



# STANDARD OPERATING PROCEDURE (SOP)

FOR SUSPECTED COVID-19  
CASE IN THE AIRCRAFT







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## ACKNOWLEDGMENTS

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# ABBREVIATION AND ACRONYMS

AHO	Airport Health Officer
AOC	Airlines Operator Committee
ATC	Air Traffic Control
AVSEC	Aviation Security
BB	Bangladesh Biman
CAAB	Civil Aviation Authority Bangladesh
CMT	Crisis Management Team
CDC	Communicable Disease Control Program
COVID-19	Coronavirus Disease 2019
HDF	Health Declaration Form
HEOC	Health Emergency Operation Centre
HERT	Health Emergency Response Team
HSIA	Hazrat Shah Jalal International Airport
IHR	International Health Regulation
IOM	International Organization for Migration
NFP, BANGLADESH	National Focal point, Bangladesh
PHEIC	Public Health Emergency of International Concern
PLF	Passenger Locator Form
WHO	World Health Organization



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# INTRODUCTION

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On 30th January 2020, the novel coronavirus outbreak has been declared as a Public Health Emergency of International Concern (PHEIC) by the World Health Organization as the outbreak continues spreading to different WHO regions throughout the world, outside China. As of 12 May 2020, more than 4.08 million cases of COVID-19 have been reported in 210 countries and territories resulting more than 283,000 deaths. To prevent and control transmission of COVID-19 across borders, countries have taken measures to manage suspected cases at Points of Entry (PoEs).

This standard operating procedure (SOP) is intended for National Focal Points for the International Health Regulation (IHR), IHR Focal Institute, local, divisional & national health surveillance and response system, PoE public health authorities, PoE operators, conveyance operators, crew members and other stakeholders involved in the management of public health events and it should be used as a reference at all PoEs. Public health emergency response plans and SOP should be in place at designated PoEs, in accordance with International Health Regulation-2005.



## PURPOSE

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This SOP has been developed to screen and early detection of suspected persons and to take part in the implementation of National Preparedness and Response Plan (NPRP), International Civil Aviation Organization (ICAO), and World Health Organization (WHO) recommendations related to Corona virus 2019 (COVID-19) management; and to prevent spread of disease in Bangladesh. This SOP describes the Preparedness and Response procedure and coordination mechanism regarding handling of travellers and relevant staffs when a suspected COVID-19 case is identified on board in the aircraft coming from or through into Bangladesh from Corona affected countries.

## MANAGEMENT OF SUSPECTED CASE

### Case definitions

- A. COVID-19 case is suspected when a ~~traveller~~ passenger or a crew member has
  - A. Any one signs or symptoms of illness suggesting respiratory infection
    - ▶ Fever greater than 38°C/100°F or feeling feverish
    - ▶ Cough
    - ▶ Breathing difficulties AND
  - B. A history of travel to a country with ongoing transmission of COVID-19, 14 days prior to the onset of symptoms

### A. ACTIVATING THE ON-BOARD PROCEDURES FOR CABIN CREW TO MANAGE ILL TRAVELLER(S)

The following are general guidelines for cabin crew when facing a suspected case of COVID-19 on board

- Universal precaution kits should be carried on aircraft that are required to operate with at least one cabin crew member, as per International Civil Aviation Organization ICAO Standards and Recommended Practices (SARPs) and guidelines.

#### They include

- ▶ Dry powder that can convert small liquid spills into a sterile granulated gel
- ▶ Germicidal disinfectant/ wipes for surface cleaning
- ▶ Face mask (separate- goggles and medical mask or combined- face shield)
- ▶ Gloves (disposable)
- ▶ Protective apron
- ▶ Full length long sleeved gown (if available)
- ▶ Biohazard disposable waste bag (if available)



- In the aircraft, if possible, traveller to be seated 1 meter apart from one another. In 3 seats row, keep the middle seat vacant (if possible).
- The airline should ensure that their cabin crew members have adequate training on emergency
- When attending to an ill traveller coming from an area with local or community COVID-19 virus transmission who displays fever, persistent cough, or difficulty in breathing, always use personal protective equipment (PPE) (provided in the Universal Precaution Kit), including mask, eye protection, gloves, and a gown.
- Wear disposable gloves when attending to an ill traveller or touching body fluids or potentially contaminated objects and surfaces. Removes gloves carefully to avoid contaminating yourself, dispose of them and other disposable items that had contact with ill person in a biohazard bag and wash hands with soap and water or alcohol based hand rub.
- Store soiled items (used tissues, face masks, gloves, caps, gown, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc.) in a bio hazard bag. If not available, use a sealed plastic bag and label it "Biohazard". Keep it in the designated lavatory toilet after tightly knotted for cleaning by the cleaning crew.

Crew should make sure not to touch other service utensils or cutlery after attending to an ill traveller.

- Ask accompanying traveller(s) (spouse, children, relatives, friends, etc.) if they have any similar symptoms.
- As soon as possible, cabin crew will advise the captain of the situation to report the suspected case(s) to air traffic control.
- Ask the travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator form.
- Under present crisis period until further notice, all the travellers to use face mask and the cabin crews are to use face mask, as well as disposable gloves.
- It is advisable not to distribute any food to the travellers in the short haul flight operation. Only sealed safe drinking water intact bottle and juice may be given.



