

Democratic Socialist Republic of Sri Lanka



Civil Aviation Authority of Sri Lanka

General Direction

(Issued under Section 99 (1), Civil Aviation Act No. 14 of 2010)

Title: Guidelines for Airlines on Management of Crew Members in Relation to the COVID-19 Pandemic.

Reference No. : CA-GD-2020-OPS

S.N. : SLCAGD - 009

Date: 30th April 2020

Pursuant to Section 99 (1) of the Civil Aviation Act No. 14 of 20110 which is hereinafter is 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 General Direction for the purpose of giving effect to any provisions of 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 General Direction giving effect to Section 99 (1) as mentioned in the Attachment hereto (Ref: CA-GD-2020-OPS-Att-01], for the purpose of giving effect to the provisions in the CA Act and Standards & Procedures described under Article 37 of the Convention, which are specified in the Attachment.

This General Direction shall come in to force with immediate effect and remain in force unless revoked.

Attention is also drawn to Section 99 (2) and Section 103 of the CAA Act, which states inter alia that failure to comply with General Direction is an offence.

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Director General of Civil Aviation and
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Enclosure: Attachment No. CA-GD-2020-OPS- Att.01

General Direction

Title: COVID-19 Guidance on Management of Crew Members in Airlines

1. Introduction

- 1.1. Since December 2019 an outbreak of a new type of coronavirus was identified in the province of Hubei, China. Since that time the evolution of the outbreak was very rapid reaching out to the most of the countries worldwide. Consequently the outbreak was declared by the World Health Organisation (WHO) as a Public Health Emergency of International Concern (PHEIC) on the 30th of January 2020 and further declared as a pandemic on the 11th of March 2020.
- 1.2. In this background CAASL has developed and issued a Safety Information Bulletin in the form of a General Direction to provide operational recommendations for all stakeholders in accordance with the official communications of WHO, as well as facilitating guidance developed by other stakeholders (e.g. CAPSCA, IATA, EASA, National Health Regulation etc.)
- 1.3. The requirements contained in this document are applicable to person/organizations holding an air operator certificate issued by Director General of Civil Aviation, Sri Lanka for commercial Air transportation and prospective applicants for Air Operator Certificate for commercial air transportation.
- 1.4. Holders of Air Operator Certificate issued by the DGCA for commercial air transportation shall comply with the requirements published in this document and are hereby instructed to forward to the DGCA a "Declaration of Conformance" which indicates the degree of compliance with each item detailed in the document.
- 1.5. Wherever "Crew Members" are used it is applicable to Flight & Cabin Crew.
- 1.6. This document may be amended from time to time and the amendments will be reflected with the vertical line on the right side of the text.

2. Reference Documents

- 2.1. Requirements contained in this document are based on the following;
 - (a) IS 045 – Public Health Emergencies Involving Operations of Aircraft
 - (b) IATA – Guidance for Cabin Operations During and Post Pandemic – Edition No. 01
 - (c) EASA Guidelines – COVID-19 – Guidance on Management of Crew Members – Issue No. 1
 - (d) FAA – Safety Alert for Operators 2009
 - (e) CAA China - Preventing Spread of Coronavirus Disease 2019 (COVID-19) Guideline for Airlines - Fourth Edition

3. Prior to Operations

- 3.1. Based on the pandemic development at the points of origin of the flights (including international and domestic), and on whether the aircraft is equipped with High-Efficiency Particulate Air (HEPA) filters, as well as on other indicators such as load factors, flight time and special nature of the flight mission, flights operated by transport airlines can be divided into three levels, namely high, medium and low-risk flights. Differentiated prevention and control measures shall be implemented for different risk levels. Risk levels should be adjusted in real time in line with the development of the epidemic.
- 3.2. The risk levels will change frequently according to the rate of local transmission, booked passenger load, the length of the flight/s operated and other factors.
- 3.3. The Operator shall carry out a Risk Assessment in accordance to the below mentioned table, Figure 01, on all international flights (Cargo/Passenger) to determine the risk level of the flight.

