



Nigerian Civil Aviation Authority

# Advisory Circular

**NCAA-AC-AMS-001**

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Subject:

**GUIDANCE ON FACILITATING FLIGHT OPERATIONS AND PROTECTING CREW AND PASSENGERS DURING THE COVID-19 PANDEMIC – PUBLIC HEALTH CORRIDOR CONCEPT (PHCC)**

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## **GUIDANCE ON FACILITATING FLIGHT OPERATIONS AND PROTECTING CREW AND PASSENGERS DURING THE COVID-19 PANDEMIC – PUBLIC HEALTH CORRIDOR CONCEPT (PHCC)**

### **AIRLINES**



**GUIDANCE ON FACILITATING FLIGHT OPERATIONS AND PROTECTING CREW AND PASSENGERS DURING THE COVID-19 PANDEMIC – PUBLIC HEALTH CORRIDOR CONCEPT (PHCC)**

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**RECORD OF AMENDMENTS**

<b>DATE</b>	<b>REVISION NUMBER</b>	<b>SECTION AFFECTED</b>	<b>CHANGES/REASON/</b>
10/05/2020		Title page, TOC, 6 , 16	Title Page – added Revision number Removed 6(i) and 6(j) –Not applicable to document, TOC-Introduced record of amendments Section.16- Updated approval page



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Subject:

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Date: 01/05/2020

## 1. PURPOSE.

- a. This Advisory Circular (AC) provides guidance to Airlines to operate safely post COVID-19 lockdown. It aims to address the following concerns:
  - When sending crew on international flight operations, how do we prevent them from:
    - Transmitting the virus amongst themselves?
    - Contracting COVID-19 when they are staying abroad during a layover, and
    - Importing the virus when they return?
  - When allowing foreign crew to enter Nigeria, how do we:
    - Prevent foreign crew from transmitting the virus to the local community and creating new clusters of transmission, and vice-versa?
    - Manage foreign crew when they exhibit symptoms of COVID-19 on arrival or develop symptoms during layover?
  - When allowing crew members operate domestic flights, how do we prevent them from:
    - Transmitting the virus amongst themselves?
    - Contracting COVID-19 when they are staying overnight during a layover or night stop, and
    - Importing the virus when they return?
  - When passengers will travel on domestic or international flights, how do we prevent them from:
    - Transmitting the virus amongst themselves?
    - Contracting COVID-19 when they are staying overnight during a layover or night stop, and
    - Importing or exporting the virus when they return?



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### 2. RELATED REGULATIONS

- a. Nigeria Civil Aviation Regulations (Nig. CARs) Parts 7 (Instruments and equipment) subpart 7.9.1.1 (b), IS 7.9.1.11 (b) (Universal Precaution kits),
- b. Nigeria Civil Aviation Regulations (Nig. CARs) Parts 8B (operations) IS 5.1.29 (passenger health and safety),
- c. Nigeria Civil Aviation Regulations (Nig. CARs) Parts 18 (Air transport Economics):
  - i. Part 18.8.9.3 (Approval for entry and departure of aircraft),
  - ii. Part 18.8.17 (Airport Health Regulations)
  - iii. Part 18.8.18 (Disinsection of Aircraft)
  - iv. Part 18.8.19 (Disinfection of Aircraft)
  - v. Part 18.8.21 (Facilities required for implementation of Public Health Emergency medical relief and Animal plant quarantine measures
- d. Part 18.8.22 (Implementation of International Health Regulations (IHR) and related provisions).
- e. Part 15 (Dangerous goods) subpart 4 (Exemption)

### 3. RELATED READING MATERIALS

- a. ICAO CAPSCA guidance on Crew protection and facilitation
- b. IATA guidance for cabin operations during and post pandemic, Edition 1 – 22<sup>nd</sup> April 2020
- c. Procedures for Air Navigation Services - Air Traffic Management (PANS-ATM, Doc 4444
- d. NCAA All operators Letter (DG 012/20) “National Interim guidance on Aircraft/Aviation facilities cleaning and disinfection in relation to the COVID-19 pandemic”
- e. WHO guidance “Operational considerations for managing COVID-19 cases or outbreak in aviation”.
- f. WHO Advice on the use of masks in the context of COVID-19
- g. NCAA All Operators Letter (DG 010/20) “COVID-19 guidance on management of crew members in relation to the SARS-CoV-2 pandemic”
- h. ICAO Annex 9 Appendix 2



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### 4. BACKGROUND.