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
বাহ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
বাহ্য সংক্রান্ত যোগাযোগ পত্র

সকল ভ্রমণের যোগাযোগ করা করা হবে এবং ওয়াকার আশ্রয় হলেই আপনার সঙ্গে যোগাযোগ করার জন্য ব্যবহৃত হবে।  
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার কর্তৃক (COVID-19) সংক্রমণ প্রতিরোধ কার্যক্রমের অংশ হিসেবে দেশের ছাত্র/মহিলা/বিমানবন্দর সমূহের যাত্রীকে দেশে প্রত্যর্জনকালে নিম্নের তথ্যগুলি পূরণ করতে হবে।

যাত্রীর নাম:.....  
লিঙ্গ: পুরুষ / মহিলা / অন্যান্য..... জন্ম তারিখ:.....  
জাতীয়তা:..... পাসপোর্ট নং:.....  
ক্রাইট / পাসপোর্ট নং:..... আসন নং:.....  
যে দেশ থেকে যাত্রা শুরু করেছেন:..... প্রস্থানের তারিখ:.....  
আপনাদের তারিখ:.....  
পর ২ সপ্তাহে যে সময় দেশে আসন করেছেন:.....  
বাংলাদেশের অভ্যন্তরীণ পরিবহন:.....  
দেশ:..... উপজেলা:..... ইউনিয়ন:.....  
গ্রাম/মহল্লা:..... হাট:..... বাড়ি:.....  
যোগাযোগ নং: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

নিম্নের কোনো দাবি থাকলে অনুরূপে পূর্বক টিক (✓) চিহ্ন দিন  
○ জ্বর ○ কশি ○ শ্বাসকষ্ট  
○ গলাব্যথা ○ মাথাব্যথা ○ বমি বমি ভাব

☐ 'যাত্রা সংক্রান্ত যোগাযোগ': আমি এই ঘর্ষে যোগাযোগ করছি আমার জানা মতে এ সকল তথ্য সত্য।

যাত্রীর স্বাক্ষর:..... যাত্রা কর্তৃক স্বাক্ষর:.....

আইএইচএম, মাইক্রোবায়োলজি, ইমার্জি এন্ড রিসপন্সিবি (জিআর) কন্ট্রোল প্রোগ্রাম, সিটিসি, যাত্রা অফিসের

১৫/০৩/২০, ঢাকা

উপরে কোন পূরণ করে ফেলতে হবে না।

নিম্নের কোন পূরণ করে ইমিগ্রেশন দেবে করা নিম্ন।

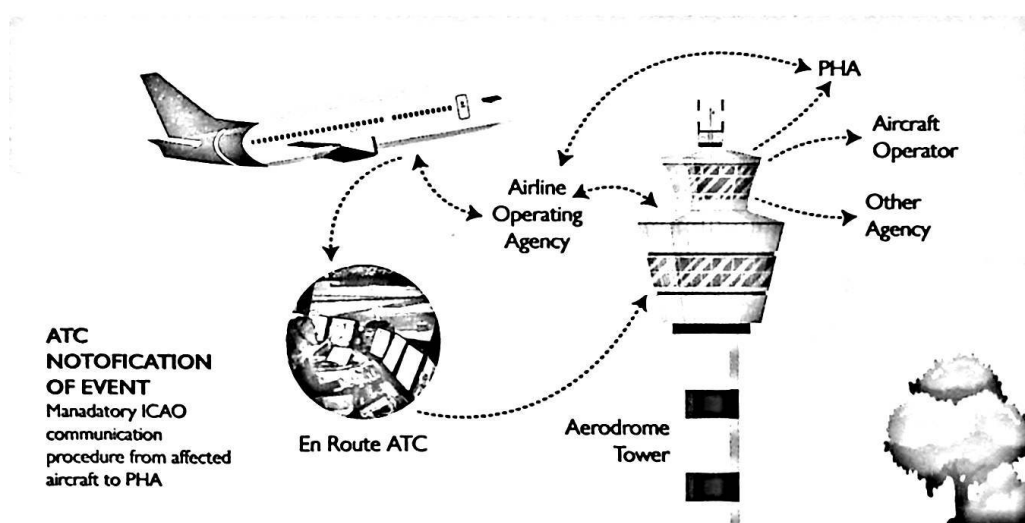
যাত্রীর নাম:.....  
লিঙ্গ: পুরুষ / মহিলা / অন্যান্য..... জন্ম তারিখ:.....  
জাতীয়তা:..... পাসপোর্ট নং:.....  
ক্রাইট / পাসপোর্ট নং:..... আসন নং:.....  
যাত্রীর স্বাক্ষর:..... যাত্রা কর্তৃক স্বাক্ষর:.....



- Announcement script on suspected communicable diseases published by IATA should be read for the traveller before arrival.
- One or more Universal Precaution Kit (UPK) shall all the time in the aircraft to protect crew members who are assisting potentially infectious cases of suspected COVID-19.
- Under the present COVID-19 situation all the travellers, cabin crew including pilot are to fill up Health Declaration Form (HDF) and if a suspected case is identified, then the travellers in the same row of the case and two rows in front and two rows behind to fill up Passenger Locator Form (PLF) in side aircraft and submit both the forms to the Airport Health Authority on Arrival. (Cabin crew can help the traveller in filling the form properly.)
- Ensure that travellers are not kept on board of an aircraft without proper ventilation for longer than 30 minutes.
- Crew face masks (surgical masks) to be replaced regularly at an interval of not exceeding 4 hours.

## 1.2. OPERATIONAL GUIDANCE FOR AIRCRAFT OPERATORS, AIRLINES, AND AIRPORTS WITH SUSPECTED CASE(S) ON BOARD REPORTING

In accordance to the International Health Regulation (IHR-2005) and the All Hazard Public Health Emergency Contingency Plan (HSIA) and ICAO Annexes 9 and 14, if a suspected case is identified in flight, the pilot in command of an aircraft should take emergency measures in flight as may be necessary for the health and safety of travellers on board. S/he shall inform air traffic control, as early as possible before arrival, of any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board.



