



GUIDELINES ON COVID-19 PREVENTION AND CONTROL IN SPECIAL INTERNATIONAL TRANSPORTATION MISSIONS (THE REPATRIATION OF FOREIGN CITIZENS AND EVACUATION OF SOUTH AFRICANS), DISINFECTION OF CARGO AND DISEMBARKATION FROM RAMP BUSES.

PREAMBLE:

WHEREAS the World Health Organization (WHO) has, on March 11 declared COVID-19 a pandemic, pointing to the over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world and the associated risk of further global spread;

WHEREAS the Minister of Cooperative Governance and Traditional Affairs has, on 15 March 2020 and in terms of section 27 of the Disaster Management Act, 2002 (Act No. 57 of 2002) issued a Declaration of a National Disaster and has classified COVID-19 as a National Disaster;

WHEREAS the President of the Republic of South Africa has imposed a travel ban on foreign nationals from high-risk countries such as Italy, Iran, South Korea, Spain, Germany, the United States, the United Kingdom and China as from 18 March 2020 and later prohibited all cross border travel by persons, with certain exceptions;

WHEREAS the Minister of Transport (the Minister) has, on 18 March 2020 and in terms of section 43(1)(h) of the International Air Services Act, 1993 (Act No. 60 of 1993) issued the International Air Services Regulations, 2020 (the Regulations) to deal with the prohibition of embarkation and disembarkation of foreign nationals at international airports designated as ports of entry; improved hygiene control and disinfection facilities on international airports designated as ports of entry operated by licensed airport operator, cargo handling facility, airports repair facilities, provider of airports maintenance or services, airport terminals, terminal operations and licensed airports operations; implementation of a tracking, tracing and monitoring system at airports and reporting and prohibition of holding of mass gatherings in and around airports;

WHEREAS the Minister has, on 18 March 2020 and under section 100(1)(a) of the Civil Aviation Act, 2009 (Act No. 13 of 2009) made a Ministerial Order (the Order) for the South African Civil Aviation Authority to take all the necessary steps to give effect to the Order and the Directions issued by the Minister;

IN ORDER TO give effect to the Regulations and the Minister's Directions, the SACAA is, in terms of the Ministerial Order, mandated SACAA to issue guidelines, monitor, oversee and

enforce compliance with International Air Services (COVID-19 restrictions on the movement of Persons and Crew) Regulations, 2020;

WHEREAS the Minister has, on 26 March 2020 issued Directions in terms of regulation 10 (7) of the Disaster Management Act, 2002 (Act No. 57 of 2002) in order to provide for International and Domestic passenger flights prohibition, conditions on cargo flights entering the country, improved hygiene control and disinfection facilities on international airports designated as ports of entry operated by licensed airport operator, cargo handling facility, airports repair facilities, provider of airports maintenance or services, airport terminals, terminal operations and licensed airports operations and oversight responsibilities;

RECOGNISING THAT the Minister has, on 31 March 2020 amended the Directions issued in terms of the Disaster Management Act, 2002 (Act No. 57 of 2002) in order to provide for International, Domestic passenger flight, cargo transportation, technical flight, crew, medical evacuation, Evacuation, Repatriation and Technical flights;

WHEREFORE, IN ORDER TO prevent and control the spread of COVID-19 through aircraft and air transportation, and act in accordance with the principle of "targeted and detailed prevention and control measures;

IN ORDER TO refine personal prevention and protection requirements for crew members, maintenance personnel and cleaning staff, and improve requirements on environment hygiene, disinfection and maintenance for aircraft as well as introduce prevention and control measures for special international transportation missions (repatriation and evacuation missions) into or out of South Africa;

AND IN ORDER TO ensure compliance with the Regulations, the Ministerial Order and the Minister's Directions, as amended, in respect of the COVID-19 pandemic, and in the interest of aviation safety, the Director of Civil Aviation issues the Guidelines hereunder for the prevention and control of COVID-19 applicable to special international transportation missions and to the South African Civil Aviation Industry:

1. REFERENCE MATERIAL

- a) World Health Organization
- b) Civil Aviation Administration, China
- c) Qantas Airline
- d) WHO Sanitary Measures in Aviation
- e) Airbus Document
- f) SAA Team
- g) Centre for Disease Control
- h) IATA
- i) NICD
- j) Others

2. BACKGROUND AND APPLICABILITY

- 2.1** In order to prevent and control the spread of COVID-19 through aircraft and air transportation, and act in accordance with the principle of “targeted and detailed prevention and control measures”, the multi-level, categorised and differentiated management of outbreak containment for air transport is implemented.
- 2.2** In order to further refine personal prevention and protection requirements for crew members, maintenance personnel and cleaning staff, it is crucial to improve requirements on environment hygiene, disinfection and maintenance for aircraft, and introduce prevention and control measures for special international transportation missions (chartered flights, etc.) into or out of South Africa.
- 2.3** The South African Civil Aviation Authority (“SACAA”) Inspectors are empowered to conduct audits on a charter/airline operator prior to departure and upon arrival to ensure that all legislative requirements are met. Airlines are required to submit their procedures for approval to the CAA prior to undertaking an operation mission.
- 2.4** These Guidelines are applicable to all special international transportation missions into or out of South Africa. These include the repatriation of foreign citizens from South Africa and evacuation of South Africans in other countries, by airlines or charter operators.
- 2.5** Categories of persons to which the Guidelines apply include airline and charter operator crew, passengers, health department, airside and airport personnel.
- 2.6** These Guidelines should be read in conjunction with the Guidelines for Prevention of Spread of Corona Disease for Airlines, dated 19 March 2020. In the event of a conflict in the provisions between these Guidelines, the more restrictive provisions should be applied.

3. PREASSESSMENT OF PASSENGERS' FITNESS TO FLY

- 3.1** Passengers should be assessed for their fitness to fly before embarkation, mainly to assess whether they are physically suitable for the specific flight. Health assessment should be done by the health department through screening measures. Before carrying passengers, the relevant department of an airline must check the health conditions of the passengers by assessment of the medical documents submitted by the medical practitioners of the Embassies, which should be submitted to the operator prior to departure.
- 3.2** Confirmed or suspected cases or those who can pose potential health risks shall not be transported on the same aircraft that carries healthy passengers, and in general, persons that have had close contact with suspected or confirmed cases shall not be transported on the same aircraft carrying healthy passengers either. Information for passengers with other medical conditions should be made available to the airline or charter operator in advance so that arrangements can be made to provide medical

support (crew or equipment). A determination will also be made to assess whether these passengers are fit to fly or fit to fly with medical support (additional medical equipment/accompanying medical personnel or other considerations).

