

**UNITED NATIONS HUMANITARIAN AIR SERVICE
REPUBLIC OF SOUTH SUDAN**

COVID-19
Standard Operating Procedures



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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 should be replaced by the new digital file version. This SOP will be distributed to WFP Aviation Management, CATO and Deputy CATO, UNHAS staff, staff of contracted air operators and other key stakeholders as may be needed.

Revision number	Date	Edited by	Date distributed
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1. Background

1.1. Overview

With the ongoing outbreak of the coronavirus disease (COVID-19) the United Nations Humanitarian Air Service (UNHAS) aims to provide a framework for addressing the appropriate measures to limit the impact of the current COVID-19 pandemic throughout all field stations.

1.2. Objectives

The objective of this Standard Operating Procedures (SOP) is to provide a list of measures to assist UNHAS personnel in managing the aviation response during COVID-19 and guide WFP/UNHAS travelers of the relevant procedures.

The procedures set in this SOP aim to limit the exposure of the virus for the staff and travelers while using UNHAS service to the maximum extent feasible and taking into consideration any operational limitations. These measures are designed to enable a consistent travel experience and preparedness.

1.3. Scope

The SOP aims to establish World Food Programme (WFP) Aviation/UNHAS procedures to be followed when operating in areas affected by the current outbreak of the COVID-19. The measures set in this SOP can be re-evaluated depending on the epidemiologic conditions and developments. A list of reference materials and useful links is included at Appendix 5, together with a list of terms and abbreviations at Appendix 4.

1.4. Responsibilities

1.4.1. Chief Air Transport Officer (CATO)

UNHAS ROSS CATO is responsible for the implementation of this SOP and adapting it to the local context and relevant national rules and regulations.

For contact tracing, the UNHAS ROSS CATO in coordination with the Country Office / in-country UN COVID-19 system shall review the local contract tracing mechanism and outline WFP's responsibility for COVID-19 contact tracing on WFP chartered flights.

For MEDEVAC requests for in-country confirmed/ symptomatic COVID-19 patient transportation, the UNHAS ROSS CATO in coordination with the Country Office/ in-country UN system and local authorities should establish the local mechanism for activation of such MEDEVAC flights and the relevant communication channels.

1.4.2. WFP-UNHAS staff

All personnel are responsible for reviewing and following the guidelines and procedures of this SOP as applicable. Those refer to but not limited to keeping high levels of hygiene by regular washing of hands, limit physical greetings, using alcohol-based hand sanitizers and wearing a mask at all times when dealing with passengers.

1.4.3. User organizations

All UNHAS Esteemed User Organizations should share with their staff the procedures set in this SOP, to prepare them for what to expect during all stages of the flight. The agency should also inform its staff that they should arrive at the airport with a face mask and should wear one (covering both nose

and mouth) for the entire duration of the flight. For MEDEVAC requests for patient transportation that requires an air ambulance (outside of country/ patient requiring supporting medical equipment onboard) which does not fall under the UNHAS in-country capacity, the User Organization should activate such MEDEVAC requests through the UN COVID-19 coordinator in-country or the relevant designated official and follow the corresponding MEDEVAC protocol that does not fall under the procedures of this SOP.

1.4.4. Contracted Air Carriers

All WFP contracted Air Carriers should comply with the measures and procedures set in this SOP. A detailed description of the requirements Air Carriers should comply with is contained in Appendix 1 of this SOP.

1.5. Information sharing

The AFO should share the current SOP with all User Organizations, and any new arrangements should be communicated promptly. Additionally, a highlighted message should be sent with the requirements set in this SOP and their required implementation during but not limited to check-in, boarding, and in-flight that apply to all passengers.

2. General guidance and directives

2.1. Consideration of COVID-19 symptoms

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

- Fever (38 C° or higher) and/or one of the following symptoms:
 - Dry cough
 - Shortness of breath
 - Confusion
 - Persistent pain or pressure in the chest
 - Dizziness/vertigo
 - Muscle pain, nausea, diarrhoea and vomiting
 - Appears noticeably unwell

The above symptoms are taken from the WHO guidance at the time of issuing of this SOP

2.2. Personal Protective Equipment (PPE) and use

Staff should be equipped with PPE based on the risk of exposure (e.g. type of activity). The AFO and Air Carriers shall ensure availability of the following Personal Protective Equipment (PPE) items:

