Covid19 - Standard Operating Procedures – UNHAS SUDAN

UNITED NATIONS HUMANITARIAN AIR SERVICE
SUDAN

COVID19
Standard Operating Procedures (SOP)
# Table of Contents

**SECTION 1 – GENERAL** .........................................................................................................................................................4
  1.1 Scope ........................................................................................................................................................................4
  1.2 Background .................................................................................................................................................................4
  1.3 Coronavirus Symptoms ..............................................................................................................................................4
  1.4 Transmission ..............................................................................................................................................................4
  1.5 Staff and Operator Instructions ..................................................................................................................................4
  1.6 General guidance and directives ..................................................................................................................................4
  1.7 Personal Protective Equipment .....................................................................................................................................5

**SECTION 2 – OPERATIONS** ...................................................................................................................................................6
  2.1 Pre-flight .......................................................................................................................................................................6
  2.2 Check-in and Boarding ..................................................................................................................................................6
  2.2.1 Screening Process at entry .......................................................................................................................................6
  2.2.2 Screening Process at check-in area ..........................................................................................................................6
  2.2.3 Separation (isolation) ..............................................................................................................................................7
  2.2.4 Screening items and their use ...................................................................................................................................7
  2.2.5 Loaders and helpers ..................................................................................................................................................8
  2.3 In Flight ........................................................................................................................................................................8
  2.4 After Flight ..................................................................................................................................................................10
  2.5 Management of Crew Exposure after Completed flight ..........................................................................................10
  2.6 Medical Evacuation of COVID-19 suspected/symptomatic passengers ......................................................................11

**SECTION 3 – CONTRACTED AIR OPERATORS** ..................................................................................................................11
  3.1 Standard Operating Procedure ...................................................................................................................................16
  3.2 Business Continuity .......................................................................................................................................................16
  3.3 Crew ..............................................................................................................................................................................16
  3.4 Aircraft cleaning and Disinfection ..................................................................................................................................16

**SECTION 4 – REGISTERED USERS** .......................................................................................................................................18
  4.1 Communication ..............................................................................................................................................................18

**SECTION 5 – EXAMPLES OF POSTERS** ............................................................................................................................19
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<table>
<thead>
<tr>
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<th>Date</th>
<th>Edited by</th>
<th>Date distributed</th>
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</thead>
<tbody>
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</tbody>
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SECTION 1 – GENERAL

1.1 Scope

The present SOP aims to establish a WFP Aviation/UNHAS procedures to be followed when operating in areas affected by the current outbreak of the coronavirus disease (COVID-19).

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 increase within Sudan

1.3 Coronavirus Symptoms

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

- Fever (37.3°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.

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 Sudan 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.
- 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 37.3 degrees Celsius or higher. Immediately report any fever, cough, or difficulty breathing to UNHAS CATO, Country Office medical section and/or per your employer’s occupational health program.
  - UNHAS contacts: (CATO) Samson Mwangi, Samson.mwangi@wfp.org ; (DCATO) Hugo Mvumbi, hugo.mvumbi@wfp.org
  - Country Office medical section Dr. Iman Atalla, iman.atalla@undp.org; Dr. Abubaker Khalil, Abubaker.khalil@undp.org
- Face masks can limit transmission of the virus to others if you are sick or showing the symptoms as described above.
- Notify your Chief Air Transport Officer 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 Country Office medical section if any support or further guidance is required.
- Stay informed by carefully reading circular and advisory mail sent by WFP office and also read information distributed through the WHO official website at https://www.who.int/emergencies/diseases/novel-coronavirus-2019 for further information and guidelines.

1.7 Personal Protective Equipment

UNHAS Sudan and Air operators shall ensure availability of the following Personal Protective Equipment (PPE) items (see Annex 1 for specifications):

1. Medical masks;
2. Face shield or eyes googles;
3. Gloves;
4. Gowns;
5. Medical hair cover;
6. Non-contact infrared thermometers;
7. Disinfectant gels (alcohol-based hand sanitizers over 60%);
8. Biohazard bags.

All staff shall be trained on basic rules on how to put on/take off PPE as described in Annex 2.
SECTION 2 – OPERATIONS

2.1 Pre-flight

The AFO 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 / 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 before entering UN air terminal and aircraft. All passengers, staff, and passengers shall be screened before entering any UN Air Terminals, UNHAS compound, and aircraft.

All UNHAS staff and porters shall wear PPE comprising of a mask and gloves, and frequently use hand disinfectants.