(a) Confirmed Cases at Point of Origin	0 > 50 Score = 1	51 > 100 Score = 2	>100 Score = 3
(b) Duration of Flight (Hrs.)	0 > 4 Score = 1	>4 Score = 2	---
(c) Passenger Load (%)	0 > 60% Score = 1	61 > 80% Score = 2	>80% Score = 3
Risk level associated with flight	Score determined (a) + (b) + (c)		
Low Risk	3 - 4		
Medium Risk	5 - 6		
High Risk	7 - 8		

Figure 01

4. Long Stopovers and Layovers

- 4.1. Aircraft operators shall take appropriate measures to avoid long stopovers and layovers in the high risk areas, as much as practicable, in order to reduce the risk of contamination posed by the need for the Crew Members to exit the airport's restricted area and to be in unnecessary contact with the local population.
- 4.2. When avoiding long stopover or layovers is not possible due to operational restrictions, strict mitigating measures should be put in place in coordination with the airport operators and local authorities, to ensure that risk of exposure by contact of the Crew Members with local population.
- 4.3. Below mitigation measures shall be adopted;

- (a) In agreement with the airport and local authorities the transport to and from the resting facilities will not involve transiting the public areas of the airport terminal;
- (b) The transportation should be done, as much as possible, with a minimum separation of one seat between Crew Members;
- (c) Once they reach the resting facilities (hotel) the Crew Members shall be provided in room dining with packed meal and will not be allowed to exit their rooms except for emergency reasons;
- (d) Additional meals and drinks should be provided via the hotel's room service;
- (e) The aircraft operator shall agree with the hotel that the rooms to be used by Crew Members are to be properly disinfected prior to being used.

5. Protection of Crew Members

5.1. Awareness on prevention of spread of disease is very important, and the Operator shall carry out awareness programmes for Crew Members on following key factors through webinars, emails, e-learning etc.

- (a) Washing hands often with soap and running water for at least 20 Seconds;
- (b) Avoid touching eyes, nose or mouth with unwashed hands;
- (c) Avoid close contact with people who are sick;
- (d) Use Personal Protective Equipment (PPE) that has been supplied ;
- (e) Don a face mask at any given time during any flight;
- (f) Maintain physical distancing of one meter with colleagues, passengers and any other person as much as possible;
- (g) Cover the mouth and nose with a tissue or flexed elbow when sneezing or coughing;

5.2. The Operator shall provide guidance to Crew Members operating into high risk areas on health self-monitoring, which shall include:

- (a) Measuring of body temperature every 04 hours;
- (b) Monitoring for symptoms such as fever, persistent coughing, severe body ache or breathing difficulties;
- (c) Clear and expeditious reporting to the Company Medical officer of potential signs of infection;

- 5.3. The Operator shall develop clear and detailed procedures for the situation when a crew member becomes symptomatic, covering the cases when the crew member is at his or her home base, down-route or while on active duty.
- 5.4. Operators shall establish the necessary Personnel Protection Equipment (PPE) for their crew members, based on the risk of transmission for the respective flight. For operations into high risk areas, the operator shall equip their aircraft with one or more Universal Precaution Kits (UPKs) as mandated by CAASL.
- 5.5. Disposable gloves should be available for the use of suspected COVID-19 passenger(s) and all Crew Members. All Crew Members shall wear disposable surgical gloves at all times, while on duty.

Note 01: Contents of the UPK shall be in accordance to Appendix 1, Section 4.1.2 of Implementing Standards 015.

Note 02: it is recommended the use of N95 or higher respirators and FFP3 respirators against airborne infectious diseases in healthcare settings. When these certified Disposable Filtering Half-Face Piece Respirators (DFHFPRs) are in short supply or not available, surgical masks may be an alternative. Surgical masks are used to block large particles (such as droplets, splashes, sprays, or splatter) that may contain microorganisms (e.g., viruses and bacteria) from reaching the nose and mouth. They are primarily intended to protect patients from healthcare workers by minimizing exposure of saliva and respiratory secretions to the patients.