The Coronavirus (COVID-19), declared a global pandemic by the World Health Organization (WHO) on 11 March 2020, has caused massive negative impacts on the world economy and has adversely impacted on the lives of millions of people. Since the first reported case, the virus has left some businesses around the world counting losses, and many more completely destroyed, families bereaved, and most governments' resources stretched to the limit. The adverse impact of COVID-19 has plunged the world in a maelstrom of grief and growing hardship, while it notably affects global civil aviation resulting in losses and a potential collapse of the industry. According to the ICAO estimates, in February 2020, international passenger capacity decreased by 8%, mainly related to traffic to and from States that experienced an early outbreak. In March 2020, international passenger capacity decreased further by 22%, with significant reduction not only in States experiencing an early outbreak, but also on a global scale. Air traffic reduction is no longer limited to initial outbreak countries. Sequel to the Coronavirus pandemic, Government had placed restrictions on movement, ban on both international and domestic travels as well as cancellation of flights which led to significant decrease in aircraft movement and passenger traffic.

### 5. KEY CONSIDERATIONS

- a. The COVID-19 pandemic has reached all parts of the world and it has to be assumed that all countries are affected.
- b. Globally, the strategy is to limit the spread in order to flatten the epidemic curve so as to enable States to enhance their capacity and resources to manage the pandemic.
- c. Current evidence still supports the fact that the mainstay of SARS-CoV-2 (COVID-19) spread is by respiratory droplets of infected persons during close contact.
- d. Virus shedding in respiratory droplets is mainly in the first two weeks of onset of symptoms; and the highest shedding is in the first week.
- e. A large proportion of infected persons present with very mild symptoms.
- f. There are reports of transmission by asymptomatic or pre-symptomatic persons infected with COVID-19, although it is not considered to be a key driver of transmission.
- g. Hand hygiene and avoiding mouth, eyes and nose contact with contaminated hands remain among the key prevention methods.
- h. While the use of face masks alone is insufficient to provide an adequate level of protection to the wearer, and there is currently no evidence supported by WHO that wearing a mask (whether medical or other types) by healthy persons including universal community masking, can prevent them from infection with COVID-19, its usage can potentially reduce the release of the virus through coughing and sneezing; therefore the appropriate use of face masks taking into account the environment and risk exposure, could reduce the risk of exposure from infected persons.
- i. Physical distancing of at least one metre, ideally two metres, is necessary to avoid inadvertent community transmission of COVID-19.



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- j. Unless specified as flight crew or cabin crew, the term “crew” refers to all operational crew required on board for the air operator to support the flight. This may include ground engineers or technicians who may be required to provide engineering support for the flight.
- k. Air operators are reminded to equip their aircraft with Universal Precaution Kits to be used by the cabin crew when a suspected case is identified on board, in accordance with ICAO Annex 6 (Operation of Aircraft).
- l. Air operators should review current fatigue management policies to ensure that these reflect any new constraints, such as reduced opportunities for crew rest or meals at destination airports or on positioning flights, or changes to procedures such as reduced duration for layovers. Appropriate crewing and scheduling should be adopted to ensure that crews are not unduly fatigued during the operating pattern that they embark on.
- m. With reduced network capacity, crew (especially for cargo operations) may be positioned on another airline.



