

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

Implementing Standard

(Issued under Section 120 Civil Aviation Act No. 14 of 2010)

Title: Public Health Emergencies involving Operation of aircraft

Reference No. : IS-6-(i)-6.2.2
IS-9-2.11, 8.15

S.N. : SLCAIS 045

Date: 20th December 2019

In Pursuant to Section 120 of the Civil Aviation Act No.14 of 2010 which is hereinafter referred to as the CA Act, Director General of Civil Aviation shall have the power to issue, whenever he considers it necessary or appropriate to do so, such Implementing Standards for the purpose of giving effect to any of the provision in the CA Act, any Regulations or Rules made thereunder including the Articles of the Convention on International Civil Aviation which are specified in the Schedule to the CA Act.

Accordingly, I, being the Director General of Civil Aviation do hereby issue the Implementing Standards as mentioned in the Attachment hereto (Ref: IS-6-(i)-6.2.2 & IS-9-2.11, 8.15-Att.01], for the purpose of giving effect to the provisions in the Section 120 of Civil Aviation Act No 14 of 2010. Standards and procedures described under article 37 of the convention which are specified in the Attachment.

This Implementing Standard shall be applicable to every person holding an Air Operator Certificate issued by Director General of Civil Aviation and his employees engaged in flight operations and shall come in to force with immediate effect and remain in force unless revoked.

Attention is also drawn to Section 103 of the Act, which states inter alia that failure to comply with Implementing Standard is an offence.

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Enclosure: Attachment No. IS-6-(i)-6.2.2 & IS-9-2.11, 8.15- Att.01

Implementing Standards

Title: PUBLIC HEALTH EMERGENCIES INVOLVING OPERATION OF AIRCRAFT

1. Notice to the Recipient

1.1. The requirements in this Implementing Standard are based on the Standards and Recommended Practices (SARPs) adopted by the International Civil Aviation Organization (ICAO) and incorporated in the Amendment No. 43rd & 26th to Annex 06 Part I “Operation of Aircraft” & Annex 9 “Facilitation”.

1.2. In pursuance of the obligation cast under Article 38 of the Convention which requires the Contracting States to notify the ICAO of any differences between the national regulations of the States and practices and the International Standards contained in the respective Annex and any amendments thereto, the CAASL will be taking steps to notify ICAO of such differences relating to either a Standard or a Recommended Practice, if any. The CAASL will also keep the ICAO currently informed of any differences which may subsequently occur, or of the withdrawal of any differences previously notified. Furthermore, the CAASL will take steps for the publication of differences between the national regulations and practices and the related ICAO Standards and Recommended Practices through the Aeronautical Information Service, which is published in accordance with the provisions in the Annex-15 to the Convention.

1.3. Taking into account of the ICAO council resolution dated 13 April 1948 which invited the attention of Contracting States of the desirability of using in the State’s national regulations, as far as is practicable, the precise language of those ICAO Standards that are of a regulatory character, to the greatest extent possible the CAASL has attempted to retain the ICAO texts in the Annex in drafting this Implementing Standard.

1.4. Status of ICAO Annex components in the Implementing Standard

Some of the components in an ICAO Annex are as follows and they have the status as indicated:

1.4.1. **Standard:** Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform application of which is recognized as necessary for the safety or regularity of international air navigation and to which Contracting States will conform in accordance with the Convention; in the event of impossibility of compliance, notification to the Council is compulsory under Article 38. The ICAO Standards are reflected in the Implementing Standards if they are locally implemented using the normal fonts and recipients are required to conform to such requirements invariably and the DGCA **will take appropriate enforcement action** when those requirements are not complied with.

1.4.2. **Recommended Practice:** Any specification for physical characteristics, configuration, material, performance, personnel or procedure, the uniform

application of which is recognized as desirable in the interest of safety, regularity, efficiency or environmentally responsiveness of international air navigation, and to which Contracting States will endeavor to conform in accordance with the Convention. The ICAO Recommended Practices are reflected in the Implementing Standards in italic fonts and the Recipients are encouraged to implement them to the greatest extent possible. However, DGCA **will not take enforcement action** when a Recommended Practice is not satisfied by the recipient.

1.4.3. **Appendices:** Comprising material grouped separately for convenience but forming part of the Standards and Recommended Practices adopted by the Council. Enforcement action on such matters will be as in the case of Standards or Recommended Practices.

1.4.4. **Definitions:** A definition does not have independent status but is an essential part of each Standard and Recommended Practice in which the term is used, since a change in the meaning of the term would affect the specification.

1.4.5. **Tables and Figures:** add to or illustrate a Standard or Recommended Practice, and which are referred to therein, form part of the associated Standard or Recommended Practice and have the same status.

2. Definition

Public Health Emergency of International Concern. An extraordinary event which is determined, as provided in the International Health Regulations (2005) of the World Health Organization (WHO):

- a. to constitute a public health risk to other States through the international spread of disease and
- b. to potentially require a coordinated international response, this definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action..

Public health risk. A likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger. This includes activities, animals and substances.

