

**AIR TRAVEL and airport procedures  
regarding to the risk of  
coronavirus (SARS-CoV-2) introduction into Poland**  
Chief Sanitary Inspector, Warsaw, 1 March 2020 (update)

**A. General procedures during flights.  
Tasks for crews and on-board personnel.**

**I. PASSENGER LOCATION CARD AND GENERAL DECLARATION OF HEALTH**

1. a. All passengers on the plane
  - receive a GIS Information Leaflet from the cabin crew (the content of the leaflet is included in the last paragraph of the Rules)and
  - they legibly (preferably in capitals) fill in the Passenger Location Card (particularly providing first and last name, the seat number on the plane, contact phone number and the address of the planned place of stay) .
- b. Cabin crew should instruct passengers to legibly fill out the Passenger Location Card.
- c. Filled out Passenger Location Cards are collected, checked for legibility and counted by the cabin crew, and then transferred to airport services together with the filled out General Declaration of Health, in which the number of cards collected from passengers is indicated.

**II. MEASUREMENT OF PASSENGERS BODY TEMPERATURE**

1. All passengers on international flights shall be subject to the mandatory body temperature measurement. Temperature measurement is carried out by on-board staff using the non-contact method, e.g. using pyrometers.
2. Cases of fever in passengers (body temperature above 38° C) are recorded by cabin crew and information about this fact will be forwarded to the State Sanitary Service and the Airport Operator.
3. If the passenger temperature measurement is not carried out on the aircraft's board, cabin crew will inform the State Sanitary Service at the airport and explain the reason of the lack of the measurement.

**III. MONITORING AND MAINTENANCE OF THE HEALTH CONDITION OF PASSENGERS**

1. Cabin crew should pay particular attention to the presence of people with a fever and respiratory problems on board.
2. Aircraft operators and airport operators should carry on all efforts to ensure that

passengers are not on aircraft's board without adequate cabin ventilation for more than 30 minutes.

#### IV. PROTECTION AND USE OF PERSONAL PROTECTION MEASURES

1. It is recommended that adequate supplies of masks covering the nose and mouth (category / level FFP3, FFP2 for personnel and surgical masks for patients) and disposable gloves should be available for use on the aircraft.
2. Masks are intended for passengers (firstly for those, who are suspected of getting sick), if there is a suspicion that an infected passenger would be on board. The mask put on by a person suspected of being sick is aimed at limiting or terminating the aerosolization (dispersing in the air) of potential pathogens when coughing, sneezing or talking. Thus it can secure other passengers prior to potential infection.
3. Personal protective measures (masks and disposable gloves) should be used by all persons serving and assisting passengers who manifest and report symptoms of illness, operating at a distance less than or equal to 1-1.5 metres of the suspected passenger.

#### V. DISINFECTION

1. The aircraft in which a person suspected of SARS-CoV-2 was present should be disinfected in accordance with the procedures of ground handling agents. The exception are objects contaminated by respiratory secretions or body fluids spread by a person suspected of being infected with SARS-CoV-2. Such objects and surfaces require thorough cleaning and disinfection with virucidal agents<sup>1</sup>.

#### **B. Cabin crew handling of a person who presented disease's symptoms.**

1. In the case of the passenger with poor health condition caused by respiratory tracts disease, the flight attendant provides the passenger with a face mask. The mask should be changed at least once every 2 hours. The mask is removed from the passenger's face by the cabin crew after putting on protective gloves. After removal, both the mask and the gloves should be thrown into the bag intended and described as "infectious medical waste". After the passenger's mask is removed, the passenger should be provided with another face mask. The flight attendant, who provide the assistance to the sick passenger, should immediately disinfect hands or wash them with soap and water.
2. If possible, the patient should be isolated from other travellers (preferably a 2 metre distance or larger should be kept). Cabin crew should not have difficulty accessing the patient (the patient should be seated on an aisle seat). If possible, the seat previously occupied by the sick passenger should remain empty.
3. If possible, a designated person should be appointed from the cabin crew, in order to

<sup>1</sup> Disinfection agents to be used on board AC, based on ECDC guidelines (approved cleaning agents that proved effective during previous coronavirus epidemics – SARS and MERS) - <https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf>



handle the sick passenger only. When handling the patient, coming into contact with the patient's secretions, touching surfaces that the patient has had contact with, cabin crew should wear protective gloves. Gloves should be changed after each of the above-mentioned activities and thrown into a bag for infectious medical waste (red bag, or a bag dedicated to this type of waste).