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### GUIDANCE TO FLIGHT CREW

The Crew COVID-19 Status Card in Appendix A can be used to collect information and apply the following guidance:

#### 6. AT ALL TIMES:

- a. Air operators are to carry out disinfection on of the aircraft on a weekly basis and as determined by a risk assessment by the Nigerian Civil Aviation Authority (NCAA) in coordination with the Port health services, using materials known to be effective against COVID-19 and safe for use in the aircraft, in accordance with Nig. CARs. 18.8.19, NCAA All operators Letter (DG 012/20) **“National Interim guidance on Aircraft/Aviation facilities cleaning and disinfection in relation to the COVID-19 pandemic”** and WHO guidance **“Operational considerations for managing COVID-19 cases or outbreak in aviation”**.<https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf>
  - i. Cockpit disinfection during crew changes is highly recommended. Air operators are required to provide crew with the necessary disinfection materials and personal protective equipment (PPE).
  - ii. Operators are to carry out some form of aircraft disinfection after every flight except for transit flights where passengers may be on board.
- b. Crew identified as having had close contact with a suspected COVID-19 case must self-isolate pending the result of testing of the suspected case. During this period, such crew must be relieved from the flight duty roster.
- c. 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 instructions of the Nigerian Centre for Disease Control (NCDC).
- d. Crew displaying any symptoms suggestive of respiratory tract infection, even if mild, has a fever, a new persistent cough, difficulty breathing, or feeling unwell in any way, must be relieved from flight duties, self-isolate and seek medical advice as soon as practicable.
- e. Crew are to observe physical distancing practices, including both when on and off duty, and minimise contact with the public in accordance with local health requirements
  - a. when off-duty.



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- f. Given the current situation and as far as Flight Time Limitation (FTL) permits, air operators should operate turnaround flights and avoid long layovers and transits for their crew as far as reasonably practical. For turnarounds, crew are advised to stay within the aircraft (except for aircraft walk-around checks). Consideration should be given for unforeseen delays (e.g. due to unplanned testing procedures).
- g. Access on-board the aircraft by authorised personnel such as ground/technical personnel must only be allowed with physical distancing measures adopted and the wearing of PPE (Face mask and gloves).
- h. Oxygen masks must be disinfected using available means, after each use. In-flight rest shall have bedding for each crew member for their individual use. The bedding must be packaged and stored individually.

### **7. ENTRY AND EXIT SCREENING OF CREW MEMBERS AT AIRPORTS**

- i. Aircraft operators and crew are encouraged to collaborate with Port Health Services when conducting entry or exit screening at airports, with the aim of early detection of symptomatic crew for further evaluation and treatment and to prevent importation and exportation of the disease.
- ii. Screening performed by PHS will include observing crew for symptoms and signs of COVID-19, mandatory temperature screening, conducting a focused interview with such identified crew members, or directing symptomatic crew for further medical assessment, which could include specific testing for COVID-19.
- iii. If crew members are positive for COVID-19 based on the medical evaluation, isolation and treatment will be required. Alternatively, the air operator may medically repatriate such crew member by appropriate modes.





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### 8. PRE-FLIGHT

- a. Air operators are to remind crew that symptoms of COVID-19, including fever, renders them unfit for duty. On reporting for duty, crew members are required to complete the **Crew COVID-19 Status Card**, in addition to the routine clock-in fitness declaration.
- b. Air operators are to implement disinfection procedure of the cockpit controls and surfaces before the flight if there are crew changes, using material that is effective against COVID-19 and safe for aviation use.
- c. Crew must, as far as practicable, avoid contact with the public and ground/technical personnel as well as observe good hand hygiene and physical distancing measures when conducting pre-flight checks and briefings.
- d. Any positioning crew should be the last to embark the aircraft.
- e. Aircraft operators are to provide suitable face masks for flight crew, which must be donned when physical distancing cannot be achieved, when travelling to and from the aircraft and during layovers. In the interest of flight safety flight crew may remove their face mask when they are in the cockpit and doors are closed.
- f. Aircraft operators should inform flight crew of the caveats of mask management, based on the NCDC and WHO Advice on the use of masks in the context of COVID-19. ([https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)).

