



Pillsbury Winthrop Shaw Pittman LLP  
1200 Seventeenth Street, NW | Washington, DC 20036 | tel 202.663.8000 | fax 202.663.8007

Charles F. Donley II  
tel: +1.202.663.8448  
charles.donley@pillsburylaw.com

March 16, 2020

Blane Workie  
Assistant General Counsel for Aviation Enforcement and Proceedings  
U.S. Department of Transportation  
1200 New Jersey Avenue, S.E.  
Washington, D.C. 20590

Re: Docket DOT-OST-2008-0272, Request for Conflict of Law Waiver

Dear Ms. Workie:

In accordance with 14 C.F.R. 382.9, I am writing on behalf of Air China Limited (“Air China”) to notify the Department of Transportation (“Department”) of conflicts between certain portions of Part 382 and the laws and regulations of the People’s Republic of China, and to request waivers of Part 382 to the extent necessary to permit Air China to comply with Chinese law and regulations and protect passengers and crew from a direct threat.<sup>1</sup>

Under 14 C.F.R. 382.117, the Department has established certain requirements regarding the carriage of passengers with communicable diseases aboard flights operated by foreign air carriers serving a United States point. Chinese requirements pertaining to the transportation of passengers who may have been exposed to the novel coronavirus (“2019-nCoV”) have been adopted to protect the public from the virus and its spread, which will prevent Air China from fully complying with Part 382. In accordance with Section 382.9 and to the extent necessary, Air China respectfully requests a waiver permitting it to comply with Chinese law related to the transportation of passengers who may have been exposed to 2019-nCoV. The specific information required by Section 382.9 is set forth below.

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<sup>1</sup> In addition to the conflicts identified in this letter, Air China hereby incorporates and relies on the conflict of laws waiver application submitted to the Department by Xiamen Airlines Co., Ltd. (“Xiamen”) on January 29, 2020. In addition to the procedures described herein, Air China has adopted and utilizes all procedures identified in Xiamen’s January 29, 2020, application.

### *Background*

There is no question that 2019-nCoV poses a “direct threat” to the health and safety of passengers and crew aboard aircraft and within airports. Previously, the U.S. Centers for Disease Control (“CDC”) stated “[t]his novel coronavirus has the potential to cause severe disease and death. Preliminary information suggests older adults and people with underlying health conditions or compromised immune systems may be at higher risk of severe illness from this virus. Many characteristics of this novel coronavirus and how it may affect people are still unclear.”<sup>2</sup> The Department has recognized that other viruses closely related to 2019-nCoV qualify as a “direct threat”, as that term is defined in 14 C.F.R. 382.3. In providing an example of a direct threat, the Department stated that SARS (another coronavirus which the CDC stated is related to 2019-nCoV) qualifies: “*Example 3 to paragraph (b)(2): SARS may be readily transmissible in an aircraft cabin environment and has severe health consequences. Someone with SARS probably poses a direct threat.*”<sup>3</sup> It is now clear that 2019-nCoV poses an immediate and direct threat not only to older adults and those with underlying health conditions, but to all persons.

At this point, there are no known alternative measures sufficient to prevent transmission of 2019-nCoV during flight. As the CDC noted, 2019-nCoV is spreading person-to-person:

“[t]he virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.”<sup>4</sup>

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<sup>2</sup> <https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-wuhan-china>

<sup>3</sup> 14 C.F.R. 382.21(b)(2). According to the CDC, “[c]oronaviruses are a large family of viruses. There are several known coronaviruses that infect people and usually only cause mild respiratory disease, such as the common cold. **However, at least two previously identified coronaviruses have caused severe disease — severe acute respiratory syndrome (SARS) coronavirus and Middle East respiratory syndrome (MERS) coronavirus.**” (emphasis added)  
<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-wuhan-china>

<sup>4</sup> [https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html)

Health authorities are therefore unable to ensure that any particular alternative measure will prevent transmission between passengers or between passengers and crew, especially within the close confines of an aircraft cabin. As a result, governments worldwide are adopting new procedures to limit interpersonal contact and imposing new passenger screening requirements. Air China's application focuses on the new steps it must take to comply with Chinese government restrictions related to in-flight contact and passenger movement and screening upon arrival at Beijing Capital International Airport ("BCIA").

*Section 382.9(c)(1)*

*A copy, in the English language, of the foreign law involved.*

Included with this letter are the following official documents, in Chinese and English:

1. *Notice on Activating Section D of Terminal 3 as the Special Processing Area of the Capital Airport for Inbound (International) Flights from Key Regions* (March 9, 2020) (the "March 9 Notice");
2. *Beijing Starts Using New National Exhibition Center as Interim Re-transportation Hub for Incoming Low-Risk Passengers* (March 12, 2020) (the "March 12 Notice");
3. *Beijing Adopts Stricter Prevention and Control Measures against Epidemic Spread from Overseas* (March 15, 2020) (the "March 15 Notice"); and
4. *Preventing Spread of Coronavirus Disease 2019 (COVID-19) Guidelines for Airlines*, Third Edition, CAAC ("Guidelines").

*Section 382.9(c)(2)*

*A description of how the foreign law applies and how it precludes compliance with a provision of this Part.*

The March 9 Notice states that Section D of Terminal 3 at BCIA must be used as the sole deplaning area for passengers on flights arriving from high-risk regions, including the United States. All passengers on Air China flights arriving at Beijing from the United States must use Section D of Terminal 3. Elevators in Section D are available only to passengers with abnormal body temperatures, and those who may have been infected with 2019-nCoV. All other passengers—including healthy wheelchair passengers—must use escalators or stairways to reach the first floor of Terminal 3 where they will exit and take government buses to an off-airport screening

area. As a result, there is no elevator available in Section D of Terminal 3 for healthy wheelchair passengers.<sup>5</sup>

The March 12 Notice states that passengers entering China from “epidemic high-risk countries”—including the United States—will be transported from BCIA to the New Exhibition Center for examination. The New Exhibition Center is off-airport and can be reached only via government shuttle bus from BCIA. Air China does not operate or control the shuttle buses.

The March 15 Notice states that the requirement that flights from foreign countries use Section D of Terminal 3 at BCIA begins March 15, 2020. The March 15 Notice states further that all persons “entering Beijing from overseas shall be transferred to the centralized quarantine facilities [New Exhibition Center] for quarantine and medical observation for 14 days.” Quarantined persons are responsible for all costs and fees incurred during quarantine.

The CAAC’s Guidelines (Section 4.2) direct cabin crew to severely limit contact with passengers on high-risk flights. Flights from the United States are considered high risk. The Guidelines state: “Cabin Crew should avoid close contact with passengers and only provide necessary in-flight service. It is recommended to hand over pre-packaged food and bottled water before or during boarding. Unless it is required specially, catering service should not be provided onboard.”

The Notices, Guidelines and implementing procedures necessary thereunder may conflict with Part 382 including in particular Sections 382.19, 382.65, 382.101, 382.105, and 382.111 of the Department’s regulations and related guidance issued by the Department. To the extent necessary, Air China requests a waiver from these sections, and any other sections necessary, to permit it to comply with the Notices and CAAC Guidelines. There are no alternative means of compliance.

Section 382.19(a) states carriers may not refuse transportation on the basis of a disability. The Notices make clear that healthy wheelchair passengers will not be able to use elevators and will not be able to move through and exit Section D of BCIA to shuttle buses. As a result, Air China can no longer transport wheelchair passengers to Beijing from the United States (unless the passenger confirms he/she will not need a wheelchair upon arrival in Beijing and will be able to walk through Terminal 3 and use the escalator/stairs). To the extent such inability conflicts with Section 382.19, Air China requests a waiver.

Section 382.65 states carriers must provide on-board wheelchairs if asked to do so. Because passengers who must use on-board wheelchairs will not be able to move through and exit Section D of Terminal 3 and because the CAAC has directed Air

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<sup>5</sup> The Appendix to the March 9 Notice specifies how persons are to move through Section D. Elevators are only available under Appendix Section 1 to passengers with “abnormal body temperature”.