- 5.6. Face masks shall be worn by all Crew Members at all times and replace regularly (at intervals not exceeding 4 hours).
- 5.7. Correct disposal of the PPE and of other items that may be contaminated shall be ensured, by providing detailed instructions and dedicated disposal bags, where such items should be placed and then sprayed or doused with disinfecting solutions. Once on the ground, the contents should be appropriately disposed following the guidelines for the disposal of bio-hazardous materials.
- 5.8. When rostering Crew, the Operator should, maintain the same teams in order to avoid cross contamination. The Operator shall:
 - (a) Make all efforts that, in an aircraft with more than one lavatory and if the number of passengers carried allows it, a lavatory should be blocked for the exclusive use of the crew, preferably the one in the front;
 - (b) Limit, to the greatest extent possible, access to the Flight Deck;
 - (c) Instruct their Cabin Crew Members to avoid touching passengers' belongings at all times (carry-on luggage). If Under any unavoidable circumstances Cabin Crew Members required to touch passenger belongings, they shall sanitize their hands immediately;

5.9. There is no documented evidence available so far regarding the specific immunity following the COVID -19. Furthermore, there are several cases of reinfection listed in the recent literature. For this reason, Crew Members that were infected and recovered shall take the same precautionary measures as all their colleagues.

5.10. In case of a medical emergency on board the Cardiopulmonary Resuscitation (CPR), if needed, should be performed based on the existing protocols. Mouth to mouth resuscitation shall not be carried out. An ambu-bag shall be used for this purpose. Proper hand hygiene should be performed immediately after the CPR is over by all Crew Members (and volunteer where applicable), before touching or getting in direct contact with other passengers or Crew Members.

Note 03: All aircraft shall be equipped with ambu-bags on-board for Crew Members to carry out mouth to mouth resuscitation. The Operator shall ensure adequate numbers of ambu-bags are available.

5.11. Furthermore, should oxygen dispensing equipment (i.e. therapeutic oxygen, drop-down oxygen masks) be required to be used during the flight, it shall be thoroughly disinfected before the next flight. When therapeutic oxygen is provided to suspected passengers or crew members the oxygen mask(s) used shall be disposed as explained above.

6. Personal Protection for Crew Members

6.1. According to the flight risk levels, staff working on different posts should follow respective personal protection standard (Refer Attachment 1). In terms of personal protection, the following should be kept in mind;

- (a) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the crew must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.
- (b) Flight Crew Members shall wear masks while in the Flight Deck and crew rest area. Crew Members flying high-risk flights shall change their masks at least once every 4 hours (or whenever necessary).
- (c) All disposable protective equipment, after their use, shall be placed in yellow medical waste bags (Bio-hazard bag). After the flight, they should be sprayed or sprinkled till fully soaked with chlorine-containing disinfecting solution before aircraft cleaning commence, and packed in a tightly knotted plastic bag for centralized disposal as medical wastes (This bag shall be marked as Bio-hazard).
- (d) The Crew Members can use alcohol-based disinfection wipes or alcohol based hand sanitizer to clean and disinfect hands. Crew Members shall avoid

touching their noses, mouths and eyes with their hands unless they wash their hands properly according to the hand washing guidelines (Refer IS 045).

- (e) After touching or disposing waste, hands shall be cleaned with soap under running water for 20 Seconds or hand sanitizer.
- (f) When sneezing or coughing, one should try to lower the head or turn away from passengers and crew members nearby, and cover the mouth and nose with flexed elbow.
- (g) When sneezing or coughing whenever mask is removed for consumption of meals, one should try to lower the head or turn away from Crew Members and passengers nearby, cover the mouth and nose with tissues or flexed elbow.
- (h) Reusable goggles shall be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.
- (i) Crew members should reduce their entry/exit of the Flight Deck and use intercom system for communication whenever they can to avoid close contact.
- (j) Flight Crew shall avoid two of them dining at the same time, do not have cold dishes or cold meat/fish, choose prepackaged food to the greatest extent possible, and use rinse free alcohol based hand sanitizer to clean and disinfect hands before meals. Also, they should use an exclusive lavatory.