### 9. IN-FLIGHT

- a. Crew members, including any positioning crew, must observe good hand hygiene, physical distancing measures and minimise all non-essential interaction and contact with fellow crew members, as far as practicable, during duty or at mealtimes.
- b. Where cabin crew members are on board, they are to be assigned to, and remain at their designated sections of the aircraft, observe physical distancing measures and minimise all non-essential interaction, including with passengers if any, during the course of their duty, as far as practicable, except when required to respond to an in-flight emergency.
- c. Any positioning crew members are to be assigned seats in designated sections of the aircraft, segregated from any passengers, if present, for the duration of the flight to achieve the recommended physical distancing.



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- d. In the event that a crew member experiences fever or any symptoms suggestive of COVID-19 while on board the aircraft, the crew member should follow the procedures outlined in the NCAA All Operators Letter (DG 010/20) “COVID-19 guidance on management of crew members in relation to the SARS-CoV-2 pandemic” and WHO Operational considerations for managing COVID-19 cases or outbreak in aviation (<https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf>), donning a face mask and isolate him/herself from fellow crew members, provided that it doesn't affect aviation safety. The crew should report to the Port Health Services upon arrival for further assessment.

### 10. POST-FLIGHT

- a. While completing all post-flight formalities and pre-flight formalities for turnaround flights, crew, including any positioning crew, must observe physical distancing measures, good hand hygiene and minimise all non-essential interaction and contact with fellow crew members, any ground/technical personnel, and/or passengers and their belongings, if present, as far as practicable.
- b. Any positioning crew should be the first to disembark the aircraft.
- c. Airport Operators are to provide dedicated channels at airports to facilitate crew, including any positioning crew, in clearing customs and immigration in order to minimise contact with other travellers.

### 11. LAYOVER / TRANSITS / NIGHT STOPS

In the event that the crew is required to layover, transit or night stop at outstation, the air operator is to coordinate with the Port health Services at airports and implement the following:

- a. Commute arrangements (between airport and hotel, if required): The air operator should arrange for the commute between the aircraft and the crew's individual hotel rooms ensuring hygiene measures are applied and the recommended physical distancing adopted, including within the vehicle.
- b. At all times, crew must comply with NCDC regulations and policies
- i. One crew member to one room, which is sanitised prior to occupancy.
  - ii. Crew, taking account of the above, and insofar as is practicable, should:
    - (i) Avoid contact with the public and fellow crew members and remain in the hotel room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing requirements.
    - (ii) Not use the common facilities in the hotel, including the pool or gymnasium.



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- (iii) Dine in-room or seated alone in a restaurant within the hotel, only if room service is not available.
  - (iv) Regularly monitor for symptoms including fever; and,
  - (v) Observe good hand hygiene, respiratory hygiene and physical distancing measures when required to leave the hotel room only for the reasons specified in (i), (iii) or emergency situations.
- iii. Crew members experiencing symptoms suggestive of COVID-19 during layover, transit or night stop should:
  - (i) Report it to the aircraft operator and Public Health Authority of the State.
  - (ii) Be assessed and monitored in accordance with the procedure implemented by the State (e.g. a medical doctor at the hotel room of such crew, or an isolation room within the hotel, or alternative location).
  - (iii) If a crew member has been evaluated by a medical doctor and COVID-19 is not suspected, the air operator may arrange for the crew member to repatriate to base; and
  - (iv) If a crew member is suspected or confirmed as a COVID-19 case by the State, such crew member should be medically repatriated by appropriate modes or admitted into a treatment facility.

## 12. SUSPECTED COVID-19 CASE ON BOARD AN AIRCRAFT

Activate the on-board procedures for cabin crew to manage ill passenger(s).

- f. Universal precaution kits (UPK) should be carried on aircraft that are required to operate with at least one cabin crew member in line with Nig. CARs Part 7.9.1.1 (b).

They include:

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

If a passenger develops symptoms of acute respiratory infection or shows signs or symptoms compatible with a communicable disease, including COVID-19, as documented in the Aircraft General Declaration (Nig. CARs Part 18, IHR Annex 8, ICAO Annex 9, Appendix 1), efforts should be made to minimize contact of passengers and cabin crew with the ill person.