China's crews to avoid passenger contact to the maximum possible extent, Air China can no longer accept passengers requiring on-board wheelchairs. To the extent such inability conflicts with Section 382.65, Air China requests a waiver.

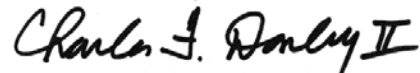
Section 382.101 states carriers must provide boarding or deplaning assistance by all available means at a foreign airport. Because healthy wheelchair passengers will not be able to move through Section D and exit Terminal 3, Air China is unable to provide deplaning assistance to the extent Air China might be required to assist such passengers in deplaning and moving through immigration, the baggage claim area and customs, exiting Terminal 3 and traveling from Terminal 3 to the New Exhibition Center. To the extent such inability conflicts with Section 382.101, Air China requests a waiver.

Section 382.105 states carriers must supplement a foreign airport operator's services where the airport operator is unable to meet the requirements of Part 382 with respect to enplaning, deplaning and connecting assistance. However, because the Notices make clear there are no physical facilities in Section D of Terminal 3 that will allow healthy wheelchair users to move through the Terminal, Air China is unable to provide supplemental services that would meet this requirement. To the extent such inability conflicts with Section 382.105, Air China requests a waiver.

Section 382.111 states carriers must provide in-cabin services such as opening food packages and assisting passengers to the lavatory. The CAAC's Guidelines, however, state that crew should avoid contact with passengers to the maximum possible extent throughout the flight to avoid infection spread. Air China crew will therefore not be able to physically assist passengers to the lavatory and will not assist with opening or handling passenger food. To the extent such inability conflicts with Section 382.111, Air China requests a waiver.

Please contact me with any questions.

Very truly yours,

A handwritten signature in black ink that reads "Charles F. Donley II". The signature is written in a cursive, slightly slanted style.

Charles F. Donley II

Enclosures

**Document of Beijing Capital International Airport Company Limited**

Beijing Capital Airport [2020] No. 98

**Notice on Activating Section D of Terminal 3 as the Special Processing Area of the Capital Airport for Inbound (International) Flights from Key Regions**

All Units at the Airport:

Recently, the epidemic of the novel coronavirus pneumonia in some foreign countries has become more serious, and there is a risk of such overseas epidemic entering China. In accordance with the instructions of the Civil Aviation Administration and leadership of the Beijing Municipal Government, in order to prevent the risk of the novel coronavirus pneumonia epidemic from entering China through airport port, and in accordance with the principle of “shortest path and minimum impact”, the Capital Airport plans to use Section D of Terminal 3 (T3-D) as the special processing area for inbound (international) flights from key regions.

T3-D is divided into 3 floors and covers an area of about 100,000 square meters. It is currently used for domestic flights of Air China. T3-D is not connected to the physical facilities of T3-C and T3-E and is relatively independent as a whole, and does not have impact on normal passenger processing for domestic flights at T3-C and international flights at T3-E. After the launch of this area, inbound flights from countries severely affected by the epidemic will be parked in the parking spaces within the area. All passengers on board will be quarantined and checked, complete entry procedures, and complete arrival and transit procedures within this area. They will be separated in space from passengers in other areas, which can effectively prevent cross-infection in the airport.

The Capital Airport has completed clearance of T3-D shops, transformation of equipment and facilities, and formulation of operation procedures and drills. T3-D is currently in condition for use. Starting from 0:01, March 10, 2020, T3-D is used as a special area of the Capital Airport for inbound (international) flights from key regions.

The above is hereby notified.

Appendix – Procedures for Centralized Transfer of Passengers in Special Processing Area for Inbound (International) Flights from Key Regions

Beijing Capital International Airport Company Limited (Company Stamp)

March 9, 2020

(Handling Department: Operation Control Center; Handling Person: Xiao Dongxi; Tel: 64531127)

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Copy to: Air China, China Eastern, China Southern, Hainan Airlines, Shandong Airlines, Sichuan Airlines, Shenzhen Airlines, Xiamen Airlines, Chongqing Airlines, Tibet Airlines, East China Sea Airlines, Juneyao Airlines, Qingdao Airlines, Changlong Airlines, all foreign airlines, Capital Airport Customs, Beijing Exit-Entry Border Inspection Station, Airport Public Security Bureau, Airport Hospital, VIP Company, Power Energy Company, Catering Company, Commerce Company,

Appendix

## 重点地区（国际）到港航班处置专区 旅客集中转运流程

### Procedures for Centralized Transfer of Passengers in Special Processing Area for Inbound (International) Flights from Key Regions

#### 一、防控旅客处置流程：

**防控旅客流程：**海关登机→将防控旅客移送至一层→带出  
机场

**旅客流程（经海关测温存在检查需要的）：**T3-D 三层进港→通过 T3-D 三层测温点→体温异常旅客→进入海关检查区→进行检查  
→经检查存在防控需要的，自直梯下至一层带出机场

**防控旅客行李流程：**航班到达→机下消毒→运送至 T3-C  
行李后厅（具体地点参见国际重点地区到达行李流程）→海关  
安检联合 X 光机检查→地服代提→交付旅客；若此时旅客已被  
拉走→地服将行李运送至 T3-D 问题行李留存区存放→定期消  
毒→承运航空公司后续交付旅客

#### 1. Procedures for Processing Controlled Passengers

**Procedures for Controlled Passengers:** Customs boarding → Transfer controlled passengers to 1<sup>st</sup> floor → Take out of the airport

**Passenger Procedures (Need to be inspected after Customs temperature measurement):** Entry at T3-D 3<sup>rd</sup> floor → Pass the temperature measurement point at T3-D 3<sup>rd</sup> floor → **Passengers with abnormal body temperature** → Enter the Customs inspection

area → Inspection → If there is a need for prevention and control after inspection, take the elevator down to the 1<sup>st</sup> floor and leave the airport

**Baggage Procedures for Controlled Passengers:** Flight arrival → off-board disinfection → delivery to T3-C baggage back hall (for specific locations, see the baggage arrival procedures for international key areas) → Customs security inspection combined with X-ray machine inspection → ground service pick-up → delivery to passengers; if the passengers have been taken out → Ground service to transport baggage to T3-D problem baggage storage area for storage → Regular disinfection → Carrier airlines follow up to deliver passengers

## 二、正常旅客处置流程：

### （一）国际重点地区到达流程：

**旅客流程：** T3-D 三层进港→通过三层海关检查→下至一层→边防检查→海关检查→至一层南侧乘机场巴士出飞行区→前往接驳区→提取行李→交接至北京市相关单位

**行李流程：** 航班到达→机下消毒→机下分拣→运送至 T3-C 行李后厅 35 号、36 号上包台→海关检查→运送至接驳区→交付旅客

## 2. Procedures for Processing Normal Passengers

### 1) Procedures for Arrival from International Key Regions:

**Passenger Procedures:** Entry at T3-D 3<sup>rd</sup> floor → Pass 3<sup>rd</sup> floor Customs inspection → Down to the 1<sup>st</sup> floor → Border inspection → Customs inspection → Take the airport bus to the south side of the first floor to exit the flight area → Go to the connection area → Pick up luggage → Handover to the relevant units of the Beijing government

**Baggage Procedures:** Arrival of flight → off-board disinfection → off-board sorting → Delivery to the T3-C baggage back hall No. 35 and 36 → Customs inspection → Delivery to the connection area → Delivery to passengers

### （二）I-I 中转流程：



**旅客流程：** T3-D 三层进港→通过三层海关检查→下至一层→办理中转手续→边检柜台采集信息→安检海关联合检查→乘直梯上至 T3-D 二层西侧 I-I 专属休息区→远机位候机区办理登机手续→地面代理将旅客送至后续航班登机

**行李流程：** 航班到达→机下消毒→机下分拣→至 T3-C 行李后厅 T02、T03 上包台→安检海关联合检查→地服送至后续航班

**备用流程：** 航班到达-机下消毒-机下分拣-T3-D 进行安全检查 (X 光车) -运送至 T3-C 行李后厅 35、36 号上包台-海关检查-运送至后续航班

## **2) I-I Transit Procedures:**

**Passenger Procedures:** Entry at T3-D 3<sup>rd</sup> floor → Pass 3<sup>rd</sup> floor Customs inspection → Down to the 1<sup>st</sup> floor → Go through transit procedures → Collect information at the border inspection counter → Joint inspection by security and Customs → Take the ladder to the I-I exclusive rest area on the west side of the 2<sup>nd</sup> floor of T3-D → Check-in at the remote boarding waiting area → Ground agent takes passengers to check-in for subsequent flight

