United Nations Humanitarian Air Service
DRC

COVID-9
Standard Operating Procedures (SOP)
# Table of Contents

**SECTION 1 – GENERAL**

1.1 Scope ............................................................................................................................... 5
1.2 Background ......................................................................................................................... 5
1.3 Coronavirus Symptoms ....................................................................................................... 5
1.4 Transmission ........................................................................................................................ 5
1.5 Staff and Operator Instructions ......................................................................................... 5
1.6 General guidance and directives ....................................................................................... 6
1.7 Personal Protective Equipment ............................................................................................ 7
1.8 UN Medical Services in DRC ............................................................................................ 7

**SECTION 2 – OPERATIONS**

2.1 Pre-flight ............................................................................................................................ 8
2.2 Check-in and Boarding ....................................................................................................... 8
2.2.1 Screening Process at entry ............................................................................................ 8
2.2.2 Separation (isolation) ..................................................................................................... 9
2.2.3 Screening Process at check-in area ................................................................................ 9
2.2.4 Using of screening items ............................................................................................... 10
2.2.5 Boarding ....................................................................................................................... 10
2.2.6 Loaders and helpers ..................................................................................................... 11
2.3 In Flight ............................................................................................................................ 11
2.4 After Flight ....................................................................................................................... 13
2.5 Management of crew and staff exposure after completed flight .................................. 13
2.6 Transportation of specimen ............................................................................................. 14
2.7 Medical Evacuations ......................................................................................................... 14
2.7.1 General ........................................................................................................................ 14
2.7.2 Coordination ................................................................................................................ 14
2.7.3 MEDEVAC Flight ......................................................................................................... 16

**SECTION 3 – CONTRACTED AIR OPERATORS**

3.1 Standard Operating Procedure ......................................................................................... 17
3.2 Business Continuity .......................................................................................................... 17
3.3 Crew .................................................................................................................................. 17
3.4 Aircraft cleaning and Disinfection .................................................................................... 17

**SECTION 4 – REGISTERED USERS**

4.1 Communication .................................................................................................................. 19

**SECTION 5 – EXAMPLE OF POSTERS** ............................................................................. 20
请留意此SOP及所有修订版本仅通过电子方式分发。每次发布修订版时，SOP的全部数字文件将被替换为新数字文件版本。

此SOP将被分发给WFP航空管理、CATO及副CATO、UNHAS工作人员、合同空运运营商和其他关键利益相关者，根据需要。

<table>
<thead>
<tr>
<th>修订号</th>
<th>日期</th>
<th>编辑者</th>
<th>发布日期</th>
</tr>
</thead>
<tbody>
<tr>
<td>版本1</td>
<td>18 Mar 2020</td>
<td>WFP航空QAU</td>
<td>20 Mar 2020</td>
</tr>
<tr>
<td>版本2</td>
<td>26 Mar 2020</td>
<td>UNHAS DRC AFO</td>
<td>15 April 2020</td>
</tr>
</tbody>
</table>
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). Due to the volatile situation and the pace of the changes regarding the procedures that apply to contain the spread of the disease, this document is subject to changes and it will be revised every fifteen days.

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 DRC.

The first positive case of the COVID-19 in the country was declared by the Congolese Ministry of Public Health on 10th March 2020 at Kinshasa, the capital city of DRC. It was a person who had recently returned to the country from Europe. One week later by 17th March, four more cases were confirmed, and the number continued raising up over the pass of the following weeks.

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. All UNHAS staff and operators shall read, be instructed, and follow the procedures in this document.
1.6 General guidance and directives

For all UNHAS staff and Air Operators while in DRC 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 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. Avoid close contact with people who are sick whenever possible.
- Avoid bush meat or any food from unknown sources.
- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- 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 your supervisor and/or the Medical Section per your employer’s occupational health program. Only return to work when free of symptoms without medication for 24 hours and cleared by management.
- Face masks can limit transmission of the virus to others if you are sick or showing the symptoms as described above.
- Contact UNHAS management or admin if you were exposed to individuals with suspected COVID-19 or any support or further guidance is required.
- UNHAS staff to brief their family members on the preventive measures.
- Stay informed by carefully reading circular and advisory mail sent by WFP office and read also information distributed through the WHO official website at for further information and guidelines. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
1.7 Personal Protective Equipment