2.2.1 Screening Process at entry

Operational steps to be performed:

- Keep distance minimum 1 meter from any passenger.
- 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.
- Ask the passenger whether he/she feels sick and have any of the symptoms, including fever, coughing, sour throat, breathing, or been feeling unwell in the past 24 hours?
- Check the temperature keeping distance and measuring temperature 3-5 cm in front of forehead.
- If the temperature reading is high (over 37.3 C) 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 5 mins for an accurate reading. Clear the passenger if there are no symptoms and temperature below 37.3 Celsius. If temperature is still 37.3 or above separate the passenger as per below, point 2.2.3.
- If the Covid19 symptoms are displayed by the passenger:
  - Provide them a mask to put on.
  - Inform them to move to the isolation area.
  - Inform your supervisor, who will contact Country Office Medical Section to contact the passenger.
- If symptoms are present, follow separation actions per below, point 2.2.3 and Inform UNHAS Chief Air Transport Officer (CATO).
- 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 baggage, electronics etc. shall use disposable gloves.
- Check-in and boarding staff to wear protective gloves when handling passenger documents.
- Passengers shall hand their boarding pass to the UNHAS staff member and then have their hands sanitized or washed prior to boarding the aircraft.
- Ensure gloves are always worn when loading and unloading baggage, cargo and pouches.

2.2.3 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 1 meter) and designate one staff member to assist the passenger.
5. If the passenger refuses to be separated/isolated, provide them an information pamphlet, advise them that they are displaying coronavirus symptoms and they should seek further medical assistance.
6. Contact UNHAS CATO and Country Office Medical Section and inform them of the passenger’s name, agency and situation. They will then co-ordinate for further actions and inform user agency if the passenger is non-UN. The passenger will not be allowed to board.
7. Isolation Areas: each terminal shall have a separate designated isolation area for suspected infected passengers. The AFO shall identify the focal points from UNHAS customer service and Medical Service available on call to provide passengers with further guidance. A sufficient number of information materials and PPE shall be available.

2.2.4 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. This might mean using 1 – 3 masks per hour.

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, so use 2-3 pair per hour. 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.

• 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 15 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 we are currently using recommend reading to be taken between 3-5 cm from the passenger’s skin. UNHAS Sudan currently has non-contact infrared thermometers in Khartoum, El Fasher, Elobeid and Geneina.

2.2.5 Loaders and helpers
Loaders and helpers shall:
• Wash hands before entering the airside.
• Wash hands after handling cargo/baggage and avoid touching the faces.

The rationalized use and distribution of PPE when handling cargo from and to countries affected by the COVID-19 outbreak includes following these recommendations:
Wearing a mask of any type is not recommended when handling cargo from an affected country.
Gloves are not required unless they are used for protection against mechanical hazards, such as when manipulating rough surfaces.
Importantly, the use of gloves does not replace the need for appropriate hand hygiene, which should be performed frequently, as described above.
When disinfecting supplies or pallets, no additional PPE is required beyond what is routinely recommended.
To date, there is no epidemiological information to suggest that contact with goods or products shipped from countries affected by the COVID-19 outbreak have been the source of COVID-19 disease in humans. WHO will continue to closely monitor the evolution of the COVID-19 outbreak and will update recommendations as needed.

2.3 In Flight
Actions to be performed by crew:
• Passengers shall be provided with sick bags and alcohol gel hand wash upon boarding.
• Cabin crew shall use gloves when handling items such as used napkins, glasses and food trays.
• Seat-back pockets shall contain laminated safety cards only. No other materials to be placed in seat pockets.
• Gloves, face masks and additional sick bags shall be available on board in case of passenger request.
• 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:
  - UN call-sign;
  - Departure aerodrome/ take-off location;
  - Destination aerodrome/ landing location;
  - Estimated time of arrival;
  - Number of passengers onboard;
  - Number of suspected case(s) onboard; and
  - Nature of the public health risk or symptoms, if known.
- AFO shall forward a message as soon as possible to the 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 ill passenger should wear a mask;
- Try to limit the passenger’s interaction with others on board;
- 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);
- Define and delimit a quarantine area, leaving, if possible, 2 rows of seats cleared in each direction around the passenger. Consider, if feasible, the use of the last three rows on the right hand side as quarantine area;
- Taking into consideration all previous factors and the air circulation system of the aircraft, where possible, the suspected passenger should be seated in the last right window seat;
- Where the suspected passenger is traveling accompanied, the companion should be also included in the area confined to the designated quarantine area even if he/she does not exhibit any symptoms.
- Anyone attending the ill 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 ill 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 ill. General pre-boarding and pre-dismounting information to the passengers shall be provided.
Operator shall consider implementing the following additional measures:

- Only one flight or technical crew members should be allowed to disembark the aircraft for an external inspection, refuelling, etc. In such case direct contact with the ground crew of the airport situated in a high risk area should be avoided;
- To the greatest extent possible, no ground personnel should be allowed to embark the aircraft except for remediation of technical problems or other ground staff whose presence on board is essential for performing their tasks. When such personnel is on board they should be required to wear appropriate personal protective equipment (PPE). Additionally, crew members should take all measures to minimise the direct contact including wearing PPE such as face mask and gloves;
- The doors should be closed immediately for the return trip upon completion of the transport of assisting medical personnel and materials;

Management of suspected crew member on board. 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 should be:

- Quarantined on board, following the same principles described previously for the suspected passenger;
- Transferred in accordance with instructions of the local public health authorities after the flight has landed and all passengers and crew members have been disembarked;
- Be required to contact the local public health authorities as soon as practicable and follow their instructions including being tested for COVID-19 as soon as practicable;
- Put in quarantine or self-isolation in accordance with instructions of the local public health authority, pending the result of the test.

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/department 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.

The crew member designated to provide on board services for the symptomatic passenger and other crew members which may have been in direct contact with the suspected passenger should be provided transportation to facilities where they can clean and disinfect before being in contact with other people. Alternatively, as a last resort, after carefully disposing of the used PPE and washing and disinfecting their hands, the respective cabin crew members might be isolated on board, in a quarantine area, to return to base or a layover destination.

2.5 Management of Crew Exposure after Completed flight

Where possible, after return to home base, but no later than 48 hours from the first contact with the suspected passenger, the respective crew member(s) should be asked to take appropriate self-isolation measures pending the result of the passenger’s test. If the test is positive, the respective crew member(s) should be placed in quarantine for 14 days from the last contact with the confirmed positive passenger, unless otherwise specified by the local public health authorities. If the test is negative they may resume flying duties.

Management of crew members following a post-flight confirmation of a positive COVID-19 passenger

Where the local public health authorities inform an aircraft operator that a flight of the respective operator carried
a passenger who was confirmed positive, the operator should notify the crew members flying the flight segment concerned and inform them that they are placed in quarantine for a duration of 14 days from the end of the respective flight. This should apply for the flights taking place within 5 days before the collection of the test sample for asymptomatic persons or within 3 days prior to the onset of symptoms for the symptomatic passengers unless otherwise specified by the local public health authorities. For flights taking place outside this interval the risk of the passenger being contagious during the flight is considered low.

*Incubation period for coronavirus is said to be two weeks.*

The incubation period for the COVID-19 has been found to be between 2 and 14 days, with the vast majority of cases having an incubation period of 5-6 days. In this context, it is considered that in the first 2 days after exposure a person is not contagious even if they were contaminated and the later testing will show a positive result.

### 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 3 layers of packaging labelled UN 3373 according to avoid any spills and protect the people handling the package.
- If there is no information of the package the pilots shall not accept on board.
- 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.

### 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, 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 RT-PCR. 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:
  - The patient can also call the local Alert Number 221
  - Individual risk assessment and a decision as to whether the case meets COVID-19 suspect case definition will be taken;
The patient should isolate self until the clinical team arrives to transfer the patient to appropriate health facility. Patient can also safely transport themselves to the COVID-19 treatment center 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 Sudan may conduct a MEDEVACs 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 requesting agency through WHO and authorization with the Host Country. Agency requesting for 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:
- With courtesy, and respect for their dignity, human rights and fundamental freedoms;
- 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 flight shall be conducted in full compliance with respective contracted air operators SOP 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 contain infected materials and minimize the 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 Flying 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 Sudan 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 Procedure

Air Operators shall 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.

3.2 Business Continuity

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

- Crew rotation plan;
- Stand-by crew availability and location;
- Spare parts supply;
- Crew PPE and aircraft disinfectant supply.

3.3 Crew

The Crew shall self-monitor their health:

- Take temperature twice daily for fever 37.3 C° 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 Section for advice if needed.
- Notify UNHAS AVSEC, who will coordinate call with Medical Section if above signs or any symptoms occur.
- Limit unnecessary movements and contacts.
- Exercise Social Distancing at all times, and avoid touching areas in aircraft, except in cockpit.

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 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 • Adjacent walls to seats and windows • Surfaces that may be touched by passengers • Tray tables, armrests • Cargo hold and • 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 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 screening procedures applicable to all passengers.