Crews should follow the International Air Transport Association (IATA) procedures.

- Separate the ill person from the other passengers by minimum of 1 meter (usually about two seats left empty in all directions, depending on the cabin design) from the seat occupied by the suspected case.

Where possible this should be done by moving other passengers away.



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- Ask the ill person to wear a medical mask and practice respiratory hygiene when coughing or sneezing. If the medical mask cannot be tolerated by the ill person, provide tissues to cover mouth; discard tissue immediately into a biohazard disposal waste bag carried in the Universal Precaution kit. If no biohazard disposal waste bag is available, place it into an intact plastic bag, seal it, and consider it “biohazard” waste; wash hands with soap and water or alcohol-based hand rub.
- Designate one crew member to serve the ill person, preferably a crew member trained in infection prevention and control measures and not necessarily the crew member that has already been attending to this passenger.
- If possible, designate one toilet for use only by the ill person.
- When attending to an ill passenger who displays fever, persistent cough, or difficulty breathing, always use personal protective equipment (PPE) (provided in the Universal Precaution Kit), including mask, eye protection, gloves, and a gown.
  - Wear disposable gloves when tending to an ill passenger or touching body fluids or potentially contaminated objects and surfaces. Remove gloves carefully to avoid contaminating yourself, dispose of them and other disposable items that had contact with ill person in a biohazard bag and wash hands with soap and water or alcohol-based hand rub.
  - Crew should make sure not to touch other service utensils or cutlery after tending to an ill passenger.
  - Crew members should be provided with instructions for communicating with an ill person suspected of COVID-19 (see Annex A). It is also important for crew members to be aware that it is ok to touch or comfort a suspected or a confirmed COVID-19 case on the condition that they are wearing appropriate PPE.

### a. **Reporting of suspect case on board by Pilot in Command (PIC)**

- i. Reporting in accordance with Nig. CARs 18.8.22.4 and the International Health Regulations (2005), pilots shall make known to air traffic control as early as possible before arrival at the airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the pilot in command.
- ii. Crew should follow the procedures in accordance with ICAO Annex 9 and Procedures for Air Navigation Services - Air Traffic Management (PANS-ATM, Doc 4444) when reporting a suspected case on board.
- iii. Implementing public health measures Aircraft operators/airlines shall comply with the health measures recommended by WHO and national authorities and inform passengers of the health measures implemented by ground personnel and crews on board.



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### (i) Aircraft General Declaration (GenDec)

Aircraft operators/airlines may be required to provide to the Port health services the Health part of the Aircraft General Declaration, as per Nig. CARs Part 18 and Annex 9 of the International Health Regulations, upon arrival to conduct preliminary risk assessment.

### (ii) Passenger Locator Form (PLF)

Aircraft operators/airlines shall provide to the Port health services the Passenger Manifest (ICAO Annex 9 Appendix 2) and/or the Passenger Locator Form (PLF) in line with Nig. CARs 18.8.22.5, preferably the IATA model7 (see Annex 2) (ICAO Annex 9 Appendix 13), if a passenger or crew member has developed signs/symptoms of acute respiratory illness (as defined above) onboard. The PLF must be completed for the ill person and all potential contacts on board. Information collected should be submitted by the crew members to the Port health services. Until the Public Health Emergency of International Concern (PHEIC) in relation to COVID-19 is terminated, an adequate number of PLFs should be available onboard passenger aircraft. Depending on local risk assessment, Port health services may ask all passengers and crew to complete a PLF. The completed PLFs must be Operational considerations for managing COVID-19 cases/ outbreak in aviation.