**Baggage Procedures:** Arrival of flight → off-board disinfection → off-board sorting → To T3-C baggage back hall T02 and T03 → Joint inspection by security and Customs → Ground service to deliver to subsequent flight

**Back-up Procedures:** Arrival of flight → off-board disinfection → off-board sorting → T3-D security inspection (X-ray car) → delivery to T3-C baggage back hall No. 35 and No. 36 baggage counters → Customs inspection → delivery to subsequent flight

## **(三) I-D 中转流程：**

**旅客流程：** T3-D 三层进港→通过三层海关检查→下至一层→办理中转手续→边防检查→安检海关联合检查→乘扶梯上至 T3-D 二

层 I-D 专属休息区→远机位候机区办理登机手续→地面代理将旅客送至后续航班登机

**行李流程：**同 I-I 行李流程

### **3) I-D Transit Procedures:**

**Passenger Procedures:** Entry at T3-D 3<sup>rd</sup> floor → Pass 3<sup>rd</sup> floor Customs inspection → Down to the 1<sup>st</sup> floor → Go through transit procedures → Frontier inspection → Joint inspection by security and Customs → Take the ladder to the I-D exclusive rest area on the 2<sup>nd</sup> floor of T3-D → Check-in at the remote boarding waiting area → Ground agent takes passengers to check-in for subsequent flight

**Baggage Procedures:** same as I-I baggage procedures

## **(四) 无法转乘当日航班旅客（已持有本场机票）中转流**

**程：**

**旅客流程：**同国际重点地区到达流程（边检登记）→至接驳区转交地方政府→转乘当日地区政府统一接运旅客至接驳区→交接给承运航空公司→乘坐机场巴士自飞行区至 T3-D 一层北侧（飞行区围界通道处安检）→后续同 I-I 国际出港航班流程或 I-D 国内出港航班流程

**行李流程：**同 I-I 或 I-D 行李流程

### **4) Transit Procedures for Passengers Who Cannot Take Subsequent Flight on the Same Day (Already Holding Ticket)**

**Passenger Procedures:** Same as procedures for arrival from international key areas (border inspection registration) → transfer to local government in connection area → transfer of passengers to unified transportation arranged by local government to connection area → transfer to the carrier airline → take the airport bus from the flight area to north side of 1<sup>st</sup> floor of T3-D (security inspection at the border of the flight area) → Follow up procedures same as those applicable to I-I or I-D outbound flight procedures

**Baggage Procedures:** same as I-I or I-D baggage procedures

## **(五) 特殊流程:**

### **接驳区行李反流:**

1、托运行李已运至接驳区，经海关查验随身行李有问题的旅客，地服公司将其托运行李经飞行区安全检查后，送回至 T3-D 进行海关排查。

2、已运至接驳区的无人认领行李，地服公司将此类行李经飞行区安全检查后，送至 T3-D 指定库房存储。

**接驳区旅客反流:** 已到达接驳区旅客，经海关/安检查验托运行李有问题，地服引领其乘坐机场巴士返回 T3-D（飞行区围界通道处安检），经安全检查后（T3-D 一层海关后开包区），按照海关/安检查验程序开包检查。

### **5) Special Procedures**

#### **Reverse Flow of Baggage in Connecting Area:**

1. After the checked baggage has been transported to the connecting area, if any carry-on baggage of the passenger has a problem after inspection by the Customs, the ground service company will return the checked baggage to T3-D for Customs inspection after passing through security check in the flight area.
2. Any unclaimed baggage that has been transported to the connecting area will be sent to the designated warehouse in T3-D for storage after security check is conducted by the ground service company.

**Reverse Flow of Passengers in Connection Area:** For any passenger that has arrived in the connection area but whose checked baggage has a problem upon Customs/security inspection, ground service will guide them to take the airport bus to return to T3-D (security inspection at the border of the flight area). After security inspection (at the baggage opening area after the Customs on the 1<sup>st</sup> floor of T3-D), Customs/security inspection procedures will be followed to open the baggage for inspection.

**Source:** Official Website of Beijing Municipal Government. Chinese version is available at <http://www.beijing.gov.cn/ywdt/gzdt/t1622037.htm>

**北京启用新国展作为入境旅客低风险人群临时集散点**  
**Beijing Starts Using New National Exhibition Center as Interim Re-transportation Hub for Incoming Low-Risk Passengers**

3月12日，在北京市新型冠状病毒肺炎疫情防控工作新闻发布会上，北京市疾控中心副主任庞星火介绍了疫情高发国家入境人员集散点卫生防疫措施。

During the daily press conference regarding Beijing's efforts in epidemic prevention and control on March 12, 2020, Xinghuo PANG, the Vice Director of Beijing CDC introduced the sanitation and epidemic prevention measures in relation to the re-transportation hub for incoming personnel from epidemic high-risk countries.

庞星火说，为做好境外输入人员疫情防控工作，市疫情防控领导小组决定启用新国展为首都机场疫情高发国家入境北京的旅客转运集散地，用于经机场检疫后未出现发热、咳嗽等症状的低风险人群临时集散点，再由相关省(区、市)和北京市各区接转旅客。

Xinghuo PANG said, for better prevention and control of epidemic in relation to incoming personnel from overseas, the Beijing's Lead Working Group on Epidemic Prevention and Control has decided to use the New Exhibition Center as the re-transportation hub for passengers that enter China from epidemic high-risk countries through Beijing Capital International Airport. The New Exhibition Center will be used as an interim re-transportation hub for low-risk personnel who, according to the testing by the airport, has no fever, coughing or other symptoms. The passengers will then be re-transported by the relevant governments of the relevant provinces (autonomous districts or municipalities) and the relevant districts under the Beijing Municipality.

为确保入境人员新国展集散点卫生防疫和转运工作有序开展，采取了分区管理，境外入境人员根据目的地分为北京及其他省市地区，北京地区按照16个区分别设立临时集散点；其他省市分别设立各省市临时集散点。各集散点要保持相对距离5米以上，工作人员通道与入境人员通道分开，由专人引导旅客有序进入集散点，避免人群密集。

To ensure the epidemic prevent and the re-transportation of the New Exhibition Center hub for Incoming Personnel are carried out orderly, the hub is divided into sections. The hub is divided into sections based on the destinations of the incoming personnel from overseas (e.g. Beijing or other provinces, autonomous districts or municipalities). One interim re-transportation point is designated for each of the 16 districts under Beijing, and one interim transportation point is designated for each of the other provinces, autonomous districts and municipalities. The relative distance between every two points must be greater than 5 meters. The entrance for working staff and the entrance for personnel from overseas must be separated. The passengers must be guided by designated personnel into the re-transportation points. Avoid gathering of people.

北京市各区和各省区市工作团队建立健康监测制度，每日早晚对所有工作人员开展体温筛查、健康监测，询问有无发热、咳嗽、腹泻等症状，并做好记录。凡是发现有发热、咳嗽等症状的，要第一时间到驻地医疗点进行筛查，并及时离岗。

Each working team for the relevant districts of Beijing, relevant provinces, autonomous districts and municipalities must establish health monitoring systems, check the body temperature and inquire about the health of all the staffs in the morning and in the night every day, ask whether there is any fever, coughing, diarrhea or other symptoms, and keep the records. In case of any fever, coughing or other symptoms, the staff must immediately be checked and tested at the clinic resident at such working team, and leave his/her post.