### Pilot in command

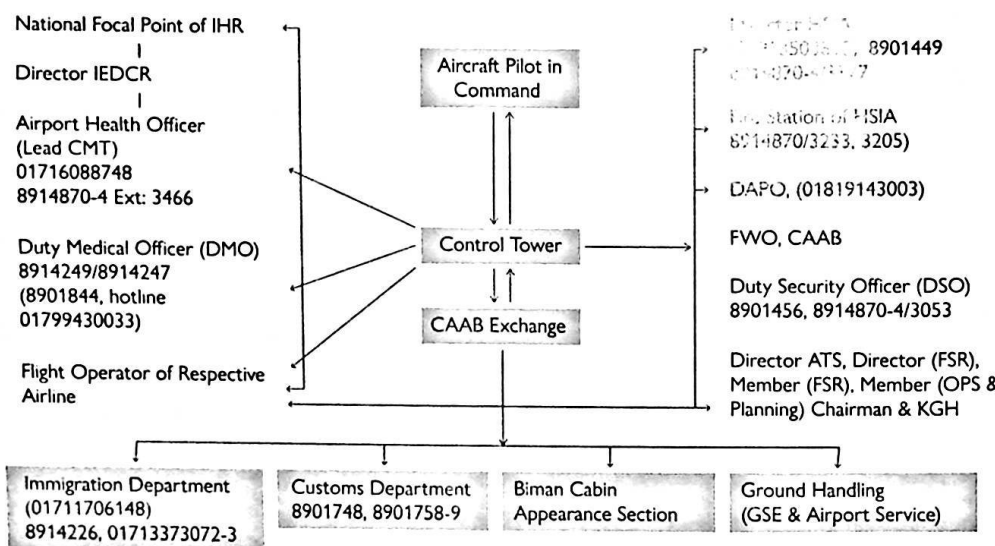
- Notify air traffic control about the events and necessary information like
  - ▶ Aircraft notification
  - ▶ Nature of emergency
  - ▶ Estimated time of arrival



- ▶ Number of traveller affected
- ▶ Number of crew affected
- ▶ Country of travel origin and transit of the travellers
- ▶ Special treatment & ambulance requirements etc.

#### ATS UNIT/ ATC

- The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk on board the aircraft, must relay immediately as soon as possible to the competent authority (Coordination committee/ Crisis management team, also inform the Airport Health Authority)
- Intimate affected airline operator
- Adjust air traffic to facilitate the priority landing
- Coordinate aircraft parking to a separate bay (Bay 10)
- Facilitate any special requirements



#### Emergency notification to competent authority

#### C. GUIDELINE FOR CLEANING CREW

These general guidelines provide a basic framework of response to assure 'cleaning crew' and help them manage such an event during and after disembarkation of travellers and cabin crews

1. Wear impermeable disposable gloves and medical face mask
2. Use only cleaning agents and disinfectants that have been approved by aircraft manufacturers at recommended concentrations and contact times.
3. Begin the cleaning at the top (light and air controls) and proceed downwards progressively working from clean to dirty areas.
4. In addition to regular cleaning following surfaces to be cleaned with special emphasis:

Transport personnel should routinely perform hand hygiene and wear a medical mask, eye protection, gloves, and gown when loading suspected COVID-19 patients into the ambulance.

- The driver of the ambulance should stay separated from the cases. No protection is required if a physical separation exists between the driver and the suspected case. If possible, the driver should not be involved in loading the patient in to ambulance. If assisting with the loading of suspected COVID-19 patient the driver should wear PPE, including a mask, gloves, and eye protection.
- Transport staff should frequently clean their hands with alcohol based hand rub of at least 60% alcohol or soap and water and should ensure that they clean their hands before putting on PPE and after removing PPE.

### Notification and Reporting Requirements

The airport health authority shall inform immediately its NFP if a suspected case of COVID-19 has been identified following the predefined procedures for communication between points of entry and the NFP in the point of entry all hazard public health emergency contingency plan. If the suspected case tests positive for COVID-19, then the NFP shall inform WHO.

### Identification and Management of Contacts

Identification of contacts should begin immediately after a suspected case has been identified on board.

#### *Definition of contacts on board the aircraft*

- Any person sitting within 2 meters of the suspected case
- Any travel companions or persons providing care who had close contact with the suspected case
- Any cabin crew member designated to look after the ill traveller(s), and crew members serving in the section of the aircraft where the suspected case(s) was seated.
- If the severity of the symptoms or numerous movements of the case(s) indicate more extensive exposure, travellers seated in the entire section or depending on aircraft design and assessment on arrival by airport health authorities, all travellers on the aircraft may be considered contacts.

### Disembarkation of Suspected contacts

- The travellers/crews that might have been in close contact with the suspected case(s) (traveller of the same row and two rows in front and two rows back) will be then taken through the same stairs/ambulift to outside the aircraft and then directly the microbus/bus that heads for the quarantine room / holding area for further evaluation. The remaining team accompanies them.
- The cleaning team in PPE, again will disinfect the aircraft stairs/ambulift after travellers who are close contacts of the suspected case are transferred.
- The Contacts may be quarantined for 14 days for observation and follow up



## PURPOSE

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  - B. A history of travel to a country with ongoing transmission of COVID-19, 14 days prior to the onset of symptoms

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#### They include

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- ▶ Germicidal disinfectant/ wipes for surface cleaning
- ▶ Face mask (separate- goggles and medical mask or combined- face shield)
- ▶ Gloves (disposable)
- ▶ Protective apron
- ▶ Full length long sleeved gown (if available)
- ▶ Biohazard disposable waste bag (if available)






If a traveller develop symptoms of acute respiratory infection or shows sign or symptoms compatible with COVID-19, efforts should be made to minimize contact of travellers and cabin crew with the ill person. Crew should follow International Air Transport Association (IATA) procedures:

- Relocate the ill traveller from the other travellers by minimum of 1 meter (usually about two seats left empty in all directions) to a more comfortable isolated area. If the ill traveller is relocated don't reuse the vacated seat.
- Designate one cabin crew member to look after the ill traveller, preferably the crew member trained in infection prevention and control measures.
- When possible, designate a separate toilet for the exclusive use of the ill traveller. If not possible, clean and disinfect the commonly touched surfaces of the toilet(faucet, door, handles, and waste bin cover, counter top) after each use by the ill traveller.
- Ask the ill person to wear a medical mask and practice respiratory hygiene when coughing or sneezing.
- If the medical mask can not be tolerated by the ill traveller, provide tissues and advice to use the tissue to cover the mouth and nose when speaking , sneezing or coughing. Discard tissue immediately into a biohazard disposal waste bag carried in the universal precaution kit. If no biohazard disposal waste bag is available place it into an intact plastic bag, seal it and consider it biohazard waste.
- Advise ill traveller to practice hand hygiene and frequently wash hand with hand sanitizer.
- Provide an extra air sickness bag to be used for the safe disposal of the tissues.
- All the traveller in the aircraft should wear face mask. As soon as it becomes damp/humid, it should be replaced by a new one. After touching the used mask (for disposal), proper hand hygiene by alcohol based hand rub must be practiced immediately.