- Facemasks* – Passengers should wear masks or other face coverings in accordance with applicable health guidelines, which should cover the mouth and nose. The staff should always clean their hands before applying the mask and after removing it. When you take off a mask, store it in a clean plastic bag, and wash every day (if made of fabric), or dispose of a medical mask in a trash bin. The screener can keep the same mask on until it becomes moist or damp inside

- Face shield or eyes goggles
- Gloves - the usage of gloves is not obligatory. 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
- Gowns – use as per poster in Appendix 3
- Medical hair cover
- Non-contact infrared thermometers* - Ask the passenger to remove hat/ hair to expose base skin of the forehead for correct reading. Check the temperature keeping distance and measuring temperature 3-5 cm in front of the middle of the forehead. More detail is included in Appendix 7
- Alcohol-based hand sanitizers*
- Biohazard bags*

Items marked with an asterisk are mandatory on daily bases when dealing with passengers. Items not marked with an asterisk should be used in addition to the compulsory PPE during Medical Evacuation (MEDEVAC) flights for Non-Critical COVID-19 confirmed/symptomatic passengers.

The CATO should make certain that there is a proper system in place to ensure sufficient PPEs at all times.

If needed, any additional guidance on the use of PPE can be provided through the relevant WFP or UNHAS covid-19 focal point. Further reference on the specifications can be located in the "List of office hygiene items for WFP Country Offices".

2.3. Disinfection

The Carrier or contracted service provider should perform daily disinfection of aircraft transporting passengers and a thorough one once a week. Thorough disinfection is also required after a flight with a suspected COVID-19 symptomatic passenger in-flight and after every MEDEVAC. Detailed procedure on the items that need to be disinfected can be found in Appendix 1. The disinfection substances used should be confirmed against the aircraft manufacturer's documentation. In this regard, each Carrier should coordinate with the Aviation Field Operation (AFO) if the disinfected substances provided are appropriate for the type of aircraft.

Each dedicated check-in area should be disinfected before check-in commences.

2.4. Social Distancing

The social distancing measures aim to reduce congestion and limit exposure between passengers keeping a minimum of one-meter distance when feasible. That might not be possible at all stages from arrival to the airport to disembarking due to limitations in the operational feasibility, the means available and the local context. Nonetheless, UNHAS strives to apply social distancing measures at all stages to the maximum extent feasible and especially where the passengers might spend the longest time in one place. Where this distancing is not possible, the AFO should consider adequate risk-based measures to be used.

Floor distancing/ seat separation markings should be considered to be placed at check-in/waiting areas when feasible, indicating and guiding passengers of keeping minimum one-meter distance. Those markings should be placed only after approval of the relevant airport authorities.

- **Check-in/ waiting area/ boarding**

All passengers should follow the instructions of UNHAS staff and the social distance markings of the airport if available. Passengers should line in an orderly manner with a social distance of at least one meter when feasible at all of the above stages.

Do not forget to ensure social distancing in the ground transport to and from the aircraft.

During boarding, each passenger should enter the aircraft one at a time, with one passenger allowed on the aircraft staircase (depending in aircraft type). In waiting areas where passenger separation is not feasible, the AFO can consider limiting the waiting time before boarding.

- **In-flight**

To limit the passengers' exposure, the AFO should consider social distancing on board the aircraft when this is feasible. Such considerations could include:

- Keeping the middle seat empty, on an aircraft with three seats per row
- Every two seats, one next to the other, to be occupied by one passenger at a time
- On aircraft with two seats per row, with an aisle in between, to maintain two passengers per row, if the relevant aisle distance allows it.

2.5. Contact tracing – refer to Appendix 6

The User Organization should inform the local designated entity (WHO/ Ministry of Health/ in-country UN COVID-19 coordinator or any other dedicated entity) if any of their staff has tested positive and the same staff has travelled on a WFP chartered aircraft in the past minimum 5 days or as per the timeline set by the designated entity in-country. As this is sensitive information, UNHAS does not manage it directly (unless exceptionally required by a designated entity in-country) but can provide a passenger manifest to the appropriate authorities who manage contract tracing in the country. In this regard, the CATO should be aware of the relevant local contract tracing mechanism, in order to provide necessary information when requested to the appropriate authorities/ entities.