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

1. Medical masks;
2. Face shield or eyes goggles;
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.

1.8 UN Medical Services Contact in DRC

<table>
<thead>
<tr>
<th>Field Office clinic</th>
<th>Contact: Cell Phone and Extension</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOMA</td>
<td>Dr. Salissou Oumarou</td>
<td>0994537951, ext 195-6753</td>
</tr>
<tr>
<td></td>
<td>Dr. Elvis Kiloh Nfor</td>
<td>0808197800, ext 195-3267</td>
</tr>
<tr>
<td></td>
<td>Nurse Kamala Subba</td>
<td>0812703479 ext 195-5063</td>
</tr>
<tr>
<td>KINSHASA</td>
<td>Dr. Imran Khan</td>
<td>0818907176 ext 175-4786</td>
</tr>
<tr>
<td></td>
<td>Dr. Guy Bandu</td>
<td>0998249539, ext 175-6665</td>
</tr>
<tr>
<td></td>
<td>Dr. Michael Batume</td>
<td>0997599238, ext 175-4786</td>
</tr>
<tr>
<td>BUKAVU</td>
<td>Dr Rafael Camacho</td>
<td>0990949513, ext 195-4335</td>
</tr>
<tr>
<td></td>
<td>Nurse William Katondji</td>
<td>0818985475 ext 195-4370</td>
</tr>
<tr>
<td>ENTEBBE</td>
<td>Dr Mohamed Taha</td>
<td>256757708158 ext 198-3060</td>
</tr>
<tr>
<td></td>
<td>Dr Aster Welde Nigus</td>
<td>256757708157 ext 198-3053</td>
</tr>
<tr>
<td></td>
<td>Nurse Gemma Urbano</td>
<td>256757708171 ext 198-3227</td>
</tr>
<tr>
<td>UVIRA</td>
<td>Dr. Hunduma Kumera</td>
<td>0997068190, ext 195-4958</td>
</tr>
<tr>
<td></td>
<td>Nurse Kuhangaika Musafiri</td>
<td>0814696096, ext 195-4957</td>
</tr>
<tr>
<td>KALEMIE</td>
<td>Dr. Tsedi Kodzi</td>
<td>0818907878, ext 195-4030</td>
</tr>
<tr>
<td></td>
<td>Nurse Assina Flora</td>
<td>0815506551, ext 195-4049</td>
</tr>
<tr>
<td></td>
<td>Nurse Matandiko Kabika</td>
<td>0812107762, ext 195-4049</td>
</tr>
<tr>
<td>KANANAGA</td>
<td>Dr Jean Luc clement</td>
<td>0810424168, ext 175-3134</td>
</tr>
<tr>
<td></td>
<td>Nurse Anita Knezevic</td>
<td>0818907918, ext 175-3028</td>
</tr>
<tr>
<td>BUNIA</td>
<td>Dr. Swapan Kumar Das</td>
<td>0997068169 ext 195-2751</td>
</tr>
<tr>
<td></td>
<td>Nurse Jean Paul Lovi</td>
<td>0815310395 ext 195-2752</td>
</tr>
<tr>
<td></td>
<td>Nurse Motema Joseph</td>
<td>0997068049, ext 195-6418</td>
</tr>
<tr>
<td>BENI</td>
<td>Dr. Victor Lucio</td>
<td>0818907312, ext 195-3693</td>
</tr>
<tr>
<td></td>
<td>Dr. Albert Alambo ODERA</td>
<td>0975224655, 195-3693</td>
</tr>
<tr>
<td></td>
<td>Nurse Zorica Tomic</td>
<td>0812592609, ext 195-3605</td>
</tr>
</tbody>
</table>
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 COVID-19 and advise on preventive hygiene measures.

Screening procedures shall be put in place at all locations for all staff, crew and passengers before entering any UN Air Terminals, UNHAS compound and/or aircraft.

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

Security and airport staff shall ensure that all persons while in terminal keep separation of minimum 1 meter at all times whenever applicable.

2.2.1 Screening Process at entry

Screening procedures will apply at all locations for all staff, crew, passengers and persons before entering any UN Air Terminals, UNHAS compound, and aircraft. Operational steps to be performed:

- Keep distance minimum 1 meter from any other person.
- 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 (persistent cough, difficulties for breathing, appears obviously unwell). If symptoms are present, follow separation actions per below point 2.2.2 and inform your supervisor who will contact the correspondent ATO and UNHAS AVSEC Officer.
- Make sure all passengers are wearing a mask and gloves. The mask and gloves should be provided by the passenger’s agency or by themselves. Only if it’s strictly justified, UNHAS staff will provide it for those who don’t bring their own. Correct wearing of mask is colour side out, metal bridge at the top to seal the nose area. The mask should cover both the nose and the mouth.
- 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 minutes 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 2.2.2.
- If the COVID-19 symptoms are displayed by the passenger:
  - Inform them to move to the isolation area in case there is one available or if not, to a separated area as far as possible from the rest of the passengers.
Inform your supervisor, who will contact the correspondent Medical Service depending on each case (UNJMS/WHO/Ministry of health/UN Doctor) to contact the passenger.