## 13. SUMMARY OF REQUIREMENTS FOR CREW MEMBERS AND PASSENGERS: Airport check-in, boarding, in-flight and disembarkation requirements

- a. Airlines are to encourage passengers to check-in online and drop off their check-in bags if any to avoid congestion at the check-in counters.
- b. Airlines are to place a bottle of water in the seat pocket of seats to be occupied by passengers before boarding the flight.
- c. A floor mounted automatic sanitizer dispenser is to be placed at the door of the aircraft. Crew members are to ensure that all passengers rub their hands with the alcohol-based sanitizer before boarding the aircraft.
- d. Flight crew and passengers may choose to carry their own alcohol-based sanitizer and use it to rub their hands as frequent as possible. Alcohol-based hand sanitizers to be carried by crew or passengers in their hand-luggage should not exceed 100mls in line with Aviation security provisions.
- e. Airlines who wish to add alcohol-based sanitizer to the items carried in the galley or installed in the lavatories are to seek the authorization of the NCAA in line with Nig. CARs Part 15.4. It is recommended that the request for authorization address the following:
  - the classification and UN number of the hand sanitizer. For example, UN 1987, Alcohols, n.o.s. (ethyl alcohol mixture), UN 1170, Ethanol solution. However, the



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- safety data sheet from the manufacturer of the hand sanitizer should be checked for the classification;
- the quantity of hand sanitizer in each container and the number of containers to be carried on the aircraft;
  - what steps will be taken to ensure that the hand sanitizer is kept away from sources of heat or ignition;
  - provision of information to crew members on the carriage of the hand sanitizer. For example, that crew members will be advised on the procedures through a bulletin or other appropriate method. Hand sanitizers containing alcohol must not be installed or carried adjacent to any source of heat, such as ovens, water heaters, Inflight Entertainment systems etc.
- f. Social distancing of at least 2 meters shall be ensured by Cabin crew members, ground handling, airline personnel during boarding and sitting of passengers.
  - g. Airline or ground handling staff shall conduct secondary temperature screening for all passengers using a hand-held infrared temperature scanner. Passengers with a temperature of 38° Centigrade or higher will not be allowed to board the aircraft. He/she will be referred to the Port Health Services for further medical assessment.
  - h. Aircraft will be disinfected daily and when there is a suspected case of communicable disease on board an aircraft. The NCAA shall countersign/verify that the disinfection has been carried out in accordance with item 6 above. The disinfection is to be logged in aircraft documents. The PIC shall ensure full compliance with NCAA instructions on disinfection. Similar disinfection standard shall also be mandatory prior to embarkation of a flight originating from outside Nigeria.
  - i. An inventory of essential PPE, comprising Protection suits, gloves, surgical masks, goggles, and N-95 face masks etc shall always be maintained in all aircraft.
  - j. For international and regional departures/arrivals to and from Nigeria, Health declaration forms/Passenger self-reporting forms will be disseminated to all passengers prior to boarding. The forms will be filled and signed by all passengers before they can board the flight. The forms will be collected by the Port Health Service upon arrival at destination airport.
  - k. Flight deck crew members are to wear N95 face mask and gloves while handling paperwork with dispatchers and ground staff. Face mask can be removed for flight safety consideration when the cockpit door is closed. Flight deck crew members are to practice hand hygiene (washing of hand with soap and water and rub their hands with alcohol-based sanitizer) after flight and on removing PPE.
  - l. Airline cabin crew are to wear long sleeves tops, N95 facemask, gloves, disposable aprons and goggles while performing their duties. Hand gloves are to be worn for the duration of the flight by cabin crew members and should be removed and disposed of