入境人员在离开机场海关前要进行健康申报及体温筛查，进入新国展集散点前要再进行体温筛查，各工作团队对辖区内的入境人员开展健康状况巡视，对有发热、咳嗽等异常健康情况的再次筛查体温，有异常的要送驻地医疗点进一步排查。各工作团队安排入境人员上转运车辆前要再次进行体温筛查，确保所有转运人员体温正常，无发热、咳嗽等健康异常情况。

The incoming personnel must conduct health report and body temperature check before leaving the customs of the airport, and their body temperature must be checked before entering the New Exhibition Center hub. Each working team must make inspection tours of the incoming personnel within its jurisdiction, double-check the body temperature of ones with fever, coughing or other abnormal health conditions, and send the relevant incoming personnel to the clinic resident at such working team for further testing and check if there is anything unusual. Each working team must again conduct temperature check on the incoming personnel before they get board the re-transportation vehicles, ensure that the body temperature of all re-transportation personnel is normal and they don't have fever, coughing or other abnormal health conditions.

在新国展临时集散点还设立临时医疗点。以顺义空港医院医务人员为主，成立驻地医疗点，负责对各工作团队及入境人员发热、咳嗽等健康异常情况进行排查及应急处置。凡是不能排除新冠肺炎的，要立即通知驻地 120，将相关人员转运至定点医院进行新冠肺炎排查。

An interim clinic must be set up in the interim re-transportation hub at the New Exhibition Center. Mainly on the basis of the medical staff of Shunyi Airport Hospital, resident clinics must be set up at the working teams and are responsible for testing and emergency disposal of the staff at the working team and incoming personnel who has fever, coughing or other abnormal health conditions. In case that the clinic cannot rule out the novel coronavirus infection possibility of any personnel, the clinic must immediately notify the resident ambulance so as to re-transport the relevant personnel to the designated hospital for novel coronavirus check.

北京市在新国展集散点安排 3 辆急救车，负责有发热、咳嗽等需要进行新冠肺炎排查人员的转运；顺义区安排 2 辆急救车，负责有心血管等疾病的病人转运。

Beijing municipal government will prepare three ambulances at the New Exhibition Center hub, responsible for re-transportation of personnel who has fever, coughing or other conditions and therefore must be checked with novel coronavirus; the Shunyi district government will prepare two ambulances, responsible for re-transportation of patients with angiocardiopathy or other diseases.

**Source:** Official Website of Beijing Municipal Government. Chinese version is available at <http://www.beijing.gov.cn/ywdt/gzdt/t1622316.htm>

March 15, 2020 16:18

**本市采取更加严格的措施做好境外疫情防控工作**  
**Beijing Adopts Stricter Prevention and Control Measures against Epidemic Spread from Overseas**

世界卫生组织总干事谭德塞近日宣布，新冠肺炎疫情已具备全球大流行特征，显示疫情已进入全球广泛传播阶段。海外疫情呈现加速扩散蔓延态势，继意大利、韩国、伊朗、日本等国之后，需要特别关注西班牙、瑞典、法国、德国、荷兰、美国、英国、比利时等疫情严重国家。

WHO Director-General Tedros Adhanom Ghebreyesus has recently announced that the COVID-19 has shown global pandemic characteristics which signals that the epidemic is widely spreading around the world. The overseas epidemic spread has accelerated rapidly. Other than Italy, Korea, Iran, Japan, we also need to attach great attention to Spain, Sweden, Germany, Netherland, U.S., UK, Belgium, and other countries that are seriously impacted by the epidemic.

鉴于此，境外输入已经成为我市疫情防控的主要风险，境外输入病例已经成为我市新增确诊病例的主体。为有效防范境外疫情的输入和扩散，首都联防联控协调机制将采取更加严密有力的措施，具体内容主要包括以下三个方面：

In light of the foregoing, the main risk for the epidemic prevention and control in Beijing is the epidemic spreading/importing from overseas, and the majority of the newly confirmed cases in Beijing were spread/imported from overseas. To effectively prevent and control the import and spread of epidemic from overseas, the Capital Joint Prevention and Control Coordination Mechanism will adopt stricter and stronger measures, which mainly include the following three aspects:

一是即日起，首都机场全部国际及港澳台地区进港航班，均停靠首都机场 T3D 处置专区。实施远端管控、近端筛查、科学处置、责任交接、闭环管理。依据《中华人民共和国国境检疫法》等法律法规，全面加强入境检验检疫工作。全部入境人员严格落实《健康申报卡》填报，实施全员、全项、电子化、可追溯信息化管理，形成全方位、全链条、全闭环的立体防控体系。

First, effective from today, all arriving flights from foreign countries, Hong Kong, Macau and Taiwan to Beijing Capital International Airport (BCIA) must port at the processing zone of Section D of Terminal 3 of BCIA. Remote control, close check and test, scientific processing, strict handover of obligations and closed-loop management will be carried out. We will comprehensively enhance the inspection and quarantine of incoming passengers in according to the relevant laws and regulation, including the Frontier Quarantine Law of the People's Republic of China. All passengers that enter China must strictly and truthfully fill in and report the Health Declaration Card. We will achieve all-personnel, all-item, electronic and traceable informationalized administration of incoming personnel, so that a stereoscopic epidemic

prevention and control system covering all dimensions and all steps that is fully closed-loop can be established.

二是全面实施集中隔离措施。最大限度控制传染源、切断传播途径。从3月16日零时起，所有境外进京人员，均应转送至集中观察点进行14天的隔离观察，集中观察点将配置专业医护和工作人员，定期开展健康监测，发现问题及时处理，使回国人员更安全、家人更放心。有特殊情况的，经严格评估，可进行居家观察。集中隔离观察期间，隔离人员费用需要自理。

Second, centralized isolation measures will be fully adopted to maximize the control over infection sources and cutting the infection chains. Effective 0:00 March 16, all personnel entering Beijing from overseas shall be transferred to the centralized quarantine facilities for quarantine and medical observation for 14 days. The centralized quarantine facilities are equipped with professional medical care personnel and staffs. Health check and monitoring will be conducted regularly and any issues identified will be handled timely to ensure that the incoming personnel is safe and their family members rest assured. In case of any special circumstance, after strict evaluation, quarantine at home may be allowed. During the centralized quarantine period, the quarantined persons shall be responsible for the relevant costs and fees occurred for the quarantine.

三是对于虚报信息，隐瞒病情，造成疫情传播的人员将依法依规追究责任，并纳入信用体系。

Third, for any personnel who reports fake information, hides his/her health conditions or cause infection of epidemic, he/she will be held liable in accordance with the relevant laws and regulations, and such records will be input into the Social Credit System.



# **Preventing Spread of Coronavirus Disease 2019 (COVID-19)**

## **Guideline for Airlines**

### **Third Edition**

In order to prevent and control the spread of COVID-19 via aircraft, and act in accordance with the principle of “targeted and detailed prevention and control measures”, the multi-level, categorized and differentiated management of outbreak containment for air transport is implemented. Meanwhile, in order to further refine personal prevention and protection requirements for crew members, maintenance personnel and cleaning staff, improve requirements on environment hygiene, disinfection and maintenance for aircraft, and introduce prevention and control measures for special transport missions (chartered flights etc.) to/from high-risk infection countries (regions) and handling procedures for transfer passengers in Beijing from high-risk infection countries (regions), the *Preventing Spread of Coronavirus Disease 2019 (COVID-19) Guideline for Airlines – 3<sup>rd</sup> Edition* is developed on the basis of amendment to the second edition.

#### **1. Standards for Grade Level of Flight Infection Risks and Principles of Disease Prevention and Control**

Transport flights should be categorized into the three levels, namely high-risk flights, medium-risk flights and low-risk flights, and differentiated prevention and control measures should be applied after a comprehensive evaluation of the outbreak at the place of origins of the flights (both international and domestic), whether the aircraft is equipped with high efficiency particulate air (HEPA) filters and other indicators such as load factors, flight time and mission of the flights. Risk levels should be subject to dynamic adjustment in line with the development of the outbreak. Standards for the grade level of risks can be found in Attachment 1.

#### **2. Temperature Screening**

According to the risk levels of different flights, passengers’ body temperature should be measured at different phases of flights.

