



COVID-19 – Interim Frequently Asked Questions (FAQs) v7 for Airports - England

(Based on interpretation of national COVID-19 guidance and questions asked at weekly airport meetings to Port Health team)

Q1. Where do I find the latest information on coronavirus and currently what is the state of the outbreak in the UK and the world?

On 31 December 2019, the World Health Organization (WHO) was informed of a [cluster of cases of pneumonia of unknown cause](#) detected in Wuhan City, Hubei Province, China.

On [12 January 2020](#) it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is [referred to as SARS-CoV-2](#), and the associated disease as COVID-19.

As of 19 June 2020 (10:00am CET), over 8.45 million cases have been diagnosed globally with more than 453,000 fatalities. In the 14 days to 19 June, more than 1.85 million cases were reported ([European Centre for Disease Prevention and Control, situation update worldwide](#)).

The [WHO coronavirus dashboard](#) has country by country information. WHO also publishes a [daily international situation report](#).

The [total number of confirmed cases in the UK](#) is published by the Department of Health and Social Care, and is available in a [visual dashboard](#).

All the latest information can be found at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>

Q2. Will temperature exit screening be introduced at ports?

The UK government is not endorsing exit screening currently. This is under constant review and if there is a change in direction, all ports will be notified accordingly.

Q3. What do we do with symptomatic passengers who are in transit or try to board a flight and the airline contacts us for advice?

If anyone has the relevant [symptoms](#), (please check live guidance for specific symptoms) <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection> they should immediately self-isolate as per the [stay at home guidance](#). If a passenger has nowhere to self-isolate, then they should contact their embassy for support.

If assistance is required, please contact the Public Health England Health Control Unit on 020 8745 7209 heathrow.hcu@phe.gov.uk

A significant minority of people with coronavirus do not show symptoms and when symptoms are shown, these are rarely of sudden onset.

Inform airport and local health authorities and follow their instructions if a passenger suspected of having coronavirus is identified on board before take-off. At this point, if no specific direct contact has taken place between the symptomatic passenger and crew members, no additional measures need to be taken with regards to the management of the crew members, unless otherwise advised by the local public health authorities.

If, after take-off, a passenger shows symptoms of coronavirus consider the following measures.

Crews should make sure that the passenger is wearing their face covering properly and has additional coverings available to replace it in case it becomes wet after coughing or sneezing. If a face covering cannot be tolerated, the sick person should cover their mouth and nose with tissues when coughing or sneezing. Used face coverings and tissues should be disposed of safely.

The passenger should be isolated on board. Depending on the configuration and to the extent that is practicable, the isolation area should be 2 rows of seats in all directions around the symptomatic passenger.

Isolation areas should be planned, considering the aircraft configuration and minimising the risks of transmission to other passengers. For example, symptomatic passengers can be isolated where they are currently seated by moving other passengers, or by moving the symptomatic passenger to the rear of the aircraft.

If possible, the toilet closest to the suspected passenger should be specifically designated for them and not be used by the rest of the passengers or the crew.

Where possible, the senior cabin crew member should designate specific crew member(s) to provide the necessary in-flight service to the isolation area(s). If a cabin crew member had prior contact with the symptomatic passenger, then this should be considered in such designation. Designated crew should make use of the PPE in the aircraft's universal precaution kit. Minimise close contact with other crew members. Avoid unnecessary contact with other passengers, and wash hands as often as practical.

Where possible, the individual air supply nozzle for the symptomatic passenger should be turned off or adjusted to limit the potential spread of respiratory droplets.

If the suspected passenger is travelling accompanied, the passenger's companions should be confined in the isolation area even if they do not exhibit any symptoms.

On flights with a passenger showing symptoms of coronavirus, the crew should seek the advice of the PHE Health Control Unit or equivalent for devolved administrations before any passengers disembark.

After the flight has landed and other passengers have disembarked, the isolated passenger should be transferred in accordance with the instructions provided by the local public health authorities. The industry should consider how to manage the risk of coronavirus transmission in the case of the landing being a stopover, during which not all passengers and luggage would disembark/be offloaded and considering the local public health authority's approach, which may vary.