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- carefully in a bio-hazard bag to avoid cross contamination. Cabin crew members are to practice hand hygiene (wash of hand with soap and water and rub hands with alcohol-based sanitizer) after flights and on removing PPE including gloves.
- m. Cabin crew members are to provide acceptable face mask (minimum of a surgical face mask) to all passengers, are not wearing any, at the aircraft door while embarking.
  - n. Crew members are to ensure that passengers wear their face mask for the duration of the flight (i.e. upon boarding the flight until they disembark at destination).
  - o. Crew members and passengers are to restrain from constantly touching their face to reposition face masks. Face masks should be replaced at regular intervals.
  - p. Cabin crew are to be seated in such a way as to enhance social distancing during flights.
  - q. Cabin crew shall remain within in their assigned areas during flight, except where there is an in-flight emergency.
  - r. Airlines are to sanitize safety demonstration equipment before each use.
  - s. Airlines are to review their safety demonstrations to ensure that cabin crew are not required to place demonstration equipment such as oxygen masks and life vest mouth pieces to their mouths and nose.
  - t. When demonstrating the use of oxygen masks, passengers should be reminded that protective face masks should be removed before putting on oxygen masks in the event of cabin depressurization.
  - u. Passenger announcements are to be modified to include additional safety measures put in place by the airline as enumerated in this document.
  - v. Cabin crew members are to maintain social distancing while welcoming passengers into the aircraft and avoid any close contact with any passenger before, during and after the flight.
  - w. Cabin Crew members are to ensure social distancing (seat blocking) while sitting the passengers as follows:
    - i. Where there are Three seats in a row, the middle seat is to be left unoccupied
    - ii. Where there are Two seats in a row, only one passenger is to be sited on the window seat
    - iii. Crew members are to ensure that there is a vacant seat (blocked seat) between passengers for the entire duration of the flight.
    - iv. No passenger will be allowed to change his/her seat during the flight.
  - x. There shall be no serving of food or drinks during the flight. For flights lasting 2 hours or more, pre-packed snacks or meals can be served.
  - y. No passenger except babies will be allowed to eat while on board the aircraft, except as in 'u' above.



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- z. Cabin crew are to inform passengers who use the lavatories during flights to ensure they keep their facemask on and practice hand hygiene (washing hands with soap under running water for at least 20 seconds) thereafter.
- aa. To maintain physical distancing, at least one lavatory should be blocked and dedicated for crew use in order to ensure it remains available for handwashing, as well as limiting the possibility of contamination from infected persons.
- bb. Physical distancing techniques needs to be applied to passengers waiting to use lavatories.
- cc. Cabin crew will spray disinfectant in Lavatories every 30 minutes for domestic flights and 60 minutes for regional and international flights, or after every 10 uses.
- dd. Cabin crew are to inform passengers to practice safe cough etiquette (Coughing into flexed elbow or covering mouth and nostril with a disposable tissue when coughing). Used tissue is to be disposed into a bio-hazard bag and passenger wash his/her hands with soap and water or rubs hand with alcohol-based sanitizer thereafter.
- ee. Cabin crew are to ensure they perform their normal duties of safety and care for sick passengers.
- ff. Airline cleaning staff are to use disinfectants and alcohol swipes to clean commonly touched areas of the aircraft (toilet door handles, locks of overhead storage compartments, seat handles, seat pockets, seat belt buttons, trays, air vents, call buttons, emergency cards, toilet flushing handle, water tap handle etc) in between flights except for transit flights. The Airline cleaning personnel are to wear appropriate Personal protective equipment (Rubber gloves, boots, aprons, face shield and or Face masks) when carrying out the cleaning after which they are to practice effective hand hygiene (washing of hands with soap and water) after safely removing hand gloves.
- gg. All garbage collected from the aircraft shall be handled with utmost care by cleaning staff. All garbage shall be collected in a bio-hazard bag and immediately taken to be incinerated.
- hh. Recycling of waste is not recommended.
- ii. Airlines are to train their staff (Crew members, airline staff, cleaning personnel etc ) in Infection, Prevention and Control (IPC) procedures and the handling of passengers with possible cases of communicable diseases. This training can be provided jointly by Port Health Services and the NCAA.
- jj. During disembarkation, cabin crew are 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 while on steps/air bridges.
- kk. Disembarkation will be done row wise in an orderly manner from front to back ensuring social distance.





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- ll. Passengers and crew will undergo temperature screening by PHS or airport medical personnel before entering arrival hall.
- mm. Passengers are to maintain social distance from other passengers while waiting to pick up luggage(s) from the baggage carousel.