3. Operational response

3.1. Pre-flight

- Notification to User Organizations of all relevant procedures to be followed
- Posters to be placed at the dedicated check-in area. Floor distance/ seat separation markings to be placed in check-in/waiting areas when feasible indicating and guiding passengers of keeping minimum one-meter distance. Those posters/ markings should be placed only after approval of the relevant airport authorities
- Remove from AC seat pockets all non-safety related items
- Disinfect check-in area

- Place alcohol-based hand sanitizer at the check-in area
- Airport staff to take their own temperature to check for fever of/ above 38°C

3.2. Check-in

- Staff to wear mask/ disinfect hands
 - Passengers to line in an orderly manner with a social distance of at least one meter when feasible
 - Passengers to wear a mask covering both the mouth and nose
 - Provide to each passenger the “Health Self-declaration form” (Appendix 2). The passenger should fill in, sign the form and provide it to the check-in staff/field Focal Point/ crew. A record should be kept of the relevant forms – Note this is not applicable to UNHAS ROSS, refer Appendix 6 for contact tracing
 - Observe passenger for COVID-19 related symptoms and ask if they have felt unwell in the past 24 hours. *If the passenger experiences any of the main COVID-19 symptoms follow the procedure under 3.2.1 of this SOP*
 - Check passenger’s temperature with the infrared thermometer (pointing in the middle of the forehead. *For more detailed information refer to the screening process at entry contained in Appendix 7.*
 - Passengers to show to UNHAS staff their ID/ Letter of Introduction (LoI)/ ticket by holding it themselves
- 3.2.1. Inform passenger to maintain a social distance of at least one meter in the waiting area, where feasible, dealing with passengers experiencing COVID-19 symptoms/ fever above 38°C
- Obtain the passenger details (name/organization)
 - Inform the passenger that they will be separated/ isolated due to symptoms and he/she should seek further medical assistance
 - Offer a new facemask 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
 - Minimize contact between symptomatic passenger and all other passengers and direct to a predesignated isolation area. The passenger should be separated from others by a distance of minimum 1 meter
 - Inform the WHO contact tracing team through WFP or UNHAS Covid-19 focal point (advising UNHAS CATO) and provide the passenger’s name, agency and situation. They will then coordinate for further actions to inform the User Agency and the appointed UN COVID-19 coordinator or any relevant entity in-country. Refer to the UNHAS ROSS contact list contained in Appendix 9 for more details.

- Inform passenger that he/she cannot be allowed to board due to presence of COVID-19 related symptoms
- 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 the appointed UN COVID-19 coordinator in country on call to provide passengers with further guidance. Spare PPEs shall be available. If there is no designated isolation area available, place the passenger in a well-ventilated room with doors and windows open if possible or to a secluded zone with a minimum distance of at least one meter away from other passengers
- Disinfect your hands and change your mask after dealing with COVID-19 symptomatic passengers

3.3. Handling cargo

Loaders and helpers shall wash/ disinfect hands with alcohol-based hand-sanitizer before entering the airside and wash/disinfect hands after handling cargo/baggage and avoid touching their face.

The wearing of a facemask is not mandatory when handling cargo but is recommended.

Gloves are not required unless they are used for protection against mechanical hazards, such as when manipulating rough surfaces.

Notably, the use of gloves does not replace the need for appropriate hand hygiene, which should be performed frequently, as described above.

For the transportation of covid-19 samples refer to the information contained in Appendix 8.

3.4. Boarding/ Disembarking

- Passengers should line up in an orderly manner, keeping a distance of one meter, when feasible
- Before boarding UNHAS staff shall provide a dose of alcohol-based hand sanitizer to each passenger
- Each passenger should enter the aircraft one at a time, with one passenger allowed on the aircraft staircase
- On flights where water is provided, water can be offered to the passenger upon boarding;
- Passengers from front rows shall disembark first keeping a distance of one meter, followed by the passengers from rear rows

3.5. In-flight

- The crew should be provided with alcohol-based hand sanitizer on board the aircraft and an infra-red thermometer, as well as face masks
- The flight attendant should wear a face mask during the flight

- The AFO should consider suspending/ limiting of beverage services. When water is offered, it should be either given to each passenger upon boarding (as per the previous article) or left in the pocket seats
- Before landing, the flight attendant should collect all garbage in a disposable bag, while wearing gloves. Each passenger should place themselves their trash into the disposable bag. Used sick bags shall be placed in a biohazard bag on board the aircraft