4. IN-FLIGHT SERVICE AND CREW CONSIDERATIONS

- 4.1 Cabin Crew suffering from medical conditions are not advised to participate on these missions.
- 4.2 In line with the World Health Organisation Guidelines, cabin crew must be supported by medical personnel during these missions.
- 4.3 Passengers are required to wear a surgical mask or facial mask with better filtering capabilities throughout the journey, and in case of N95 masks, the one without breathing valves should be used. Exit screening (e.g. temperature measurement and a questionnaire), should be conducted before departure for the early detection of symptoms. Screening results should be shared with the receiving country. It is advised to delay the travel of suspected ill travellers detected through exit screening and such passengers should be referred for further evaluation and treatment where necessary.
- 4.4 Current evidence still supports the fact that the mainstay of COVID-19 is spreading by respiratory droplets of infected persons. There are reports of transmission by asymptomatic persons infected with COVID-19.
- 4.5 Wearing a face mask is one of the preventative measures that can limit the spread of COVID-19. However, the use of a face mask alone is not sufficient to provide an adequate level of protection.
- 4.6 Hand hygiene and avoiding mouth, eyes and nose contact with contaminated hands remain as one of the key prevention methods.
- 4.7 Air operators are to carry out frequent disinfection (sanitising) of the aircraft and provide the operating crew with adequate Personal Protective Equipment (PPE), together with detailed instructions on the handling and disposal of used PPE.
- 4.8 Crew identified as having had close contact with a positive COVID-19 case must be relieved from the flight duty roster for 14 days from the date of exposure and follow the local public health authorities' instructions.
- 4.9 Crew who display any symptoms of respiratory tract infection, even if mild, or has a fever with a temperature exceeding 37.5 degrees Celsius or presenting with a persistent cough or difficulty breathing, or feeling unwell in any way, must be relieved from flight duties, self-isolate and seek medical treatment immediately.
- 4.10 Crew must adopt social distancing (minimum 1 and ideally 2 meters) practices at all times, including both when on and off duty.

- 4.11 Access on-board of the aircraft by authorised personnel (e.g. ground handlers, dispatchers, cabin crew) shall be allowed only if they are wearing appropriate PPE.
- 4.12 Appropriate crewing and scheduling should be adopted to ensure that crew is not unduly fatigued during the operating pattern that they embark on. Air operators should review current fatigue management policies to ensure that these reflect any new constraints, such as reduced opportunities for crew rest, meals, etc. at destination airports or on positioning flights or changes to procedures such as reduced duration of layovers.
- 4.13 On reporting for duty, crew members must declare that they are asymptomatic and must have their temperature taken and air operators must remind crew that any symptoms of COVID-19, including a fever, renders them unfit for duty.
- 4.14 Disinfection of the cockpit controls and surfaces must be conducted before the flight crew changes and this disinfection must be done with a material that is effective against COVID-19 and safe for aviation use.
- 4.15 Cockpit crew may remove their face mask when they are in the cockpit and doors are closed.
- 4.16 Cabin crew members must wear a face mask for the duration of the flight, and disposable gloves when handling service items and frequent hand hygiene measures should be performed. If gloves are used, after the service in the passenger cabin, the gloves should be changed or, as a minimum, disinfected.
- 4.17 Air operators are to provide suitable face masks for cabin crew, which must be donned by crew while using public transportation to commute.
- 4.18 In-flight rest shall have bedding for each crew member for their individual use and the bedding must be packaged and stored individually.
- 4.19 Crew Members should avoid dining at the same time or in close proximity of each other, choose pre-packaged food to the greatest extent possible, and use rinse-free hand sanitiser to clean and disinfect hands before meals.
- 4.20 Safety regulations require passenger pre-flight safety briefings, including demonstration of certain pieces of emergency equipment by cabin crew. If an air operator does not utilise a video briefing format, allowances should be made to discontinue physical demonstrations of seat belts, oxygen masks and flotation equipment to limit possible contact transmission. A verbal briefing is still required.
- 4.21 Cabin crew should minimise all non-essential interaction with passengers and contact with passengers' belongings, as far as practicable.
- 4.22 Positioning crew members are to be assigned seats in designated sections of the aircraft and should be, as much as possible, segregated from the rest of the

passengers for the entire duration of the flight. They are to be seated in the front portion of the passenger cabin with a minimum of two empty rows separating them from the nearest passenger.

- 4.23 Crew must complete all post-flight formalities while observing social distancing measures, cabin crew must don a face mask and avoid close contact with passengers, their belongings and observe social distancing measures.
- 4.24 If crew members are required to disembark during the flight turnaround, they should observe social distancing measures.
- 4.25 Crew with confirmed Covid-19 will require a medical certificate declaration by the Medical Assessors of the Civil Aviation Authority before returning to duty.
- 4.26 Where testing is available, cabin crew with a positive test result should not be permitted to operate even if they are not displaying symptoms of the disease.
- 4.27 Crew who have recovered from infection may experience a loss of smell or taste (anosmia) and airlines should 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.
- 4.28 A safety risk assessment should be undertaken by the operator to determine the impact of PPE on cabin crew safety duties and any additional mitigations which might be necessary. Suggested risks include but are not limited to:
 - a) Use of oxygen masks;
 - b) Use of fire extinguishers and Protective Breathing Equipment (PBE);
 - c) Additional flammability risks;
 - d) Use of communication systems and procedures; and
 - e) Evacuation procedures and the need for cabin crew to be easily recognizable by passengers.
- 4.29 Masks should be removed during an emergency situation which requires the use of oxygen or protective breathing equipment for firefighting.
- 4.30 Alcohol based hand sanitising products can be used in addition to (but not in place of) regular and thorough hand washing.
- 4.31 Airlines that wish to add alcohol-based hand sanitiser to the items carried in galleys or installed in lavatories will need to request authorisation from their civil aviation authority (State of the Operator) in accordance with the provision that is set out in Part 1, 2.2.1(a) of the ICAO Technical Instructions, which reads as follows:
 - “(a) Exceptions for dangerous goods of the operator, the provisions of these instructions do not apply to the following: a) articles and substances which would otherwise be classified as dangerous goods, but which are required to

be aboard the aircraft in accordance with the pertinent airworthiness requirements and operating regulations or that are authorized by the State of the Operator to meet special requirements."

