



# Information for airport workers

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## Who is this document for?

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This Q&A document is designed to answer questions raised by staff working at airports in England, in all capacities including terminal based workers such as Security Officers, customer service agents, baggage operatives and ground handling staff. This advice is also directed to government departments such as Police authorities and Border Force, and operating air crews.

The document consolidates and draws on existing PHE guidance in order to answer these questions, and will be added to as new questions arise.

It does not replace guidance on the <http://gov.uk/> website, but pulls together information of particular relevance to airport work.

## General Covid-19 information

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### What is novel coronavirus COVID-19?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world and cause the common cold. Novel coronavirus COVID-19 is a new strain of coronavirus first identified in Wuhan City, China.

COVID-19 causes symptoms similar to other respiratory viruses such as the flu, and may include: Cough, Shortness of breath and Fever.

These viruses can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The risk to all the general public is moderate, unless they have recently returned from identified high risk areas (<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>), OR been in close contact with an individual with confirmed COVID-19.

## General infection control advice

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### How can you be infected with COVID-19?

Like the common cold, COVID-19 infection usually occurs through close contact with a person with COVID-19 via cough and sneezes or hand contact.

A person can also be infected by touching contaminated surfaces if they do not wash their hands.

The risk of being in close contact with a person with COVID-19 or surfaces contaminated with COVID-19 is low at the current time, as contacts of confirmed cases are self-isolating.

### What counts as close contact?

Close contact means less than 2 metres for more than 15 minutes from a person with symptoms.

### Can people who do not have symptoms transmit COVID-19?

The currently available data does not provide evidence for transmission of COVID-19 from people who are asymptomatic (people who have no symptoms) or have subclinical infection (in the days before symptoms develop).

## **What general precautions should staff take?**

PHE recommend the following general precautions (which apply to all the population) to help prevent respiratory infections such as colds and flu, as well as COVID-19:

- wash your hands with soap and water for at least 20 seconds:
  - after using the toilet
  - before eating any food, including snacks
  - before handling any food
  - after taking public transport (including staff buses, car park shuttles and inter-terminal connection buses)
  - on return to home from school, work or other settings
- if soap and water are not available use an alcohol-based hand sanitiser that contains at least 60% alcohol. Alcohol hand sanitisers can be bought in most pharmacies, supermarkets and many other outlets
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who are sick
- clean and disinfect frequently touched objects and surfaces in the work environment and at home
- cover your cough or sneeze with a tissue, throw the tissue in a bin and then wash your hands with soap and water or use a hand sanitiser
- if you feel unwell, stay at home, do not attend work
- if you are worried about your symptoms, please call NHS 111, do not go directly to your GP or another healthcare environment

## **Is there a vaccine for COVID-19?**

There is currently no vaccine to prevent COVID-19 disease. The best way to prevent infection is to avoid being exposed to this virus through good hygiene.

## **Questions related to staff in their employment capacity**

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### **What is the risk to staff working with the general public?**

The risk from the general public is very low, even if they are returning from or have transited through the high-risk areas (see specific high-risk question below).

UK surveillance shows that there have been very few cases in the UK, and passengers from affected areas who have symptoms will be identified and managed separately, so the risk for staff is very low. Staff should take the usual infection prevention precautions, including washing hands or using hand sanitisers before and after using the toilet facilities, before eating snacks and food, or if in close contact with someone who is unwell.

### **What about staff working in areas with high passenger throughput such as security search areas and baggage halls, as well as airport concessions e.g. shops, restaurants, etc**

Staff in security search areas, baggage halls, shops, pubs, restaurants or any areas with high passenger throughput have no need to avoid staff or customers who are well. Take usual infection prevention precautions including washing your hands or using hand sanitiser (containing at least 60% alcohol) after using the toilet facilities; before eating food or snacks or if you are in close contact with someone who is unwell.

### **I was wounded by a passenger and have an open cut; should I be worried?**

There is no evidence to suggest that you are more likely to be infected with the coronavirus. You would be expected to follow standard workplace procedure for sustaining an injury at work and adhere to usual NHS advice around wound management. Further information is available on the NHS [website](#).

### **I work with passengers returning from high risk areas. Should I be worried?**

No. The enhanced monitoring of flights from high risk areas and rigorous public health processes mean that the risk to airport workers is no greater than the risk to the general public.