3. Guidelines for Cabin Crewmembers

The following are general guidelines for Cabin Crewmembers when facing a suspected case of communicable disease on-board. During an outbreak of a specific communicable disease, the World Health Organization (WHO) or Civil Aviation Authority of Sri Lanka may modify or add further procedures to these general guidelines. However these general guidelines provide a basic framework of response to reassure the Cabin Crewmembers and help them manage such an event effectively, in a timely manner.

3.1. Identification:

A communicable disease is suspected when a passenger or Crewmember has fever (temperature 38⁰C/100⁰F or greater) associated with one or more of the following signs or symptoms:

- (a) Appearing obviously unwell
- (b) Persistent coughing
- (c) Difficulty in breathing
- (d) Persistent diarrhoea
- (e) Persistent vomiting
- (f) Skin rash
- (g) Bruising or bleeding without previous injury
- (h) Decreased consciousness or confusion of recent onset
- (i) Headache with stiff neck or
- (j) Has a fever that has persisted for more than 48 hours or
- (k) Has symptoms or other indications of communicable disease, as the CAASL may announce through posting of a notice.

3.2. Procedure to be adopted by Cabin Crewmember

(a) Don a mask

The passenger suspected, shall be given a mask to wear covering the nose and mouth secured firmly. If the mask becomes damp /humid, it should be replaced by a new one. When the mask is disposed ensure hands are protected by wearing surgical gloves in a secure/ sealed plastic bag. Wash hands thoroughly for 20 Seconds with soap/water. Use alcohol based hand rub (contains at least 60% alcohol) if soap and water is not available.

If the suspected passenger cannot tolerate a face mask, the designated Cabin Crewmember/s or passengers seated around two (2) rows in-front, back and either sides of seats shall don masks. Cabin Crewmember/s shall not place themselves at risk by close contact with the passenger. (E.g. by more frequent hand and face contact by mask adjustments).

(b) Direct Contact with Body Fluids

If there is a risk of direct contact with body fluids, the designated Cabin Crewmember/s shall wear disposable gloves. The gloves are not intended to replace hand hygiene. These gloves shall be removed and disposed in a Bio-hazard bag (or a plastic bag, sealed and labelled as “Bio-Hazard”, if a Bio-hazard bag is not available). Wash hands thoroughly and use an alcohol based hand rub.

(c) Inform Pilot in Command

The PIC shall be informed to report the case/s to the ATS of the Departure and Arrival destinations. PIC shall also inform the next station of the requirement for cleaning and disinfection of the aircraft.

(d) Guidelines for Cabin Crewmembers

Disposing of contaminated items – All items which comes in contact with the suspected person shall be disposed into the Bio-hazard bag (or a thick plastic bag and sealed. This bag shall be labelled as “BIOHAZARD” with a permanent marker).

1. Check with accompanying passengers if they too have similar symptoms.
2. Ensure hand carried cabin luggage of the suspected passenger is/are off loaded along with the passenger and comply with Public Health Authorities request at the destination.
3. Unless stated otherwise by Ground Medical Support or Public Health Officials, request the other passengers who have been occupying seat rows adjacent to the suspected passenger (2 rows in-front, back and either sides) to complete the passenger locator card available in the document bag.
4. A general way of hand cleansing, performed by means of applying an antiseptic hand rub is to wash one’s hands with soap and flowing water for at least 20 Seconds. Touching the face with hands should be avoided. Hands should be washed frequently on board.

(e) A questionnaire for Cain Crewmembers in such a situation;

1. Are the symptoms consistent with Communicable Disease?
(Symptoms may include: fever, weakness, muscle pain, headache, sore throat, vomiting, and diarrhoea, rash or bleeding)
2. Is the environment of the plane contaminated?
(By vomitus, spilled blood, other body fluid)
3. How many passengers and staff were exposed?
4. Is there a doctor or any other medical person on board?
5. Does the operator have access to ground – based medical support?
6. Has the passenger received medical assistance during the flight?
7. Does the passenger require medical assistance during the flight? (Clinical signs and symptoms among passengers and severity)
8. Are any enhanced precautions for the disembarkation of other passengers needed?
9. Whether the Public Health Passenger Locator Forms were distributed to passengers two (2) rows in-front, back and either sides?

4. If the Passenger is suspected to be suffering from Communicable Disease, the Cabin Crewmembers shall;

- 4.1. **If possible**, separate sick passenger from others by 6 feet (or 3 rows) or move adjacent passengers without compromising flight safety or exposing additional passengers, by placing the sick passenger preferably near a toilet for his/her use;

This has to be done after a proper evaluation of the situation as relocating the sick passenger may enhance the risk of spread of disease to the other passengers. It is advisable remain the sick passenger in the same location if he/she does not have vomiting or diarrhoea which need frequent visit to the toilet.

