



International Civil Aviation Organization

Council Aviation Recovery Task Force (CART)

Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis

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ATTACHMENT

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Background

The impact of the coronavirus disease (COVID-19) pandemic on global air transport is without precedent. Airports have seen a -28.4 per cent decline in global passenger traffic volumes for the first quarter of 2020, equivalent to a reduction of 612 million passengers in absolute terms. These volumes (domestic and international traffic) are expected to decrease by -50.4 per cent for 2020 as a whole as compared to 2019 figures¹. ICAO estimates that by the end of 2020, the COVID-19 impact on scheduled international passenger traffic could reach reductions of up to 71 per cent of seat capacity and up to 1.5 billion passengers globally². Airlines and airports face a potential loss of revenue of up to USD 314 billion³ and USD 100 billion respectively, for 2020.

Overview

This document provides a framework for addressing the impact of the current COVID-19 pandemic on the global aviation transportation system. The appendix to this document includes mitigations needed to reduce public health risk to air passengers and aviation workers while strengthening confidence among the travelling public, the global supply chain including, and governments. This will assist in accelerating demand for essential and non-essential air travel impacted by COVID-19.

With help and guidance from the civil aviation stakeholder community, ICAO recommends a phased approach to enable the safe return to high-volume domestic and international air travel for passengers and cargo. The approach introduces a core set of measures to form a baseline aviation health safety protocol to protect air passengers and aviation workers from COVID-19. These measures will enable the growth of global aviation as it recovers from the current pandemic. It is, however, important to recognize that each stage of that recovery will need a recalibration of these measures in support of the common objective, which is to safely enable air travel, to incorporate new public health measures into the aviation system, as well as to support economic recovery and growth. Our work must recognize the need to reduce public health risk while being sensitive to what is operationally feasible for airlines, airports and other aviation interests. This is essential to facilitate the recovery during each of the forthcoming stages.

Objectives

In the aftermath of the COVID-19 outbreak, States, including government regulators, airports, airlines, and aircraft manufacturers among other stakeholders of the aviation ecosystem developed, in coordination with public health authorities, a set of measures aimed at reducing health risks to air travellers, aviation workers, and the general public. These measures, applicable to States, airport operators, airlines, and others in the air transport industry, are designed to enable a consistent and predictable travel experience. They will also contribute to the efficient, safe, secure, and sustainable transport by air of an increasing number of passengers and cargo and will minimise the risk of COVID-19 transmission between and among these groups and the general public. The implementation of these measures will facilitate and strengthen the global recovery from the COVID-19 pandemic.

¹ [ACI Economic impact assessment of COVID-19 on the airport business](#) (May release)

² [ICAO Economic Impact Analysis](#)

³ [IATA Economics Fourth Impact Assessment](#) (April release)

Guiding considerations

In developing the measures contained in the appendix, the drafters were guided by the following considerations:

- 1. Remain Focused on Fundamentals: Safety, Security, and Efficiency*
- 2. Promote Public Health and Confidence among Passengers, Aviation Workers, and the General Public*
- 3. Recognize Aviation as a Driver of Economic Recovery*

Based on these guiding considerations, the drafters further agreed that these measures should be:

- commensurate to the risk level and shall not compromise aviation safety and aviation security;
- able to capitalize on the sector's longstanding experience and apply the same principles used for safety and security risk management. This includes monitoring compliance, reviewing the effectiveness of measures at regular intervals, and adapting measures to changing needs as well as improved methods and technologies;
- able to minimise negative operational and efficiency impacts while strengthening and promoting public confidence and aviation public health;
- consistent and harmonised to the maximum extent appropriate, yet flexible enough to respond to regional or situational risk-assessment and risk-tolerance. The acceptance of equivalent measures based on shared principles and internationally recognized criteria will be a fundamental enabler to restore air services on a global level;
- supported by medical evidence and consistent with health best practices;
- non-discriminatory, evidence-based, and transparent;
- cost effective, proportionate and not undermining to the equal opportunity to compete;
- highly visible, and communicated effectively and clearly to the aviation community as well as the general public; and
- consistent with international requirements, standards, and recommended practices applicable to aviation and public health.

Risk-based stages for mitigation measures

Resumption of higher volumes of passenger air travel will be dependent on a number of factors, including foremost public health agency guidelines (driven by travel risk levels), governmental travel restrictions and requirements, passenger confidence, and air carrier and airport operational capacity.

A risk-based approach will enable transitioning between stages of restarting operations and adjusting the mitigation measures based on risk, while recognizing that reverting to previous stages may be necessary. The goal is to maximize consistency and to develop criteria for data reporting and the monitoring processes in support of evaluation and progression to the next stage(s). It is currently not feasible to provide any specificity of timing between these stages. At the time this document was published, most of commercial passenger aviation was in Stage 0 or Stage 1.

- **Stage 0:** A situation with travel restrictions and only minimal movement of passengers between major domestic and international airports.
- **Stage 1:** Initial increase of passenger travel. This initial stage will coincide with relatively low passenger volumes, allowing airlines and airports to introduce aviation public health practices appropriate to the volume. There will be significant challenges as each stakeholder community adapts to both increased demand and the new operational challenges associated with risk mitigation. Health measures for travel required at airports will need to, at a minimum match those from other local modes of transport and infrastructure.
- **Stage 2:** As health authorities review the applicability of measures based on recognized medical criteria, passenger volumes will continue to increase. Several measures that were required in Stages 0 and 1 may be lifted. Health measures for travel required at airports will need to match those from other local modes of transport and infrastructure.
- **Stage 3:** May occur when the virus outbreak has been sufficiently contained in a critical mass of major destinations worldwide as determined by health authorities. The reduction of national health alert levels and associated loosening of travel restrictions will be key triggers. Risk mitigation measures will continue to be reduced, modified, or will be stopped in this stage. There may not be effective pharmaceutical interventions (e.g. therapies or vaccines) commonly available during Stage 3, but contact tracing and testing should be readily available. Until specific and effective pharmaceutical interventions are available, States may need to continue to loosen or reinstate public health and social measures throughout the pandemic.
- **Stage 4:** Begins when specific and effective pharmaceutical interventions readily available in most countries. There may be a set of residual measures/mitigations that could be retained, although these too should undergo a periodic review process.

Note: There are no hard boundaries in these stages and the transition between them can be in either direction.

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PUBLIC HEALTH RISK MITIGATION MEASURES

These public health risk mitigation measures are divided into two sections. The first section contains generally applicable risk mitigation measures that apply in all phases of air passenger and cargo transport. The second section describes modules, attached to this appendix, that are specific to various aspects of air transport.

In the implementation of these measures, care should be taken to follow all applicable laws, regulations, requirements, standards, and guidance issued by relevant sub-national, national and international authorities. Nothing in these guidelines is intended to supersede or contradict such requirements.