- 4.32** It is recommended that the request for authorisation should address the following:
- a) The classification and UN number of the hand sanitiser. For example, UN 1987, alcohols, n.o.s. (ethyl alcohol mixture), UN 1170, Ethanol solution. However, the safety data sheet from the manufacturer of the hand sanitiser should be checked for the classification;
 - b) The quantity of hand sanitiser in each container and the number of containers to be carried on the aircraft;
 - c) What steps will be taken to ensure that the hand sanitizer is kept away from sources of heat or ignition;
 - d) Provision of information to crew members on the carriage of the hand sanitizer and for example, that crew members will be advised on the procedures through a bulletin or other appropriate method;
 - e) Hand sanitisers containing alcohol must not be installed or carried adjacent to any source of heat, such as ovens, water heaters, inflight entertainment systems, etc.; and
 - f) An Alcohol-based hand sanitiser is acceptable under the provisions of 2.3.5.1 of the IATA Dangerous Goods Regulations however, it should be noted that, where passengers or crew wish to have a hand sanitiser in their carry-on baggage, the limit of 100 ml or equivalent per item for liquids and gels in accordance with the aviation security provisions, applies.
- 4.33** Ideally dedicated crew channels at airports must facilitate the operating and positioning crew in clearing customs and immigration services in order to minimize contact with other travellers as far as possible should be practised.
- 4.34** Where possible, physical distancing cabin crew positions during boarding may need to 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.
- 4.35** It may be necessary to board smaller groups of passengers in order to increase space between them while they store carry-on baggage and take their seats.
- 4.36** Depending on passenger booking figures, airlines with pre-assigned seating procedures may wish to consider physical distancing requirements within seating assignment systems.
- 4.37** Airlines who do not have pre-assigned seating should ensure cabin crew monitor passengers' seat choices during boarding, so that passengers are spread throughout the cabin as necessary.
- 4.38** Where passenger load and any weight/balance limitations allow, passengers may be encouraged to move to empty seats to increase physical distance between them.

- 4.39 During disembarkation, cabin crew may be required to 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 the steps/airbridges.
- 4.40 Some 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.
- 4.41 Airlines 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.
- 4.42 Where onboard wheelchairs are provided, airlines should consider additional cleaning procedures to ensure they remain clean between each use.

5. MEASURES TO BE ADOPTED BEFORE EMBARKATION

- 5.1 Advanced bilateral communication, coordination and planning with the responsible authorities should be made before departure.
- 5.2 The aircraft should be properly staffed with sufficient medical personnel to accommodate the number of passengers anticipated and the aircraft should be outfitted with appropriate PPE and equipment or supplies to respond to illness en-route;
- 5.3 The non-medical crew in the aircraft should be properly briefed and outfitted, as well as made aware of the signs and symptoms to detect passengers symptomatic of COVID-19.

6. AIRCRAFT LAYOUT CONSIDERATIONS

- a) Layout of the aircraft: Airbus vs Boeing;
- b) Ventilation management;
- c) Stations-donning or doffing if any; and
- d) Catering.

7. CHECKLIST: PREFLIGHT CHECK OF AIRCRAFT

- (i) Cleanliness;
- (ii) Ventilation;
- (iii) Functioning toilets;
- (iv) Food preparation area;
- (v) PPE;
- (vi) Blankets & Pillows;
- (vii) Inflight duty-free sales and amenities should be suspended;
- (viii) Extra Water (bottles).

8. INTRODUCTIONS AND PRE-PLANNING GUIDELINES

- a) Provide overview of the mission;
- b) Provide details regarding the layout of the aircraft and the designated zones if necessary;
- c) Discuss the clinical zone and set up;
- d) Discuss medical equipment, including what is carried onboard, doctors' bags, universal precaution kits, first aid kits, oxygen capability, crew to physically access;
- e) Various spaces in aircraft to deal with emergency medical events such as Sudden Cardiac Arrest and childbirth;
- f) Provide overview of the cabin crew roles and responsibilities;
- g) Discuss other team members who will be on the mission and the respective roles and responsibilities;
- h) Health check by landing of cabin crew;
- i) Management of symptomatic patients
- j) Management of vulnerable passengers – elderly, young, pregnant, etc. and respective seating;
- k) Disembarkation of unwell passengers, vulnerable or those that give rise to a concern for their health;
- l) Seating and toilet facilities- High risk if any or necessary;
- m) Reserve the aft section (4 rows) for high risk passengers to sit at the back of aircraft and to use toilet facilities at the back of the aircraft;
- n) High risk included but not limited to passengers with underlying medical conditions;

9. TEMPERATURE SCREENING AND PRE-SCREENING OF PASSENGERS ON BOARDING

- 9.1 Non-contact infrared thermometer equipment (calibrated) should be used to measure the body temperature of passengers and the symptoms should be observed before boarding. A timely report and response should be made in case of suspected passengers found with symptoms including fever and temperature of ($\geq 37.5^{\circ}\text{C}$) depending on the type and settings equipment, fatigue or dry cough. Support should be given to local health authorities during handing over of the suspected passengers. Passengers' body temperature should be measured at different phases of flights, with the following fundamental approaches:
- a) Visual Screening;
 - b) Brief History Taking; and
 - c) Temperature Measurement.

10. IN-FLIGHT TEMPERATURE MONITORING

- 10.1 For long-haul flights exceeding 4 hours, the cabin crew and healthcare workers should examine the body temperatures of passengers during the flight. If any suspicious passenger presents with symptoms such as fever ($\geq 37.5^{\circ}\text{C}$) depending on the type and settings equipment, fatigue or dry cough, the crew should notify the healthcare workers if available. If necessary, the crew should take some basic measures based

on the guidance for the handling of in-flight emergencies, issue a timely notification to the destination airport, and provide cooperation to ports health authorities in the transfer of the suspected passenger after landing.

10.2 In the event that a crew member or passenger reports having symptoms or fever, the air operator shall ensure the following:

10.2.1 If on board the aircraft: Crew member is to be isolated and seated in the window seats on the right side of the last three rows of seats which are reserved as pre-set emergency quarantine area, away from other passengers, wear a face mask and seek medical attention immediately after the flight has landed and other passengers have disembarked; and

10.2.2 The closest lavatory to the isolated crew members should be restricted for use by the respective crew member only, as much as it is practically possible.