- 4.2. Cover the nose and mouth of the patient with a medical facemask (if tolerated), if there are respiratory symptoms (e.g. coughing or sneezing.) if the mask cannot be tolerated, the sick passenger should be provided with tissues and asked to cover the mouth and nose when coughing or sneezing and to perform hand hygiene thereafter;
- 4.3. Provide the sick passenger with a plastic bag for disposing, used tissues and an air sickness bag, if experiencing nausea or vomiting;
- 4.4. Store soiled items (used tissues, face masks, linen, pillows, blankets, seat pocket items etc.) in a biohazard bag if available or in a plastic bag and labelling it “ Bio Hazard”;
- 4.5. Keep interaction with sick passenger as brief as possible. Designate one (or two if a sick passenger requires more assistance) Cabin Crewmember to interact with the sick passenger, preferably only the Cabin Crewmember who has already had contact with the passenger. The Cabin Crewmember or anyone in direct contact with the sick passenger should be using the Universal Precautionary Kit. The Cabin Crewmember/S should always wear gloves and perform hand hygiene after removing them.
- 4.6. Keep PIC informed of the necessity to immediate isolation of the passenger upon arrival;
- 4.7. Inform/ contact the Medical Officer of Health (MOH) immediately if Cabin Crewmember/s develop symptoms after the flight or

If a Cabin Crewmember/s suspect that there is a risk of getting a Communicable Disease following the interaction between the sick passenger & the Cabin Crewmember/s. (Risk of infection depending on type of disease, flight duration, level of exposure and level of immunity).
- 4.8. If Cabin Crewmember(s) develop symptoms of infection during flight, they should discontinue on board duties as soon as it is safe to do so and follow the procedure outlined for a sick passenger.
- 4.9. Do not prepare or serve food or beverages if you have symptoms of illness that could be contagious.

5. Duties of Pilot in Command

- 5.1. The Pilot-In-Command (PIC) of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, with transmission of the following information in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.
 - (a) Aircraft identification;
 - (b) Departure aerodrome;
 - (c) Destination aerodrome;
 - (d) Estimated Time of Arrival;
 - (e) Number of persons on board;
 - (f) Number of suspected case(s) on board; and
 - (g) Nature of the public health risk, if known?

- 5.2. In the event of a case of suspected communicable disease on board an aircraft, the Pilot-In-Command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.
- 5.3. When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers' and/or crews' travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State should accept the "Public Health Passenger Locator Card" reproduced in Appendix 1 as the sole document for this purpose.

Note: it is suggested that States make available adequate stocks of the Passenger Locator Card, for use at their international airports and for distribution to aircraft operators, for completion by passengers and crew.

6. Operator Responsibility

The above procedure shall be made available to operating crew in the Flight Operations Manual and/or Safety & Emergency Procedures Manual with immediate effect.

7. Health Authority Responsibility

The health authorities on arrival, may assess the possibility of transmission to other passengers and crew on board. If the assessment concludes that the passenger has symptoms compatible with Communicable Disease and has travelled and/or stayed in a country that has reported and confirmed as Public Health Emergency of International Concerns (PHEIC) by World Health Organization (WHO), Medical Officer of Health (MOH) shall initiate the process of handling a sick passenger according to the National Public Health Plan for Prevention Of Public Health Emergencies of International Concerns (PHEIC).

Passengers and Crewmembers may be at risk if they had direct contact with the affected passenger or the body fluids or heavily contaminated objects. The following measures based upon proximity to the index patient should be considered.

7.1. Passengers and crewmembers with reported direct contact;

To gather information, any records of significant events on the flight should be obtained from the aircraft operator. Passengers and crewmembers who report direct body contact with the index case should undergo contact tracing.

7.2. Passengers seated adjacent to the index case;

As direct contact is the main route of transmission for Communicable Diseases, only passengers who were seated adjacent to the index case two (2) rows in-front, back and either sides, should be included in the contact tracing.

7.3. Staff cleaning the affected aircraft section;

Purser shall inform the ground staff the seat number, used toilet number, any other contaminated areas and location of Bio-Hazard bag kept of the sick passenger.

Staff cleaning the affected aircraft cabin (where the sick passenger was seated and any other contaminated area, such as toilets) should be instructed to treat any remains of blood or body fluids as infectious. The cleaners should be trained to put on and remove Personal Protective Equipment. (PPE) and apply the following precautions carefully.

- (a) Wearing rubber gloves, impermeable gown and closed shoes when cleaning the environment and handling infectious waste;
- (b) Wearing facial protection (masks, goggles or face shield) and overshoes if boots are unavailable, when undertaking cleaning activities with increased risk of splashes;
- (c) Performing hand hygiene by hand rubbing with alcohol based hand rub solution for about 20-30 Seconds or hand washing with soap and water for about 40-60 Seconds after the removal of PPE.

APPENDIX 1- Public Health Passenger Locator Card

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.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex Male Female

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.
9. Mobile 10. Business
11. Home 12. Other
13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number
16. City 17. State/Province
18. Country 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.
20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number
23. City 24. State/Province
25. Country 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
27. Last (Family) Name 28. First (Given) Name 29. City
30. Country 31. Email
32. Mobile phone 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>