The following message 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 entering UN air terminals, UNHAS compounds and aircraft. Passengers experiencing or showing symptoms associated with COVID-19 will not be allowed to use UNHAS and can rebook their flight at no cost, if done before the flight.

All UNHAS personnel have been advised to follow the best practice of social distancing. 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 and have any of the symptoms, including fever, coughing, sour 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 forehead of the passenger. If a passenger shows no symptoms, answers negative to the questionnaire and has no temperature, she or he 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, she/he 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 Country Office Medical Services. If the passenger is from an NGO or other user organization, she/he 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.”
SECTION 5 – EXAMPLES OF POSTERS

SOCIAL DISTANCING – PROTECT YOUR FRIENDS AND FAMILY

Coronavirus
Safety distance, social distancing

1m

Don’t touch mask
No Hand shakes

Keep Hands clean

COVID19 – SOP v.2
03 Apr 2020
Page 19 of 24
Coronavirus

Before or during a flight

- Do not fly if you have a fever, cough, cold, difficulty breathing or flu-like symptoms
- If you feel ill while travelling, inform crew and seek medical care ASAP
- Share your travel history with your health care providers

Protect Yourself and Others from illness while flying – reduce the risk

- Clean hands frequently and well with alcohol-based hand rub or soap and water
- Avoid close contact with others who have a fever, cough, cold, difficulty breathing or flu-like symptoms
- When coughing and sneezing, cover mouth and nose with flexed elbow or tissue – dispose of tissue immediately and wash hands
- Avoid touching eyes, nose or mouth

Food safety

- Avoid eating raw or undercooked animal products (meat, milk, etc.)
- Wash your hands every time you handle food

Follow the advice of the local public health authorities.

EASA
European Union Aviation Safety Agency
IF A PASSENGER...

A. shows signs of being ill

• Make use of 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)

• Use gloves when handling items such as used napkins, glasses and food trays.

B. is confirmed ill the crew should:

• Use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative;

• Ask passengers to complete passenger locator card forms to identify where in the aircraft the passenger is seated along with information regarding their immediate travel plans and contact details*

• Recommend to passengers to self-report if feeling ill as described above;

*The information is for authorised public health purposes according to law. A passenger locator form can be downloaded at: www.who.int/ihr/ports_airports/locator_card/en/
Health Alert: Coronavirus Disease 2019 (COVID-19)

You have traveled to a country with an outbreak of COVID-19 and are at higher risk. COVID-19 is a respiratory illness that can spread from person to person.

Stay Home
Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:
- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms
Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:
- Fever (100.4°F/38°C or higher)
- Cough
- Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: [www.cdc.gov/COVIDtravel](http://www.cdc.gov/COVIDtravel)
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19
HOW CAN YOU PROTECT YOURSELF AND OTHERS FROM INFECTION

Avoid close contact with sick people, especially people who are coughing or sneezing.

Cough and sneeze into your elbow or in a tissue. NOT your hand. Dispose of the used tissue immediately in a closed bin and wash your hands with soap and water.

Avoid touching your nose, eyes and mouth without washing your hands first.

Regularly wash your hands with soap and water for at least 20 seconds. Or use an alcohol-based hand sanitizer after coughing or sneezing before eating and preparing food, after going to the bathroom, or changing diapers, in public places.

Practice social distancing: Maintain at least 1 meter distance between yourself and others, especially if you are coughing or sneezing.

What do you need to know?

If you have been to an area affected by COVID-19 within the last 14 days and begin to feel unwell:

Stay at home and do not go to work or school.

If you develop cough, fever, or shortness of breath:

Immediately call the health number of the country you are in for advice (see back), make sure to mention your symptoms, travel history and contacts.

Do not go to the doctor or hospital. You could infect other people. If you need to contact your doctor or visit the emergency service, call in advance, always indicate your symptoms, travel history and contacts.

The areas with risk of exposure to COVID-19 are those where there are more extensive chains of infection. You can find the official national websites, also accessible via the ECDC.

OUTBREAK OF NOVEL CORONAVIRUS DISEASE (COVID-19)

WHAT IS THE NOVEL CORONAVIRUS?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases, like the infectious disease caused by the novel coronavirus (SARS-CoV-2).

People can catch COVID-19 from others who have the virus through inhaling small droplets from coughs or sneezes and then touching their mouth, nose or eyes. How does the virus spread?

Most people who become infected experience mild illness and recover, but for some, it can be more severe. The symptoms include:

- Fever
- Cough
- Difficulty breathing
- Muscle pain
- Fatigue

WHAT ARE THE SYMPTOMS?