- Direct passenger to disinfect hands before entering.

### 2.2.2 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 the symptoms.
3. Offer a facemask if not already wearing one 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 to stay separated from others.
4. Minimize contact between the sick passenger and all other passengers and direct to predesignated isolation area. The passenger should be separated from others (by at least 1-meter distance) 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 AVSEC Officer and/or the ATO in charge and inform 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. Information materials and PPE shall be available.

### 2.2.3 Screening Process at check-in area

**Operational steps to be performed:**

- Clean and 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 their hands.
- Ensure only disinfected boarding passes are used, and only use once between disinfection.
- Keep distance minimum 1 meter from any passenger and between them.
- Ensure there is enough disinfectant gel at the passengers’ waiting area.
- Encourage passengers to use the toilets at the terminal before boarding since the use of the toilets on board is restricted to emergency situations to avoid the contamination.
- 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 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.

2.2.4 Using of screening items

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.

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

3. Non-contact Infrared thermometer: the screener will be asked to take temperatures of anyone entering the premises. In general, the non-contact infrared thermometers are held between 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. For the thermometers we are currently using, is recommend taking the reading between 3-5 cm from the passenger’s skin.

Note: InfraRed thermometers take the temperature of the surface (skin). If the person has been wearing a hat or has been in direct sunlight or has been having physical exertion (running, carrying heavy bags, etc.), the temperature reading may be very high. If the temperature reading is high (over 37.3 C) and the person has no other COVID-19 symptoms, ask the person to move to a shaded area and wait. Re-take their temperature again after five minutes for an accurate reading.

2.2.5 Boarding

• Distance between passengers should be also ensure in the boarding process. If a ride on a bus is required to move from the terminal to the buses, as many trips as needed will be done to ensure that passengers are seat 1-meter apart from each other inside the bus.
• Once at the tarmac, passenger shall follow below process:
  o Identify Bags
  o Take water and snacks if provided
  o Hand over the boarding pass (if not previously done before boarding the bus from the terminal to the aircraft)
  o Sanitize their hands with the disinfectant offered by the ramp agent in order to board the aircraft with clean hands
• Ramp agent collects all boarding pass in a box and hand over to check-in counter. Check-in counter to disinfect boarding pass and keep it clean for next day or next flight.

2.2.6 Loaders and helpers
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.

2.3 In Flight
Actions to be performed by crew:

• Cabin crew shall use protective equipment (single-use gloves and mask) and be trained by the operators on the correct used of the PPE and on how to use an infra-red thermometer which must be available on board the aircraft.
• Non-essential documents should be removed from all seat-back pockets except safety brief and other documents required for the safety of flights.
• Enough potable water should be on board the aircraft.
• Gloves, face masks and additional sick bags shall be available on board in case is requested by the passengers.
• Disinfectant gel (alcohol-based hand sanitizers over 60%) should be available for the crew and passengers.
• Passengers shall be instructed on the proper use of alcohol hand wash gel and face mask and advised to use the sick bags if needed.
• Used sick bags shall be placed in a biohazard bag on board the aircraft. 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.
• Ensure all passengers are spread out throughout the aircraft and advise passengers that they should not change designated seat without cabin crew authorization, and they cannot sit together.
• Only one flight engineer or technical crew member should be allowed to disembark the aircraft for an external inspection, refuelling, etc., during technical stops. In such cases, direct contact with the ground crew of an airport situated in a high-risk area, should also 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 are on board, they should be required to wear appropriate personal protective equipment (PPE).

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

UNHAS upon receipt of information from a pilot regarding suspected case(s) of communicable disease or other public health risk on board the aircraft, shall forward a message as soon as possible to the UNJMS and to the CAA.

Crew will ensure that the suspected passenger is wearing a surgical mask all the time (as soon as it becomes damp provide a replacement mask) and provide tissues and an alcohol-based hand sanitizer with at least 60% alcohol if needed. Dispose used masks safely in a biohazard bag or equivalent. Practice proper hand hygiene immediately after handling the mask.

If the passenger showing symptoms refuses to wear the mask, ask them for the reason of refusal, take the name of passenger and the organization and contact UNHAS AVSEC Safety Officer or safety Focal Point after the flight.