11. CABIN AREA DIVISION

11.1 Flight attendance of passengers in different cabin areas shall be managed separately and provided with separate in-flight services. The flight crew working area, passenger sitting area and quarantine area for ill passengers on an aircraft shall be served by different cabin crew. In principle, cabin crew are not allowed to leave the area they serve, and they should avoid close contact with passengers or other flight and cabin crew.

11.2 Meal and beverage offerings may need to be altered to comply with temporary health restrictions and physical distancing techniques and could vary by route. For example, when operating between countries with low infection rates and limited spread, a standard service may be acceptable, while operating within, to or from a country with a high rate of infection, services may need to be limited. Examples of services include:

- a) Low risk routes: Normal services;
- b) Medium risk routes: Pre-packaged food services;
- c) High risk routes: Minimal inflight service - Pre-packaged food services and bottled water provided pre-departure.
- d) Airlines that choose to offer services from galley areas to maintain physical distance between cabin crew, flight crew and passengers should ensure that their service procedures consider the following safety risk mitigations:
 - (i) Cabin crew require easy and immediate access to the cabin during an emergency;
 - (ii) Further limitation of flight crew compartment access;
 - (iii) Except for special needs, catering service will no longer be provided during the flight;
 - (iv) Service equipment such as trolleys or carts set up at door areas need to be secured while in use and may need to be stowed rapidly during unexpected turbulence or any other emergency;

- (v) Only pre-packaged food and bottled drinking water will be provided, which will be placed in the back pocket of the front seat before boarding; and
 - (vi) For dining considerations, cabin crew members should be divided into different groups while having simple meals in different hours of the day and to reduce the risk of exposure, others should refrain from walking around.
- 11.3 Lavatory should be cleaned every 2 hours (or anytime considered necessary, similarly, hereinafter) during flight, and once finished, hands should be timely cleaned and disinfected. In order to avoid cross-infection, the cabin area can be divided into clean area, buffer zone, passenger sitting area and quarantine area.
- 11.4 The division should be made based on the following principles (which can be adjusted, considering different aircraft types):
 - a) Clean area: It is recommended that the front half of the cabin for both the first and business class be designated as a clean area for the exclusive use by crew members. No one wearing protective clothing should be allowed to enter the clean area. The boarding gate connecting the clean area should be reserved for the exclusive use of crew members;
 - b) Buffer zone: It is recommended that the rear half of the cabin for both the first class and business class be designated as a buffer zone available for use by crew members to wear and take off protective clothing;
 - c) Passenger sitting area: It is the sitting area for healthy passengers. Passengers should be seated with at least one empty seat between each other if possible; and
 - d) Quarantine area for ill traveller: the last three rows of seats should be designated as the emergency quarantine area (observation area).
- 11.5 Cabin crew members are to be assigned to designated sections of the aircraft for the duration of the flight and should remain at their designated sections during the course of their duty, as far as practicable, except when required to respond to an in-flight emergency.
- 11.6 Each area should be clearly labelled, and it is recommended that a disposable curtain be used for the physical separation of each area.
- 11.7 The lavatory surface should be disinfected every 2 hours during the flight, with hands cleaned and disinfected right after the completion of disinfection.
- 11.8 Where possible, subject to aircraft configuration, where conditions provided in a dedicated lavatory will be allocated, preferably in the front for crew use only, during the flight.
- 11.9 Cabin crew members should manage each cabin area separately and prohibit passengers from moving across different areas. Passengers sitting in different cabin areas should embark and disembark in separate groups, with the following guidance:
 - 11.9.1 The seating location of passengers inside the aircraft should be duly noted or mapped in case a passenger begins to display symptoms, so that they can be

isolated and to furthermore take note of those in the immediate vicinity (e.g. those within same row, and two rows in front and two rows behind) for the needed follow up upon arrival;

- 11.9.2 In the event of suspected cases being detected on the aircraft, the cabin crew should inform and seek advice from a ground-based medical service provider at the port of entry on or prior to arrival through the control tower; and
- 11.9.3 In cases of severe illness, the pilot in command may consider diversion for the unwell passenger to the nearest port of entry to receive the required treatment.

12. UNIVERSAL PRECAUTION KITS ON BOARD AN AIRCRAFT

- 12.1 Airlines should ensure that there are Universal Precaution Kits on board all aircraft in line with Part 121.05.13 of the South African Civil Aviation Regulations, 2011 and associated Technical Standards. This requirement is applicable to all special international transportation missions. The Universal Precaution Kits should be used for the management of suspected cases of communicable diseases on board an aircraft.
- 12.2 Where airlines are required, or choose to, provide full protective clothing, goggles or visors to cabin crew, the safety risk assessment should determine any impact such clothing may have on the cabin crews' ability to carry out both normal and emergency procedures.
- 12.3 The following areas should be carefully reviewed to identify whether additional procedures are required to mitigate the risks:
 - a) The flammability of protective clothing and any mitigations to protect cabin crew during firefighting; and
 - b) The impact of wearing visors, goggles or other headgear on the ability of the wearer to use portable breathing equipment, oxygen masks, interphone systems, during evacuation.
- 12.4 Content of Universal Precaution Kit:
 - a) Dry powder that can convert small liquid spill into a granulated gel;
 - b) Germicidal disinfectant for surface cleaning;
 - c) Skin wipes;
 - d) Face or eye mask (separate or combined);
 - e) Gloves (disposable);
 - f) Impermeable full-length long-sleeved gown that fastens at the back;
 - g) Large absorbent towel;
 - h) Pick-up scoop with scraper;
 - i) Bio-hazard disposal waste bag; and
 - j) Non-Mercury Thermometer.

13. FIRST AID KITS & MEDICAL DOCTORS' BAGS

- 13.1** Airlines and charter operators should ensure that there are First Aid Kits and Medical Doctors' bags on board all aircraft in line with Part 121.05.13 of the South African Civil Aviation Regulations, 2011 and associated Technical Standards. This requirement is applicable to all special international transportation missions.

14. CONTENT OF TRAINING OF CABIN CREW

- 14.1** Cabin crew must be trained and must sign confirmation to the fact that they have been trained and they understood the infection control protocol. Training must take place before departure and daily briefing on the content of training should take place prior to each shift. The training should entail:

- a) Basic Understanding of Coronavirus (what it is, how it spreads, other related issues);
- b) Use of PPE;
- c) Respiratory etiquette;
- d) Cleaning of toilets;
- e) Environmental cleaning;
- f) Crew temperature testing and physical examination post mission;
- g) Hand hygiene; and
- h) Donning and doffing.