3.5.1. Response to a suspected COVID-19 passenger in-flight

It is the obligation of each Air Carrier to provide the AFO indication for each of their aircraft type in-country the suitable isolation area on board the aircraft in cases of suspected COVID-19 passenger during the flight. The Air Carriers should have a relevant procedure for a response to a suspected contagious disease passenger on board reflected in their internal SOP. This designated area should provide at least two meters distance if feasible (depending on aircraft type and seat occupancy) between the suspected case and the other passengers and crew on board. Depending on the air circulation system of the aircraft, the suspected passenger might be seated in the last right window seat, only in cases where it is not on the same level with a flight attendant's jump seat.

Sick passengers may be detected through self-reporting or visual observation during the flight. Passengers experiencing signs and symptoms of illness may approach the crew for assistance. In another case, it might be the crew to observe that a passenger is exhibiting symptoms suggestive of COVID-19.

- Try to limit the passenger's interaction with others on board by moving the passenger to the previously selected isolation area, relocate other passengers if needed
- 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 on board;
 - Number of the suspected case(s) on board; and
 - Nature of the symptoms observed.
- AFO shall inform the appointed UN COVID-19 coordinator in country or any other entity depending on the established local coordination
- The crew should follow the guidance provided via the Flight Following
- Provide the passenger with a new facemask/ tissues. Request the facemask/ 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
- Provide a dose of alcohol-based hand sanitizer to the passenger
- Ask the passenger to wear a surgical mask (as soon as it becomes damp, provide a replacement mask)
- Where the suspected passenger is travelling accompanied, the companion should also be included in the area confined to the designated quarantine area even if he/she does not exhibit any symptoms
- Anyone attending the symptomatic passenger should wear as a minimum a facemask and any other appropriate PPE available and frequently use alcohol-based hand sanitizer, especially after handling bags containing mask/ tissues from the symptomatic passenger
- If there is more than one lavatory on board, restrict one for the exclusive use of the ill passenger if feasible
- Dispose of used masks safely in a biohazard bag or equivalent
- 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 should be avoided to limit exposure
- 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 the safety and operation. When such personnel is on board, they should be required to wear appropriate personal protective equipment (PPE).

3.6. End of the operational day

The Air Carrier should perform daily disinfection of aircraft transporting passengers. Guidance can be found in Appendix 1 of this SOP.

4. Medical Evacuation of Non-Critical COVID-19 confirmed /symptomatic passengers

Non-critical COVID-19 confirmed/symptomatic passengers refer to passengers that need a MEDEVAC that does not require medical equipment on board. UNHAS aircraft are not equipped with medical equipment. Therefore, MEDEVAC requests shall be accompanied by the fit-to-fly Medical Evacuation Request/Authorization form/statement from the authorized medical facility/doctor.

For MEDEVAC request for in-country confirmed/ symptomatic COVID-19 patient transportation, the CATO in coordination with the Country Office/ in-country UN system and local authorities should establish the local mechanism for activation of such MEDEVAC flights and the relevant communication channels.

For in-country Non-Critical COVID-19 MEDEVAC, UNHAS can use only Carriers that have their national approval to transport contagious disease passengers and such that gave their agreement for the same.

In cases where MEDEVAC is required for passengers that need supporting medical equipment on board during the flight or MEDEVAC outside of the country, such passengers should be transported with a dedicated air ambulance aircraft, which does not fall under the in-country UNHAS capacity, but the same falls under different MEDEVAC protocols. In such case, the User Organization should activate such MEDEVAC requests through the UN COVID-19 coordinator in-country or the relevant designated official and follow the corresponding MEDEVAC protocol that does not fall under the procedures of this SOP. The CATO can assist the Organization in the initial indication for such Air Ambulance requests, following the established coordination and protocols of the same. In this regard, the CATO should also be aware of the coordination and activation mechanisms for Air Ambulance requests in order to assist, when needed, with the relevant communication.

A User Organization requesting for air transport of in-country COVID-19 confirmed/ symptomatic passengers shall inform the respective authorities, obtain the required authorizations and provide to UNHAS all information necessary for the facilitation of such requests.