##### **2.1 Low Risk Flights**

Non-contact infrared thermometer equipment (calibrated) should be used to measure the body temperature of passengers and the symptoms should be observed as required. One should timely report and respond in case of ill passengers found with symptoms including fever ( $\geq 37.3^{\circ}\text{C}$ ), fatigue or dry cough, etc., then cooperate with local health authorities in the handover of the ill passengers.

##### **2.2 Medium and High Risk Flights**

The measurement of passengers’ body temperature should be carried out before boarding and in-flight based on flight segments and flight distance.

###### **2.2.1 Pre-enplaning**

Non-contact infrared thermometer equipment (calibrated) should be used to measure the body



temperature of passengers and the symptoms should be observed before boarding, and timely report and response should be made in case of suspected passengers found with symptoms including fever ( $\geq 37.3^{\circ}\text{C}$ ), fatigue or dry cough, then support should be given to local health authorities in handover of the suspected passengers.

### 2.2.2 In-flight

For high-risk long-haul ( $> 4\text{h}$ ) flights, in-flight measurement of body temperature during operation should be taken. In case of ill passengers found with symptoms including fever ( $\geq 37.3^{\circ}\text{C}$ ), fatigue or cough, the occurrence should be dealt with in compliance with the handling measures of in-flight emergencies of this Guideline and the crew should timely communicate with destination airports, and then hand over the ill passengers after landing in cooperation with local health authorities.

## 3. Infection Control Measures for Crew Members

### 3.1 Personal Protective Equipment (PPE)

Given the risk level of flights, different prevention and protection measures should be taken:

3.1.1 Low-risk flights: wearing protection of disposable medical masks (up to YY/T0969-2013 or equivalent standards) or facial masks of a higher standard.

3.1.2 Medium-risk flights: wearing protection of surgical masks (up to YY0469-2011 or equivalent standard) or masks of a higher standard.

3.1.3 High-risk flights: flight crew should wear surgical masks or masks of a higher standard and goggles, and change facial masks every 4 hours in general (or anytime considered necessary, similarly hereinafter). Cabin crew should wear N95 particular matter protection facial masks (up to GB2626-2006 or equivalent standard) or medical protection masks (up to GB19083-2010 or equivalent standard), goggles, and disposable rubber gloves, and change facial masks every 4 hours.

Crew members should reduce entering the cockpit and using separate toilets. Intercom system is recommended for communication among crew members to avoid close contact.

3.1.4 Discarded masks should be placed in a distinct bin, sprayed or sprinkled till fully soaked with chlorine disinfectant (500mg/L-1000mg/L) before post-flight cleaning, and packed in a tightly knotted plastic bag for centralized disposal.

### 3.2 Considerations

The mask should be close to the face, covering 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 sanitizer both before and after the replacement.

The crew can use alcohol-based disinfection wipes to clean and disinfect their hands. When the crew is not sure whether their hands are clean, avoid touching the nose, mouth and eyes with their 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 sanitizer under running water followed by hand disinfection.

## **4. Advice for In-flight Service**

### **4.1 Low and Medium Risk Flights**

Food-preparing procedures should be simplified, pre-packaged food should be provided, and cold meal and ice should be canceled to reduce exposure risks and avoid cross-infection. 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.

### **4.2 High Risk Flights**

Cabin crew should avoid close contact with passengers and only provide necessary in-flight service. It is recommended to hand over pre-packaged food and bottled water before or during boarding. Unless it is required specially, catering service should not be provided onboard.

Flight attendants should be assigned to provide service for certain areas, and flight attendants designated should provide basic service for the crew members when needed. Efforts should be made to arrange passengers to sit in separation. Lavatory should be cleaned at least every hour during flight, and once finished, hands should be timely cleaned and disinfected.

The last three rows of seats should be reserved as quarantine areas when handling possible in-flight emergencies.

## **5. Routine Cleaning and Preventative Disinfection of Aircraft**

### **5.1 PPE for Cleaning Crew**

#### **5.1.1 Low and medium risk flights**

One should wear surgical masks or masks of a higher standard, uniform, disposable snood cap, disposable rubber gloves, work shoes (as necessary), waterproof apron and protections against chemicals such as disinfectants.

#### **5.1.2 High risk flights**

One should wear N95 particular matter protection masks or masks of a higher standard, disposable mop cap, goggles, disposable protective suits, medical rubber gloves and disposable shoe covers.

### **5.2 Routine Cleaning**

Wet process cleaning for aircraft should be applied during a stopover to avoid the onward spread of infections matters, and a thorough cleaning upon the completion of the flight should be carried out. For detailed cleaning methods, please refer to Attachment 2. If conditions are limited, lavatory and gallery should be cleaned in priority.

### **5.3 Preventative Disinfection**

Preventative disinfection should be carried out after the aircraft is cleaned.

#### **5.3.1 Frequency**

Preventative disinfection should be done on a regular basis, at least once a week, for low risk flights; and every time after flight for medium and high risk flights. An assessment on the effect of post-flight disinfection may be carried out for high risk flights if conditions allow.

#### **5.3.2 Rules of operation**

- Separate rags and mops should be used for aisle, lavatory and gallery, and mark them

with different colors to avoid cross-contamination. Different personnel should be tasked with each of the aforementioned areas when conditions allow.

- During disinfection, surfaces should be rubbed using rags soaked with disinfectant, after a period of time for reaction, the regular cleaning process should be finished, to avoid erosive effect on cabin component due to long time exposure to the disinfectant.
- Disinfectant should be sprayed to cabin floor from the front to the back, then key areas should be disinfected. Once cabin disinfection is finished, disinfectant should be sprayed to cabin floor again from the back to the front.
- Disinfection of key areas should proceed in the following order:

Aisle: Ceiling, overhead bins, reading lights, air outlets, sidewall panels, windows, seats (tray tables, armrests, passenger control units, decorative panels), cabinets/lockers, bulkheads, magazine racks, cabin attendant seats.

Lavatory: The disinfection in lavatory should be progressed from contaminated to clean areas, as follow: toilet bowls, waste bins, basins, lavatory sidewall, ceiling, door assembly (door surfaces, doorknobs, ashtrays, if installed, and latches)

Gallery: Ceiling, ovens, water boilers, coffee makers, galley facilities, lockers/drawers, waste bins.

### 5.3.3 Disinfectants

Aircraft cleaning and disinfectant products that have been approved for airworthiness should be used (refer to <http://www.fccc.org.cn/webs/xhg/list.aspx?classid=0202> for products list, similarly hereinafter) to avoid corrosive aircraft components. Given the characteristics of current epidemic and knowledge, the following is recommended for wiping disinfection, their concentration should refer to products use instruction:

It is recommended to use compound quaternary ammonium salt, double-chain quaternary ammonium salt, hydrogen peroxide and chlorine-containing disinfectant. For hydrogen peroxide, concentration should be no higher than 3% and reaction time be 20 minutes; effective concentration of chlorine should be within the range of 250mg/L-500mg/L, and reaction time be 10 minutes.

## 6. Aircraft Maintenance

### 6.1 PPE of Maintenance Crew

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

6.1.1 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.

6.1.2 The mask should be close to the face. Do not touch and adjust the mask, goggles and protective cap during operation.

6.1.3 Avoid hitting, dropping, or shaking the HEPA filter. Do not use compressed air to clean the filter. Used HEPA should be placed in a special plastic bag, disinfected with chlorine disinfectant and sealed. 6.1.4 After the task is completed, the maintenance staff disinfects the hands first, then removes the protective equipment in order, and then disinfects the hands again.

6.1.5 Discarded disposable protections should be placed in dedicated plastic bags and sealed

for centralized disposal.

## **6.2 Routine Maintenance**

6.2.1 During ground operation and maintenance, aircraft auxiliary power unit (APU) should be used for ventilation, and avoid using bridge load air source. After arrival, doors of cabin and cargo compartment should be opened for ventilation before performing maintenance work and extend the natural ventilation time.

6.2.2 HEPA filters should be replaced in accordance with standards specified in the manufacturer's manual, and the replacing process should be in strict compliance with the prevention and protection requirements of the Aircraft Maintenance Manual, and refer to the personal prevention and protection program for aircraft maintenance personnel.