15. PROPER REMOVAL OF GLOVES



16. PROPER DONNING OF THE MASK



17. INFECTION CONTROL MEASURES FOR CREW MEMBERS

- 17.1 PPE cabin crew members: medical protective masks, double-layer disposable medical rubber gloves, goggles, disposable medical caps, disposable protective clothing and double-layer disposable shoe covers.
- 17.2 PPE for flight crew members: surgical masks or facial masks with better filtering capabilities and goggles.
- 17.3 It is recommended to change the facial masks every 4 hours. Disposable protective clothing or disposable shoe covers can also be worn if so required by a specific task.
- 17.4 Operator should ensure that there are wet wipes and hand sanitisers at all times.

18. DOCUMENTS REQUIRED FROM THE REPATRIATION FLIGHTS OPERATORS

- a) Airlines or Charter Operators are required to ensure that there are Passenger Locator Forms on board an aircraft that will be issued to the suspected cases and the contacts surrounding the suspected case.

- b) Airlines or Charter Operators are required to release the Passenger Manifest to the Department of Health or the South African Civil Aviation Authority with immediate effect once required, to ensure that suspected cases are followed-up. These forms should be completed by the passengers while seated and collected by the Ports Health Authorities.
- c) Airlines or Charter Operators must issue passengers from risk areas with the National Department of Health's Questionnaires for completion which will be collected and analysed by the Ports Health Authorities.
- d) Airlines or Charter Operators are required to ensure that cabin crew are trained in identifying suspected cases of communicable disease and the management thereof (evidence of training).
- e) Airlines or Charter Operators are required to ensure that there is a notifying procedure in place between cabin crew, the pilot in command and the air traffic controller about communicable disease.
- f) Airlines or Charter Operators, Airports and Air Traffic Controllers shall ensure that there is a business continuity plan addressing the pandemic preparedness.
- g) Airlines or Charter Operators and Airports should ensure that airports provide sufficient measures such as additional air bridges to minimize traffic in highly populated areas (documentary evidence when required).
- h) Announcements and updated procedures about COVID-19 and necessary actions required by airlines or charter operators should be developed and submitted timeously to the SACAA for approval.
- i) Airlines or Charter Operators should develop procedure for cleaning of high-use areas.
- j) Airlines or Charter Operators may consider amendments to their procedures with regards to provisions relating to meal services, inflight duty-free sales and amenities.

19. FACTORS THAT AFFECT PROBABILITY OF DISEASE TRANSMISSION ON BOARD AIRCRAFT

- a) The mode of transmission of infection of the disease;
- b) Duration of exposure (Short vs Long Haul Flights);
- c) Infectivity of index case (ill person) during flight in the symptomatic or pre-symptomatic (incubating) period;
- d) Airplane technical specifications (Quality of cabin air);
- e) Effectiveness of exposure;
- f) Proximity to index case (laminar, longitudinal & horizontal); and
- g) Public Health Interventions such as early identification, containment and other measures.

20. MEASURES TO BE IMPLEMENTED BY OPERATORS TO MITIGATE RISK

- 20.1** The following areas should be continuously cleaned using 70% alcohol solutions as these areas are commonly highly populated:
- a) Waiting gate area /security gates;
 - b) Before boarding the aircraft;

- c) Access to the aircraft via "jet ways" or transport to the aircraft by bus;
- d) Aircraft itself (arm rest, toilet, others); and
- e) Other crowded and confined spaces.

21. MANAGEMENT OF A SICK CREW MEMBERS OR PASSENGER ON BOARD

- a) If a crew member develops symptoms of a contagious illness during flight, discontinue your work duties as soon as it is safe to do so and follow the procedures outlined for sick passengers;
- b) Do not prepare or serve food or beverages if you have symptoms of illness that could be communicable in nature;
- c) Crew members who are symptomatic with fever, cough or difficulty breathing should immediately inform the medical team;
- d) To minimise risk, only one medical crew member who identified the crew member will manage the suspected case while wearing PPE;
- e) If the crew member is identified on board an aircraft, and presents with symptoms suggestive of COVID-19, the crew must be placed at the high-risk area of the aircraft;
- f) Contact tracing forms of all the crew and passengers exposed to the crew member will be completed to assist with following-up of the possible exposed;
- g) If the passenger gets ill, relocate the ill passenger to a more isolated area, if appropriate, and space is available;
- h) If the ill passenger is relocated, make sure that the cleaning crew at destination will be advised to clean both locations;
- i) Designate one medical team member to look after the ill passenger and when possible, designate a specific lavatory for the exclusive use of the ill passenger;
- j) Ask accompanying passenger(s) (spouse, children, friends, etc.) if they have any similar symptoms, the same procedure should be followed for all ill passengers;
- k) Commonly touched surfaces of the lavatories (faucet, door handles, waste-bin cover, countertop, etc) must be cleaned and disinfected after each use by the ill passenger;
- l) If the ill passenger is coughing, request him or her to follow respiratory etiquette: Provide them with a mask and advise him or her to practice proper hand hygiene and the mask must be replaced when it is damp;
- m) Single masks should not be reused and must be disposed safely after use;
- n) If the hands become visibly soiled, they must be washed with soap and water or hand sanitisers;
- o) Provide an air-sick bag to be used for the safe disposal of tissues;
- p) The cabin crew leader must notify the pilot in command, who will notify air traffic services;
- q) The air traffic controller will inform the designated airport for this mission to ensure that ports health is activated; and a designated ambulance or hospital is ready for the passengers.

22. MANAGEMENT OF ON-BOARD PASSENGER EMERGENCY QUARANTINE MEASURES

22.1 Airlines should make available both a surgical mask for suspected case and a medical protective mask(N95) for cabin crew. Cabin crew shall:

- a) Exercise universal precaution in order to minimise risk of acquiring a communicable disease (Universal Precaution Kits);
- b) Wash hands often with soap and water for at least 20 seconds after assisting sick passengers or touching potentially contaminated body fluids or surfaces;
- c) Use an alcohol-based hand sanitiser (containing at least 70% alcohol) if soap and water are not available;
- d) Designate one crew member to assist the sick person;
- e) Minimise contact between passengers and cabin crew and the sick person and if possible, separate the sick person from others (2 meters apart);
- f) Offer a facemask if the sick person can tolerate it and if a face mask is not available or cannot be tolerated by the sick person, request the sick person to cover their mouth and nose with tissues when coughing or sneezing;
- g) Treat all body fluids (such as respiratory secretions, diarrheal, vomit, or blood) as if they are infectious; and
- h) Wear a medical protective mask (or N95 mask) and replace the mask with a new one after performing emergency treatment or if mask is contaminated.