The enhanced monitoring package consists of:

- **broadcasting of an inflight message** to encourage reporting of illness
- **provision of information leaflets to passengers** (in flight or upon disembarkation) to enable and encourage reporting of illness on arrival or should symptoms develop later
- **posters displayed in airports** in disembarkation areas
- **inflight early warning of passenger illness** by the pilot of the aircraft in transit as soon as possible, with a response (nil or otherwise) no later than 60 mins before arrival informing the public health risk assessment and allowing medical staff to be ready to respond if needed on landing
- **formal assurance by the captain on the health of passengers** prior to disembarkation through the submission of a General Aircraft Declaration (GAD) to the public health doctor on duty. Only once the doctor has reviewed the risks will clearance to disembark be permitted, or alternative action taken
- **underpinned by 24/7 expert health system advice** from the PHE Port Health and PHE's local Health Protection Teams (HPTs) ready to meet planes if required

### **What advice should I give to other passengers to help them protect themselves in the event a suspected case is identified during the flight?**

All flights from high risk areas are subject to enhanced monitoring. See the answer to the previous question for full details of the enhanced monitoring. The specific process on board is:

- notify cabin staff
- possible case should be isolated as much as possible, and be asked to wear a face mask
- pilot should include the possible case in the GAD submitted to the destination airport
- those staff and passengers most exposed will be contacted by PHE in the event that the possible case turns out to be a confirmed case
- the passengers nearest the possible case will be asked to provide contact information after the plane lands

The plane will be met by PHE staff who will assess the possible case and provide advice as appropriate.

### **What happens if a traveller becomes unwell at the airport?**

Where possible you should ask if they have recently returned from a high-risk area (<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) in the last 14 days, or been in close contact with a case of COVID-19.

If they **have** been to a high-risk area or been in close contact with a case of COVID-19, you should avoid close contact (maintain a distance of 2 metres if possible), call for medical assistance using your airport procedures or call 111 for immediate guidance (informing the medical staff that the

traveller has been in a high-risk area in the last 14 days), and maintain a safe separation while further guidance is sought. Inform your line manager.

If they **have not** been to a high-risk area in the last 14 days or been in close contact with a case of COVID-19, then normal practice should continue.

### **Where should staff place symptomatic passengers awaiting medical assessment?**

Symptomatic passengers should be isolated from other people and kept a minimum distance of 2 metres away from them. Ideally this would be in a separate room with the door closed. Once you withdraw from the isolation area, wash your hands thoroughly with soap and water. Advise others not to enter the room. Follow standard airport escalation procedure to notify senior colleagues of the situation.

Where possible, the person should not be allowed to use communal toilet facilities and must be provided with their own designated toilet. Instruct the person not to touch anything or anyone when walking to the toilet. Instruct the person to wash their hands thoroughly after toileting.

Place tissues and a waste bin in the isolation area for the person to use and dispose of their tissues.

### **How do we make sure our staff are at least 2m away from a symptomatic passenger? Where should I place a suspected case when an isolation room is not available?**

We appreciate that facilities at ports vary. Managers should liaise with port operators and medical staff at ports to ensure there are local protocols in place to support isolation of symptomatic passengers.

If there is no physically separate room, an isolation area should be designated to allow the suspected case to be kept separate from other people. The area should allow the person to be at least 2 metres from other people.

Use of a face mask by the person is recommended if it can be tolerated. This is to reduce the spread of respiratory secretions from the person with suspected infection. If a face mask cannot be tolerated, the person should cover their nose and mouth with tissues when coughing or sneezing. Please ensure the person is provided with a waste bin to dispose of used tissues safely.

## **Personal Protective Equipment (PPE)**

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PPE is a very broad category, but in this document, PPE advice relates only to gloves, aprons, and surgical face masks. It does not include FFP3 respirators which are essentially advised only for healthcare environments.

### **My role involves close contact with passengers; do I need to take any extra precautions?**

No. Staff should follow the normal daily protocols by minimising physical contact as far as practical, ensuring good hygiene and wearing clothing appropriate for the role. Risks are low, and basic hygiene measures provide good protection. You do not require face masks, eye protection or any other protective clothing beyond what you would usually use.

### **Why don't I need to wear a facemask?**

Face masks play a very important role in clinical settings, such as hospitals. However, there is very little evidence of benefit from their use outside of these clinical settings.