Generally applicable risk mitigation measures

- **Public Education:** States and stakeholders must work together to distribute accurate information quickly. Information must be as clear, simple and consistent as possible across the entire passenger travel experience.
- **Physical Distancing:** To the extent feasible, people should be able to maintain social distancing consistent with World Health Organization (WHO) or applicable State health guidelines. Where this distancing is not feasible (for example in aircraft cabins), adequate risk-based measures should be used.
- **Face Covering and Mask:** Face coverings should be worn, consistent with applicable public health guidelines. The type of face covering (non-medical or medical) should be selected based on the level of risk and the availability of masks while taking into consideration the potential risks and disadvantages of using masks. Medical face masks must be prioritized for use as personal protective equipment by healthcare workers and symptomatic persons suspected of being infected with COVID-19. In all instances, best practices should be followed about when and how to wear, remove, replace, and dispose of them, as well as hand hygiene after removal.
- **Routine Sanitation:** All areas with potential for human contact and transmission should be cleaned and disinfected as prescribed by public health authorities with frequency based on operational risk assessment.
- **Health Screening:** States should ensure that health screening is conducted in accordance with the protocols of the relevant health authorities. Screening could include pre-flight and post-flight self-declarations, temperature measurement and visual observation conducted by health professionals. Such a screening could identify potentially high-risk persons that may require additional examination prior to working or flying. The availability of such information and insights can be leveraged to adopt a risk-based approach which will further contribute to reassure the travelling public. This screening may be conducted upon entry and/or exit.

If a person shows signs and symptoms suggestive of COVID-19 or indicates exposure to COVID-19 appropriate follow up would be necessary, including a focused health assessment performed by healthcare personnel either in a dedicated interview space at an airport, or in an offsite pre-identified health care facility.

- **Contact Tracing:** Methods for the collection of passenger and employee contact information should be explored, including web applications, to support public health authorities in contact tracing. Updated contact information should be requested as part of the health self-declaration and interaction between passengers and governments should be made directly through government portals. This should be in line with applicable data privacy protection rules.

- **Health Declarations:** Where feasible and justified, health declaration forms for COVID-19 should be used for all passengers, in line with the recommendations of relevant health authorities. Self-declarations prior to airport arrival should also be encouraged. Electronic tools should be encouraged to avoid paper forms.
- **Testing:** At the time of publication, rapid tests cannot be a precondition for travel due to their unreliability or impracticability. It is therefore recommended that States refrain from requiring rapid tests for the time being. It should be noted that the rapid testing of all passengers prior to departure would not be operationally viable unless more real-time, rapid and reliable testing becomes available.

Risk mitigation measures applicable in specific modules

A. Airport

The airport module contains specific guidance addressing elements for: Airport terminal building, cleaning, disinfecting, and hygiene, physical distancing, staff protection, access, check-in area, security screening, airside areas, gate installations, passenger transfer, disembarking, baggage claim and arrivals areas.

B. Aircraft

The aircraft module contains specific guidance addressing boarding processes, seat assignment processes, baggage, interaction on board, environmental control systems, food and beverage service, lavatory access, crew protection, management of sick passengers or crew members, and cleaning and disinfection of the flight deck, cabin, and cargo compartment.

C. Crew

In order to promote safe and sustainable international air travel, a closely coordinated international approach to the treatment of air crews, consistent with recognized public health standards, will be essential to alleviate burdens on critical transportation workers. These currently include screening, quarantine requirements, and immigration restrictions that apply to other travellers. The attached crew module contains specific guidance addressing the contact of a crew member with a suspected or positive COVID-19 case, reporting for duty, dedicated end-to-end crew layover best practices, crew members experiencing COVID-19 symptoms during layover, and positioning of crew.

D. Cargo

Cargo flight crews should apply the same health and safety considerations as passenger flight crews and are collectively included in the crew section of this document. Whilst air cargo consignments do not come into contact with the travelling public, the cargo acceptance and hand over process does include interaction with non-airport employees. The Cargo Module addresses aviation public health including physical distancing, personal sanitation, protective barriers point of transfer to the ramp and the loading and unloading, and other mitigation procedures.

MODULES

<i>Module</i>	Airports
<i>Target audience</i>	Airport operators, authorities, governments, airport staff.
<i>Element</i>	Terminal Building
<i>Brief description (Objective)</i>	Guidance for the operation of terminal buildings needs to consider all aspects of operations, including who has access to the building, the upkeep of cleanliness and disinfection procedures in place within the terminal building, as well as health measures, the provision of first-aid/medical attention guidance, and the protocols for passengers and staff.
<i>Considerations</i>	<p>Cleaning and disinfection</p> <ul style="list-style-type: none"> • A written plan for enhanced cleaning and disinfection should be agreed between the airport health authority, airport operators, and service providers, according to the standard operating procedures outlined in the WHO Guide to Hygiene and Sanitation in Aviation. The plan needs to be kept updated in terms of process, schedule and products, when new information becomes available. • Cleaning and disinfection of terminal infrastructure and all equipment should be done on a regular basis, in accordance with the aforementioned plan, and its frequency should be increased as needed based on traffic. <p>Increase the availability of cleaning and disinfecting products approved by the applicable authorities.</p> <ul style="list-style-type: none"> • All cleaning and disinfection staff should be made aware of the cleaning and disinfection plan. It is necessary to ensure staff are utilising products effectively, including the concentration, method and contact time of disinfectants, and addressing areas that are frequently touched and most likely to be contaminated, such as: <ul style="list-style-type: none"> ○ Airport information desks, passengers with reduced mobility (PRM) desks, check-in areas, immigration/customs areas, security screening area, boarding areas, etc. ○ Escalators and lifts, handrails. ○ Washrooms, toilets and baby changing areas. ○ Luggage trolleys and collection points: cleaned with dispensable wet wipes or disinfectants. Ensuring that disposal bins are made available. ○ Seats prior to security screening and in boarding/check-in areas. ○ Parking shuttle buses and airside buses. • Increase the use of air conditioning and effective filtration systems to keep air clean, reduce recirculation and increase the fresh-air ratio. Horizontal airflows should be limited. <p>Physical distancing</p> <ul style="list-style-type: none"> • Physical distancing is an effective measure to limit transmission of COVID-19 and should be part of a comprehensive package of measures to limit the spread of COVID-19. Physical distancing

measures in airports should be:

- At least consistent with what is applied for other transport modes – particularly in urban public transport used for access to/from airports.
 - Applied to the maximum extent possible throughout the airport.
 - Re-evaluated as epidemiological conditions permit.
- Physical distancing should target reaching at least one (1) meter between all individuals.
 - Passengers should wear masks or other face coverings in accordance with applicable health guidelines and where their use does not create shortages for healthcare workers.
 - Mutual recognition of equivalent physical distancing measures that mitigate the health risks at the point of departure and of arrival is encouraged.