Crew should accurately identify passengers located within 2 seats in each direction of the symptomatic passenger/passenger group during the flight to ensure accurate post-flight contact tracing.

The crew member designated to provide on-board services for the passenger suspected of having coronavirus, and other crew members who may have been in direct contact with that passenger, should be provided on landing with transportation to facilities where they can clean themselves before having physical contact with other people. Alternatively, after carefully disposing of the used PPE in a double bag and washing their hands for at least 20 seconds and drying them, the respective cabin crew members could be isolated on board before return to base or a layover destination. Aircraft operators should consider a thorough risk assessment to manage the scenario in which the isolated passenger requires help on board until the flight lands.

Q4. Border Force can't change gloves every time as written in the guidance for staff in the transport sector on COVID-19. What can be done?

Interim guidance pending official guidance change

The reality is that gloves, where worn, will have to be used for protracted periods and only changed episodically. It will not be feasible to try and use hand washing or hand-gel with them (not least because of the scarcity of hand gel). Single use gloves should not be washed or cleaned with hand sanitiser – this damage the integrity of the gloves. It is important to remind staff not to touch their faces with the gloves on and to remove them, and wash their hands immediately, before any personal functions, like eating, visiting the bathroom or blowing their nose. Airport workers should [carefully remove gloves](#) to avoid self-contamination

Q5. What do we do about cleaning areas where staff with suspected/confirmed cases have worked? How long does the virus last on surfaces? What type of protective clothing should we use in the workplace?

Cleaning is vital in all areas of the airport and aircraft. Aircraft and airport operators should write and implement a cleaning plan and update it when new information becomes available. Follow [UK public health cleaning guidance](#) Regularly clean surfaces thoroughly using standard detergents. Regularly review the frequency of cleaning based on traffic.

Regularly clean all frequently touched surfaces, for example, door handles, banister rails, buttons, luggage trolley handles and toilet areas. Maintain air conditioning systems properly. Consider installation of touch-free equipment in toilet facilities such as doors, taps and soap dispensers.

Perform cleaning activities in ways that do not aerosolise particles set on surfaces. For example, avoid air blowing procedures and the use of vacuum cleaners. Ensure a full risk assessment is in place for cleaning staff, consistent with the [general advice on workplace cleaning](#). Consider local communications to staff and passengers on cleaning frequency and protocols.

Make hand washing facilities and/or hand sanitiser available at airports. Use the risk assessment to determine where these should be placed. Consider entrances, exits, before and after security, areas where food and drink may be consumed, staff areas and commonly touched surfaces.

Additional guidance is available here:

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19#cleaning-offices-and-public-spaces-where-there-are-suspected-or-confirmed-cases-of-covid-19>

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>

Q6. What does self-isolation mean? And what does this mean for other members of families?

Guidance on what to do when returning to the UK is available [here](#).

Guidance is also available for households with [possible COVID-19 infection](#).

Further information on self-quarantine is awaited, however information on the measures on international travel can be found in [Our plan to rebuild: The UK government's COVID-19 recovery strategy – International Travel](#)

Q7. How do we deal with acute illness (with/without COVID-19) at an airport?

Airports should follow local pathways and contact their local ambulance service if a passenger is seriously unwell. Where possible, inform local ambulance service in advance if the unwell passenger is displaying symptoms of COVID-19.

Please refer to the document below for further details:



COVID-19 UK
BORDER MEASURES -

Q8. What is the COVID-19 guidance on social distancing and what this means for vulnerable adults?

Guidance on COVID-19 and social distancing and what this means for vulnerable adults is available [here](#).

Q9. What happens if a passenger self declares in-flight? What happens if a passenger self declares at an airport (Outbound)?

Guidance can be found [here](#).

Q10. We are rapidly running out of hand sanitiser and are struggling to obtain new stocks; please can we have some support with this?

These concerns are being heard across government and a supply chain group has been set up led by the Cabinet Office who are conducting an exercise to look at PPE and hand sanitiser demands. Please continue with procuring hand sanitiser, even if there is a long lead time to ensure preparedness further down the line.

Leeds Bradford Airport kindly supplied a contact that has managed to secure large stocks of hand sanitiser:

SMI group (Surrey, UK) has managed to secure large stocks of instant hand sanitiser (236ml £4.99 - minimum order 24 bottles) [donovan.prisgrove@smigroup.com]

Q11. Can you provide guidance on handling HUMs (human remains) for air transportation during the COVID-19 epidemic?