- Crew should make sure not to touch other service utensils or cutlery after attending to an ill traveller.

- Ask accompanying traveller(s) (spouse, children, relatives, friends, etc.) if they have any similar symptoms.
  - As soon as possible, cabin crew will advise the captain of the situation to report the suspected case(s) to air traffic control.
  - Ask the travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator form.
  - Under present crisis period until further notice, all the travellers to use face mask and the cabin crews are to use face mask, as well as disposable gloves.
  - It is advisable not to distribute any food to the travellers in the short haul flight operation. Only sealed safe drinking water intact bottle and juice may be given.

  
**পশ্চাভ্যর্থী বাংলাদেশ সরকার**  
**বাহ্য ও পরিবার কল্যাণ মন্ত্রণালয়**  
**বাহ্য সংক্রান্ত যোগাণ পত্র**

সকল ভগ্নের গোপনিততা রক্ষা করা হবে এবং শুধুমাত্র অর্পিত অনুরূহ হলেই আশ্রমর সাথে যোগাযোগ করা জ্ঞান ব্যবহৃত হবে।

পশ্চাভ্যর্থী বাংলাদেশ সরকারের করোনাকাইরাস (COVID-19) সংক্রান্ত প্রিন্সিপ কার্যকরের অংশ হিসেবে দেশের স্থান/ নৌ/ বিমানবন্দর সমুদ্রে যাবার আগে অবশ্যকীয়ের নিম্ন তথ্যগুলি পূর্ণ করতে হবে:

যাত্রীর নাম:.....  
 পিস: পুরুষ / মহিলা / অন্যনা      অনু ভবিষ্য:  
 জাতীয়তা:.....      বাসগোষ্ঠীর নাম:  
 ট্রাইট / পাঠী নাম:.....      আসন নাম:.....

যে দেশ থেকে যাত্রা শুরু করেছেন:.....  
 আগমনের তারিখ:.....      প্রস্থানের তারিখ:.....

গত ২ সপ্তাহে যে সময় দেশে অবত করেছেন:  
 বাংলাদেশের অবস্থানকালীন চিকিৎসা:.....  
 ডোয়া:..... উপকরণা:..... ইডনিউন:.....

গ্রাম/ঘরানা:..... রাজ্য:..... বক্তি:.....

মোবাইল নং: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

নিম্নের কোনো লক্ষণ থাকলে অনুরূহ পূর্বক টিক (✓) চিহ্ন দিন  
☐ জ্বর      ☐ কাশি      ☐ শ্বাসকষ্ট  
☐ গলাব্যথা      ☐ মাথাব্যথা      ☐ যদি যদি ভাব

৩ বাহ্য সংক্রান্ত যোগাণ: অতি এই ঘরে যোগাণ করছি আমার জ্ঞান মতে এ সকল তথ্য সত্য।

যাত্রীর স্বাক্ষর:.....      বাহ্য কর্মকর্তার স্বাক্ষর:.....  
 আইএইআস, মহাপ্রদেশ মেম্বর, ইমার্টি এন্ড রিইমার্টি বিভিন্ন কন্ট্রোল রেজিওন, সিটিং, বাহ্য অফিসের  
 মহাপ্রদেশ, ঢাকা

উপর্যন্ত অংশ পূর্ণ করে ফেল্প দেবে জ্ঞান দিন।

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৪- নিম্নের অংশ পূর্ণ করে ইমিগ্রেশন দেবে জ্ঞান দিন।

যাত্রীর নাম:.....  
 পিস: পুরুষ / মহিলা / অন্যনা      অনু ভবিষ্য:  
 জাতীয়তা:.....      বাসগোষ্ঠীর নাম:  
 ট্রাইট / পাঠী নাম:.....      আসন নাম:.....

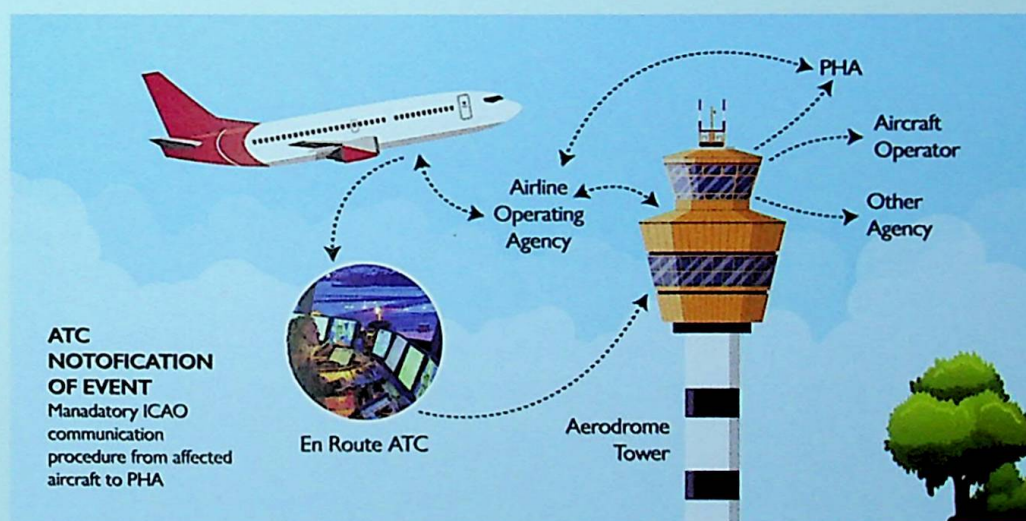
যাত্রীর স্বাক্ষর:.....      বাহ্য কর্মকর্তার স্বাক্ষর:.....