22.2 The sick passenger or crew member should be quarantined on-board the aircraft by the following methods:

- a) The last 3 seat rows of the cabin should be designated for relative emergency quarantine;
- b) If possible, a lavatory should be specifically designated for quarantine purpose;
- c) The cabin crew member designated to look after the sick passenger, should minimise close contact with other crew members and should be quarantined in the same zone after the flight segmentation;
- d) Designated quarantine transport should be arranged for the sick passenger, close contacts and crew member;
- e) Non-exposed crew members will need to monitor their health condition immediately after travel, instead of being quarantined;
- f) Exposed crew members should be quarantined after carriage of confirmed positive case (whether symptomatic or asymptomatic) or after contact with suspected patients within the last 14 days; and
- g) Once the quarantined crew member is found to have any symptoms, the airline operator should report to the local health authority immediately and send the quarantined crew member to the designated medical care facility.

23. STANDARD DISINFECTION PROCEDURES ON BOARD AN AIRCRAFT BY MEDICAL PERSONEL

23.1 The medical personnel disinfecting the aircraft and the lavatory where body fluids are involved should wear and use the following minimum PPE:

- a) Face or eye mask (separate or combined);
- b) Impermeable full-length long-sleeved gown that fastens at the back;
- c) Disposable mop cap;
- d) Goggles,
- e) Medical rubber gloves and disposable shoe covers, uniform, disposable snood cap, disposable rubber gloves, work shoes (as necessary), waterproof apron and protections against chemicals such as disinfectants;
- f) Large absorbent towel;
- g) Pick-up scoop with scraper; and
- h) Bio-hazard disposal waste bag;

23.2 Preventative disinfection should be done on a regular basis, the lavatories should be cleaned by the medical personnel immediately if there is a sick passenger on board who uses the facility. Preventative disinfection should comprise of the following but not limited to:

- a) Open a biohazard bag and place it near the site of contamination;
- b) If a biohazard bag is not available, label a regular waste bag as "biohazard";
- c) Covering the respiratory secretions, blood, vomit, diarrhoea and other contaminants evenly with absorbent disinfectant for 3-5 minutes to enable them to solidify;
- d) Shovelling the coagulated contaminants with portable pickup shovels into biohazard wastes bags;
- e) Sterilising the contaminated area with pre-prepared disinfectant, making sure disinfectant stays at the contaminated surface for 3-5 minutes, then washing the area with clean water for three times before drying the area with towels;
- f) Place those towels and other used disinfection materials into biohazard wastes bags;
- g) Disinfect hands before removing protections by the following order: taking off protective suits (aprons) and gloves; applying skin disinfection wipe for hand disinfection; then taking off goggles, facial masks; and at last, applying skin disinfection wipe to clean hands and other parts of the body that may have been exposed to contaminants;
- h) Place all used protections and contaminated items inside a biohazard wastes bag, closing the bag, filling a label with "Biohazard Waste", then tagging it on the seal;
- i) Keep the tied biohazard waste bag in a proper place temporarily to prevent it from missing, being damaged or contaminating meals on board; and
- j) Inform the ground departments at the destination to prepare for takeover.

23.3 The following surfaces should be cleaned and then disinfected:

- a) The seat of the suspected case(s);
- b) Adjacent seat(s) in the same row;
- c) Adjacent row(s) and other areas, as noted below:
 - (i) Seat area;
 - (ii) Armrests;

- (iii) Seatbacks (the plastic and/or metal part);
- (iv) Tray tables;
- (v) Seatbelt latches;
- (vi) Light and air controls, cabin crew call button and overhead compartment handles;
- (vii) Adjacent walls and windows;
- (viii) Individual video monitor(s); and
- (ix) Clean the area of soil (remove solids and soak up liquid waste).

24. PROCEDURE FOR ONBOARD CLEANING OF THE AIRCRAFT LAVATORIES AFTER USE BY SICK PASSENGER WHERE BODY FLUIDS ARE SPILLED

24.1 The medical personnel disinfecting the lavatory where body fluids are involved should wear and use the PPE mentioned under paragraph 23 mentioned above. The following areas should be focused on:

- a) Door handles;
- b) Locking devices;
- c) Toilet seat, faucet (tap);
- d) Washbasin; and
- e) Adjacent walls and counter.

24.2 The medical personnel shall allow adequate contact time between the disinfectant and the surface for destruction of microorganisms.

24.3 The medical personnel shall adhere to any safety precautions as directed (e.g. ensure adequate ventilation in confined areas such as lavatories, and avoid splashing or generating unintended aerosols, flush with a closed toilet lid).

25. DISINFECTION OF THE AIRCRAFT AFTER LANDING

25.1 Disinfection measures should be implemented to control or kill infectious agents on a human or animal body, on a surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents.

25.2 Disposable PPE should be treated as potentially infectious material and disposed in accordance with national rules.

25.3 Non-single use PPE should be decontaminated using the available products (e.g. 0.1% sodium hypochlorite or 70% ethanol).