IATA guidance for transport of COVID material:

<https://www.iata.org/contentassets/8aa8928c553042bf99a5014d8ac25c8f/guidance-document-transport-of-covid-19-human-remains.pdf>

PHE guidance:

<https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19>

EU guidance (with section on cleaning as well):

<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf>

The [European Centre for Disease Prevention and Control](#) has documented the specific risks related to the handling bodies of deceased persons with suspected or confirmed COVID-19:

There is no evidence so far of transmission of SARS-CoV-2 through the handling of bodies of deceased persons. The potential risk of transmission related to the handling of bodies of deceased persons with suspected or confirmed COVID-19 is considered low and can be related to:

- *direct contact with human remains or bodily fluids where the virus is present*
- *direct contact with contaminated fomites. As viable SARS-CoV-2 may persist on surfaces for days [7], there is the possibility that the virus also persists on deceased bodies. Therefore, unnecessary contact with bodies should be minimised by those not wearing personal protective equipment (PPE). Those in direct contact with deceased cases of COVID-19 (both suspected or confirmed) should be protected from exposure to infected bodily fluids, contaminated objects, or other contaminated environmental surfaces through wearing of appropriate PPE.*

For PPE requirements and further details, please refer to this [guidance](#):

Q12. Who is on the exempted list for entry and for filling in passenger locator form PLF?

It is not possible to list all on the exempted list in this FAQ but the list of exemptions and clarifications is available [here](#).

Q13. What social distancing measures have been implemented at airports?

The following social distancing security measures have been implemented at Heathrow Airport:

- Additional staff search areas have been opened where possible
- The security lane opening plan has been altered to leave space between lanes where possible
- Removal of belts and shoes has been implemented to decrease the number of physical body searches required
- Changed How passengers are “stacked” waiting to go into the body scanners has been changed to only 1 waiting at a time – there were multiple people waiting previously
- Floor markings have been placed at bag search areas to ensure people maintain a safe distance whilst their bag is being searched
- Staff parking has been changed to reduce the number of people on staff busses
- Group briefings have been stopped and replaced with digital/small groups with spacing
- All security officers have been issued individual hand sanitisers and regular cleaning of hands has been promoted
- Heathrow Head of Security has been working very closely with the DfT and CAA on body searches and – everything has been done to reduce the number of people who are subjected to body search
- All staff have been required to wear a face covering

Q14. The Royal College of Obstetricians & Gynaecologists (RCOG) are advising that pregnant women who are up to 28 weeks should be given the choice of whether they work in direct patient-facing roles. Does this apply to airport passenger facing roles (e.g. security officers)?

The guidelines from RCOG spell out the advice.

Please see below the relevant question and visit the weblink (below) before giving advice to your staff in liaison with your occupational health department.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

Can I still go to work? What if I work in a public-facing role?

Following the Chief Medical Officer's advice on 16 March 2020 that all pregnant women are classed as a precaution in a vulnerable group, we understand that it must be an anxious time if you are pregnant and you work in a public-facing role.

Pregnant women who can work from home should do so. If you can't work from home, but your work in a public-facing role can be modified appropriately to minimise your exposure, this should be considered and discussed with your occupational health team or employer.

More detailed occupational health advice for pregnant women, including those who cannot work from home was published on 21 March 2020, and updated on 26 March. It recommends that if you are in your first or second trimester (less than 28 weeks' pregnant), with no underlying health conditions, you should practice [social distancing](#) but can choose to continue to work in a public-facing role, provided the necessary precautions are taken - these include the use of personal protective equipment (PPE) and risk assessment.

If you are in your third trimester (more than 28 weeks' pregnant) or have an underlying health condition – such as heart or lung disease – you should work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary social contact. Read the government guidance on [social distancing](#).

The [guidance](#) was updated again on 21 April (Version 3) in response to feedback from individuals and charities supporting pregnant women, to clarify that responsibility for risk assessment in the workplace lies with the employer. The guidance clearly places the emphasis on employers undertaking a risk assessment and involving occupational health, to determine whether women who are under 28 weeks' pregnant can continue working in public-facing roles. Pregnant women can only continue working where the risk assessment supports this. The evidence underpinning this guidance and the fundamentals agreed with the UK Chief Medical Officers remains unchanged.