Staff Protection:

- The level of adequate protection for staff members should be evaluated on a case by case basis. Such protection may include: personal protective equipment (PPE), health screening programme for staff, scheduling (keeping group of staff in steady teams and shifts), easy alcohol-based hand sanitizer access, specific staff process prior and after completing a shift, and physical distancing plan for workstation.
- Employees should be equipped with PPE based on the risk of exposure (e.g. type of activity) and the transmission dynamics (e.g. droplet spread). PPE could include gloves, medical masks, goggles or a face shield, and gowns or aprons.
- For staff and teams working shifts, handovers should be conducted in a contact-free manner, i.e. via telephone, videoconference, electronic logs, or at a minimum through physical distancing.
- Maintenance and repair work in public areas should be prioritized and their schedule adjusted or possibly postponed if it's non-essential.
- Staff training should maximise the use of online training and virtual classrooms.
- The use of physical separators between selected staff and passengers are recommended in areas of repeat exchanges and transactions.

Airport Terminal access

- According to each airport specificities and the national legislation in place, airport terminal access may be restricted to workers, travellers and accompanying persons in situations such as for passengers with disabilities, reduced mobility or unaccompanied minors in an initial phase, as long as it does not create crowds and queues, which would then enhance risks of transmission as well as create a potential security vulnerability.
- Where health screening is required by applicable regulations, non-contact thermometers should be used in a designated area, under conditions which minimize the impact on operations.

Means for uniform implementation

- Collaborate with relevant authorities to ensure viewpoints are aligned.

- Collaborate with stakeholders in the community to ensure the timely, accurate dissemination of information to the travelling public.
- Ensure alignment of measures with other local modes of transport and other infrastructures.
- Use the *Airport COVID-19 Cleaning / Disinfection Control Sheet* (PHC Form 3) or a similar one where appropriate.

<p><i>Element</i></p> <p style="text-align: center;">General Check-In Area</p>
<p><i>Brief description (Objective)</i></p> <p>The general check-in area of an airport is usually an area that sees high passenger traffic. In order to limit queues and crowds, passengers should complete as much of the check-in process as possible before arriving at the airport (i.e. passenger should be ready to fly). Self-service options should be made available and utilized as much as possible to limit contact at passenger touchpoints.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Implement measures that reduce congestion within these areas through advanced-planning and monitoring of passenger flows. • Airports should provide signage, floor markings and announcements via Public Address (PA) system to encourage physical distancing. In addition, support communication of key prevention messages from health authorities through audio messages and signs at key touchpoints of the passenger journey should be considered. • Various self-service tools, such as boarding pass and baggage tag kiosks and baggage drop are of specific concern due to the high levels of physical contact that increase the probability of contamination. Usage of these devices should nonetheless be encouraged to reduce face-to-face interactions, but with careful attention to the management of passenger flow and keeping such devices adequately and constantly disinfected. • Whenever possible, passengers should be encouraged to complete check-in processes prior to arriving at the airport. Online check-in, mobile boarding pass, off airport baggage tagging, and other initiatives will contribute to the reduction in the amount of contact with airport staff and infrastructure. It is therefore recommended that governments remove any regulatory obstacles to enabling such types of off-airport processes. • At the traditional check-in counters, use of retractable stanchions and floor signage in the queuing area should be considered to encourage social distancing and consider installation of transparent barriers in front of staff at counters. • Self-sanitizing technology may also be considered for integration within kiosks touch screens, to allow for the disinfection of the screen between each use. • Whenever possible, airport and other stakeholders should use contactless processes and technology, including contactless biometrics such as facial or iris recognition). Such digital identification processes can be applied to self-service bag drops, various queue access, boarding gates and retail and duty-free outlets. This will eliminate or greatly reduce the need for contact with travel documents between staff and passengers. It may also accelerate various processes, resulting in enhanced health protection, reduced queuing and other process efficiencies.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Collaborate with relevant authorities, airlines and other aviation stakeholders for cost-effective solutions that protect the public.

- Simplified formalities by enabling contactless processes.
- Greater use of standardized digital identity management solutions.
- Use the *Airport COVID-19 Cleaning / Disinfection Control Sheet* (PHC Form 3) or a similar one where appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Security Screening</p>
<p><i>Brief description (Objective)</i></p> <p>During the initial stages of the pandemic response, we can expect the need for physical distancing measures to be maintained at security screening checkpoints, including during the screening process. Measures to control access to the security screening checkpoint may need to be considered, as well as possible modifications to standard screening, in order to comply with new COVID-19 sanitary guidelines.</p> <p>Security screening staff should normally be exempt from carrying out health and safety related screening to ensure they remain focused on security screening and related processes.</p>
<p><i>Considerations</i></p> <p>Checkpoint access procedures</p> <ul style="list-style-type: none"> • Appropriate procedures should be implemented in coordination with relevant government departments in order to respond to any passengers showing signs of illness. • Hand sanitizers and disinfection products should be provided prior to passengers and staff screening access points where possible. • Screeners and passengers should maintain physical distancing to the extent possible or wear the appropriate PPE to mitigate the risk of exposure. • Rearranging of security checkpoint accesses and layouts should be considered with the objective of reducing crowds and queues to the extent possible while maintaining desirable throughput. This should include both divestment areas and those areas where passengers retrieve their screened cabin baggage. • Markings should be established on the ground within the queueing area to indicate the proper distancing recommended by the appropriate authorities. Physical distancing should remain in place until informed by relevant health authorities that it is safe to relax them. • Procedures involving passengers presenting boarding passes and other travel documents to security personnel should be done, to the extent possible, while avoiding physical contact and in a way that minimizes face-to-face interaction. Should there be a need to identify a person wearing a mask against a government-issued photo identification, the mask could be removed if physical distancing measures are met. Appropriate signage should be deployed that clearly inform about subsequent steps of the process. <p>Possible solutions include:</p> <ul style="list-style-type: none"> ○ Direct passengers to use automatic boarding pass scanners at access points while maintaining appropriate physical distance. ○ Using mobile boarding pass scanners operated by the security staff. ○ Conducting a visual inspection of the boarding pass and relevant identification documentation, as needed by standard operating procedures. <ul style="list-style-type: none"> • Automated gates and mobile scanners' reader surface should be disinfected with the same frequency as for any other high-touch surface.

- Passenger preparation officers should be deployed to ensure passengers are prepared for the divestment needs. Screeners should reinforce processes with passengers accessing divesting areas, such that they properly divest and are less likely to cause a false alarm (to minimize the use of manual searches).
- Routine enhanced cleaning and disinfecting should be conducted, if needed, of frequently touched/exposed surfaces and security screening equipment, including trays at the security checkpoint and baggage areas.