4. If the patient, who return from an epidemic-affected region, has a fever, persistent cough or breathing problems, the cabin crew may consider additional personal protection measures: wearing nose & face mask, eye protection and an apron to protect clothing.
5. In the case of any symptoms of illness / poor / deteriorated passenger's health status before boarding, medical consultation (even repeated) should be carried out, and in case of doubt about the passenger's health status, he or she should be withdrawn from the flight and handed over to the airport's medical service.
6. The crew is obliged to notify the airport air traffic control authority and the carrier's operational control centre (OCC) the presence of a person suspected of having SARS-CoV-2 infection on the aircraft board, which will provide information to relevant airport authorities, which, in turn, will notify the airport's medical services, whose obligation is to request medical transport, if required, and immediately notify the relevant sanitary-epidemiological station overseeing the airport.
7. During the flight with a passenger suspected of being infected with SARS-CoV-2, who manifest disease symptoms, a toilet dedicated only to such passenger should be designated, disinfected on an ongoing basis, as promptly as possible, with focus on surfaces that the passenger could touch, including door handles.
8. Before the passengers left the aircraft, a person suspected of having SARS-CoV-2 infection should took on and wear a protective face mask. Those person should be handed over to medical staff. Medical staff will decide on further action after examining the passenger and carrying out an epidemiological interview. This rule also applies to people who had contact with persons suspected of SARS-CoV-2 during their staying abroad.
9. Crew members who had contact with the sick person should be provided with single use protective equipment, at least gloves and face masks.
10. A passenger suspected of being infected/ill leaves the aircraft first and undergoes medical verification.

**C. General procedures after the end of the flight.  
Tasks for airport and sanitary services.**

**I. PASSENGER LOCATION CARD AND GENERAL DECLARATION OF HEALTH**

1. Representative of the State Sanitary Service or Medical Services (handing the matter over to Sanitary Services) collects Passenger Location Cards and the General Declaration of Health from the cabin crew, next specifying the number of cards collected from passengers.

2. If the Passenger Location Cards were not filled out on board, the member of the State Sanitary Service, in coordination with airport services, instructs that the passengers be guided to the place indicated by the Airport operator, where they will be able to fill out Passenger Location Cards and provide information about their current health condition.
3. The Airport operator is responsible for preparing the place for passengers and printing out Passenger Location Cards.

## II. MEASUREMENT OF PASSENGERS' BODY TEMPERATURE

1. All passengers on international flights shall be subjected to the mandatory body temperature measurement.
2. If the body temperature measurement is not carried out on the aircraft's board, it is conducted by personnel appointed by the Airport operator or the State Sanitary Service, or Border Guard, excluding handling agents.
3. The measurement is carried out using the non-contact method, e.g. using pyrometers.
4. Cases of fever in passengers (body temperature above 38° C) are recorded and information about this fact will be forwarded to the State Sanitary Service at the airport.
5. If the number of passengers subject to the mandatory temperature measurement exceeds 50% of all travellers arriving over a 24h period, temperature measurement using thermographic cameras should be considered.
6. A measurement using thermal imaging should be conducted in a screening channel, ie. a passage that will be encompassed by the entire camera image and will not allow fast movement of passengers.

## III. MONITORING AND MAINTENANCE OF THE HEALTH CONDITION OF PASSENGERS

1. The personnel of domestic and international lines and airports should pay particular attention to the presence of people with a fever and respiratory problems on board.
2. Aircraft operators and airport operators should carry on all efforts to ensure that passengers are not on aircraft's board without adequate cabin ventilation for more than 30 minutes.

## IV. INFORMATION POLICY

Passengers arriving from abroad, during passport check-in should get the GIS Information Leaflet (the content of the leaflet is included in the last paragraph of the Rules).