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.

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 in case they don’t have already).

Cabin crew shall ask the passenger 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-disembarking information to the passengers shall be provided.

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

- Upon arrival, airport authorities may take body temperature readings.
- In case an affected passenger was found on board:
  - On arrival, the Medical Unit serving the destination/departure location and/or designated medical officials shall escort the passenger directly to the designated health care facility before any other passenger or crew disembark.
  - 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.
  - 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 if a diagnosis of COVID-19 is confirmed by the Medical Unit.

- All vehicles used for transporting UNHAS passengers and staff shall be cleaned and disinfected on daily basis, and between each transportation of passengers when possible.
- Aircraft disinfection to be completed by the operator as per below point 3.4
- Disinfection of the check-in area, counters and waiting room after daily departures have been completed. Passenger’s areas to be closed and locked to avoid contamination of area by other people.
- Disinfection equipment and supplies may include:
  - Garbage bags and masking tape
  - Disposable gloves
  - Eye protection if available
  - Paper towel and/or absorbent material
  - Sanitizing agents, such as bleach tablets or 5% domestic liquid bleach.

### 2.5 Management of crew and staff 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) or staff should be asked to take appropriate self-isolation measures pending the result of the passenger’s test. If the test is positive, they 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 or work duties.

In the case 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 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.
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 accordingly, 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.
- Staff handling the package shall use gloves.
- Handling staff shall ensure the packaging is properly sealed from the outside and decontaminate 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.

2.7 Medical Evacuations

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.

Due to the high risk of contagion, a patient with suspected or confirmed Coronavirus is not allowed to travel on a scheduled flight.

A person with symptoms and a doctor’s clearance to fly can be transported on an UNHAS special flight with special measures in place to ensure person will not expose others and can be transported safely as per medical advice. Any medical transport needs to be cleared by UNHAS management.

2.7.2 Coordination

In addition to the established MEDEVAC Procedures, UNHAS will coordinate any COVID-19 potential case through authorization with Host Country health facilities and UN Mission Medical Unit. The UN physicians (where present) or Medical Unit Personnel where no UN physicians are present, shall act as the COVID-19 MEDEVAC COORDINATOR.

Upon request, UNHAS DRC may conduct on a case by case basis a MEDEVACs of COVID-19 confirmed patient in accordance with country-specific public health regulations and the operator’s procedures.

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.
- Patients must be treated:
  - With courtesy, and respect for their dignity, human rights and fundamental freedoms
  - Minimizing any discomfort or distress associated with these measures

### 2.7.3 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 and implemented during all phases of patient transport.
- A portable isolation unit to be provided to contain infected materials and minimize the contamination of the aircraft.
- 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 DRC shall not be engaged in MEDEVAC of COVID-19 patients unless the above conditions are fully met.

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

- Coordinate the flight and administrative arrangements with WHO and Operator/s
- Manage air operations in accordance with UNHAS SAOP
- Verify the overflights and landing permits (if required)
- Inform the local Civil Aviation Authority and customs (if any)
- Verify that all required documents are in place before the flight
- Follow technical provisions of the current SOP
SECTION 3 – CONTRACTED AIR OPERATORS

3.1 Standard Operating Procedures
Air Operators shall 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 daily. 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. If available, using a fogging technique with a highly effective disinfectant, before and after the flight, is highly recommended.
- Bleach-based products could be corrosive and should be avoided on certain parts of the aircraft. Also contact the aircraft manufacturer’s customer support for the cleaning and disinfection products they recommend. Ensure adequate contact time between the disinfectant and the surface for destruction of microorganisms.
- 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.

https://www.ncbi.nlm.nih.gov/books/NBK310712/#ch3.s4

- 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.

- Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing or might re-aerosolize infectious material. Vacuum cleaners should be used only after proper disinfection has taken place.

- 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.

- If a suspected case was transported, 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.
SECTION 4 – REGISTERED USERS

4.1 Communication

All registered users shall be informed about the UNHAS screening procedures applicable to all passengers and additional measures taken to avoid the spread of the virus. The following message shall be sent to all registered users:

"Dear members of the UNHAS Users Community:

As the coronavirus (COVID-19) outbreak continues to evolve in the country, we have implemented preventative measures to reduce the spread of the virus and to assist in protecting the health of all our passengers and staff members.