To effectively manage a patient transfer on UNHAS aircraft, and to minimize the adverse effect of such events on air operations, the AFO shall address the following items among others:

- Notify the Air Carrier and Airport Authorities of the expected MEDEVAC
- Crew should be in full PPE for the flight
- Coordinate with airport authorities to grant access and security clearance to public health personnel and emergency responders who require access to restricted areas of the airport
- Make any other appropriate notifications about the flight (including ground handling, etc)
- If any assistance with logistics is necessary - disinfect thoroughly every vehicle afterwards
- Patients must be treated with courtesy and respect for their dignity to minimize any discomfort or distress associated with these measures
- MEDEVAC flight shall be conducted in full compliance with respective Air Carrier's SOP. It is the Air Carriers' responsibility to inform UNHAS upfront of any additional requirements they have in place
- Transport shall be coordinated by the requesting Organization following the established in-country protocols
- A portable isolation unit is recommended when available to 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 Carriers
- Aircraft with a lockable cockpit door shall be used. Alternatively, separation curtains shall be used to protect the flying crew
- The flying crew shall wear PPE comprised of a mask (where feasible but not to affect operational safety), flight attendants should be in a full set of PPE for the whole duration of the flight until the aircraft is disinfected

- In case of MEDEVAC for more than one patient, reduced seating configuration shall be used that ensures an extended minimum safety distance of at least two meters between patients, if feasible
- Hygiene items and water bottles shall be placed in the seat pockets in advance
- Full set of PPE should be used by all those in the patient care area, i.d. medical staff
- Patients shall wear masks or full PPE, if feasible
- Aircraft shall be immediately disinfected upon arrival
- All waste shall be disposed of using biohazard bags
- UNHAS shall not be engaged in MEDEVAC of COVID-19 patients unless the above conditions are fully met

Appendix 1 – Responsibilities of contracted Air Carriers

➤ **Standard Operating Procedures**

Air Carriers or contracted service providers shall update respective SOPs on the control and management of infectious 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

➤ **Crew**

The Crew shall self-monitor their health:

- Should take their temperature before reporting on duty and in the evening before reporting on duty for fever of 38°C or higher and observe themselves for any COVID-19 related symptoms
- Report any of the above signs or symptoms to your Project Manager, who will contact UNHAS who should coordinate the matter and inform the relevant management/ authorities, depending on the relevant Country Office arrangements
- Limit unnecessary movements and contacts
- Exercise Social Distancing at all times, and avoid touching areas in aircraft, except in cockpit

➤ **Aircraft cleaning and disinfection**

- Air Carriers shall establish mandatory daily routine disinfection for aircraft transporting passengers in coordination with UNHAS ROSS. Aircraft shall go through increased disinfection procedures as necessary such as when transporting suspect passengers or medevacs related to infectious passengers. Note that additional references and useful links may be found in Appendix 5.
- The substances used should be confirmed against the aircraft manufacturers' documentation.
- Wash hands with soap and water immediately after PPE is removed. An alcohol-based hand sanitizer maybe used as an alternative
- Dispose of soiled material and PPE in a biohazard bag if one is available. If not, place in an intact plastic/ sick bag, and treat it as a biohazard
- Disinfect the aircraft after each stop when feasible, (otherwise at the end of the day) 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 (if suspected of transporting covid-19 contaminated cargo) and

- Other areas as required as per Air Carrier's or other applicable SOP for operations in an environment of contagious disease
 - For suspected cases, ensure affected seats and adjacent rows 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
 - Non-essential documents should be removed from all seat pockets except safety-related
 - Alcohol-based hand sanitizer should be available for the crew and ground staff
 - An infra-red thermometer onboard the aircraft should be available
 - Air Carriers to train crew on how to use the thermometer

Appendix 2 – Health Self-declaration form – Not applicable for UNHAS ROSS



UNITED NATIONS HUMANITARIAN AIR SERVICE

HEALTH SELF-DECLARATION FORM

Due to the ongoing COVID-19 situation, we kindly request all passengers to fill in the blanks with the necessary information.

PERSONAL INFORMATION OF STAFF MEMBER and TRAVEL DETAILS	
Name:	Organization:
From:	To:
Full Address at departure:	Full Address at destination (place of stay):
Phone number:	Email address:

DECLARES UNDER HIS/HER OWN RESPONSIBILITY to travel for duty reasons, carry out health monitoring and adhere local authority's health requirement.

PROVIDES ANSWERS UNDER HIS/HER BEST KNOWLEDGE on the following question:
Have you suffered from below symptoms in the past 07 days?