7. Temperature Screening

According to the risk levels of different flights, Passengers body temperature shall be measured at different phases of flights. For this purpose non-contact infrared thermometers shall be used and shall maintain adequate number of said thermometers on board (minimum 04 units shall be available on flights exceeding 04 hours).

7.1. Low Risk Flights

- (a) Non-contact infrared thermometer equipment (calibrated) shall be used to measure the body temperature of passengers and the symptoms should be observed as required.
- (b) Timely report and response shall be made in case of ill passenger(s) or Crew Members found with such symptoms as fever (≥ 37.3 °C), fatigue and dry cough, and cooperation should be provided in the handover of the passengers or the Crew Members.

7.2. Medium and High Risk Flights

7.2.1. Before Boarding

- (a) Non-contact infrared thermometer equipment (calibrated) shall be used to measure the body temperature of passengers & Crew Members and the symptoms should be observed before boarding. Timely report and response shall be made in case of ill passengers or Crew Members found with such symptoms as fever (≥ 37.3 °C), fatigue and dry cough, and cooperation should be provided in the handover of the passengers or Crew Members.

7.2.2. During Flight

- (a) For flights longer than 4 hours, measurement of body temperature shall be taken during flight operation. In case of ill passengers or Crew Members found with such symptoms as fever (≥ 37.3 °C), fatigue and cough, the event should be dealt with in compliance with the guidance for the handling of in-flight emergency events in this Guideline, and the Crew shall timely communicate with the ATC of destination airport, and cooperate in the handover of the passenger(s) after landing. *(for more guidance refer IS 045)*

8. During Flight Meal Service

8.1. Low Risk Flights

- 8.1.1. Normal meal service shall be provided, while cold dishes, cold meat/fish and edible ice cubes shall be cancelled. The Cabin Crew shall clean and disinfect their hands before and after meals preparation.
- 8.1.2. Lavatory shall be cleaned once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands shall be timely cleaned and disinfected.

8.2. Medium Risk Flights

- 8.2.1. Food-preparation procedures shall be simplified, pre-packaged food shall be provided, and cold meal and edible ice cubes shall be canceled.
- 8.2.2. Lavatory shall be cleaned and disinfected once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands shall be timely cleaned and disinfected.

8.3. High Risk Flights

- 8.3.1. Cabin Crew Member (s) shall be assigned to provide service in their designated areas, avoid close contact with passengers and only provide minimum in-flight service. Cabin Crew Member (s) shall be designated to provide basic service for Flight Crew Members when needed.

- 8.3.2. The Operator shall provide pre-packaged food and bottled water before or during passenger boarding. Except for special needs, catering service shall not be provided onboard.
- 8.3.3. Lavatory shall be cleaned once every hour (or after being used 5 times) during flight, and after disinfection, hands shall be timely cleaned and disinfected.
- 8.3.4. Efforts shall be made to arrange passengers to sit separately. The last three rows of seats shall be reserved as an isolation area for handling possible in-flight emergencies.

9. On Board Isolation Area

- 9.1. The last three (03) rows of seats on all International Flights shall be reserved as an isolation area according to the risk factor for handling possible in-flight emergencies, and the rear lavatory on the right side should be designated for the exclusive use by those under isolation.

10. Management of Crew Members following a Post- Flight Confirmation of a Positive COVID-19 Passenger.

- 10.1. Crew Members who return from flights shall strictly self-quarantine/ self-isolate until they operate the next flight under strict instructions given by the Public Health Authority and the DGCA.
- 10.2. Crew Members who indicate any history of having contact with COVID-19 positive passenger/ staff member shall adhere to the strict self-quarantine procedures for a period of 14 days and shall produce the medical certificate of clearance issued by the Public Health Authority prior to resuming their duties again.
- 10.3. When the Public Health Authorities inform the operator that a flight of the respective operator carried a passenger who was confirmed positive, the operator shall notify the Crew Members flying the flight segment concerned and inform them that they shall adhere to strict self-quarantine procedures for a period of 14 days and shall produce the medical certificate of clearance issued by the Public Health Authority prior to resuming their duties again.
- 10.4. This shall 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 Public Health Authority. For flights taking place outside this interval the risk of the passenger being contagious during the flight is considered low.