## **7. Handling of In-flight Medical Emergencies**

### **7.1 Infection Control Measures for Crew Members**

Upon contacting ill passengers (having symptoms such as fever, fatigue or dry cough), or treating body fluids (such as respiratory secretions, vomit, blood, diarrhea) or contaminated objects and surfaces, cabin attendants should wear personal protective equipment (PPE) found in the Universal Precaution Kit (UPK).

7.1.1 Gloves: Cabin attendants should wear double-layered disposable rubber or butyronitrile gloves. If there are more than 2 ill passengers on board, hands should be disinfected before contacting other passengers.

7.1.2 Masks: Cabin attendants should wear medical protection masks. Touching or adjusting masks is prohibited during emergency handling.

7.1.3 Goggles: Reusable goggles should be promptly sterilized and dried every time after use. Goggles with a anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended to be washed with water then exposed to close-range direct ultraviolet lighting for over 30 minutes

7.1.4 Protective clothing: When contacting ill passengers, suspected or confirmed patients, cabin attendants should wear goggles and disposable protective clothing (replace by the protective apron in the UPK as an interim emergency measure).

### **7.2 On-board Emergency Quarantine Measures**

The ill traveler (passenger or crewmember) should be quarantined on-board by the following methods:

7.2.1 The last 3 seat rows of the cabin should be designated for relative emergency quarantine. If possible, the ill traveler should be seated in the right window seat, by which the breath exhaled could be exited the cabin directly to the largest extent.

7.2.2 The right rear lavatory should be specifically designated for quarantine purpose. It is recommended to assign specific crew members to provide necessary in-flight service for quarantine areas, and the crew members should minimize close contacts (within 2 meters) with other crew members and unnecessary contacts.

### **7.3 Aircraft Concurrent Disinfection**

The cabin contaminated with body fluids/substances (such as respiratory secretions, vomit,

blood, diarrhea,) should be disinfected timely according to the procedures in *Emergency Medical Equipment Installation and Training for Large Transport Aircraft* (AC-121-102R1 issued by CAAC).

7.3.1 Wearing personal protections(PPE);

7.3.2 Preparing disinfectant: One should take one surface disinfection tablet and put it into 250-500ml clean water to make a 1:500-1000 disinfectant;

7.3.3 Covering the respiratory secretions, blood, vomit, diarrhea and other contaminants evenly with absorbent disinfectant for 3~5 min to enable them solidified;

7.3.4 Shoveling the coagulated contaminants with portable pickup shovels into biohazard wastes bags;

7.3.5 Sterilizing 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. Put those towels and other used disinfection materials into biohazard wastes bags;

7.3.6 Disinfecting hands before removing protections by the following order: taking off protective suits (aprons), 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.

7.3.7 Placing 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.

7.3.8 Keeping the tied bio hazard waste bag in a proper place temporarily to prevent it from missing, being damaged or contaminating meals on board.

7.3.9 Informing ground departments at the destination to prepare for takeover.

#### **7.4 Aircraft Terminal Disinfection**

After carriage of ill passengers, terminal disinfection should be conducted.

7.4.1 After all people get off the aircraft, close cabin doors, adjust the air conditioning to high-volume to complete all-round air exchange.

7.4.2 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.

7.4.3 After cleaning, one should proceed with terminal disinfection by following the general principle of thorough disinfection from out ring-to-center, top-down and encompassing-approach.

#### **7.5 Aircraft Cargo Hold Disinfection**

If animal corpses or suspicious contaminants of a contagious nature are found in the cargo hold, post-flight terminal disinfection should be performed . The disinfection procedures are as follows:

7.5.1 When animal corpses or suspicious contaminants of a contagious nature are found in the cargo hold, the contaminated area in which the animal corpses or the contaminants were should be disinfected and cleaned as the first step, followed by a thorough disinfection of the remaining areas of cargo hold.

7.5.2 The method of spray disinfection and enclosed disinfection should be used. Disinfection should be performed from the upwind to the downwind direction and from top to bottom.

Before disinfecting the inside area of the cargo hold, the personnel in charge of disinfection should spray around the door, close the door, enter into the cargo hold, and spray on the floor in front of the cleaner while moving forward till the whole floor is sprayed before disinfecting other areas of the cargo hold. The personnel should disinfect the ceiling of the cargo hold by spraying disinfectant from left to right and vice versa, and then spray the cargo hold wall from top to bottom. While disinfecting the ceiling and the wall, the amount of disinfectant sprayed should not exceed the amount of the liquid that can be absorbed (the maximum amount of disinfectant the surface can absorb). Upon completion, the cargo hold floor should be disinfected again by spraying while moving backward. After returning to the ground along the ladder, the ladder should be sprayed.

## **7.6 Disinfectant**

Aircraft cleaning and disinfection products should be approved for their airworthiness. During terminal disinfection, the passenger cabin should be wiped while the cargo hold should be sprayed with disinfectant. The liquid concentration should be in line with what's specified in the product application instructions.

It is recommended to use hydrogen peroxide or chlorine-containing disinfectant. The concentration of hydrogen peroxide should be the same as that used in preventive disinfection, and the effective concentration of chlorine should be 1000mg/L, for 30 minutes. The air conditioner should be turned off during the disinfection operation, and the passenger cabin or cargo hold should be fully ventilated after disinfection.

## **8 Quarantine Management for Crew Members**

According to the *COVID-19 Prevention and Control Program* of the National Health Commission (the fifth edition, or the latest edition if updated), the quarantine program of crew members should be based on the following guidelines.

### **8.1 Crew Members Quarantine Management**

8.1.1 If any crew member shows symptoms such as fever, fatigue or dry cough, and has a history of epidemiology (such as a history of living, traveling and having contacts with locals in high-risk countries/regions), he/she should be dealt with in accordance with the requirements in the *COVID-19 Prevention and Control Program*. Other crew members who have been on the same flight with him/her within the 2 days preceding the appearance of the above symptoms should be instantly put under centralized quarantine, and where conditions do not allow, they can be put under house quarantine and medical observation.

8.1.2 If any crew member shows symptoms such as fever, fatigue or dry cough during the duty, he/she should cease performing his/her duties immediately. It is recommended to put him/her under quarantine in the last 3 rows of seats to avoid close contact with other crew members. If he/she has a history of epidemiology, after the flight has landed and the passengers and other crew members have deplaned, a special vehicle should be sent, carrying him/her to a designated medical facility for examination. Other crew members should be quarantined as per 8.1.1.

8.1.3 Where any passenger onboard shows symptoms such as fever, fatigue or dry cough, and/or has a history of epidemiology, he/she should be transferred in a special vehicle after the flight has landed and other passengers and crew members have deplaned. The flight attendants designated to provide onboard services for the symptomatic passenger and other attendants in the same cabin section should be picked up by a special vehicle to a location for centralized quarantine, and where conditions do not allow, they can be under house





quarantine and medical observation. Other crew members do not need to be quarantined for the time being, but close attention should be paid to their health conditions.

8.1.4 Where an airline has been informed by the local disease control or quarantine department that a flight of the airlines carried confirmed, suspected or asymptomatic patients, it should notify the crew members flying the flight segment concerned for centralized quarantine, where conditions do not allow, they can be under house quarantine and medical observation.

8.1.5 Where crew members fly charter flights and other special flights (such as those used for emergency transportation of materials and medical teams) to/from high-risk areas in China, they generally do not need to be under medical quarantine and observation after returning, provided that they can make good pre-return preparations by strictly observing the following requirements.