Passenger Screening

- Alcohol-based hand sanitizer should be distributed to staff for the cleaning and disinfection of their hands.
- Screeners should wear gloves and change them after each manual search.
- Employees should be advised to wash their hands after removing gloves.
- Appropriate signage and information to passengers should be clearly displayed regarding newly implemented health requirements, as well as modified screening processes. Signage should highlight the need for passenger cooperation throughout the screening process.
- Whenever screening checkpoints are processing a high number of passengers, staff and crew screening should be performed in dedicated checkpoints and separately from passengers (as an additional preventive health measure), where possible.
- Where possible, alarm resolution should be conducted in a dedicated area separated from the flow of passengers. This methodology mitigates the risk of queue build up and maintains passenger throughput but may need the positioning of additional personnel.
- For WTMD alarm resolution, prioritize the use of hand held metal detectors to identify the cause of alarm followed by a targeted manual search where the alarm is.
- The use of explosive trace detection equipment (ETD) or explosive detection dogs (EDD) should not be limited to alarm resolution. Random use of such explosive detection should be encouraged and leveraged where possible.
- In order to resolve any alarms or concerns identified by screeners, the use of ETD or EDD should be considered in lieu of manual searches, where appropriate and subject to the nature of the screener's concerns.
- If the standard procedure allows for the reuse of ETD swabs, consideration should be given to discontinuing this practice to limit the possibility of spreading COVID-19.

Note.- Research is being conducted to determine whether or not the high temperature used by ETD may be sufficient to kill a virus enabling swabs to be used multiple times. The appropriate authority for Security should confirm with the relevant health authority.

- If there is a need to conduct a manual search, screeners should adapt their methodology, if possible, to avoid being face-to-face with passengers or other persons being screened.
- Staff needed to interact with passengers in close proximity should use a face mask.

- Larger quantities of health-related liquids, aerosols and gels (LAGs) than prescribed by applicable security regulations, such as alcohol-based hand disinfectants, could be accepted if permitted by the appropriate authorities for aviation security and safety.

Means for uniform implementation

- Work with the regulator to consider alternatives to manual searches when conducting random searches. Such alternatives should only be implemented with the approval of the appropriate authority and based on a risk assessment.
- Work with relevant health authorities to ensure cleanliness and disinfection protocols are developed and implemented for items with a high likelihood of cross contamination (e.g. trays and divestment area).
- Use the *Airport COVID-19 Cleaning / Disinfection Control Sheet* (PHC Form 3) or a similar one where appropriate.

<i>Element</i>	Terminal Airside Area
<i>Brief description (Objective)</i>	
<p>The post-security terminal airside area is an area of high passenger traffic, with few physical barriers and usually wide-open space. Consideration needs to be given to the temporary need for physical distancing, while also providing passengers with access to the retail, duty-free concessions and food and beverage offerings.</p> <p>Gate areas, VIP lounges and other services in this area also see a high passenger volume. Various flow monitoring tools, physical installations, floor markings and adapted wayfinding need to be evaluated and deployed. Enhanced cleaning and hygiene measures may need to be scheduled and deployed to contribute to the limiting of the virus spread.</p>	
<i>Considerations</i>	
<ul style="list-style-type: none"> • Self-service options, where passengers have limited contact with retail, food and beverage staff, should be encouraged. • An orderly boarding process will be necessary to reduce physical contact between passengers, especially once load-factors start increasing. Close cooperation between the airline, airport and government is vital. Airlines will need to revise their current boarding processes. Airports may need to assist in redesigning gate areas and governments may need to adapt applicable rules and regulations. The increased use of automation, such as self-scanning and biometrics should be facilitated. • Especially during the early stages of the restart phase, carry-on baggage that would need to use the overhead bins should be limited to facilitate a smooth boarding process. • Where possible, implementation of self-boarding technologies at the gate should be considered including units using automatic doors, integrated boarding pass readers, LCD displays for passenger instructions and a device for printing seat assignment changes. • Increase use of all other opportunities of self-scanning of documents when identification is needed. • As a temporary measure, sitting areas (e.g. lounges, gates, restaurants) can open at limited capacity to accommodate the short-term need for physical distancing. As the recovery phase progresses and health requirements evolve, a return to regular capacity can be contemplated. • Temporary closing or enhanced monitoring of certain service areas should be considered, based on the stage of mitigation measures, such as: <ul style="list-style-type: none"> ○ Self-service buffet food. ○ Café seating, or multi-purpose seating. ○ Smoking areas. ○ Children’s play areas. • Multiple alcohol-based hand sanitizer stations should be made available throughout the airport with adequate signage for passengers. 	

- Installation of touch-free equipment in toilet facilities such as the following should be considered:
 - Automated door systems.
 - Automatic toilet flushing system.
 - Taps and soap/hand sanitiser dispensers.
 - Automated hand towel dispensers.

Means for uniform implementation

- Work with retail, food and beverage concessions to ensure the use of contactless technology payment options and self-serve options.
- Involve airline stakeholders in measures needed in airport lounges.
- Collaborate with relevant authorities, airlines and other aviation stakeholders for cost-effective solutions that protect the public.
- Use the *Airport COVID-19 Cleaning / Disinfection Control Sheet* (PHC Form 3) or a similar one where appropriate.

<i>Element</i>	Aircraft Terminal Gate Equipment
<i>Brief description (Objective)</i>	
<p>Many airports will have decommissioned certain assets in response to a lack of passenger traffic. Appropriate safety checks need to be conducted prior to the recovery of the airline traffic. Airports and airlines need to work together to ensure that accurate flight schedules are provided in order to meet this demand.</p>	
<i>Considerations</i>	
<ul style="list-style-type: none"> • Electromechanical equipment such as boarding bridges, escalators and elevators must be inspected and periodically tested or started up. Inspections of such decommissioned equipment are essential before returning them to service for passenger use, based on manufacturers' recommendations and national building codes. • Maintenance protocols need to be defined and deployed. • Where conditioned air is needed, power should be maintained in all outdoor-based equipment such as jetways and pre-conditioned air units. • Critical service providers and government authorities must be advised in advance on ramp-up schedules and plans by the airport operator to return temporarily closed facilities into service. <p>Gate aircraft equipment and air filtering</p> <ul style="list-style-type: none"> • Where external pre-conditioned air (PCA) and fixed electrical ground power (400 Hertz) are available at the stand, an aircraft can switch off its auxiliary power unit (APU) after arrival. A PCA system takes in ambient air through an intake filter and provides conditioned air to the cabin. • External air sources are not processed through the aircraft's high-efficiency particulate air (HEPA) filter. The aircraft APU should be permitted to be used at the gate to enable the aircraft's air conditioning system to be operated, if equivalent filtration from PCA is not available. 	
<i>Means for uniform implementation</i>	
<ul style="list-style-type: none"> • Ensure that airport capacity recommissioning is in step with airline schedules and phased in an appropriate manner. 	