- Announcement script on suspected communicable diseases published by IATA should be read for the traveller before arrival.
- One or more Universal Precaution Kit (UPK) shall all the time in the aircraft to protect crew members who are assisting potentially infectious cases of suspected COVID-19.
- Under the present COVID-19 situation all the travellers, cabin crew including pilot are to fill up Health Declaration Form (HDF) and if a suspected case is identified, then the travellers in the same row of the case and two rows in front and two rows behind to fill up Passenger Locator Form (PLF) in side aircraft and submit both the forms to the Airport Health Authority on Arrival. (Cabin crew can help the traveller in filling the form properly.)
- Ensure that travellers are not kept on board of an aircraft without proper ventilation for longer than 30 minutes.
- Crew face masks (surgical masks) to be replaced regularly at an interval of not exceeding 4 hours.

## B. OBLIGATION FOR AIRCRAFT OPERATORS, AIRLINES, AND AIRCRAFT WITH SUSPECTED CASE(S) ON BOARD REPORTING

In accordance to the International Health Regulation (IHR-2005) and the All Hazard Public Health Emergency Contingency Plan (HSIA) and ICAO Annexes 9 and 14, if a suspected case is identified in flight, the pilot in command of an aircraft should take emergency measures in flight as may be necessary for the health and safety of travellers on board. S/he shall inform air traffic control, as early as possible before arrival, of any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board.



### Pilot in command

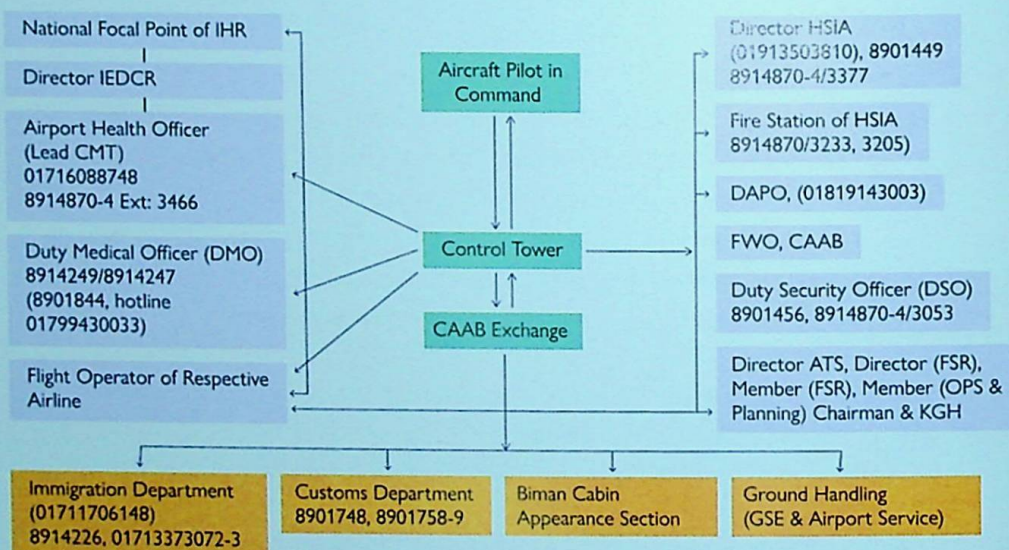
- Notify air traffic control about the events and necessary information like
  - ▶ Aircraft notification
  - ▶ Nature of emergency
  - ▶ Estimated time of arrival



- ▶ Number of traveller affected
- ▶ Number of crew affected
- ▶ Country of travel origin and transit of the travellers
- ▶ Special treatment & ambulance requirements etc.

### ATS UNIT/ ATC

- The ATS unit, upon receipt of information from a pilot regarding suspected case(s) of communicable disease, or other public health risk on board the aircraft, must relay immediately as soon as possible to the competent authority (Coordination committee/ Crisis management team, also inform the Airport Health Authority)
- Intimate affected airline operator
- Adjust air traffic to facilitate the priority landing
- Coordinate aircraft parking to a separate bay (Bay 15)
- Facilitate any special requirements



### Emergency notification to competent authority

#### C. GUIDELINE FOR CLEANING CREW

These general guidelines provide a basic framework of response to assure 'cleaning crew' and help them manage such an event during and after disembarkation of travellers and cabin crews

1. Wear impermeable disposable gloves and medical face mask
2. Use only cleaning agents and disinfectants that have been approved by aircraft manufacturers at recommended concentrations and contact times.
3. Begin the cleaning at the top (light and air controls) and proceed downwards progressively working from clean to dirty areas.
4. In addition to regular cleaning following surfaces to be cleaned with special emphasis:



- ▶ Affected seat, adjacent seats same row, back of the seats in the row in front
  - ▶ Light and air control
  - ▶ Adjacent walls and windows
  - ▶ Seatbacks (the plastic and /or metal part)
  - ▶ Individual video monitor
  - ▶ Tray tables
  - ▶ Armrests
  - ▶ In the toilets used by sick traveller:-door handle, locking device, faucet, wash basin, adjacent walls, counter and toilet seat.
5. Disinfection of upholstery, carpets, or storage compartments is only indicated when ~~disinfect before~~ vacuuming to eliminate the risk of re-aerosolization.
  6. Wash hands with soap and water immediately after gloves are removed. An alcohol based hand sanitizer can be used if the hands are not visibly soiled.
  7. Remove and discard gloves if they become soiled or damaged, and after cleaning.
  8. Dispose of soiled material and gloves in a biohazard bag if one is available. If not, use a sealed plastic bag and label it as biohazard.
  9. Do not use compressed air it might re-aerosolize infectious materials.