Q15. Does the COVID-19 virus spread by air ducts/aircon/HVAC?

This is a very general question for which there is currently insufficient evidence to provide a definitive answer.

Like other coronaviruses, spread of COVID-19 is likely to occur primarily through contact with respiratory secretions produced when an infected person coughs, sneezes or talks.

Most respiratory secretions form droplet particles, which are pulled to the ground by gravity. These can be spread directly to other persons who are nearby, or onto surfaces. Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

If respiratory droplets are aerosolised in small particles there is the possibility for airborne transfer over larger distances. Studies of other coronaviruses indicate that these viruses have the potential to be transmitted through the airborne route. However, for most individuals with COVID-19 aerosolisation of virus particles is likely to be limited under normal circumstances. Once in the environment virus survival, and therefore transmissibility, is highly dependent on temperature, humidity, exposure to sunlight and the nature of any surface that the virus lands on.

For the current outbreak there is currently insufficient evidence to indicate transmission of viable virus through air vent and air conditioning systems.

Q16. Can you please confirm that the NOTAM issued 10/5/2020 that states ‘Carriers are required to complete a GAD for all flights coming into the UK’ does NOT apply in the following circumstances:

- 1) UK domestic flights (arrival and departure airports in the UK, IOM or Channel Islands)**
- 2) Non-commercial flights (i.e. positioning or maintenance flights with operating crews only on board), irrespective of state the flight departs from**

We do not expect a GAD to be completed for UK domestic flights, flights from the Common Travel Area and non-commercial flights. If someone became ill on-board on a flight in these categories, you would submit a GAD by exception

Q17. I work at an airport setting. Should I wear face covering/masks?

Government is now advising (Our plan to rebuild: UK Govt COVID-19 strategy, May 2020) that, “people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible, and they come in contact with others that they do not normally meet”. Face-coverings are not intended to help the wearer, but to protect against inadvertent transmission of the disease to others if you have it asymptotically. Homemade cloth face-coverings can help reduce the risk of transmission in some circumstances. A face covering is not the same as a facemask such as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers. These supplies must continue to be reserved for those who need them health and clinical care settings.

If workers choose to use face coverings, you should support them in using face coverings safely.

For example:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.
- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.
- Change your face covering if it becomes damp or if you’ve touched it.
- Continue to wash your hands regularly.

- Change and wash your face covering daily. If the material is washable, wash in line with manufacturer's instructions. If it's not washable, dispose of it in your usual waste.

Practise social distancing wherever possible.

The following guidance provides further details for employers and employees:

<https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>

<https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering>

<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>

The following guidance will help organisations, agencies and others (such as self-employed transport providers) understand how to provide safer workplaces and services for themselves, their workers and passengers across all modes of private and public transport. It outlines measures to assess and address the risks of coronavirus (COVID-19) in the transport sector across England <https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators>

Workplaces should follow guidance published by BEIS on safe workplaces and follow the legal obligations they have under Health and Safety legislation to protect their staff at work.

Additionally, workplaces may have specific guidance for protective equipment. The information on face coverings does not replace those workplace recommendations. Workers are advised to follow the specific guidance for their place of work.

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Q18. Can you please provide further clarification on the waste disposal of PPE (blue nitrile gloves and surgical type face masks)?

Please check your organisation's health and safety policies. In general, any face coverings and gloves discarded by healthy passengers and staff within the terminal can be disposed of in normal general waste bins with no additional measures. Existing terminal bins and bins in brew rooms can, therefore, be used. Recycling is not appropriate.

Enhanced disposal measures are only required for disposable of PPE worn by a person with or suspected of having COVID-19 and people in contact with them. It is anticipated that within the airport this would be within isolation rooms or other areas in which escalation processes are put in place, or if a passenger or staff member becomes ill and is attended by a paramedic. For small volumes generated in this way, this is probably easiest managed through the existing clinical waste disposal process, although an alternative is to double bag and store for 72 hours prior to disposal in general waste.