All passengers on all flights are:

1. Required to wash and disinfect their hands before entering the UN terminal or before checking-in and before boarding the aircraft.
2. Required to use a mask to cover mouth and nose and gloves to reduce the risk of spreading the coronavirus during all the stages of the travel using UNHAS services. The mask and gloves must be provided by the passengers’ agency or by themselves.
3. Required to undergo temperature checks which will be undertaken using a non-contact infrared thermometer.
4. Not allowed to sit next to other passengers, seats will be blocked.
5. Encouraged to use the toilets at the terminals before boarding. The use of the toilets in flight will be restricted to urgencies.

Furthermore, a procedure for health screening has been introduced for all passengers entering UN air terminals, UNHAS compounds and aircraft. After the ID check, our staff will inform of screening reasons and process and ask the following questions:

- Do you feel sick or show any symptoms, including fever, coughing, sore throat, shortness of breath or breathing difficulties? Have you been unwell in any way in the past?

Following the questionnaire, the temperature will be taken pointing a non-touch thermometer to the forehead of the passenger. If a passenger shows no symptoms, answers negative to the questions 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, and/or has fever, she/he will not be allowed to proceed with check-in. In this case, she/he will be accompanied to an isolated area, asked to keep 1-meter distance from other people and informed that they show COVID-19 symptoms and should seek medical assistance. UNHAS will then inform the passenger’s user agency and coordinate further actions. They can also rebook their flight at no cost.

People who are suspected of COVID-19 will not be allowed to use UNHAS before they have been symptom free without medication for a minimum of 24 hours.

It is highly recommended that passengers always carry hand sanitizer with them. Even though UNHAS disinfect the aircraft before new passengers are boarding, it is recommended to carry disinfectant wipes and clean the seats before use as some may have been accidentally touched again.

Kindly please pay attention to the precautionary measures that we should all follow to avoid passing the virus on to our colleagues and others."
SECTION 5 – EXAMPLES OF POSTERS

**Coronavirus**

**Before or during a flight**
- **Do not fly** if you have a fever, cough, cold, difficulty breathing or flu-like symptoms.
- **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.
- **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.

**EASA**

Follow the advice of the local public health authorities.
ÉVITEZ DE TOMBER MALADE EN VOYAGE

Abstenez-vous de voyager si vous avez de la fièvre et si vous touchez.

Si vous décidez de porter un masque, assurez-vous de bien couvrir la bouche et le nez et évitez de toucher le masque une fois que vous le portez.

Jetez, immédiatement après utilisation, les masques à usage unique et lavez-vous les mains après avoir retiré le masque.

Évitez les contacts proches avec des personnes qui ont de la fièvre ou qui toussent.

Si vous tombez malade au cours d’un voyage en avion, informez-en l’équipage et consultez un médecin le plus tôt possible.

Ne consommez que des aliments bien cuits.

Soyez PRUDENT du #coronavirus

Si vous consultez un médecin, indiquez-lui les voyages que vous avez effectués.

Évitez de vous toucher les yeux, le nez ou la bouche.

Évitez d’être en contact ou de voyager avec des animaux malades.

Abstenez-vous de cracher en public.

Lavez-vous fréquemment les mains avec une solution hydroalcoolique ou à l’eau et au savon.
From the evidence so far, the new coronavirus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. Eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

FACT:
The new coronavirus can be transmitted in areas with hot and humid climates

Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste
Protect others from getting sick

When coughing and sneezing, cover mouth and nose with flexed elbow or tissue

Throw tissue into closed bin immediately after use

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick

Be READY for #coronavirus

WHO is giving advice on how to protect ourselves & others:

Be SAFE from coronavirus infection

Be SMART & inform yourself about it

Be KIND & support one another

Learn more about #COVID19 & share with your loved ones: www.who.int/COVID-19
CONSEILS DE VOYAGE POUR LES PASSAGERS

NE VOLEZ PAS SI VOUS AVEZ DE LA FIEVRE, TOUX, FROID, DIFFICULTE DE RESPIRATION OU LE RHUME COMME SYMPTOMES

SI VOUS VOULEZ MAIS SI VOUS AVEZ MAL DE LA FIEVRE, TOUX, FROID, DIFFICULTE DE RESPIRATION OU LE RHUME COMME SYMPTOMES

PARTAGEZ L'HISTORIQUE DE VOTRE VOYAGE AVEC VOTRE FOURNISSEUR DE SOINS DE SANTE

AVANT OU PENDANT UN VOL
Protégez-vous et les autres des maladies lorsqu'vous voyagez – réduisez le risque