Fever (37.5° or higher)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory distress	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in contact with any known COVID-19 confirmed/ symptomatic patient over the last 14 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other symptoms: Please specify below	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By signing this form, I declare that to the best of my knowledge at the time of travel I have not been diagnosed to be infected with COVID-19 virus within the past 14 days and I am not subjected to a mandatory quarantine/isolation period.

I give my consent that my data to be used for COVID-19 contact tracing purposes when required by the relevant authorities.

Signature of the declarant

Place and Date

For more information, please contact UNHAS booking office

Appendix 3 – Posters

If any of the below posters are placed at the dedicated check-in area, this should be done only after approval of the relevant airport authorities.

Novel Coronavirus

How to stay healthy while travelling

Follow these good practices



If you become sick while travelling, inform crew or port health officer and seek medical care. Inform the health care provider of your travel history.



Wash your hands with soap and running water when hands are visibly dirty. If your hands are not visibly dirty you can use an alcohol-based hand rub or soap and water.



If you choose to wear a mask, make sure it fits tightly and covers your mouth and nose. Avoid touching the mask once it's on. Discard single-use masks immediately after use and then wash your hands.



When coughing or sneezing, cover your mouth and nose with a tissue or your upper sleeve. Dispose of used tissues immediately after use and then wash your hands.

Things to avoid



Avoid travelling if you have fever and cough.



Avoid close contact with people suffering from fever and cough.



Avoid touching eyes, nose or mouth and eating food that has not been cooked thoroughly.



Avoid direct unprotected contact with animals while travelling.



@who.int/cov
/WHOEMRO

@WHOEMRO
/WHOEMR



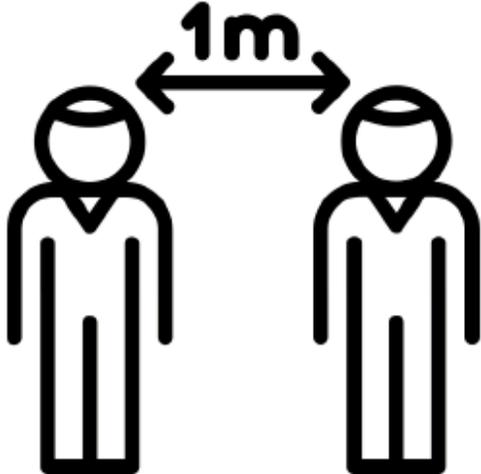
World Health Organization
Eastern Mediterranean

SOCIAL DISTANCING – PROTECT YOUR FRIENDS AND FAMILY

Coronavirus

Safety distance, social distancing

1m



Don't touch mask



No Hand shakes



Keep Hands clean



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

Food safety

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

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

EASA
European Union Aviation Safety Agency

Follow the advice of the local public health authorities.

COVID 19
CORONAVIRUS
DISEASE

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 TO PUT ON AND TAKE OFF

Personal Protective Equipment (PPE)



How to put on PPE (when all PPE items are needed)

Step 1
 - Identify hazards & manage risk. Gather the necessary PPE.
 - Plan where to put on & take off PPE.
 - Do you have a buddy? Mirror?
 - Do you know how you will deal with waste?

Step 2
 - Put on a gown.

Step 3a **OR** **Step 3b**
 - Put on face shield. - Put on medical mask and eye protection (e.g. eye visor/goggles)

Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.

Step 4
 - Put on gloves (over cuff).

How to take off PPE

Step 1
 - Avoid contamination of self, others & the environment
 - Remove the most heavily contaminated items first

Remove gloves & gown
 - Peel off gown & gloves and roll inside, out
 - Dispose gloves and gown safely

Step 2
 - Perform hand hygiene

Step 3a
If wearing face shield:
 - Remove face shield from behind
 - Dispose of face shield safely

Step 3b
If wearing eye protection and mask:
 - Remove goggles from behind
 - Put goggles in a separate container for reprocessing
 - Remove mask from behind and dispose of safely

Step 4
 - Perform hand hygiene

Reproduced from: "Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care" - WHO Infection Guidelines available at: <http://www.who.int/publications/i/item/WHO-COVID-2019-11-Annex-Annex-Annex>