### FOR REGIONAL AND INTERNATIONAL ARRIVALS

- nn. All passenger luggage and cargo shall be disinfected by the airline using the services of Port Health Services after unloading from the aircraft. The ground handling company will provide appropriate PPE (face mask and gloves) to the staff involved with handling the checked baggage and cargo. Any visibly soiled bag will be isolated and handled accordingly using biosafety procedures.
- oo. Passengers shall not be allowed to pick up their luggage from the baggage carousel themselves. Instead, ground handling personnel shall pick up the luggage from the belt and place it in such a way that each piece is a safe distance from the other. Passengers shall wait behind tensa barriers placed in such a way that social distance is maintained. Groups of passengers, not more than 10 each, shall be allowed to pick up their luggage at one time.
- pp. All passenger and flight crew, including chartered aircrafts, shall arrive via the passenger terminal building. Upon arrival all passengers will be guided to the arrival lounge by airport personnel for health screening.
- qq. No meet and greet at the airport.
- rr. The passenger Health Declaration Form/Passenger self-reporting form will be collected from each passenger by the Port Health Services (PHS).
- ss. Upon arrival in the arrival lounge the passengers and flight crew shall be subjected to thermal scanning.
- tt. Passengers and flight crew will submit their travel passports to the Nigerian Immigration Service (NIS). Passports will be retrieved by passengers and flight crew from the NIS after completing the 14 days mandatory quarantine or successful treatment for COVID-19
- uu. All passengers and flight crew will undergo a mandatory 14 days quarantine in line with the protocols of the Nigerian Center for Disease control (NCDC). The quarantine will be undertaken in an accommodation pre-assessed and approved by the NCDC. The NCDC will carry out surveillance and testing of passengers during the quarantine period.
- vv. Transportation to the quarantined facility will be arranged by concerned agencies.
- ww. Passengers will be responsible for all expenses of their stay in the hotel/paid facility for the duration of their quarantine. Government may choose to provide quarantine facility for passengers at no cost to the passengers, if available.



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- 15. **Airport Operators COVID 19 Health Guidelines** - please refer to Advisory Circular NCAA-AC-AMS002 on NCAA website [ncaa.gov.ng](http://ncaa.gov.ng).
- 16. **Ground handling Companies COVID 19 Health Guidelines**- please refer to Advisory Circular NCAA-AC-AMS003 on NCAA website [ncaa.gov.ng](http://ncaa.gov.ng).
  
- 17. **DIRECTOR GENERAL’S APPROVAL**

<b>Recommendation for approval Head of Aeromedical</b>	
The above guidelines have been developed based on best industry practice, WHO guidance materials, the DG’s directives and Nig.CARs Part 18 to provide guidance to the referenced service providers to safely restart the aviation industry post COVID 19. It is hereby recommended for approval by the Director General.	
Name:	Dr. Winifred Haggai
Date	10/05/2020

<b>Director General’s approval</b>	
These guidelines have been approved by the undersigned for use by the referenced service providers	
Name :	Capt. Musa Nuhu
Signature	
Date	10 <sup>th</sup> May,2020

**APPENDIX A. Crew COVID-19 Status Card**



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<b>CREW COVID-19 STATUS CARD</b>	
Information required for State health officials to be confident that crew members have taken reasonable precautions to ensure they are COVID-19 virus free.	
<b>DURING THE PAST 14 DAYS, HAVE YOU HAD ANY OF THE FOLLOWING? Answer Yes or No</b>	
<b>1. Contact* with a person with probable or confirmed COVID-19?</b>	
<i>*WHO definition of contact</i>	
1. Face-to-face contact within 1 meter and for more than 15 minutes;	
2. Direct physical contact with a probable or confirmed case;	
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or	
4. Other situations as indicated by local risk assessments.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>2. Any of the following symptoms?</b>	
Fever	
Coughing	
Breathing difficulties	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. An elevated temperature reading?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>4. A positive COVID-19 test?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please attach result report if available	
<b>5. Comments</b>	
<b>6. Crew member Identification</b>	
Name:	
Nationality and Passport No:	
Signature:	