Note 04: There is no documented evidence of transmission of the Coronavirus more than 48 hours prior to the onset of symptoms. Based on the existing medical articles describing different types of evolution, including that in some case the first symptoms may be so mild as to be overlooked by some patients, it is considered that an interval of more than 72 hours

prior to the onset of symptoms are considered as being safe in terms of infectivity. In a similar reasoning, due to the possibility of mild symptoms which may be overlooked, in case a test is performed based only on epidemiological context without a symptomatology being present at the moment of the test, a period of more than 5 days prior to the moment of the collection of the sample which is revealed as positive, is considered as being safe in terms of infectivity.

11. Management of Suspected Crew Member on Board

11.1. 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 shall be:

- (a) Relieved from Flight Duties immediately;
- (b) If the Crew Member is on active duty when become symptomatic, he/she shall be isolated on board in the designated isolation area, following the same principles described for the suspected passenger in IS 045;
- (c) Shall inform the local Public Health Authority immediately and transferred to a designated health facility in accordance with instructions of the Public Health Authorities after the flight has landed and all passengers and crew members have been disembarked;
- (d) Put in quarantine or self-isolation in accordance with instructions of the local public health authority, pending the result of the test. If the test result is positive then the quarantine will be extended until the crew member is considered fully recovered. If the test is negative, the Crew Member may resume flying duties pending recovery from the underlying pathology.

Note 05: Currently the WHO and Public Health Authorities consider a positive case are fully recovered if 2 consecutive tests sampled at least 24 hours from each other are negative. If the test is negative.

- (e) The other Crew Members that were in close contact (less than 1 metres for more than 15 minutes) with the suspected Crew Member within 3 days preceding the onset of symptoms should be placed in self-quarantine pending the result of the test of the suspected Crew Member. If the result is positive they will be placed in strict quarantine for 14 days from the moment of the last contact. If the test is negative they can resume flight duties.

12. Crew Members Recovered from COVID-19

12.1. Crew Members that were infected and recovered shall undergo comprehensive medical assessment by the Company Medical Officer (CMO) and if any issues or concerns regarding their medical fitness, CMO shall refer them to SCAI-AM, CAASL for further assessment prior to resuming duties.

12.2. CMO shall convey the details of each and every Crew Member who were infected and recovered to SCAI-AM, CAASL prior to the medical clearance of said Crew Member.

12.3. Cabin crew who have recovered from infection may experience a loss of smell and/or taste (anosmia). Operator shall consider the impact of anosmia on the Cabin Crews' ability to identify unusual smells within the cabin such as leakage of dangerous goods/chemicals and overheating/burning, especially where the number of Cabin Crew with anosmia on any given flight is significant.

13. Cleaning and Disinfection

13.1. Cabin Cleaning

- (a) All cabin cleaning agents and disinfection products used must be compatible with aircraft components. Aircraft manufacturers provide operators with guidance on approved disinfection processes and cleaning fluids at recommended concentrations and contact times.
- (b) Operators may need to consider additional cleaning and disinfecting schedules in accordance with Public Health Authority requirements.
- (c) Increased frequency of inflight cleaning of lavatories by Cabin Crew Member is necessary according to the risk level associated with each flight.

13.2. Preventive Disinfection and the disinfection after an event

There are several cleaning and disinfection frequencies possible and this document will focus on that preventive disinfection which will aim disinfecting all passenger aircraft arriving from high risk destinations.

This should take in to consideration the size of the aircraft and ground time (turnaround time) of the flight and should follow the general principle of thorough disinfection from top to down, out ring to center in an incorporating approach.

The disinfection shall be carried out according to the table in Attachment 02.

14. Waste Management

14.1. Cabin waste is already subject to legislation that ensures it is handled, stored and disposed appropriately to minimize pollution and disease risk. Nevertheless, Public Health Authorities may impose additional restrictions on waste from International Flights. It is not expected that the nature of cabin waste will significantly change as flights resume beyond discarded PPE (masks and gloves), empty sanitizer bottles and amendments associated to changes to in-flight menus (additional packaging, etc.) and that operational impacts for crew will be minimal.