- Nettoyez vous bien les mains et fréquemment avec le désinfectant pour les mains à base de l'alcool ou du savon avec de l'eau
- Évitez les contacts rapprochés avec des personnes qui ont la fièvre, toux, froid, difficulté de respiration ou le rhume comme symptômes
- Lorsque vous touchez ou éternuez, couvrez votre bouche et les narines avec coude, poignet ou un mouchoir – jetez les mouchoirs immédiatement et lavez vos mains
- Evitez de toucher vos yeux, nez ou votre

Sécurité alimentaire : évitez de manger des produits animaliers crus ou non cuits (viande, lait, etc.) ; lavez vous les mains à chaque fois que vous touchez de la nourriture

Symptômes : fièvre, mal de tête, éternuement, toux, détresse respiratoire
List of Office Hygiene Items for WFP Country Offices

WFP is procuring Office Hygiene Items to support each individual in their effort to avoid infection with the novel coronavirus, COVID-19. To keep from contracting or spreading COVID-19 we all need to practice basic hygiene measures which include:

1. Hand hygiene: keep your hands clean by washing them frequently with soap and water or with alcohol-based hand sanitiser
2. Being “touch aware”—don't touch your eyes, your nose or your mouth
3. Maintaining distance: avoid crowded places and maintain a distance of 1 – 2 meters between you and others
4. Respiratory hygiene: cough into your bent elbow
5. If you are ill (i.e. even with symptoms of a cold) do not come to work

For more information, please visit the WFPGo page "WFP OP Web COVID-19 Employee Health, Safety, Security and Travel". Training films that explain in more detail about how to use the items are forthcoming and will be announced so stay tuned!

For colleagues that will be ordering office hygiene items for their respective locations, please find below the quantities recommended to order and specifications. Kindly note that masks and hand sanitisers are being purchased for employees and dependents. Please see the example at the end of this document for instructions on calculating the quantities to procure of masks and hand sanitisers.

Office Hygiene Items

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>EXAMPLE</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Employees + Dependents | Masks for 6 weeks per employee and dependents 2/day (for employees or dependents providing care for sick person in household or for employees or dependents who are sick with runny nose, cough, fever etc.) | ![Masks](image1.png) | Recommendations:  
1. One-time use  
2. Preferably elastic loops that are easier than tie  
3. Not made of cloth |
<p>| Employees + Dependents | Alcohol-based hand sanitisers per person per 6 weeks (500ml in total) | <img src="image2.png" alt="Sanitizer" /> | Please note: Alcohol-based sanitiser is the only hand sanitiser currently recommended for COVID-19. However, it is preferable to procure locally because we expect delays for the centrally procured hand sanitizer since alcohol is considered a hazardous good related to its inflammability. |
| Employees             | Thermometer 1 per employee household     | <img src="image3.png" alt="Thermometer" /> | Recommendations: A digital thermometer since it is universal and best value for money. It is less likely to break than glass thermometer. |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>EXAMPLE</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Employees | Disinfectant wipes | ![Image](image1.png) | **Recommendations:**
1. Alcohol-based preferred if bought in-country (i.e. alcohol is hazardous substance and may be blocked at borders)
2. Bleach based is also very effective but can’t be used on stainless steel
3. Dettol-based also effective although may be slightly less effective—most versatile |

| For Screeners at Entrances to WFP Facilities* | Infra-red thermometers | ![Image](image2.png) | **Recommendations:**
Suggest to look for easy-to-use, easy-to-calibrate, ones that measure temperatures at forehead 5-15 cm away. Ensure to buy those for use on people, not objects. |

| For Screeners at Entrances to WFP Facilities* | Masks for Screeners | ![Image](image3.png) | **Recommendations:**
1. One-time use
2. Preferably with elastic loops (much easier than ties)
3. Not made of cloth |

| For Screeners at Entrances to WFP Facilities* | Disposable gloves for screeners | ![Image](image4.png) | **Recommendations:**
1. Latex or nitrile gloves
2. Size L is the most universal
3. At least 3 grams in weight |

*Order extra hand sanitiser for screeners to use before putting on gloves and mask, between glove changes and after removal of gloves and masks
NOTES:

To calculate the quantities for the fleet and light vehicles sanitisation, identify the number of personnel involved in this activity, and the number of trucks and light vehicles to quantify the need for the items below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>EXAMPLE</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fleet* (Trucks)</td>
<td>Disinfectant solution or powder</td>
<td></td>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td></td>
<td>For disinfection of commonly touched surfaces</td>
<td></td>
<td>1. Alcohol-based preferred if bought in-country (i.e. alcohol is</td>
</tr>
<tr>
<td></td>
<td>of vehicles (e.g. Dettol, 25 ml:1 litre of H2O,</td>
<td></td>
<td>hazardous substance and may be blocked at borders)</td>
</tr>
<tr>
<td></td>
<td>For 4 liters of disinfectant solution</td>
<td></td>
<td>2. Bleach based is also very effective but can’t be used on stainless</td>
</tr>
<tr>
<td></td>
<td>a day use 100ml Dettol/day, 1 liter every 2</td>
<td></td>
<td>steel</td>
</tr>
<tr>
<td></td>
<td>weeks) 3 litres for 6 weeks</td>
<td></td>
<td>3. Dettol-based also effective although may be slightly less effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– most versatile</td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>Disposable gown</td>
<td></td>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td></td>
<td>1 each disinfection, 1-2 disinfections per day</td>
<td></td>
<td>1. Disposable isolation gowns made of non-woven polypropylene material,</td>
</tr>
<tr>
<td></td>
<td>for 6 weeks 60 gowns per driver disinfecting</td>
<td></td>
<td>preferably coated with water repellent agent. Breathable to prevent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>temperature build-up.</td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>Foot ware</td>
<td></td>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td></td>
<td>waterproof boots</td>
<td></td>
<td>1. Ample space at the tip to be able to move toes comfortably. The</td>
</tr>
<tr>
<td></td>
<td>1 pair per driver</td>
<td></td>
<td>heel should lift up without any problem.</td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>Chemical splash goggles</td>
<td></td>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td></td>
<td>(disinfect goggle after use, 1:10 bleach:</td>
<td></td>
<td>1. Protective goggles with front and side protection</td>
</tr>
<tr>
<td></td>
<td>water x 10 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>Heavy Duty Re-usable Gloves</td>
<td></td>
<td><strong>Recommendations:</strong></td>
</tr>
<tr>
<td></td>
<td>(disinfect gloves after use, 1:10 bleach:</td>
<td></td>
<td>1. Heavy duty reusable gloves</td>
</tr>
<tr>
<td></td>
<td>water x 10 min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Item</td>
<td>EXAMPLE</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>Disposable latex or nitrile Gloves (L) to wear under heavy duty reusable gloves 2 boxes of 100 in 6 weeks per driver</td>
<td><img src="image1" alt="Gloves" /></td>
<td>Recommendations: 1) Latex or nitrile gloves 2) Size L is the most universal 3) At least 3 grams in weight</td>
</tr>
<tr>
<td>Fleet* (Trucks)</td>
<td>N95/FFP2 mask 1 per disinfection (disinfect 2x/day) 1 box of 100 for 6 weeks per driver</td>
<td><img src="image2" alt="Mask" /></td>
<td>Recommendations: The disposable N 95 or FFP2 mask to block at least 95 percent of very small (0.3 micron) test particles. Two elastic straps behind the head (one upper and one lower), strip of aluminum on the outside across the bridge of the nose to be bent for a custom fit, with a strip of foam rubber on the inside across the bridge of the nose to ensure a good seal even if the aluminum on the outside does not fit.</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Disinfectant solution For disinfection of commonly touched surfaces of vehicles (e.g. Dettol, 25 ml:1 litre of H2O, For 4 liters of disinfectant a day use 100ml Dettol/day, 1 liter every 2 weeks) 3 litres for 6 weeks</td>
<td><img src="image3" alt="Disinfectant" /> <img src="image4" alt="Or" /></td>
<td>Recommendations: Alcohol-based preferred if bought in-country (i.e. alcohol is hazardous substance and may be blocked at borders) Bleach based is also very effective but can’t be used on stainless steel Dettol-based also effective although may be slightly less effective—most versatile</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Disposable gown 1 each disinfection, 1-2 disinfections per day for 6 weeks 60 gowns per driver disinfecting</td>
<td><img src="image5" alt="Disposable Gown" /></td>
<td>Recommendations: Disposable isolation gowns made of non-woven polypropylene material, preferably coated with water repellent agent. Breathable to prevent temperature build-up. Waist ties in front for ease of use.</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Foot ware waterproof boots 1 pair per driver</td>
<td><img src="image6" alt="Waterproof Boots" /></td>
<td>Recommendations: Ample space at the tip to be able to move toes comfortably. The heel should lift up without any problem.</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Chemical splash goggles (disinfect goggles after use, 1:10 bleach: water x 10 min) 1 pair per driver</td>
<td><img src="image7" alt="Chemical Splash Goggles" /></td>
<td>Recommendations: Recommended any time a splash of chemicals or infectious substances could reach the eyes.</td>
</tr>
</tbody>
</table>
### ANNEX 1 - WFP PPE HYGIENE ITEMS