Appendix 4 – Terms and abbreviations

AFO - Aviation Field Operation

CATO - Chief Air Transport Officer

COVID-19 – Coronavirus Disease

LoI – Letter of Introduction

MEDEVAC – Medical Evacuation

PPE - Personal Protective Equipment

SOP - Standard Operating Procedures

UNHAS - United Nations Humanitarian Air Service

WFP - World Food Programme

Appendix 5 – Reference materials and useful links

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> - WHO COVID-19 guidance materials & situational reports;
- <https://www.icao.int/covid/cart/Pages/CART-Take-off.aspx> - ICAO Guidance for Air Travel through the COVID-19 Public Health Crisis
- <https://www.icao.int/APAC/Pages/COVID-19-BCP.aspx> - ICAO COVID-19 BCP Measures & Guidelines Information Sharing
- <https://www.easa.europa.eu/easa-covid-19-resources> - EASA COVID-19 Resources
- <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc> – Centers for disease control & prevention – COVID-19 guidance documents
- <https://www.un.org/en/coronavirus/covid-19-medevac> - UN COVID-19 MEDEVAC coordination & procedures
- <https://www.un.org/en/coronavirus/communication-resources> - COVID-19 Communications Resources
- "IATA Aircraft cleaning and disinfection during and post pandemic" Ed. 1 – 19 June 2020;
- "WHO Guide to Hygiene and Sanitation in Aviation" 3rd edition,
- "Guide to Hygiene and Sanitation in Aviation, ICAO Annex 9"
- "WHO Operational considerations for managing COVID-19 cases or outbreak in aviation" March, 2020,
- "IATA - Guidance for Crew Health Precautions During Pandemic" Edition 1 – 28 May 2020
- "IATA - Suspected Communicable Disease Guidelines for cargo and baggage handlers"
- "WHO Management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19" March 2020

Appendix 6 – Contact Tracing of UNHAS ROSS Passengers

➤ General

UNHAS ROSS does not conduct contact tracing of suspect or positive cases of covid-19 related passengers. A meeting was held on 23 April 2020 between UNHAS ROSS and the WHO Contact Tracing Focal Point. It was confirmed at this meeting that the contact tracing responsibility rests with the MOH, however WHO supports this government activity. WHO use their own focal points for contact tracing and it was agreed that UNHAS will support the WHO contact tracing team as required by providing the passenger manifest and the contact details of the organization focal point.

A further covid-19 risk mitigation measure that was implemented by UNHAS ROSS is no longer using boarding passes (the printed tickets are for this purpose). WHO advised that they do not have the capacity to deal with large volumes of forms, there are health concerns associated with handling of forms and this is a similar precaution to emptying the seat pockets of documents (except those safety related).

The general procedures to be followed during contact tracing are as follows:

➤ WHO Contact Tracing Team

- Request the relevant passenger manifest from UNHAS ROSS through the Booking office or coordinating through the WFP or UNHAS covid-19 focal point:
- Coordinate through the WFP or UNHAS covid-19 focal point if any further information is required

➤ UNHAS ROSS

- Upon request from WHO Contact Tracing Focal point, provide the relevant passenger manifest
- If required provide the agency focal point contact details
- If requested from WHO provide the following:
 - Name of contact
 - Telephone number of contact

Appendix 7 – Screening Process at Entry

➤ General

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.
- 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°C 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°C. If temperature is still 38°C 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°C, separate the passenger as per para 3.2.1.
- 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 and contact the appropriate WFP Covid Focal point or UN Medical Section.
 - If symptoms are present, follow separation actions per para 3.2.1 and also inform the UNHAS Chief Air Transport Officer (CATO) or Deputy Chief Air Transport Officer (DCATO) as applicable.
 - Direct passenger to disinfect hands before entering

➤ 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.

➤ **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.

➤ **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

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.

Appendix 8 – Transportation of Covid-19 Specimens

➤ General

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 NOT REQUIRED 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.
- Staff handling the covid-19 sample packages 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 to avoid from tilting
- Pilots may not accept the shipment on board if not in compliance with the above.

Appendix 9 –UNHAS ROSS Covid-19 Contact List

➤ **UNHAS Contacts**

- John Cassidy john.cassidy@wfp.org +211 926 225 434
- Melchior Nsavyimana melchior.nsavyimana@wfp.org +211 922 770 141
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- Geoffrey Mwangi geoffrey.mwangi@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, +211 920 694 193
- UNMISS +211 912 173 563, +211 912 179 461

➤ **Employer Focal Person**