This is partly because facemasks must be worn correctly, changed frequently, removed properly, disposed of safely and used in combination with good universal hygiene behaviour in order for them to be effective. Research also shows that compliance with these recommended behaviours reduces over time when wearing facemasks for prolonged periods.

Therefore, airport workers are not recommended to wear masks on a routine basis at work.

### **Do staff need PPE when dealing with symptomatic passengers?**

As a general principle, airport workers will not be dealing with symptomatic passengers from high risk areas. These passengers should be isolated and dealt with as advised in the previous questions.

Additional PPE is only recommended if there is a risk of close contact (less than 2 metres distance, for more than 15 minutes), for example during a first responder in an emergency. In this instance staff should wear:

- disposable gloves
- fluid repellent surgical face mask
- if available, a disposable plastic apron and disposable eye protection

### **Is there any additional guidance for first responders conducting CPR?**

This situation is extremely unlikely. However, if it does occur, it is recommended that rescue breaths or mouth to mouth ventilation are not performed; perform chest compressions only. If a decision is made to perform mouth to mouth ventilation in asphyxia arrest use a resuscitation face shield.

## **Goods and baggage**

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### **Can I get COVID-19 disease from food?**

It is highly unlikely that COVID-19 can be spread through food as the virus does not survive on surfaces or in food. It is good hygiene practice to always wash your hands or use hand sanitizer before you eat.

### **Part of my job role involves dealing with freight shipments including those coming in from high risk countries; do I need to take any extra precautions?**

Staff should continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk when handling freight from specified countries.

### **As a cabin crew member, my role involves handling the baggage of passengers: do I need to take any extra precautions?**

Staff should continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk when handling baggage from specified countries.

### **Is it safe to receive a package from China or any other place where the virus has been identified?**

Staff should continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk when handling post from specified countries.

## **Animals**

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### **Can humans become infected with COVID-19 from an animal source?**

The original method of transmission is considered to be animal to human; however the data shows human to human transmission is the cause of the spread. There is no evidence of risk from imported animals.

## Onward transit

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### Is it safe for travellers to use public transport to continue their journey?

Yes. Whilst travelling or at an airport, bus station, underground station or train station, there is no need to avoid other travellers. Take usual infection prevention precautions including washing your hands or using hand sanitiser (containing at least 60% alcohol) after using the toilet facilities; before eating food or snacks or if you are in close contact with someone who is unwell.

## Searches – body, bag, jetty sweep

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### I have to perform body or bag searches. What extra precautions should I take?

The most important measure recommended by PHE is good hand hygiene. Hand hygiene should be performed after each search, either hand washing with soap and water, or using hand sanitiser (containing at least 60% alcohol) **EVEN IF** gloves have been worn;

PHE does not make any recommendation for the use of gloves or other protective equipment beyond what is required for normal operational purposes. Single use disposable gloves may be worn for a body search, but they are then at risk of contamination, and can spread virus in the same way as unwashed hands;

PHE consider jetty searches to be low risk as staff are unlikely to meet unwell passengers. Single use disposable gloves may be worn to handle unattended items. Hand hygiene should be performed after each search as good practice **EVEN IF** gloves have been worn.

### Our security guards are issues with personal issue gloves to protect them against injury from sharp objects when searching cabin baggage; will these also be suitable protection against the virus? If no, would medical gloves we required to be placed over them to provide additional protection?

PHE does not make any recommendation about the use of gloves. The important measure is to practice good hand hygiene after each search, ensuring that hands are washed with soap and water after removing any gloves worn.

## Cleaning

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Guidance on decontamination (non-clinical settings) can be found at the following: (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>).

### Water services

There are multiple risks associated with sewerage including other viruses like norovirus, as well as bacteria and parasites. PPE to protect against these risks are recommended as per standard HSE guidance: <https://www.hse.gov.uk/pubns/indg198.pdf>

## Questions related to staff in a personal capacity

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### I am worried I am putting my family at risk by coming into work and potentially becoming infected. Should I stay off until the outbreak is over?

No. The risk to airport workers is the same as the risk to the general public. PHE has introduced enhanced monitoring at airports with direct flights from certain high risk areas in order to identify potential cases and isolate them before they leave the aircraft.

You will only be at increased risk of infection if you have travelled to specified high risk areas in the last 14 days (see question below for more details)

**I have recently returned from an international trip. Can I still go back to work? I worked on a flight that travelled to/from Wuhan/China/other high risk country, do I need to isolate myself?**

**If you have returned from a Category 1 country/area**

(<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) you must self-isolate at home for 14 days even if you do not have symptoms. You should immediately contact NHS111.