- No crew members should be allowed to disembark the aircraft (ground handlers should be requested to do external inspections, refueling, etc.);
- No ground personnel should be allowed to embark the aircraft;
- The doors should be closed immediately for the return trip upon completion of the transport of assisting medical personnel and materials, without cleaning, water refilling or waste disposal at the destination airport;
- Aircraft maintenance. If there is no aircraft malfunction after landing, the crew members or in-flight maintenance personnel may issue a release from within the aircraft without the need for making a short stop for maintenance; an external inspection can be completed by qualified local personnel from outside the aircraft, and under condition other than the aforementioned, operators should carry out remote training and provide remote guidance to local personnel. If there are malfunctions in the aircraft after landing and a release cannot be issued based on the Minimum Equipment List (MEL), the malfunctions must be addressed before the flight operation can continue; where a release can be issued based on the Minimum Equipment List (MEL) but a maintenance (item M) procedure has to be performed, crew members should conduct a joint evaluation with the maintenance department, and under the premises of ensuring safety, remote guidance, simplified maintenance and equivalent measures can be taken to allow the aircraft to fly back to the base; where a release can be issued based on the Minimum Equipment List (MEL) but a crew operation (item O) procedure has to be performed, the crew can, if the conditions allow, continue the flight after completing the item O procedure;
- Terminal disinfection of the aircraft should be performed after its return to the home base;
- Before the aircraft lands, the flight dispatcher should inform the crew members once again to make preparation for the return trip by following the above five bullet points.

8.1.6 For those crew members who carried out special transportation missions (charter flights) to/from countries (regions) with high incidence of COVID-19, they should be under medical observation as per what's stipulated in Article 9 of this guideline.

## **8.2 Quarantine Period**

The medical observation period refers to 14 days after the last contact of the quarantined crew members with confirmed, asymptomatic, suspected or suspicious passengers or other crew members. During this period, if the suspected or suspicious patients have been cleared by the disease control department, the quarantine and medical observation of the above-mentioned crew member can be removed.

### **8.3 Quarantine Measures**

8.3.1 Crew members under medical observation should report their body temperatures and health conditions to the relevant department of the airlines every morning and evening.

8.3.2 Crew members under centralized or house quarantine should stay in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together.

8.3.3 Crew members under observation must not go out during the observation period. If they have to go out, they shall report to the relevant department of the airlines, wear a surgical mask and avoid crowded places.

8.3.4 The airlines concerned should keep a record of the health conditions of the crew members under medical observation, as well as the number of times they went out.

8.3.5 Once a crew member under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhea, abdominal pain etc.), the airlines should report to the local public health department immediately and send the crew member to the designated medical care facility for diagnosis and treatment.

8.3.6 After the medical observation period, the crew member under observation should be released from medical observation if showing no signs of symptoms.

## **9. Infection Control Measures for Special Transport Missions (Charter Flights) to/from Countries (Regions) with High Incidence of Epidemic Infection**

### **9.1 Assessment of Passengers' Fitness to Fly**

Passengers should be assessed for their fitness to fly before enplaning, mainly to assess whether they are physically suitable for this specific flight. Health assessment should be done by the health department.

Before carrying passengers, relevant department of the airlines should check the health conditions of the passengers by screening. Confirmed or suspected cases or those who can pose potential health risks shall not be transported on the same plane carrying healthy passengers, and in general, close contacts shall not be transported on the same plane carrying healthy passengers either.

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 ones without breathing valves should be used.

### **9.2 Temperature Screening**

#### **9.2.1 Pre-boarding**

Non-contact infrared thermometer equipment (calibrated) should be used to examine the body temperatures of the pre-boarding passengers taking a charter flight and observe any potential symptoms. If any suspicious passenger with symptoms such as fever ( $\geq 37.3$  °C), fatigue or dry cough is found, he/she should be verified immediately using a mercury thermometer. If confirmed as a passenger with fever, he/she shall be under accompanying medical staff's care and shall not be transported by air for the time being.

#### **9.2.2 In-flight**



For long-haul flight exceeding 4 hours, the cabin crew and healthcare workers should examine the body temperatures for passengers during the flight. If any suspicious passenger with symptoms such as fever ( $\geq 37.3\text{ }^{\circ}\text{C}$ ), fatigue or dry cough is found, the crew should notify the healthcare workers. 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 in the transfer of passengers after landing.

### **9.3 Cabin Area Division**

In order to avoid cross-infection, the cabin area can be divided into clean area, buffer zone, passenger sitting area, area for close contacts (if any) and quarantine area. The division should be made based on the following principles (and can be adjusted taking into account different aircraft types):

9.3.1 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 shall be allowed to enter the clean area. The boarding gate connecting the clean area should be reserved for the exclusive use by crew members.

9.3.2 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.

9.3.3 Passenger sitting area: it is the sitting area for healthy passengers. Passengers should be seated with at least one empty seat between each other.

9.3.4 Area for close contacts (if any): close contacts, if required to be transported, should be seated with at least one empty seat between each other, and should be at least two rows of seats away from the passenger sitting area.

9.3.5 Quarantine area for ill traveler: the last three rows of seats should be designated as the emergency quarantine area (observation area).

9.3.6 Each area should be clearly labeled, and it is recommended that a disposable curtain be used for the physical separation of each area.

9.3.7 Lavatories: the lavatory in the first-class cabin is to be used exclusively by crew members and needs to be thoroughly disinfected after each use. The lavatory on the rear right side of the cabin is for the exclusive use by the close contacts or the quarantined cases, and the surface area should be disinfected every hour during the flight, with the hands cleaned and disinfected right after the completion of disinfection.

9.3.8 Cabin crew members should manage each cabin area separately, and prohibit passengers from moving across different areas. Passengers sitting in different cabin areas should enplane and deplane in separate groups.

### **9.4 Infection Control Measures for Crew Members**

#### **9.4.1 PPE**

- Personal Protection equipment for 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. It's recommended that cabin crew wear disposable diapers and avoid using lavatory unless in special circumstances to reduce the risk of infection.
- Personal Protection equipment for flight crew members: surgical masks or facial masks with better filtering capabilities, and goggles. It is recommended to change the facial



masks every 4 hours. Disposable protective clothing and/or disposable shoe covers can also be worn if so required by a specific task.

#### 9.4.2 PPE wearing/taking-off procedure

Wear: disinfect hands - wear hat - wear facial mask - wear the first layer of shoe cover - wear the first layer of gloves - wear protective clothing - wear protective glasses - wear the second layer of shoes cover - wear the second layer of gloves;

Take off: disinfect hands - take off protective goggles - take off the second layer of shoes cover - take off protective clothing (the second layer of gloves) - disinfect hands - take off facial mask - take off hat - take off the first layer of shoes cover - take off the first layer of gloves - disinfect hands.

#### 9.4.3 Dinning considerations

Cabin crew members should be divided into different groups while having simple meals in different hours of the day. To reduce the risk of exposure, others should refrain from walking around.

### 9.5 In-flight Service Considerations

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

9.5.2 Only pre-packaged food and bottled drinking water will be provided, which are placed in the back pocket of the front seat before boarding. Except for special needs, catering service will no longer be provided during the flight.

### 9.6 Handling of In-flight Emergencies

9.6.1 If there are any suspicious passengers on board showing such symptoms as fever, fatigue or dry cough, an arrangement shall be made to sit them in the quarantine area.

9.6.2 Once the cabin is found to have been contaminated by blood, secretions, excreta, vomit and other liquids, it shall be disinfected instantly following the specific procedures in Article 7 - Handling of In-flight Medical Emergencies, paragraph 3, sub-paragraph 3 - ongoing aircraft disinfection.

9.6.3 For other considerations, please refer to the relevant description in the Handling of In-flight Medical Emergencies.

### 9.7 Procedure for Crew Members Deplaning after Operation

9.7.1 After landing, the aircraft shall park at a remote stand (no bridge docking allowed), and a special passage shall be set aside for crew members, in order to avoid mixed flow with passengers. The flight crew shall deplane after the cabin crew members have deplaned, and they shall be picked up separately by a special vehicle.

9.7.2 Cabin crew members shall take off their protective equipment at the door and change their facial masks before deplaning.

9.7.3 Flight crew members are prohibited from opening the cockpit door unless cabin crew members have deplaned. Protective equipment should be changed in the cleaning area.

9.7.4 All the discarded protective equipment of crew members shall be placed in special yellow medical waste bags and be centrally disposed of as medical waste.

## **9.8 Aircraft Disinfection**

Terminal disinfection shall be performed after landing, by referring to the specific procedures as detailed in Article 7 - Handling of In-flight Medical Emergencies, paragraph 4, subparagraph 4 - terminal disinfection of aircraft passenger cabin.

All wastes in the cabin shall be centrally disposed of as medical waste.