25.4 The following PPE items are suggested for use when cleaning facilities likely to be contaminated by COVID-19:

- a) Filtering Face Pieces (FFP) respirators, class 2 or 3 (FFP2 or FFP3)
- b) Goggles or face shield;

- c) Disposable long-sleeved water-resistant gown; and
 - d) Disposable gloves.
- 25.5 Every aircraft must undergo cleaning process based on the applicable Standard Cleaning Procedure (SOP) submitted to the SACAA before the next departure.
- 25.6 In case of a suspicious or confirmed passenger suffering a highly infectious disease, a special, additional disinfection of the aircraft is mandatory and the release of the aircraft should be made by the Ports Health Authorities;
- 25.7 For this purpose, all used disinfectants must be aircraft component compatible and must not have any negative effects on individual parts or the structure of the aircraft, while also fulfilling national healthcare requirements.
- 25.8 The following are some of the aircraft disinfectant attributes that should be considered prior to use:
- a) Safety of active ingredients for humans;
 - b) Environmental safety spectrum of micro biocidal activity;
 - c) Transport, storage and inventory control directions for use;
 - d) Speed of activity (affects the release of the aircraft) and other attributes, in line with World Health Organisation recommendations;
 - e) Covid-19 has an envelope and is susceptible to be destroyed by substances that contain 70% alcohol such as quaternary ammonium compounds.
- 25.9 The following procedure must be used when cleaning the lavatory:
- a) Change gloves that become visibly soiled;
 - b) Remove any affected portion of carpet;
 - c) Rinse the surface with water, and dry;
 - d) Put all paper towels into the biohazard bag;
 - e) Remove gloves and place them into the biohazard bag;
 - f) Seal the used biohazard bag and ensure its proper transport and final disposal;
 - g) When cleaning and disinfecting are complete, and gloves have been removed, immediately clean hands with soap and water or an alcohol-based hand rub;
 - h) Avoid touching the face with gloves or unwashed hands;
 - i) Do not use compressed air or water under pressure for cleaning, or any other methods that can cause splashing or might aerosolize infectious material;
 - j) Vacuum cleaners should be used only after proper disinfection has taken place; and
 - k) Operation of the aircraft's environmental control system at least until the suspect traveller has disembarked or until the disembarkation process is complete may also contribute to interrupting transmission of infectious material and should be performed if consistent with safety factors, otherwise ventilation should be provided from a ground source.

- 25.10** For hard (nonporous) surfaces such as tray tables, TV monitors, seat arms, windows, and walls. Remove any visible contamination and clean and disinfect the area with products approved by the manufacturer of the aircraft. For soft (porous) surfaces such as carpeted floor or seat cushions: remove as much of the contaminant as possible, cover the area with an absorbent substance, and contain the area as much as possible.
- 25.11** The following surfaces should be cleaned and then disinfected at the seat of the suspected case(s), adjacent seat(s) in the same row, adjacent row(s) and other areas, as noted below:
- a) Seat area;
 - b) Armrests;
 - c) Seatbacks (the plastic or metal part);
 - d) Tray tables;
 - e) Seatbelt latches;
 - f) Light and air controls, cabin crew call button and overhead compartment handles;
 - g) Adjacent walls and windows;
 - h) Individual video monitor; and
 - i) The soiled area (remove solids and soak up liquid waste).
- 25.12** After carriage of ill passengers, terminal disinfection should be conducted. After all people get off the aircraft, close cabin doors, adjust the air conditioning to high-volume to complete all-round air exchange. Once the air exchange is finished, first the sitting area of ill passengers and lavatory should be disinfected, then clean other areas in accordance with the post-flight cleaning requirements. After cleaning, one should proceed with terminal disinfection by following the general principle of thorough disinfection from out ring-to-centre, top-down and encompassing-approach.
- 25.13** Aircraft cleaning and disinfection products should be approved for their Airworthiness and during terminal disinfection, the passenger cabin should be wiped while the cargo hold should be sprayed with disinfectant.

26. LAVATORIES

- a) Lavatory or lavatories used by the sick traveller: door handle, locking device, toilet seat, faucet (tap), washbasin, adjacent walls and counter.
- b) Clean the area of soil (remove solids and soak up liquid waste).
- c) Apply the disinfectant (see below) according to procedures approved by the original equipment manufacturer and as instructed on the disinfectant manufacturer's label. Once the area is wet, use paper towels to clean the area, and discard paper towels into the biohazard bag.
- d) Ensure adequate contact time between the disinfectant and the surface for destruction of microorganisms.
- e) Adhere to any safety precautions as directed (e.g. ensure adequate ventilation in confined areas such as lavatories and avoid splashing or generating unintended aerosols).

27. PROCEDURE FOR CHANGING HEPA FILTERS BY THE MAINTENANCE TEAM

27.1 The following prevention and protection measures should apply when replacing a high efficiency particulate air (HEPA) filter:

- a) One should wear a particulate matter protection mask or medical protection mask, snood cap or disposable mop cap, goggles, disposable protective suits, medical rubber gloves and disposable shoe covers.
- b) The mask should be close to the face. Do not touch and adjust the mask, goggles and protective cap during operation;
- c) Avoid hitting, dropping, or shaking the HEPA filter and do not use compressed air to clean the filter;
- d) Used HEPA should be placed in a special plastic bag, disinfected with chlorine disinfectant and sealed;
- e) After the task is completed, the maintenance staff should disinfect the hands first, then remove the protective equipment in order, and then disinfect the hands again; and
- f) Discarded disposable protections should be placed in dedicated plastic bags and sealed for centralised disposal.

28. MANAGEMENT OF MEDICAL WASTE & DISPOSAL

28.1 A designated professional nurse will be designated to ensure that the following takes place:

- a) Carefully place all contaminated items inside a biohazard bag (or plastic bag labeled "biohazard" if none available);
- b) Tie or tape the bag shut securely to avoid leaking;
- c) Keep the bag in a secure place until it can be safely collected for disposal; and
- d) The waste material will be handed over to the competent port health authority on arrival for disposal.

28.2 All waste or other materials used by the ill passenger should be stored separately in a sealed biohazard bin.

29. SAFELY MANAGING WASTEWATER AND FAECAL WASTE FROM THE AIRCRAFT

29.1 There is no evidence to date that the COVID-19 virus has been transmitted through sewerage systems with or without wastewater treatment. Furthermore, there is no evidence that sewage or wastewater treatment workers contracted Severe Acute Respiratory Syndrome (SARS), which is caused by another type of coronavirus that caused a large outbreak of acute respiratory illness in 2003. As part of an integrated public health policy, wastewater carried in sewerage systems should be treated in well-designed and well-managed centralised wastewater treatment areas. Workers should wear appropriate PPE, which includes:

- a) protective outerwear;
- b) gloves;

- c) boots;
- d) goggles or a face shield; and
- e) a mask.

29.2 Workers should perform hand hygiene frequently; and they should avoid touching eyes, nose and mouth with unwashed hands.

30. GUIDANCE FOR CREW PARTICIPATING IN REPARTITION MISSIONS

30.1 Travel as a group in private transport provided by the operator when traveling between the airport and hotel and minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.