## D. SEQUENCE OF EVENTS UPON AIRCRAFT LANDING

### Disembarkation of other travellers

- Upon landing, the aircraft is sent to one far away holding lounge, in the designated parking bay. Pilot informs the travellers about the situation and instructs and ensures the travellers to be calm and remain in their seats.



- Health emergency response team (HERT), arrives at the parking area by one ambulance. The team including driver and support staff wear PPE. At the same time other ambulances will be engaged depending on the number of probable cases and suspects, as decided by the HERT. Other microbus/bus are placed at a distance.



- A trained cleaning team of three members with their logistics (one each from Biman Cabin cleaning section-cabin appearances, Ground Support Equipment (GSE) section and facilitation and Welfare section of CAAB will be waiting with PPE in hand.
- The other drivers and cleaners before engagement with cases or contacts from the aircraft will wear their personal protective equipment.
- The HERT boards the aircraft through the door nearest to the suspect case by ambulift/stairs. The two airport security agents in protective equipment secure the aircraft at the stairs.
- The team on board directly approaches the suspected traveller informed by the crew member. The medical officers observe the case, enquire about the symptoms, travel history and previous contacts and determine status of the case and suspected close contacts. Then after consultation with NFP-IHR (Director CDC) and AHO, they may come to the following decisions;
- The team feels that the case does not fulfil the case definition of COVID-19. They will ask Aviation Security(AVSEC) to initiate the process for usual customs and immigration procedures immediately for all the travellers

#### Disembarkation of suspected case(s)

- If the suspected case fulfil case definition, then the team members of HERT will ensure that the case and close contacts are wearing mask (should be given in the flight), and remain in their seats. The cabin crew will be asked to evacuate other travellers preferably through other door/s for usual immigration and customs clearance. After that,
- The suspected case in mask will be assisted and escorted by one Nurse / SI to the aircraft stairs/ambulift. The Nurse/SI will accompany the suspected case to the airport ambulance that is already waiting outside. The ambulance immediately runs for the referral hospital through a predefined route avoiding any contact with other staffs/travellers.
- The cleaning team in PPE will disinfect the aircraft stairs/ambulift after suspected patient is transferred as per standard disinfection procedures.





Transport personnel should routinely perform hand hygiene and wear a medical mask, eye protection, gloves, and gown when loading suspected COVID-19 patients into the ambulance.

- The driver of the ambulance should stay separated from the cases. No protection is required if a physical separation exists between the driver and the suspected case. If possible, the driver should not be involved in loading the patient into ambulance. If assisting with the loading of suspected COVID-19 patient the driver should wear PPE, including a mask, gloves, and eye protection.
- Transport staff should frequently clean their hands with alcohol based hand rub of at least 60% alcohol or soap and water and should ensure that they clean their hands before putting on PPE and after removing PPE.

### Notification and Reporting Requirements

The airport health authority shall inform immediately its NFP if a suspected case of COVID-19 has been identified following the predefined procedures for communication between points of entry and the NFP in the point of entry all hazard public health emergency contingency plan. If the suspected case tests positive for COVID-19, then the NFP shall inform WHO.

### Identification and Management of Contacts

Identification of contacts should begin immediately after a suspected case has been identified on board.

#### *Definition of contacts on board the aircraft*

- Any person sitting within 2 meters of the suspected case
- Any travel companions or persons providing care who had close contact with the suspected case
- Any cabin crew member designated to look after the ill traveller(s), and crew members serving in the section of the aircraft where the suspected case(s) was seated.
- If the severity of the symptoms or numerous movements of the case(s) indicate more extensive exposure, travellers seated in the entire section or depending on aircraft design and assessment on arrival by airport health authorities, all travellers on the aircraft may be considered contacts.

### Disembarkation of Suspected contacts

- The travellers/crews that might have been in close contact with the suspected case(s) (traveller of the same row and two rows in front and two rows back) will be then taken through the same stairs/ambulift to outside the aircraft and then directly the microbus/bus that heads for the quarantine room / holding area for further evaluation. The remaining team accompanies them.
- The cleaning team in PPE, again will disinfect the aircraft stairs/ambulift after travellers who are close contacts of the suspected case are transferred.
- The Contacts may be quarantined for 14 days for observation and follow up



in a facility. Or, they may be sent for home quarantine after health, customs and immigration formalities, but keeping where about and contact details fulfilling the Passenger Locator Form & Health Declaration Form for future follow up.

- The travellers/crews, particularly the suspected contacts who are sent for Home quarantine will be provided with detail information about whom and when to contact if one or more of the following symptom appears; fever, dry cough & sneezing, breathing difficulties, weakness, muscle pain, headache, sore throat, vomiting, diarrhoea etc. travellers will also be asked to record their temperatures twice daily for 14 days and report higher temperature deviations.
- Emergency phone numbers are:



- ▶ Sastha Batayan Hotline **16263**
- ▶ DGHS Hotline **333**
- ▶ Contact with Army Medical Core **01769045739**
- ▶ Crisis Management & Control Room, DGHS **01759114488**
- ▶ IEDCR **10655, 01944333222**

- If the laboratory result of the suspected case is positive, then all other travellers on board the aircraft who do not fulfil the definition of a contact may be considered as having low-risk exposure and may be advised to implement precautionary measures. They are advised to monitor for COVID-19 symptoms, including fever, cough, or difficulty in breathing, for 14 days from the date of the flight. Should they develop symptoms indicative of COVID-19 within 14 days, they should immediately self-isolate and contact emergency phone numbers of DGHS.

- After total evacuation, the cleaning team in PPE, with additional persons will disinfect the whole aircraft following disinfection procedures.