Element

Disembarking and Arrivals

Brief description (Objective)

Border control and customs processes may need to be temporarily revised to increase physical distancing.

Where equipment already exists, the use of automated border control (ABC) equipment, digital passenger identification (biometrics) as well as technology (thermal screening) could serve as an additional health screening measure and could speed up the immigration process with the objective of reducing queuing and to minimize contacts between border officials and passengers.

Furthermore, during initial stages, some governments are exploring the idea of a health declaration to be completed by passengers before departure or on arrival as an initial assessment measure, which could be used to identify passengers for secondary assessment.

Considerations

- Coordination with various border regulatory authorities (e.g.c, immigration, health) should be established for measures facilitating the clearance of entry/arrival, such as enabling contactless processes (e.g. relating to the reading of passport chips, facial recognition).
- Where declarations are needed on arrival, governments should consider electronic options (e.g. mobile applications and QR codes) to minimize human-to-human contact. Information could be sent in advance via government portals. For customs formalities, where possible green/red lanes for self-declarations are recommended.
- The identity verification process should be automated with the use of biometric technology. Use of contactless technology, automated border control or eGates should be encouraged in order to enhance transaction time and limit interaction between passengers, officers and staff.
- If needed by relevant regulations, smart thermal cameras can be installed to scan the temperature of multiple passengers rapidly and unobtrusively.
- During initial stages of recovery and if needed, secondary health assessments could be set to maintain the main general flow of passengers. Thermal screening can be conducted prior to the customs hall, but individual passenger health assessments should be avoided so as not to have a drastic impact on throughput resulting in more queues.
- For flights arriving from higher-risk areas where there are cluster or community transmission, a particular section of the arrivals terminal could be utilised to increase physical distancing, and/or smart thermal cameras could be placed at appropriate locations to screen arriving passengers, in consultation with the public health authorities.

Health Declaration

- Some governments are implementing a health declaration solution that can be set-up on a web portal. For those States that already have a platform to collect visa and electronic travel authorization information they could be customized to accommodate the additional information needed.

Transfer

- Develop “one-stop” health screening arrangements using existing one-stop security arrangement as a model. In this model, passengers and property are not rescreened at transfer locations based on mutual recognition of security measures between the States in the travel itinerary. A similar arrangement for health screening procedures may prevent new queuing points at passenger transfer locations.
- Where transfer security screening is needed, it should follow appropriate sanitary requirements as previously described in the departure process.

Means for uniform implementation

- Collaborate with relevant authorities for cost-effective solutions that protect the public.
- Collaborate with relevant authorities and airlines to develop efficient and cost-effective solutions that protect the travelling public.
- Work with governments and authorities if a health declaration is to be implemented.
- Greater use of standardized digital identity management solutions.
- Use the *Airport COVID-19 Cleaning / Disinfection Control Sheet* (PHC Form 3) or a similar one where appropriate.

<i>Element</i>	Baggage Claim Area
<i>Brief description (Objective)</i>	
<p>The baggage claim area of an airport is susceptible to high passenger footfall and physical contact with luggage carts, baggage, washrooms and other facilities. Disinfection measures and increased frequency of cleaning should be implemented.</p>	
<i>Considerations</i>	
<ul style="list-style-type: none"> • All efforts need to be made to provide a speedy baggage claim process and ensure that passengers are not made to wait for excessive amounts of time in the baggage claim area. • Maximize use of available arrival baggage carousels to limit the gathering of passengers, and, where possible, use of dedicated baggage carousels for flights from high risk areas. • Governments should ensure that the customs clearance process is as speedy as possible and that appropriate measures are taken in case of physical baggage inspections. • Cleaning schedules should be aligned based on flight schedules to ensure a more frequent, in-depth disinfection of luggage carts, washrooms, elevator buttons, rails, etc. • Self-service kiosks or online options for passenger needing to report lost or damaged luggage should be made available. • The use of retractable stanchions and floor markings should be considered as a temporary measure to encourage physical distancing at the baggage carousel. • Airline agents at lost luggage counters should be provided with a protective transparent separator when possible. • The use of baggage delivery services, where the passenger's baggage can be delivered directly to their hotel or home, should be encouraged. • Baggage tracking information should be shared with passengers so that they are able to make a baggage claim, in case of baggage mishandling, without waiting in the reclaim area. • Protocols for cleaning and disinfection of the area should be established. 	
<i>Means for uniform implementation</i>	
<ul style="list-style-type: none"> • Collaborate with relevant authorities and airlines for cost-effective solutions that protect the travelling public. • Use the <i>Airport COVID-19 Cleaning / Disinfection Control Sheet</i> (PHC Form 3) or a similar one where appropriate. 	

<i>Element</i>	Exit the Landside Area
<i>Brief description (Objective)</i>	
<p>Protocols and precautions need to be in place for arriving passengers who are exiting the landside area. Consideration should be given to the greeter's area, as well as the terminal's exit area. During initial restart phases, measures could include establishing a perimeter around the greeter's area or limiting access to the terminal building.</p>	
<i>Considerations</i>	
<p>Airport terminal access</p> <ul style="list-style-type: none"> • According to each airport's specificities and the national legislation in place, airport terminal access may be restricted to workers, travellers and persons accompanying passengers with disabilities, with reduced mobility or unaccompanied minors in an initial phase, as long as it does not create crowds and queues which would then increase risks of transmission as well as create a potential security vulnerability. • Multiple hand washing stations or hand sanitisers should be provided prior to the exit of the terminal building. • Cleaning should be increased based on flight schedules to ensure a more frequent, in-depth disinfection of landside public areas, including seating areas, food and beverage and retail, handrails, washrooms, automated moving systems and buses. 	
<i>Means for uniform implementation</i>	
<ul style="list-style-type: none"> • Collaborate with stakeholders in the community to ensure the timely, accurate dissemination of information to the travelling public. • Use the <i>Airport COVID-19 Cleaning / Disinfection Control Sheet</i> (PHC Form 3) or a similar one where appropriate. 	