30.2 Do not use public transportation, including when travelling between the airport and hotel.

30.3 Stay in your hotel to the maximum extent feasible. Minimise going out into the general population and use social distancing (maintain approximately 2 meter if possible) whenever out in public.

30.4 Avoid crowds, stores, sporting or mass entertainment events, and other situations likely to attract large numbers of people. Wash your hands often with soap and water for at least 20 seconds or use at least a 70% alcohol-based hand sanitiser. Avoid touching your face. Self-monitor your health condition, following the guidance provided by your employer's aviation medical examiners or occupational health program.

30.5 Take your temperature with a thermometer twice a day and watch for cough or difficulty breathing.

30.6 Fever means feeling feverish or having a measured temperature of (38°C) or higher. Immediately report any fever, cough, or difficulty breathing to your employer's occupational health program.

30.7 Seek medical clearance before working your next flight segment.

31. HANDLING CARGO FROM AFFECTED COUNTRIES

31.1 To date, there is no epidemiological information to suggest that contact with goods or products shipped from countries affected by the COVID-19 outbreak have been the source of COVID-19 disease in humans. WHO will continue to closely monitor the evolution of the COVID-19 outbreak and will update recommendations as needed. The rationalised use and distribution of PPE when handling cargo from and to countries affected by the COVID-19 outbreak includes the following recommendations:

31.1.1 Wearing a mask of any type is not recommended when handling cargo from an affected country;

- 31.1.2 Gloves are not required unless they are used for protection against mechanical hazards, such as when manipulating rough surfaces;
- 31.1.3 Importantly, the use of gloves does not replace the need for appropriate hand hygiene, which should be performed frequently;
- 31.1.4 When disinfecting supplies or pallets, no additional PPE is required beyond what is routinely recommended; and
- 31.1.5 Sanitising and cleaning of passenger and crew buses should be done regularly using standard disinfectant agents such as 60% alcohol, hypochlorite or peroxide, and done on all high touch areas likely to be contacted by a person potentially unwell.

32. DISEMBARKATION FROM AND DISINFECTION OF RAMP BUSES

- 32.1 The sequence of disembarkation will depend on the location of the passenger relative to the doors and should be designed to minimize contact between that person and other passengers.
- 32.2 When an aircraft arrives with a possible COVID-19 passenger or with an affected passenger and Ramp Buses are required, assess the situation before-hand, to inform the following, as guidance:
 - 32.2.1 Provide and identify a limited number of buses for that service;
 - 32.2.2 Use the same buses for the whole disembarkation service and disinfect once the process is finalised; and
 - 32.2.3 Limit the number of passengers in the bus.
- 32.3 Define a communication protocol between the ground personnel and cock pit crew to avoid direct contact e.g., the Ramp Agent communicates with Cockpit through headsets for purposes of, for example, relaying the following disembarkation procedure information:
 - 32.3.1 The stairs at the door have been securely placed;
 - 32.3.2 The Ramp Agent confirmation that the stair is secured and safe for disembarkation; and
 - 32.3.3 The agreed number of passengers to disembark at a given time.
- 32.4 A hand signal shall be provided by both the cabin crew and ground crew once the agreed limits are reached to maintain the "social distancing".

- 32.5** Once the process is agreed, the buses and boarding devices shall be disinfected prior to being used for the next process to ensure the risk of infection is avoided between the ground personnel on the one hand and the passengers and crew from a flight with an infected person on the other hand. Ensure that Disinfection is done thoroughly.

33. PRE-FLIGHT BRIEFING

It is recommended that procedures be reviewed to ensure that cabin crew are not required to place demonstration equipment such as oxygen masks and life vest mouthpieces to their mouth and nose. When demonstrating the use of oxygen masks, passengers should be reminded that protective facial masks if worn, should be removed. Passengers may need to be reminded within safety briefings of the need to remove facial masks in the event of a depressurisation before fitting oxygen masks. Additional announcements may be necessary where passengers are required to complete passenger locator information during flight for tracking and tracing of contacts. Initial health briefing from senior cabin crew member regarding coronavirus should, as a minimum, encompass the following:

"Thank you for volunteering to participate in this charter due to unique and special circumstances we find ourselves in with the current outbreak of corona virus. It is a privilege, honour and humbling to be able to assist our South African Guest to take them home or return our citizens home. This mission is vastly different to your usual cabin crew work – whilst we train you in standard operations and non-normal operations, this charter will see another level of non-normal."

"Crew has had to change the way they do their normally work, this includes how they enter and leave the premium and economy cabins, how passengers board the aircraft, how additional resources will be positioned through the aircraft during boarding and disembarkation, how the service will be conducted, etc. All communication will be managed through the Captain CSM/ CSS. Crew has been trained on how to put on and remove PPE correctly, which will be face masks and gloves. You will also be instructed when to undertake use of hand sanitisers and hand washing techniques, these methods are all in place to ensure your safety and wellbeing."

"Cabin Crew will assist and demonstrate how to use PPE, please take this seriously and maintain the practices taught to you at all times. If you have any questions or concerns, please ask anyone on the medical teams. The aircraft will be set up with PPE stations and plenty of hand sanitiser throughout the aircraft, washing hands frequently should occur whenever possible. You will also be allocated masks individually, please note that masks will be changed 4 hourly or when the mask becomes damp or wet. Any passenger who feels unwell must notify cabin crew member closest to them."

"There will be areas designated for putting on and removing PPE. There will be a very prescriptive way in which food will be served in economy and collected. Passengers will be provided with clinical waste bags in each seat pocket, these will contain masks, hand sanitiser, border force paperwork. All toilets in economy will be used by passengers."

"The mask should cover the nose and mouth completely, leaving no space. During in-flight service and when removing the mask, the crew should not touch the outside of the mask with their hands to avoid contaminating their hands. The facial masks should be changed with new ones as soon as they are damp or contaminated and hands should be cleaned with sanitiser both before and after the replacement. The crew and passengers should use alcohol-based disinfection wipes to clean and disinfect their hands. When the crew and passengers are not sure whether their hands are clean, avoid touching the nose, mouth and eyes with hands. 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 tissue or flexed elbow. After touching or disposing wastes, hands should be cleaned with soap or hand sanitiser under running water followed by hand."

34. EFFECTIVE DATE AND AMENDMENT

These Guidelines are effective immediately on date of approval by the Director for Civil Aviation and are subject to change at the discretion of the Director of Civil Aviation.

Director of Civil Aviation
South African Civil Aviation Authority

27 APR 2020