health authorities as well as the WHO.

- Aircraft shall be immediately disinfected upon arrival.

- All waste shall be disposed as per State procedures using biohazard bags.

- UNHAS ROSS shall not be engaged in MEDEVAC of COVID-19 patients unless the above conditions are fully met.

Each AFOs, coordinated by the Chief Air Transport Officer (CATO) will be responsible to arrange the following

- Coordinate the flight and administrative arrangements with WHO and Operator/s;

- Manage air operations in accordance with UNHAS SAOP;

- Verify the overflights and landing permits (if required)

- Inform the local Civil Aviation Authority and customs (if any)

- Verify that all required documents are in place before the flight

- Follow technical provisions of the current SOP

SECTION 3 – CONTRACTED AIR OPERATORS

3.1   Standard Operating Procedures

Air Operators shall review and update respective SOPs on the control and management of communicable diseases to address the following elements:

- Infections control measures before, during and post flight;

- Handling of suspected infectious disease in-flight;

- Aircraft cabin disinfection;

- Inflight PPE kits.

- MEDEVAC of contagious passengers

3.2   Business Continuity

The Air Operators shall provide AFOs with a business continuity plan to address the following elements:

- Crew rotation plan (considering 14-day self-isolation requirements);

- Stand-by crew availability and location;

- Spare parts supply; anticipating aircraft maintenance timelines/technical requirements

- Crew PPE and aircraft disinfectant supply.

3.3   Crew

The Crew shall self-monitor their health:

- Take temperature twice daily for fever 38ºC or higher and watch for cough or difficulty breathing.

- Report any of the above signs or symptoms to your Project Manager, who will contact UNHAS.

- Call medical healthcare provider or UN Medical Section for advice if needed.

- Notify UNHAS who will coordinate call with Medical Section if above signs or any symptoms occur.

- Limit unnecessary movements and contacts.

- Exercise social/physical distancing at all times and minimise touching areas in aircraft where possible.

3.4   Aircraft cleaning and Disinfection

Air Operators shall establish mandatory routine disinfection of aircraft on a daily basis. Aircraft shall go through increased disinfection procedures:

- Substances containing 62%-71% ethanol alcohol, 0.5% hydrogen peroxide, or 0.1% sodium hypochlorite are recommended; however, the suitability of the substances should be confirmed against the aircraft manufacturers' documentation.

- Additional reference may be found in the established World Health Organization Guide to Hygiene and Sanitation in Aviation, 3rd edition, Article 3 at the link below: https://www.who.int/water_sanitation_health/hygiene/ships/guide_hygiene_sanitation_aviation_3_edition.pdf

- Cleaning and Disinfection of Facilities as a universal Guide for detailed aircraft disinfection procedures.

- Wear Personal Protective Equipment (PPE) recommended by your national public health authority. Note that PPE requires appropriate training before use.

- Remove and discard gloves if they become soiled or damaged, and after cleaning.

- Wash hands with soap and water immediately after PPE is removed. An alcohol-based hand sanitizer may be used as an alternative if the hands are not visibly soiled.

- Dispose of soiled material and PPE in a biohazard bag if one is available. If not, place in an intact plastic bag, seal it, and label it as biohazard.

- Disinfect the aircraft after each stop, and before passengers are to be boarded; including but not limited to;
  - Seats
  - Seatbacks and seat-belt buckles
  - Light and air controls

- o Adjacent walls to seats and windows

- o Surfaces that may be touched by passengers

- o Tray tables,

- o Armrests

- o Cargo hold and,

- o Other areas as required.

- For suspected cases, ensure affected seats and adjacent rows cleaning is immediately performed with appropriate disinfectant.

- For confirmed cases, ensure aircraft cabin deep cleaning is immediately performed with appropriate disinfectant. If no disinfectant available, affected seats and adjacent rows shall be isolated.

- Any contaminated material should be disposed into biohazard bags.

- Follow airport/host country-specific procedures at destination for the handling of the materials upon arrival.

- Non-essential documents should be removed from all seat pockets except safety brief and other essential documents required for the safety of flights.

- Gloves, a sufficient number of gloves for the crew should be available on board the aircraft.

- Disinfectant Gel (alcohol-based hand sanitizers over 60%) should be available for the crew and passengers.

- Sufficient potable water should be on board the aircraft.

- An infra-red thermometer on board the aircraft.

- Operators to train crew on how to use the thermometer and arrange PPE.

SECTION 4 – REGISTERED USERS

4.1 Communication

All registered users shall be informed about the UNHAS COVID risk mitigation measures including screening procedures applicable to all passengers.

The following message or similar, shall be sent to all registered Users:

"To avoid the spreading of the new coronavirus and to ensure the health of all our passengers and staff members, health screening will be introduced immediately for all passengers for the purpose of flying on WFP aircraft. This may include air terminals and the UNHAS compound. Passengers experiencing or showing symptoms associated with COVID-19 will not be allowed to use UNHAS and can rebook their flight at no cost.

All UNHAS personnel have been advised to follow the best practice of physical distancing (minimum of 1 meter). At the entrance of any UNHAS compound or terminal, following the ID check, UNHAS staff will inform of screening reasons and process and ask following questions:

> Do you feel sick or have any of the symptoms, including fever, coughing, sore throat, breathing, or been feeling unwell in the past 24 hours?

> Have you recently travelled to COVID-19 affected countries?

Following the questionnaire, the temperature of a passenger will be taken pointing a non-touch thermometer to the temple of the passenger. If a passenger shows no symptoms, answers negative to the questionnaire and has no temperature, they will be asked to disinfect their hands and proceed to check-in.

If a passenger shows symptoms associated with COVID-19, answers positive to any of the questions, or has fever, they will not be allowed to proceed with check-in. In this case, UNHAS staff will offer the passenger a facemask and ask her/him to keep 1 meter distance from other people. UNHAS will then inform the passenger's user agency and coordinate further actions.

If the passenger is from a UN Agency, Fund or Programme, UNHAS will contact the UN Medical team. If the passenger is from an NGO or other user organization, they will be informed that they show COVID-19 symptoms and should seek medical assistance. They will further be provided with information material on COVID-19.

People who are presumptive for COVID-19 will not be allowed to use WFP flights.

The Pilot in Command (PIC) has the final authority to accept passengers or cargo on a flight."