14.2. Cabin waste from International Flights are classified as bio-hazardous due to prevailing COVID-19 infections and agricultural health concerns.

14.3. The disposal of bio-hazard bag shall be carried out in accordance to the guidance given by Public Health Authority.

14.4. Bio-hazard bags shall be handled separately and treated with appropriate chemicals and incinerated.

15. Physical Distancing

15.1. Physical distancing measures may be required as per Health Authorities and/or customer confidence.

15.2. Where physical distancing measures are required on High Risk Flights, Cabin Crew Members shall consider the following:

- (a) Wherever possible, remain within their assigned area of responsibility;
- (b) While eating or drinking, shall not share meals, utensils or drinking containers;
- (c) Reduce non-essential contact with passengers and/or their belongings;
- (d) Reduce physical contact between each other and with other staff or member of public;

15.3. Where physical distancing is required, at least one lavatory should be blocked and dedicated for Crew use in order to ensure it remains available for hand washing, as well as limiting the possibility of contamination from infected persons.

15.4. Physical distancing techniques should be applied to passengers waiting to use lavatories.

15.5. Passengers shall not be permitted to congregate in the cabin, galley.

16. Boarding and Disembarkation

16.1. Where physical distancing is required, Cabin Crew Members positions during boarding should be altered, for example in areas such as over wing exits where it is not possible to maintain a suitable distance from passengers during boarding.

16.2. Operator shall ensure during passenger boarding smaller groups of passengers are boarded in order to increase space between them while they store carry-on baggage and take their seats.

16.3. Depending on passenger booking figures Operators with pre-assigned seating procedures should consider physical distancing requirements within seating assignment systems.

- 16.4. Operators who do not have pre-assigned seating shall ensure Cabin Crew Members monitor passengers' seat choices during boarding, so that passengers are spread throughout the cabin as necessary.
- 16.5. Where passenger load and any weight/balance limitations allow, passengers may be encouraged to move to empty seats to increase physical distance between them.
- 16.6. During disembarkation, Cabin Crew Members shall limit the number of passengers standing to retrieve personal belongings and to manage the number of passengers disembarking simultaneously, in order to ensure physical distancing is possible while on steps/aerobridges.

17. Passengers with Disabilities

- 17.1. Passengers with disabilities may be more vulnerable to infection and will likely seek additional reassurance that measures are in place to prevent transmission of infection from those who are assisting them, before they are able to travel.
- 17.2. Operators should be mindful of this and may need to consider additional measures within their acceptance procedures for such passengers, so that precautions can be taken to protect them.
- 17.3. Where physical distancing techniques are required by Public Health Authorities, these may not be possible when passengers with disabilities require additional assistance such as seat transfers, use of wheelchairs or help with carry-on baggage.
- 17.4. Where onboard wheelchairs are provided, operators shall consider additional cleaning procedures to ensure they remain clean between each use.

18. Safety Demonstration

- 18.1. Manual safety demonstration equipment should be sanitized before each use.
- 18.2. It is recommended that Cabin Crew Members are not required to place demonstration equipment such as oxygen masks and life vest mouthpieces to their mouth and nose.
- 18.3. When demonstrating the use of oxygen masks, passengers shall be reminded that protective facial masks if worn, shall be removed in the event of a depressurization before fitting oxygen masks.

19. Passenger Announcements

- 19.1. It is recommended that Operators include specific passenger announcements including guidance aimed at preventing the spread of infection. These may include cough/sneeze

etiquette and any requirements for wearing of masks as recommended by Public Health Authorities.

19.2. Announcement shall be made informing all passengers to complete passenger locator information during flight for tracking and tracing of contacts.

20. Crew Positioning and Flight Duty Time Limitations

20.1. Cabin Crew Members may need to position/deadhead before operating services and the availability of commercial flights is likely to be limited. Additionally, quarantine requirements may prevent crew from being able to leave the aircraft upon arrival and they may be required to return to base immediately.