<i>Module</i>	Aircraft
<i>Target audience</i>	
Operators covered under Annex 6 – <i>Operation of Aircraft, Part 1 – International Commercial Air Transport – Aeroplanes.</i>	

<i>Element</i>	Passenger and Crew – General
<i>Brief description (Objective)</i>	
Provide a safe, sanitary operating environment for passengers and crew.	
<i>Considerations</i>	
<ul style="list-style-type: none"> • Adjust the boarding process. To the extent possible and consistent with weight and balance considerations, the boarding and disembarking of passengers should be conducted in ways that reduce the likelihood of passengers passing in close proximity to each other. • Seat assignment processes. When needed, seats should be assigned for adequate physical distancing between passengers. Airlines should allow for separated seating arrangements when occupancy allows it. Passengers should also be encouraged to stay in the assigned seat as much as possible. • Limit interaction on board. Passengers should be encouraged to travel as lightly as possible with all luggage checked-in except small hand luggage that fit under the seat. Newspapers and magazines should be removed. The size and quantity of duty-free sales may also be temporarily limited. • Limit or suspend food and beverage service. Food and beverage service should be limited or suspended on short-haul flights or should be considered to be dispensed in sealed, pre-packaged containers. The use of non-essential in-flight supplies, such as blankets and pillows, should be reduced to minimize the risk of cross infection. • Restrict lavatory access. When possible, one lavatory should be designated for crew use only, provided sufficient lavatories remain available for passenger use without fostering congregation by passengers waiting to use a lavatory. Also, to the extent practicable depending on the aircraft, passengers should use a designated lavatory based on seat assignment to limit passenger movement in flight, which reduces exposure to other passengers. • Crew protection measures. Sharing of safety equipment used for safety demonstrations should be prohibited. Crew members should be instructed to provide service only to specific sections of the cabin. Additional means of protection, for instance plastic curtains or Plexiglas panels during the boarding process (to be removed once boarding is completed), should be explored. 	

Note.- The following elements concerning disinfection contain the latest joint aircraft original equipment manufacturer (OEM) recommendations currently available. Users of this guidance should note that:

- *These recommendations are based on evolving circumstances and technology.*
- *While every attempt was made to provide common recommendations for disinfectants usage on aeroplanes, there are differences between the products manufactured by each aircraft OEM. It is strongly recommended that the operator is familiar with OEM guidance and consults the OEM for any questions specific to that airframe.*
- *The intent of these guidelines is to provide operators with recommendations that are aligned with the aircraft product. It is the responsibility of the operator to ensure that the disinfectants are used per the manufacturer’s instructions, that proper protection is employed by those using the disinfectant and that their use is in alignment with health organizations recommendations for recommendations for efficacy, and in accordance with the label instructions of the disinfectant.*

<i>Element</i>	Disinfection – Flight Deck
<i>Brief description (Objective)</i>	Provide a safe, sanitary operating environment for crew and ground staff.
<i>Considerations</i>	<ul style="list-style-type: none"> • Frequency of cleaning of the flight deck should account for the separation of the flight deck from the passenger compartment as well as for the frequency of crew transitions. • The flight deck should be cleaned and disinfected at an appropriate frequency to accommodate safe operations for the crew. • Airframe manufacturers recommend the use of a 70% aqueous solution of Isopropyl Alcohol (IPA) as a disinfectant for the flight deck touch surfaces. Appropriate health organizations should be referred to for instruction on application to be effective against viruses. The OEM’s instructions should be referred to ensure that the proper application, ventilation, and personal protection equipment is used. For more detailed recommendations or additional disinfecting chemicals, reach out to the specific Airframe Manufacturer. • Surfaces should be cleaned of dirt and debris before disinfecting to maximize effectiveness. • Application to surfaces should be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the IPA solution. Do not spray IPA in the flight deck. Do not allow the liquid to pool or drip into the equipment. • IPA is flammable, so precautions should be taken around potential sources of ignition. • Because the frequency of disinfection has significantly increased due to COVID-19, and there is no data on the long term effects associated with this frequent application, the operator should

periodically inspect the equipment to ensure that there are no long term effects or damage over time. If damage is observed, contact the OEM for guidance on alternate disinfectants. Specific care should be taken for application on leather and other porous surfaces.

- Given the increased likelihood that switch positions may be inadvertently changed during the cleaning or disinfection process, operators and flight crew should reinforce procedures to verify that all flight deck switches and controls are in the correct position prior to operation of the airplane.
- Some equipment on the flight deck may have additional disinfectant needs based on usage (e.g. oxygen masks) and procedures should be put in place accordingly.

Means for uniform implementation

- OEM communication through ICCAIA and OEM communication with operators.
- Use the *Aircraft COVID-19 Disinfection Control Sheet* (PHC Form 2) or a similar one when appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Disinfection – Passenger Cabin</p>
<p><i>Brief description (Objective)</i></p> <p>Provide a safe, sanitary operating environment for passengers, crew, and ground staff.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • The cabin should be cleaned and disinfected at an appropriate frequency to accommodate safe operations for the passengers and crew. The frequency should account for the operation of the aircraft and the potential exposure of an infected person. • Airframe manufacturers recommend the use of a 70% aqueous solution of Isopropyl Alcohol (IPA) as a disinfectant for the touch surfaces. Appropriate health organizations should be referred to for instruction on application to be effective against viruses. The OEM’s instructions should be referred to ensure that the proper application, ventilation, and personal protection equipment is used. For more detailed recommendations or additional disinfecting chemicals, reach out to the specific airframe manufacturer. • Surfaces should be cleaned of dirt and debris before disinfecting to maximize effectiveness. • Application to surfaces should be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the IPA solution. Do not spray IPA in the cabin. Do not allow the liquid to pool or drip into equipment (e.g. in-flight entertainment electronic boxes). • IPA is flammable, so precautions should be taken around potential sources of ignition. • Because the frequency of disinfection has significantly increased due to COVID-19, and there is no data on the long term effects associated with this frequent application, the operator should periodically inspect the equipment to ensure that there are no long term effects, colour shift or damage over time. If damage is observed, contact the OEM for guidance on alternate disinfectants. Specific care should be taken for application on leather and other porous surfaces. The operator should validate disinfecting agents for buyer furnished equipment (e.g. Seats and IFE) with the manufacturer. • Airlines may wish to review their operating procedures to minimize the number of personnel who need to contact high-touch surfaces such as access panels, door handles, switches, etc. For more detailed recommendations or additional disinfecting chemicals, reach out to the specific airframe manufacturer.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • OEM communication through ICCAIA and OEM communication with airlines. • Use the <i>Aircraft COVID-19 Disinfection Control Sheet</i> (PHC Form 2) or a similar one when appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Disinfection – Cargo compartment</p>
<p><i>Brief description (Objective)</i></p> <p>Provide a safe, sanitary operating environment for crew and ground staff.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • The cargo compartment touch surfaces should be cleaned and disinfected at an appropriate frequency to accommodate safe operations for the ground staff. • Airframe manufacturers recommend the use of a 70% aqueous solution of Isopropyl Alcohol (IPA) as a disinfectant for the touch surfaces. Refer to appropriate health organizations for instruction on application to be effective against viruses. Refer to the OEM's instructions to ensure that the proper application, ventilation, and personal protection equipment is used. For more detailed recommendations or additional disinfecting chemicals, reach out to the specific airframe manufacturer. • Surfaces should be cleaned of dirt and debris before disinfecting to maximize effectiveness. • Application to surfaces should be with pre-moistened wipes or single use wetted cloth and use limited bottle sizes on board to minimize the risk of spilling the IPA solution. Do not spray IPA in the Cargo Compartment. Do not allow the liquid contact critical equipment (e.g. smoke detector, electronic door operation equipment and fire extinguishing discharge nozzle). • IPA is flammable, so precautions should be taken around potential sources of ignition. Pay particular attention to hidden ignition sources as many aircraft have electronic boxes mounted in the cargo compartment. • Because the frequency of disinfection has significantly increased due to COVID-19, and there is no data on the long term effects associated with this frequent application, the operator should periodically inspect the equipment to ensure that there are no long term effects or damage over time. If damage is observed, contact the OEM for guidance on alternate disinfectants. • Airlines may wish to review their operating procedures to minimize the number of personnel who need to contact high-touch surfaces such as access panels, door handles, switches, etc.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • OEM communication through ICCAIA and OEM communication with airlines. • Use the <i>Aircraft COVID-19 Disinfection Control Sheet</i> (PHC Form 2) or a similar one when appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Disinfection – Maintenance</p>
<p><i>Brief description (Objective)</i></p> <p>Provide a safe, sanitary operating environment for passengers, crew and ground staff.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Airlines should be mindful of regular maintenance to both air systems and water systems to ensure they continue to protect the passenger and crew from viruses. Airlines should refer to the Airframe OEM for specific maintenance actions and intervals. • Airlines should include access panels and other maintenance areas in their disinfection procedures to ensure a safe environment for the maintenance crews. • Airlines may wish to review their operating procedures to minimize the number of personnel who need to be in contact with high-touch surfaces such as access panels, door handles, switches, etc. • Airlines should establish maintenance procedures to be applied after disinfection procedures in order to check the Flight Deck, Passenger Cabin and Cargo Compartment for the correct positioning of control handle, circuit breakers and control panels switches and knobs. Access panels and doors' closure also should be checked.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • OEM communication through ICCAIA and OEM communication with airlines. • Use the <i>Aircraft COVID-19 Disinfection Control Sheet</i> (PHC Form 2) or a similar one when appropriate.