Q19. Is testing available now for airport staff?

The situation with testing is changing progressively as the capability is ramped up. At present, in England, key workers are now eligible for testing, but tests need to be booked

and access to testing sites is being improved at a rapid pace. Different arrangements may apply elsewhere in the UK.

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#who-can-be-tested>

Key workers who may be tested in the transport sector include:

- those who keep the air, water, road and rail passenger and freight transport modes operating during the coronavirus response
- those working on transport systems through which supply chains pass

Arrange a test if you're an essential worker

The self-referral test booking route is available for essential workers in England, Wales, Scotland and Northern Ireland.

The employer-referral test booking route is available for essential workers in England, Scotland and Northern Ireland.

Self-referral

[Apply for a coronavirus test if you're an essential worker](#)

You should be able to choose between a test site appointment and a home test kit.

[Book a test site appointment if you have a verification code](#)

Employer referral

The employer referral portal allows employers to refer essential workers who are self-isolating either because they or member(s) of their household have coronavirus symptoms, for testing.

The employer referral portal is a secure portal for employers to use to upload the full list of names and contact details of self-isolating essential workers.

If referred through this portal, essential workers will receive a text message with a unique invitation code to [book a test for themselves](#) (if symptomatic) or their symptomatic household member(s) at a regional testing site.

In order to obtain a login, employers of essential workers should email portalservicedesk@dhsc.gov.uk with:

- organisation name
- nature of the organisation's business
- region
- names (where possible) and email addresses of the 2 users who will load essential worker contact details

Once employer details have been verified, 2 login credentials will be issued for the employer referral portal.

Q20. What is the COVID-19 testing process?

Details on how test is done, and a very helpful video is now available at:

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#the-testing-process>

Q21. What are the new quarantine rules applicable from 8 June?

Quarantine rules for arrivals into the UK commence on Monday 8 June. Persons entering the UK, including Britons, need to self-isolate at home for 14 days, except those coming from the Common Travel Area or those in an exempt category. Details can be found here:

<https://www.gov.uk/government/publications/coronavirus-covid-19-travellers-exempt-from-uk-border-rules/coronavirus-covid-19-travellers-exempt-from-uk-border-rules>

Q22. Can workers over 70 years old return to work?

There is no unequivocal answer. People over 70 are classified as clinically vulnerable. Some of them with underlying health conditions may be classified as extremely clinically vulnerable (as might some people under 70 who have serious underlying health conditions). Anyone classified as extremely clinically vulnerable should have been notified by letter by their GP. Those people in the clinically vulnerable group are advised to stay at home wherever possible, and practice rigorous social distancing, but, if they can't work from home, *can* go to work, if workplace safety can be assured after a workplace safety assessment. People in the extremely clinically vulnerable category should *not* go to work. Individual cases should be referred to the employer's occupational health advisor to assess each case on an individual basis.

For further information, please refer to this [guidance](#)

Q23. What is being done to ensure consistency between PHE, HSE and the devolved administrations?

As much as possible, PHE is working to avoid contradictory advice, as are colleagues in the devolved administrations, with whom we are working closely on a regular basis.

Q24. What is PHE's role in evaluation of commercial products for diagnosing COVID-19 infection?

PHE undertakes evaluation of commercial products for diagnosing COVID-19 infection under contract and such products are primarily for PHE's own use. The reports of such evaluations are shared with the manufacturers and other external organisations solely for their information.

PHE may also undertake evaluations on behalf of the government's COVID-19 Testing Advisory Group and will in that case report the results back to this group.