*Note: Though COVID-19 is a droplet infectious disease, but there might be possible contact with fluids in the airplane (e.g. neighbouring seats and other surfaces in the airplane), due to sneezing/coughing etc. For COVID-19 quarantine period is 14 days).*

- The quarantine provides all necessary conditions (accommodation, food and medical care). The travellers will be provided the means to contact with and inform their families).

## E. CLEANING & DISINFECTION

After each flight the aircraft is to be disinfected with WHO approved insecticide and as per the aircraft manufacturer's guidelines. For disinfection 62-71% ethanol alcohol/ 0.5% hydrogen peroxide / 0.1% sodium hypochlorite may be used (that is equivalent to 1000ppm). Surfaces should be rinsed with clean water after 10 minute contact time for chlorine.



- Within the airport area three entities are responsible for cleaning services.
  - ▶ Biman cabin cleaning section (in charge cabin appearance section) is responsible for cleaning the aircraft;
  - ▶ The stair and ambulift cleaning is under the Ground Support Equipment (GSE) section and
  - ▶ Facilitation and Welfare section of CAAB is responsible for the runway and airport area.
- Within the aircraft the Universal Precaution Kit (UPK) contains along with other logistics some disinfectant and biohazard bag, which may be used to dispose of the contaminated materials. Generally the biohazard bag and PPE will be available for these purposes through the Airport Health Office.
- Service providers should wear gowns, heavy-duty gloves, face shield/ goggles and medical mask when cleaning.
- Generally a three member cleaning team, each from different section will be grouped together and trained to perform the cleaning and decontamination activities during this type of emergency. Cleaning team in PPE cleans and disinfects aircraft stairs/ambulift each time the case or contacts use it. After disembarkation of all the travellers, the aircraft will undergo thorough cleaning and decontamination process following cleaning SOP as per WHO guideline. All the waste is collected in biohazard bag and disposed off according to waste disposal SOP. Reusable logistics are thoroughly decontaminated and cleaned.
- In case a surface has been soiled with respiratory secretion or other body fluids, wipe the surfaces with absorbent (paper) towels first, dispose of towel, and then clean and disinfect as described above
- Ventilation system should be kept running while cleaning crews are working aboard the airplane.
- A cleaner in PPE with pump sprayer disinfects the HERT members before they appropriately remove and dispose of their personal protective equipment in yellow biohazard plastic bags.
- The cleaners wait for 20 minutes in order that the disinfectant to have the effect, after which they take off the PPE according to the SOP. They perform personal disinfection of hand with appropriate hand washing with soap and water followed by hand sanitizer disinfectant. The PPEs that has been already used is placed in biohazard plastic bags for disposal of infectious waste, and will be handled by the airport common waste management system, with a special vehicle for medical waste, and will be handled by the airport common waste management system.





#### Disinfection of then used traveller vehicles

- Ambulance or transport vehicles should be cleaned and disinfected with special attention to the areas in contact with the suspected case. Cleaning should be done with regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent to 5000 ppm or 1-part bleach to 99 parts of water) should be applied. After the bleach has been allowed to remain in contact with the surface for at least 1 minute, it may be rinsed off with clean water.
- At the hospital entrance the ambulance carrying the suspected case arrives along with the medical staff. The case is sent immediately to the isolation room for proper medical care under strict infection control measures following hospital infection control SOP. Once the patient enters the isolation room, a cleaner in PPE disinfects the Ambulance as per WHO interim guideline.
- The vehicle transporting close contacts (travellers/crews) arrives and they are put in the quarantine room. A cleaning team in PPE disinfects the transportation route and the ambulance/vehicles. The travellers remain in quarantine for 14 days or until confirmed d to have COVID-19 test results negative.
- The concerned flight operator will provide all the relevant documents/ information of the cases and contacts to the Customs and Immigration authorities. The rules for such emergencies/disasters will become effective in such situations. Ground handling will retrieve the baggage of the case and close contacts along with their accompanying person/s, ensure customs check-up and deliver the baggage to the referral hospital/quarantine area. Immigration authority will ensure clearance of the sick traveller/close contacts on a priority basis.
- According to the provisions of the IHR (2005) and the adopted Protocol for Handling and Reporting at the entry point in case of PHEIC caused by biological agent like COVID-19, the National IHR Focal Point for Bangladesh



(Director, CDC) informs immediately (within 24 hours) the WHO Office in Dhaka, Bangladesh.

- Provide necessary Information materials regarding general facts about COVID-19 (clinical overview, mode of transmission, preventive measures). In order to calm the population.
- The persons that were in contact with the infected persons are put in 14 days quarantine under constant supervision. The health status of the remaining travellers who were sent home quarantine is continuously monitored for 14 days period by the epidemiologist of the DGHS.

## F. GENERAL GUIDELINE FOR TRAVELLER AGENT: (DURING DEPARTURE)

- All traveller must wear mask as soon as entering the airport terminal building
- A suspected COVID case is suspected when a traveller or a crew member has any one of the following symptoms:

### A. Signs or symptoms of illness suggesting respiratory infection

- ▶ Fever greater than 38°C / 100°F or feeling feverish
- ▶ Dry cough
- ▶ Respiratory distress

AND

### B. A history of travel 14 days prior to the onset of symptoms to a country with ongoing transmission of COVID-19

- Most of these signs and /or symptoms may not be obvious at the desk. When there is a doubt regarding the health of a traveller, especially during this ongoing COVID-19 outbreak, follow the procedures mentioned below:
  - ▶ Call your supervisor, if supervisor agrees with your concern, seek medical support available from the Airport Health department ask the traveller to obtain medical clearance from airport Health clinic.
  - ▶ If medical doctor comments in his observation that the traveller is not fit for travel, deny boarding and ask the traveller to fly later date after he/ she resume from illness
  - ▶ If assistance is required to escort a sick traveller and if the traveller is coughing ask him /her to wear a medical mask. Provide tissue and ask him/ her to cover the mouth and nose when coughing or sneezing.
  - ▶ Maintain distance (at least 1 meter) during check in, security check, Pre boarding, Boarding, Disembarkation and at passport control and to use face masks by all staffs and travellers, during Pre-Boarding and boarding time call and boarding 2-3 rows at a time instead of bulk Boarding
  - ▶ List of travellers arriving from the affected countries to be supplied to immigration authority and also a copy should be given to Airport Health Officer, IHR Health Desk by Airlines Authority. This should be coordinated by the Airlines association.