Element

Air System Operations

Brief description (Objective)

The aircraft manufacturers recommend maximizing total cabin airflow and care should be taken to avoid blocking air vents (particularly along the floor). These are general recommendations for cabin air considerations and there may be exceptions for specific aircraft models. It is strongly recommended that operators consult with the aircraft OEM for questions specific to an aircraft type.

*Considerations***Ground Operations (before chocks-off and after chocks-in)**

- Operations without the air conditioning packs or external pre-conditioned air (PCA) source should be avoided. External air sources are not processed through a high-efficiency particulate air (HEPA) filter. The aircraft APU should be permitted to be used at the gate to enable the aircraft's air conditioning system to be operated, if equivalent filtration from PCA is not available.
- If the aircraft has an air recirculation system, but does not have HEPA filters installed, reference shall be made to OEM published documents or the OEM should be contacted to determine the recirculation system setting.
- It is recommended that fresh air and recirculation systems be operated to exchange the volume of cabin air before boarding considering the following:
 - For aircraft with air conditioning, run the air conditioning packs (with bleed air provided by APU or engines) or supply air via external PCA source at least 10 minutes prior to the boarding process, throughout boarding and during disembarkation.
 - For aircraft with HEPA filters, run the recirculation system to maximize flow through the filters.
 - For aircraft without air condition system, keep aircraft doors open during turnaround time to facilitate cabin air exchange (passengers' door, service door and cargo door).

Flight Operations

- Operate environmental control systems with all Packs in AUTO and recirculation fans on.
 - Valid only if HEPA recirculation air filters are confirmed to be installed.
- If non-HEPA filters are installed, contact the aircraft OEM for recommendations on recirculation settings.
- If the aircraft in-flight operating procedure calls for packs to be off for take-off, the packs should be switched back on as soon as thrust performance allows.

MEL Dispatch:

- Fully operational air conditioning packs and recirculation fans provide the best overall cabin ventilation performance. It is recommended to minimize dispatch with packs inoperative. It is recommended to minimize dispatch with recirculation fans inoperative for aircraft equipped with HEPA filter.
- Some aircraft have better airflow performance with all outflow valves operational. The OEM

should be contacted about ventilation performance of the aircraft with outflow valves inoperative and the limitations associated with the dispatch in this situation.

High Flow (max Bleed) Switch:

- If the aircraft has an option for high flow operation, contact the OEM for setting recommendations.

For example:

Boeing recommends that airlines select High Flow Mode for 747-8, MD-80 and MD-90 aircraft, as this will maximize total ventilation rate in the cabin.

Note.- that this will increase fuel burn. However, for the 747-400 and 737, High Flow Mode should NOT be selected as this does not result in an increase in total ventilation rate. For all models, recirculation fans should remain on (when HEPA filters are installed).

Sick Passenger Positioning:

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

Filter Maintenance:

- Follow normal maintenance procedures as specified by the OEM. Take note of special protection and handling of filters when changing them.
- Contact OEM or refer to OEM published document to check if an additional sanitization procedure and/or personnel health protection is needed to avoid microbiological contamination in the filter replacement area.

Means for uniform implementation

- OEM communication through ICCAIA and OEM communication with airlines.
- Use the *Aircraft COVID-19 Disinfection Control Sheet* (PHC Form 2) or a similar one when appropriate.

<i>Module</i>	Crew
<i>Target audience</i>	
All operations covered under Annex 6 – <i>Operation of Aircraft, Part 1 – International Commercial Air Transport - Aeroplanes</i> , Civil Aviation Authorities and public health agencies.	
<i>Element</i>	Crew Members
<i>Brief description (Objective)</i>	
Provide harmonised health protection and sanitation considerations applicable to crew members that can be implemented globally.	
<i>Considerations</i>	
General	
<ul style="list-style-type: none"> • Unless specified as flight crew or cabin crew, the term “crew” refers to all operational crew required on board for the air operator to support the flight. This element applies to all crew. 	
Facilitation	
<ul style="list-style-type: none"> • Crew members, maintenance and cargo/load specialized personnel who are involved in flights with a layover, should not be medically quarantined and detained for observations while on layover or after returning, unless they were exposed to a known symptomatic passenger or crew member on board or during the layover. <p><i>Note.- Crew members operating passenger aircraft with cargo only, for example, should ensure that the correct notification has been sent to all agencies, to ensure that there is no confusion, or that crew members carried on board such as loadmasters, engineers, and cabin crew are correctly recognised and designated on the crew manifest.</i></p> <ul style="list-style-type: none"> • States should consider implementing measures that facilitate the continued operation of aircraft, such that: <ul style="list-style-type: none"> ○ Quarantine measures not imposed on crew who need to layover, or rest, for the purposes of complying with flight time limitation (FTL) rest requirements. ○ Crews are not subject to screening or restrictions applicable to other travellers. ○ Health screening methods for crew members are as non-invasive as possible. 	
Health monitoring	
<ul style="list-style-type: none"> • Crew members should monitor themselves for fever, cough, shortness of breath, or other symptoms of COVID-19. A WHO common cut off point for fever is 38⁰C or higher. • Crew members should take their temperature at least twice per day during duty periods and at any time they feel unwell. 	