**If you have returned from a Category 2 country/area**

(<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) you can return to work, but if you develop any of: fever, shortness of breath, or cough within 14 days of your return, you must self-isolate and contact NHS111.

If you have **NOT** been in any of the above locations within the last 14 days, then there is no need to stay away from work or take any further action.

If it is an emergency, call 999 and explain to them that you have returned from a high risk area (<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) in the last 14 days.

If you are confirmed as having COVID-19 your employer may be contacted by Public Health England to advise on next steps and decontamination of the workplace as required.

**I worked on a flight where a suspected case was identified, do I need to isolate myself?**

No. There is no need to isolate yourself in this situation. If the case is confirmed as COVID-19, you will be contacted by PHE and given specific advice.

**I entered a communal area in which a suspected case spent time before it was disinfected; do I need to isolate myself?**

No. There is no need to isolate yourself in this situation. If the case is confirmed as COVID-19, PHE will undertake contact tracing and give specific advice.

**What might happen if I am identified as a possible case of COVID-19?**

NHS 111 will arrange for you to attend your local hospital where samples (nose and throat swabs) will be taken for testing. You should **not** go to hospital or your GP **unless** you have been directed by NHS111.

You will be asked to self-isolate at home.

(<https://publichealthmatters.blog.gov.uk/2020/02/20/what-is-self-isolation-and-why-is-it-important/>)

This will include:

- avoid contact with others
- stay at home, do not attend work
- do not travel while sick
- cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Throw tissues in the bin. Wash your clothes when home.
- wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser if soap and water are not available

### **I have been advised to self-isolate. Will I still be paid?**

Staff are advised to follow the sickness policy in relation to their organisation structure. Advice on this will be via the company's HR department.

### **I have NOT been to a high-risk area and have symptoms can I be tested?**

Currently people who have cough, fever or shortness of breath are not being tested unless they have returned from a high risk area (<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) or have close contact with a confirmed case of COVID-19 as advised by PHE. However, your health provider will assess you to decide what management you need.

### **I've travelled to a country outside of a high-risk area, which has cases of COVID-19, what should I do?**

Currently there are minimal cases outside of the specified areas, so the risk of an individual having come in to contact with a confirmed case is very low.

## **Vulnerable groups**

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### **What is the guidance for pregnant members of staff?**

There is no information to suggest that pregnancy increases susceptibility to Covid-19. However, coronavirus and other viruses such as influenza can cause more severe symptoms in people with weakened immune systems, including those who are pregnant. Currently the risk of contracting COVID-19 is much lower than contracting influenza; you should therefore take extra care with your hygiene during pregnancy to avoid all respiratory infections especially influenza.

Any pregnant member of staff should telephone their GP if they have any concerns. If you have recently returned from a high-risk area and believe you have been exposed to the virus, you should telephone NHS 111 in the first instance. If a staff member has any concerns, they should speak to their line manager and/or Occupational health providers for further guidance.

### **What is the guidance for immunosuppressed members of staff?**

This is the same as for pregnant members of staff.

### **What are the risks for staff vulnerable to respiratory illness? What is the guidance for staff vulnerable to respiratory illness?**

Any member of staff with existing respiratory illness or any health condition that makes them susceptible to infections (for example, a reduced immune system response) should seek advice from their GP or Occupational Health.

## **Household exposure**

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### **A member of my family has returned from a high-risk area recently– should other people in the household stay away from work?**

There are no restrictions for contacts of people who have recently been to a high-risk area and are well. If someone is unwell in the household and has recently returned from these areas, please phone NHS 111 for further advice.

### **There is someone in my child's school/university who has just returned from a high-risk area, what should I do?**

People who have returned from a Category 1 country/area in the last 14 days should avoid attending school, work or university. After 14 days, these individuals can attend school normally unless they have had a positive test for COVID-19 or have been in close contact with a case.

People who have returned from a Category 2 country/area in the last 14 days are advised to stay at home only if they develop symptoms.

All other students should continue to attend school/ university.

### **Where can I get further information?**

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Further information is available on gov.uk

([www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public](http://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public)) and the Public Health England Blog

(<https://publichealthmatters.blog.gov.uk/2020/01/23/wuhan-novel-coronavirus-what-you-need-to-know/>)

These sites are updated daily to reflect changes.