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>EXAMPLE</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Heavy Duty Re-usable Gloves (disinfect gloves after use, 1:10 bleach: water x 10 min) 1 pair per driver</td>
<td><img src="image1" alt="Gloves Image" /></td>
<td>Recommendations: Heavy duty re-usable gloves</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>Disposable latex Gloves (L) to wear under heavy duty re-usable gloves, 2 boxes of 100 in 6 weeks per driver</td>
<td><img src="image2" alt="Gloves Image" /></td>
<td>Recommendations: 1) Latex or nitrile gloves 2) Size L is the most universal 3) At least 3 grams in weight</td>
</tr>
<tr>
<td>Light Vehicles* (LVs)</td>
<td>N95/FFP2 mask 1 per disinfection (disinfect 2x/day) 1 box of 100 for 6 weeks per driver</td>
<td><img src="image3" alt="Mask Image" /></td>
<td>Recommendations: It must block at least 95 percent of very small (0.3 micron) test particles. Two elastic straps behind the head (one upper and one lower), strip of aluminum on the outside across the bridge of the nose to be bent for a custom fit, with a strip of foam rubber on the inside across the bridge of the nose to ensure a good seal even if the aluminum on the outside does not fit.</td>
</tr>
</tbody>
</table>

*Order extra hand sanitiser for drivers to use before putting personal protective equipment listed above

---

**To calculate the number of masks and the quantity of hand gel (in millilitres or ml)**

1. Take the number of masks per person or the amount of hand sanitiser ml per person
2. Multiply this by the number by the number = (number of employees) + (3x number of employees to include average number of dependents).
3. Multiply this by the time period i.e. per day or per period of 6 weeks

See the example below:

**Example: Masks and Hand Sanitisers to purchase for WFP Country Office XX**

<table>
<thead>
<tr>
<th>Masks per person/day</th>
<th>Number of employees</th>
<th>Number of dependents estimated (3x number of employees)</th>
<th>Number of days in 6 weeks</th>
<th>Total Masks to purchase = 2 x (100 + 300) x 42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Sanitiser (in ml) per person for 6 weeks</td>
<td>Number of employees</td>
<td>Number of dependents estimated (3x number of employees)</td>
<td>Number of periods of 6 weeks</td>
<td>Total ml of Hand sanitiser to purchase = $500 \times (100 + 300) \times 1$</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>300</td>
<td>42</td>
<td>16,800</td>
</tr>
<tr>
<td>500</td>
<td>100</td>
<td>300</td>
<td>1</td>
<td>200,000 ml</td>
</tr>
</tbody>
</table>
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 gloves & 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
Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

~Thank you for helping us to protect your health.

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

<table>
<thead>
<tr>
<th>FLIGHT INFORMATION:</th>
<th>PERSONAL INFORMATION:</th>
<th>PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Airline name</td>
<td>5. Last (Family) Name</td>
<td>9. Mobile</td>
</tr>
<tr>
<td></td>
<td>6. First (Given) Name</td>
<td>10. Business</td>
</tr>
<tr>
<td></td>
<td>7. Middle Initial</td>
<td>11. Home</td>
</tr>
<tr>
<td></td>
<td>8. Your sex</td>
<td>12. Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Flight number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Seat number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Date of arrival (yyyy/mm/dd)</td>
<td></td>
<td>27. Last (Family) Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. First (Given) Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>29. City</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>30. Country</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>31. Email</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>32. Mobile phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>33. Other phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMANENT ADDRESS:</th>
<th>14. Number and street (Separate number and street with blank box)</th>
<th>15. Apartment number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. City</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. State/Province</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ZIP/Postal code</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TEMPORARY ADDRESS:</th>
<th>20. Hotel name (if any)</th>
<th>21. Number and street (Separate number and street with blank box)</th>
<th>22. Apartment number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. State/Province</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. ZIP/Postal code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Last (Family) Name</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>30. Country</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>32. Mobile phone</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years |
|--------------------------|---------------------|------------------|------------------|
| Last (Family) Name       | First (Given) Name  | Seat number      | Age <18          |
| (1)                      |                     |                  |                  |
| (2)                      |                     |                  |                  |
| (3)                      |                     |                  |                  |
| (4)                      |                     |                  |                  |

| 35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any) |
|--------------------------|---------------------|------------------|------------------|
| Last (Family) Name       | First (Given) Name  | Group (tour, team, business, other) |
| (1)                      |                     |                  |
| (2)                      |                     |                  |

ANNEX 3 - WHO PLF