## **9.9 Quarantine Management for Crewmembers**

All crew members shall be put under a centralized quarantine and medical observation for 14 days. During the period of centralized observation, they shall monitor their physical conditions on a daily basis, and are not allowed to go out except for the urgent need to fly a charter flight.

During the period of centralized quarantine and medical observation, if a flight crew member is required to fly yet another charter flight, the quarantine period shall be recalculated.

## **10. Procedures for Handling of Passengers (with Normal Body Temperature) from High-risk Countries Transferring at Domestic Airports**

Any passengers with normal body temperature from high-risk countries (regions) transferring in Beijing should be handled in accordance with the following procedures, which can be used as a reference by other airports in China:

10.1 The airport shall coordinate with local customs to set up a special waiting area, coordinate with the public security department and health quarantine or disease control department to quarantine the passengers in question, and provide them with basic daily necessities such as food. For passengers staying overnight, the airport shall make timely contact with the local government which shall make arrangements to place the passengers under quarantine at a designated place. After the passengers' departure, terminal disinfection shall be performed in the quarantine waiting area.

10.2 Accompanying airport staff should wear facial masks, gloves, goggles or face screens.

10.3 The airport shall adopt such measures as simplifying boarding formalities, setting up a quarantine passage, and assigning a designated person to monitor the passengers, in a bid to prevent cross-infection at the airport, and shall promptly provide the airlines concerned and destination airport with information on the passengers, enabling them to make preparations for the proper handling of the incoming passengers.

10.4 The passengers in question shall enplane before others and deplane after others. They shall be arranged by the airline to sit by the window in the last three rows, and use exclusively the bathroom on the rear right side of the cabin. The airlines will provide pre-packaged food and water in advance, and will not provide them with any direct on-board services.

10.5 Passengers with abnormal body temperatures and passengers who will not transfer after landing shall be handed over to the relevant local departments for follow-up action.

## **11. Methods of Psychological Self-Regulation for Front-line Personnel of Airlines**

The front-line personnel can choose the following methods to protect themselves from psychological crisis and maintain a good mental health state.

### **11.1 Having a Good Understanding of Own Emotional Experience**



It is normal to have certain negative emotions during the epidemic, and these unusual emotions can in turn serve as a reminder to protect ourselves in a more timely and effective manner. Even if we find that we have some emotional experiences we don't familiar with, we needn't to be stressful. It is normal for us to have these psychological changes. If we allow these reactions to occur and accept what is happening, rather than deny and reject them, positive changes will naturally ensue.

Where our negative emotions cannot be relieved through self-regulation, resulting in extreme fear and anxiety, even affecting our sleep and diet, it's recommended to seek professional help.

### **11.2 Acquiring the Epidemic Information with a Proper Attitude**

The huge amount of information about the epidemic will leave us with a strong sense of anxiety and helplessness. We should avoid being influenced by emotionally charged information. We'd better to seek information from formal media and official websites, and never fall victim to certain rumors. Also, we should develop a proper plan on when to get information online, and in particular try to avoid exposure to influx of information at the time when we feel most fragile (such as right before bedtime). And last, we should avoid the vicarious trauma caused by information overload. We need to leave enough time for ourselves to listen our inner voice and be aware of our emotional changes. That can help us to turn panic into appropriate personal protection.

### **11.3 Friendly and Mutual Social Support**

Social connection can calm us down. Communicating with others is the most effective way to relief our stress. On the one hand, through frequent communication with family and friends by telephone and the Internet, we can encourage each other, share our feelings and reinforce mutual psychological support; on the other hand, by making contact with colleagues in similar situations, we can lend our ears to each other and renew our connections, in a bid to building a psychological anti-epidemic alliance.

### **11.4 Maintaining a Stable and Healthy Lifestyle**

Maintaining a regular working and resting schedule and having a sense of self-control are the good panacea for anxiety and panic. Although our ranges of activities are restricted, we still can take a positive look at life. We should, to the greatest extent possible, maintain our regular schedule and follow our usual daily routine, allowing us to return to our normal life. In addition, we should develop good living and hygiene habits, keep a healthy diet, have enough sleep, and never try to ease our tension through the use of tobacco and alcohol.

## **12. Proper Use of Personal Protective Equipment**

In order to provide guidance to front-line staff in civil aviation on how to correctly wear facial masks, hats, gloves, goggles and other protective equipment, our office made a video, downloadable from the website [ams.caac.gov.cn](http://ams.caac.gov.cn) under Prevention and Control of Public Health Emergency.

## Attachment 1

**Table1: Scoring Recommendations on the Rating of Flight Epidemic Risk Level Classification**

Factors \ Scores	1	2	3	4	5
Confirmed Cases in the Place of Origin (N)	< 50	50-100	101-500	501-1000	> 1000
Passenger Load (%)	< 40	40-80	> 80	—	—
Duration of Flight (H)	< 4	4-8	> 8	—	—

### Note:

1. Domestic origin cases should be defined by provinces/municipalities/autonomous regions/Hong Kong, Macao and Taiwan (data source: National Health Commission), foreign origin cases should be defined by country (data source: WHO).
2. Flights without high-efficiency particulate air (HEPA) filtering system should be deemed as high-risk flights.
3. Risk levels can be upgraded accordingly in case of emergencies and special flights.
4. According to the sum of scores, risk levels can be divided into high, medium and low.

Low risk flights: 3-4

Medium risk flights: 5-7

High risk flights: 8-11

**Table 2: Aircraft Cleaning Types**

Area	Cleaning Items	Stopover Times (min)		Postflight
		<60min	>60min	
Flight deck	Clean crew tables and glass holders	On request	√	√
	Clean stowage areas and racks	On request	√	√
	Wipe seats	On request	√	√
	Clean floor/Vacuum carpet	On request	On request	√
	Clean flight deck windows inside	On request	On request	√
	Clean door and walls	On request	On request	√
	Empty ashtrays (if installed)	√	√	√
Cabin	Dispose of waste from closets	√	√	√
	Dispose of litter and newspapers	√	√	√
	Dispose of waste in seat pockets	√	√	√
	Clean tray tables	On request	On request	√
	Clean cabin crew seat tables	On request	On request	√
	Clean interphone surfaces	On request		√
	Clean cabin windows inside			√
	Vacuum cloth-covered seats		On request	√
	Wipe leather-covered seats		On request	√
	Clean overhead bins outside and latch handle surfaces	On request	On request	√
	Dispose of waste in overhead bins		On request	√
	Clean PVC floors			√
	Vacuum carpet		On request	√
	Replace pillows, headrest covers and blankets			√
	Clean in-seat monitors and service control unit panels			√
	Clean seats and armrests	On request	On request	√
	Remove passenger seat cushions and vacuum			√
	Remove stains from carpets			√
	Clean seat rails, air inlets, ceiling, sidewalls, closets, bulkheads and magazine racks			√
Galleys	Empty waste bins and insert waste bags	√	√	√
	Clean doors, latches, ceiling and ventilation grids (air-conditioning vents)	On request	On request	√
	Clean faucets, sink and working surfaces	On request	√	√
	Clean retractable tables	On request	√	√
	Clean ovens inside and outside	On request	On request	√
	Clean service trolleys	On request	√	√
	Clean PVC floors	On request	On request	√
Lavatories	Empty waste bins and insert waste bags	√	√	√
	Clean toilet bowl and seat	√	√	√
	Clean basin, faucets and surfaces	√	√	√
	Clean mirror	√	√	√
	Clean change table	√	√	√
	Clean wall surfaces and interior and exterior door	√	√	√



	handles and locks			
	Clean PVC floors	√	√	√
	Replenish soap dispenser	On request	√	√
	Replenish toiletry items	On request	√	√
<b>Crew areas</b>	Dispose of waste from closets		√	√
	Dispose of litter and newspapers		√	√
	Remove sheets, pillows and blankets from each sleeping berth		√	√
	Clean pillows and blankets		√	√
	Clean controls (for lights and ventilation) and interphone surfaces		√	√
	Vacuum carpet			On request
	Clean any cabin crew seat tables		√	√
	Clean any cabin windows inside		√	√