## V. PROTECTION AND USE OF PERSONAL PROTECTION MEASURES

1. It is recommended that adequate supplies of masks covering the nose and mouth (classes FFP3, FFP2 for personnel and surgical masks for patients) and disposable gloves should be available for use.



2. Masks are intended for persons manifesting symptoms of illness. The mask put on by a person suspected of being sick is aimed at limiting or terminating the aerosolization (spreading in the air) of potential pathogens when coughing, sneezing or talking. Thus it can secure other passengers and employees prior to potential infection.
3. Personal protective measures (masks and disposable gloves) should be used by all persons serving and assisting passengers who manifest and report symptoms of illness, operating at a distance less than or equal to 2 metres.

## VI. DISINFECTION

1. The aircraft where a person suspected of SARS-CoV-2 was present, should be disinfected in accordance with the procedures of ground handling agents. Exceptions are objects contaminated with respiratory secretions or body fluids dispersed by a person suspected of being infected with SARS-CoV-2. Such objects and surfaces require thorough cleaning and disinfection with virucidal agents<sup>2</sup>.
2. Airport facilities, where a person suspected of SARS-CoV-2 was present should be disinfected in accordance with the procedures of premises' cleaning and disinfection where medical service entities conduct medical activity at the given airport

### **D. Airport medical staff's handling of a person who present symptoms.**

1. Patient manifesting symptoms such as fever, cough or shortness of breath and meeting the criteria of a suspected case should be hospitalized in an infectious diseases ward (observation and infectious diseases), where should be ensured breathing isolation and strict sanitary regime. If you are in the city, where there is an international airport and there is no infectious diseases ward, please contact the Emergency Notification Centre or the provincial department of crisis management and determine the destination for transporting the patient.
2. If it is necessary to consult suspicious cases, experienced infectious disease doctors or pulmonologists should be first called in by phone, as consultants.
3. The doctor or consulting doctor applies the following procedure:
  - in the case where there is any doubt that the case is not suspected of SARS-CoV-2 infection, the doctor cancel the recommendations and establish a different course of action,
  - in the case arousing suspicion, the doctor decides on immediate transport to a designated infectious diseases ward, for the purpose of hospitalization in breathing isolation conditions.
4. Medical transport of a patient suspected of SARS-CoV-2 infection should be carried out by

<sup>2</sup> Disinfection agents to be used on board AC, based on ECDC guidelines (approved cleaning agents that proved effective during previous coronavirus epidemics – SARS and MERS) - <https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf>

units of State Medical Rescue System.

5. Any information about a case suspected of being infected with SARS-CoV-2 should be immediately reported to the relevant, in terms of the place of suspicion, State Poviast Sanitary Inspector or other body of the State Sanitary Inspection. The list of sanitary and epidemiological stations is available at <https://gis.gov.pl/mapa/>.
6. Medical staff during direct contact with the suspected person, including consulting doctors, should be protected by single-use personal protective equipment.
7. The State Sanitary Inspector responsible for the airport decides whether to put suspected passengers under the epidemiological supervision or to implement quarantine.

#### E. Content of GIS information leaflet.

### **INFORMATION FOR PERSONS RETURNING FROM CHINA, ITALY, REPUBLIC OF KOREA, ISLAMIC REPUBLIC OF IRAN**

#### **and other countries impacted by the coronavirus SARS-CoV-2**

Last few weeks, there were multiple cases of respiratory illness in China, Italy, Islamic Republic of Iran and South Korea (up-dated list of countries available on [www.who.int](http://www.who.int), [www.ecdc.europa.eu](http://www.ecdc.europa.eu), [www.gis.gov.pl](http://www.gis.gov.pl)) accompanied with signs and symptoms of cough, fever, dyspnoea and difficulty breathing.

If you travelled to those countries during last 14 days and you encounter those symptoms, please call sanitary-epidemiological station immediately or visit the department of infectious diseases at a hospital where an adequate medical procedure would be applied.

All information for travellers are available on [gov.pl/koronawirus](http://gov.pl/koronawirus) and [gis.gov.pl](http://gis.gov.pl)

**Chief Sanitary Inspector**

Główny Inspektor Sanitarny



Izabela Kucharska

Zastępca Głównego Inspektora Sanitarnego