20.2. Flight Duty Time Limitations need to be considered carefully to ensure that Cabin Crew Members are suitably rested before operating the International Flights. The following shall be considered in the planning process:

- (a) Where Cabin Crew Members are required to remain on board the aircraft during extended turnarounds, power, lighting and heating/cooling shall remain available at all times.
- (b) Seating allocation on commercial flights should enable Cabin Crew Members to rest as appropriate;
- (c) When identified as positioning outside of the maximum permitted Flight Time Limitations, Cabin Crew Members should not be assigned any safety related duties onboard.

ATTACHMENT 01

PPE RECOMMENDATION FOR CREW, MAINTENANCE AND CLEANING PERSONNEL

Personnel Type	Flight Risk	Surgical Mask	KN95/N95 Mask	Goggles	Disposable Protective Suit	Disposable Medical Surgical Gloves	Disposable Shoe Covers	Disposable Medical Cap
Flight Crew	Low and Medium	√						
	High		√	√		√		
	Special Transport Missions		√	√	√*	√**	√	√
Cabin Crew	Low and Medium	√				√		
	High		√	√	√*	√**	√	√
	Special Transport Missions		√	√	√*	√**	√	√
	Medical Emergency Handling	√	√ ***	√	√*	√**	√***	√***
Maintenance Staff	Replacing HEPA		√	√	√	√	√	√
Cleaning Staff	Low and Medium	√				√	√	√
	High		√	√		√	√	√

*Could be replaced with the protective apron in the Universal Precaution Kit (UPK) under special circumstances as an interim emergency handling measure.

** Double layer disposable rubber gloves

*** In a high risk flight

ATTACHMENT 02

AIRCRAFT CLEANING TYPES

Area	Cleaning Items	Turnaround Time		Post-Flight
		<60min	>60min	
Flight Deck	Clean tray tables and cup holders	On Request	√	√
	Clean stowage areas and rack	On Request	√	√
	Wipe seats	On Request	√	√
	Clean floor/vacuum carpet	On Request	On Request	√
	Clean flight deck windows inside	On Request	On Request	√
	Clean door and walls	On Request	On Request	√
	Empty ashtrays (if installed)	√	√	√
Cabin	Dispose of wastes from closets	√	√	√
	Dispose of litter and newspapers	√	√	√
	Dispose of wastes in seat pockets	√	√	√
	Clean tray tables	On Request	On Request	√
	Clean cabin crew seat tables	On Request	On Request	√
	Clean interphone hand set	On Request		√
	Clean cabin windows inside			√
	Vacuum cloth-covered seats		On Request	√
	Wipe leather-covered seats		On Request	√
	Clean overhead bins outside and latch handle surfaces	On Request	On Request	√
	Dispose of wastes in overhead bins		On Request	√
	Clean PVC floors			√
	Vacuum carpet		On Request	√
	Replace pillows, headrest covers and blankets			√
	Clean in-seat monitors and service control unit panels			√
	Clean seats and armrests	On Request	On Request	√
	Remove passenger seat cushions and vacuum them			√
Remove stains from carpets			√	
Clean seat rails, air outlets, ceiling, sidewalls, closets, bulkheads and magazine racks			√	

Galley	Empty waste bins and insert waste bags	√	√	√
	Clean bulkheads, trolley brake blocks, ceiling and ventilation grids (air-conditioning outlets)	On Request	On Request	√
	Clean faucets, sink and surfaces	On Request	√	√
	Clean retractable tables	On Request	√	√
	Clean ovens inside and outside	On Request	On Request	√
	Clean service trolleys	On Request	√	√
	Clean PVC floors	On Request	On Request	√
Lavatories	Empty waste bins and insert waste bags	√	√	√
	Clean toilet	√	√	√
	Clean basin, faucets and surfaces	√	√	√
	Clean mirrors	√	√	√
	Clean baby care table	√	√	√
	Clean board surfaces, interior and exterior door, handles and locks	√	√	√
	Clean PVC floors	√	√	√
	Replenish soap dispensers	On Request	√	√
	Replenish toiletry items	On Request	√	√