## G. ACTIVATION OF CRISIS MANAGEMENT TEAM (CMT), HEALTH EMERGENCY OPERATION CENTRE (HEOC), & HEALTH EMERGENCY RESPONSE TEAM (HERT)

### Crisis Management Team

- The aviation measures as well as public health measures adopted for managing Public Health Emergency of International Concern (PHEIC) are both integral part for the Bangladesh International Health Regulation (IHR) action Plan for IHR (2005) implementation. The plan is executed by the Crisis Management Team (CMT) of HSIA. The Team members take a leading part during a PHEIC by taking decisions involving public health emergencies and do advance planning.
- Crisis Management Team (CMT) is already activated by Airport Health Officer (AHO) with advice from National IHR Focal point (Director CDC) and Director HSIA when the spread of COVID-19 in different countries was declared as Public Health Emergency of International Concern (PHEIC) by WHO on 30th January 2020. Later World Health Organization (WHO) on March 11 declared COVID-19 a pandemic

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### MEMBERS OF CRISIS MANAGEMENT TEAM

- ▶ Airport Health Officer –Coordinator
  - ▶ Assistant Airport Health Officer- member secretary
  - ▶ Representative of Director, HSIA
  - ▶ Representative, AVSEC
  - ▶ Representative, Flight safety and Regulation, HSIA
  - ▶ Representative, ATS & Aerodrome, HSIA
  - ▶ Chief Medical Officer of Biman Bangladesh Airlines
  - ▶ Representative of the Department of Fire Service and Rescue
  - ▶ Chairman/representative of Airline Operator committee
  - ▶ Representative of the Department of Immigration
  - ▶ Representative of the Department of Customs
  - ▶ Representative of the Department of Ground Handling Agents
  - ▶ Representative of the department of Police
  - ▶ Representative National Focal Point of IHR
  - ▶ Representative IEDCR
  - ▶ Representative of IHR-Designated Referral Hospitals
  - ▶ Representative from institutional Quarantine Centres
- 

### Role of CMT during COVID-19 Response

- To observe traveller screening and contact tracing at HSIA
- Oversee the health service provider in implementation of public health measures prescribed by MOHFW

- Work in collaboration and coordination with the respective agencies such as Police, Public Health Agency, Immigration, Customs, Tourism Agencies, Airlines and Ground handlers to resolve day to day operational issues
- Review and implement new procedures when and as required
- Track and report the status of travellers to DGHS control Room and National IHR Focal Point for Bangladesh (NFP-IHR)
- Track and report the impact of outbreak to airport authority, airlines, ground handlers, and other stakeholders
- Provide daily updates to NFP-IHR and IEDCR (NFI-IHR)
- Monitor and report public health measures implemented at other international airports
- Monitor and ensure compliance by airport, airlines and other stakeholders on implementation of public health control measures

#### Health Emergency Operation Centre (Heoc)

During a PHEIC like COVID-19 crisis the executive members of Crisis management team should determine whether the emergency response plan and centre should be activated. Before final decision for activation of HEOC, Airport Health Officer should consult with NFP-IHR (Director CDC) and Director HSIA for their opinion. If the decision is to open the HEOC, all members involved in the Emergency Response Team should be notified immediately.

#### Airport Response Coordinator (Airport Coordination Committee)

- Overall responsibility for the response strategy and response operational success
- Airport Coordination Committee will be responsible for the co-ordination with other Departments and Airport Authority as required.

#### Members of Hsia Coordination Committee

- Airport Health Officer (Coordinator)
- Assistant Airport Health Officer (member secretary)
- Representative, HSIA
- Representative Director AVSEC ( need to be included)
- Representative, Flight safety and Regulation
- Representative, ATS and Aerodrome
- Chairman/ Secretary, Airlines operation committee
- Assistant Commissioner, Customs, HSIA
- Officer In charge, Immigration, HSIA
- Officer In charge, Airport police station, HSIA
- Co-opt members
  - ▶ i. Superintendent Infectious disease Hospital
  - ▶ ii. Representative , Kurmitola General Hospital



- ▶ iii. Representative , Director, CDC, DHGHS
- ▶ iv. Representative, Director, IEDCR
- ▶ v. Representative, WHO
- Representative, IOM

#### Roles of Emergency Operation Centre (HEOC) during PHEIC

- To oversee traveller screening and contact tracing
- Oversee the health service provider in implementation of public health measures prescribed by national health authority
- Work with the representative agencies such as Police, Public Health Agency, Immigration, Customs, Tourism Agencies, Airlines and ground handlers to resolve day to day operational issues
- Review and implement new procedures when required
- Provide daily updates to IHR Focal point and Control Room, DGHS
- Monitor and ensure compliance by different stakeholders on implementation of public health control measures.
- Monitor referral of suspected and close contacts for COVID-19
- Monitor logistic requirement and supply
- Maintain communication with internal and external stakeholders
- Communication and information management: Media communication, web sites, telephone and written message
- Ensure health alert message
- Monitor baggage, cargo, containers goods and postal decontamination procedure
- Training and human resource development and continuous update of knowledge

#### Health Emergency Response Team (Hert)

- HERT is activated by Airport Health Officer as per requirement
- The HERT ( comprising of 6 members: two airport medical officers, two Nurses/ Sanitary Inspectors, and two security personnel provided by AVSEC; depending upon requirement the number of members may vary
- HERT is in constant communication with Airport health officer, director CDC , Disease Control Division of DGHS and Director IEDCR





World Health  
Organization  
Bangladesh