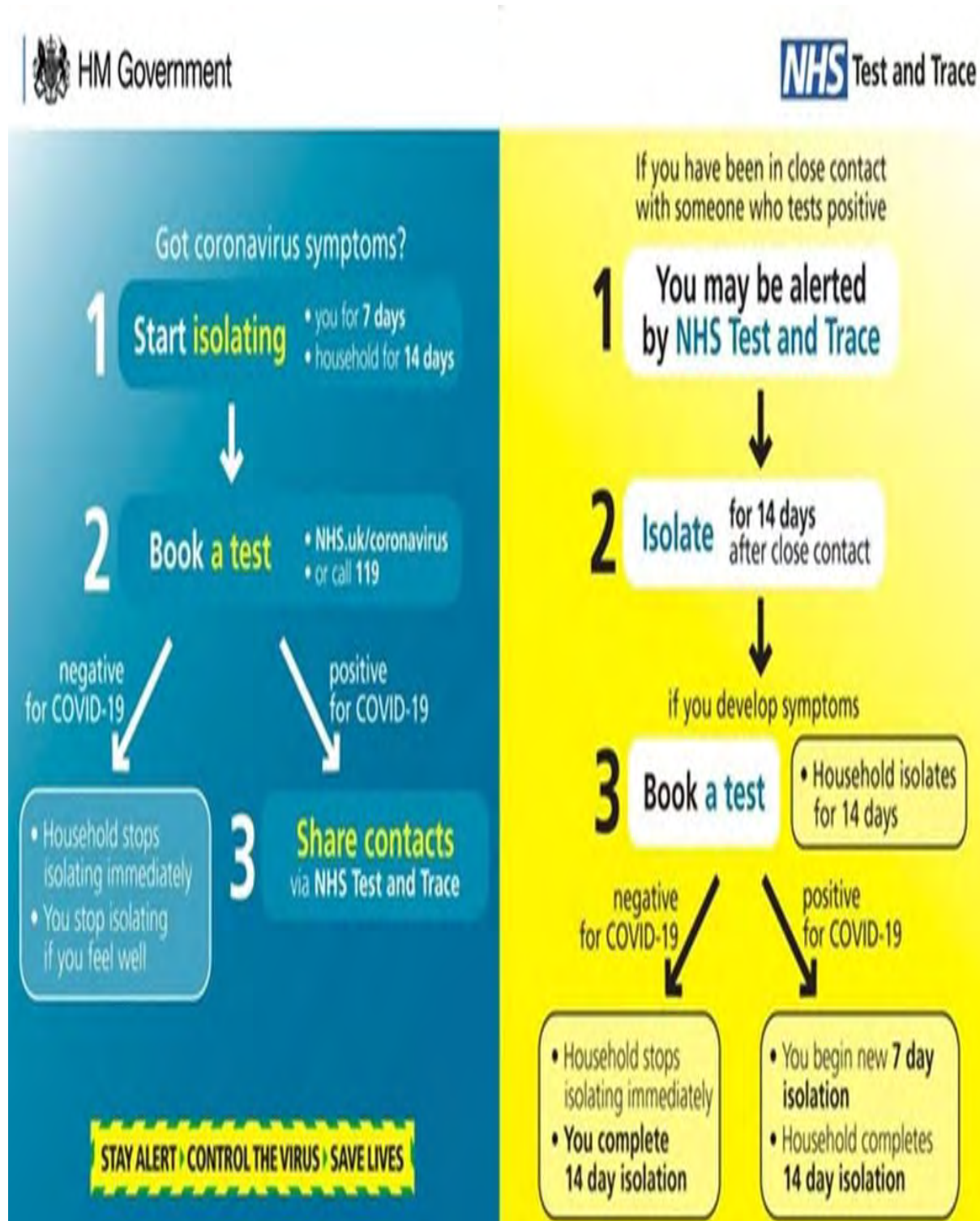
The manufacturers are made aware of the results of our evaluations prior to issue but have no editorial rights over the content of our reports except to ensure factual accuracy.

It should be noted that PHE is not a regulatory body and that PHE does not issue accreditation of any testing laboratories or provide approvals, validations or endorsements of any particular products including any COVID-19 diagnostic assay.

PHE's name and logo are proprietary to PHE and cannot be used for the purpose of commercial promotion of any particular product.

Q25. What is the trace and test service and how will it work?

An overview of the test and trace service is shown below:



Further information is available here:

- [COVID-19: guidance for households with possible coronavirus infection](#)

- [Guidance for contacts of people with possible or confirmed coronavirus \(COVID-19\) infection who do not live with the person](#)
- [NHS test and trace: how it works](#)
- [NHS test and trace: workplace guidance](#)

Please note – for any further queries and/or identification of any duplication or updates that you may notice, please email us at heathrow.hcu@phe.gov.uk

As further guidance is received from the government this document will be reviewed and updated