- Crew members should stay at home or in their hotel room, notify their employers' occupational health program, and not report for work if they develop a fever, shortness of breath, or other symptoms of COVID-19. They should not return to work until cleared to do so by the employers' occupational health program and public health officials.

Examples of crew exposure concerns, include the following:

- Are within a mandated period quarantine related to previous travel and/or duty.
- Test positive for Covid-19 regardless of symptoms evident.
- Know that they have been exposed to a person showing symptoms of Covid-19.
- Are experiencing any symptoms of Covid-19.
- Have recovered from Covid-19 symptoms but have not been assessed by the employers' occupational health program and public health authority.

During Flight:

- If a crew member develops symptoms during flight, the crew member should stop working as soon as practical, put on a surgical mask, notify the pilot in charge, and maintain the recommended physical distance from others, when possible to do so. Upon landing, individuals should follow up with airline medical and public health officials.

Health protection

- To protect the health of crew and others, including co-workers, crew members should:
 - Maintain recommended physical distance from others where possible, when working on the aircraft e.g., while seated on the jump seat(s) during take-off or landing, during ground transportation and while in public places.
 - Wash their hands regularly. If hands are not visibly dirty, the preferred method is using an alcohol-based hand rub for 20–30 seconds using the appropriate technique. When hands are visibly dirty, they should be washed with soap and water for 40–60 seconds using the appropriate technique.
 - Be reminded to, along with frequent hand washing/sanitization, avoid touching their face including while wearing gloves.
 - Wear a face covering while around other people, especially in situations where the recommended physical distance from others cannot be maintained.

Note - A face covering should not replace the use of surgical masks or other PPE provided in the universal precaution kit (UPK) when interacting with a sick traveller on board an aircraft.

- Avoid contact with people with a cough, fever, or shortness of breath or otherwise suspected of having COVID-19.
- Inspect and verify contents of the UPKs before each flight. Crew members should also follow existing air carrier policy and procedures regarding the use of PPE in the UPKs, if needed to provide care to a sick traveller on board.

- Follow the guidance and precautions of the state and relevant health authorities related to COVID-19.

Additionally, airlines should:

- Provide sufficient quantities of cleaning and disinfectant products (e.g. disinfectant wipes) that are effective against COVID-19 for use during flight.
- Consider providing face covering to crew members for routine use when on duty, if these do not interfere with PPE, job tasks and when it is difficult to maintain the recommended physical distance from co-workers or passengers.

Use of lavatories

- Ideally, one or more lavatories should be reserved for crew use, in order to limit the potential for infection from passengers.

Crew rest compartments

- To minimize any possibility of cross infection, pillows, cushions, sheets, blankets or duvets, where provided, should not be used by multiple persons unless coverings are disinfected.
- Some airlines issue each crew member with their own provisions and the cabin crew members are responsible for ensuring that they are removed and bagged after use.
- Other airlines provide bulk loading for crew rest area bedding items. Where this is the case, crew members should install their own bedding items before their rest period and remove them hygienically afterwards.

Training devices

- The frequency of routine cleaning of flight simulators and training devices and other training aids, or equipment used during training (including oxygen masks) should be increased. Cleaning products used should be compatible with COVID-19 disinfectants.

Means for uniform implementation

- Ensure that these considerations are fully supported by:
 - The applicable non-governmental agencies
 - Public health, immigration and customs agencies
 - Civil aviation authorities.
- A high degree of collaboration between airport operators and their associated stakeholder community.
- Associated policy, procedures and training are developed to reinforce the importance of these considerations.
- Use the *Crew COVID-19 Status Card* (PHC Form 1) or a similar one when appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Flight Crew</p>
<p><i>Brief description (Objective)</i></p> <p>Provide harmonised health protection and sanitation considerations applicable to Flight Crew which can be implemented globally.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Access to the flight deck should be limited to the greatest extent possible. • Flight crew members should only leave the flight deck for short physiological breaks and scheduled rest. • In the case of flight crew at controls displaying symptoms, the operator should consider whether removal from the flight deck is an appropriate mitigation within their risk assessment, and should establish procedures to identify whether a diversion is needed. • Carriers should ensure that when face masks are worn by flight crew or other crew members etc., oxygen masks can be still rapidly placed on the face, properly secured, sealed, supplying oxygen on demand and flight crew are provided with the correct guidance on how to do so. • When leaving flight deck, all items should be stowed, personal items removed, and flight-deck is ready for cleaning and disinfection. • Prior to each cockpit crew change, the flight-deck should have been fully sanitized. • In-person interactions with the cabin crew should be reduced to a minimum. • If possible, only one person should be designated to be able to enter cockpit when necessary. • Only one member of the flight crew or technical crew should be allowed to disembark the aircraft to complete the external inspection, refuelling, etc., in such case direct contact with the ground crew should be avoided.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Ensure that these considerations are fully supported by: <ul style="list-style-type: none"> ○ The applicable non-governmental agencies. ○ Public health, immigration and customs agencies. ○ Civil Aviation Authorities. • A high degree of collaboration between airport operators and their associated stakeholder community. • Associated policy, procedures and training are developed to reinforce the importance of these considerations. • Use the <i>Crew COVID-19 Status Card</i> (PHC Form 1) or a similar one when appropriate.

<p><i>Element</i></p> <p style="text-align: center;">Cabin Crew</p>
<p><i>Brief description (Objective)</i></p> <p>Provide harmonised health protection and sanitation considerations applicable to Cabin Crew which can be implemented globally.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Cabin crew who are in contact with a passenger suspected to be infected should not visit the flight deck unless operationally necessary. <p><i>Note. - Sick passenger positioning guidance is contained in Air System Operations element of the Aircraft module.</i></p> <ul style="list-style-type: none"> • While limiting the number and frequency of physical flight crew checks, an alternative method of checking on flight crew welfare such as regular interphone calls should be implemented. • The use of PPE should not impact the ability to carry out normal, abnormal and emergency safety procedures, such as the donning of oxygen masks, carrying out firefighting procedures etc. • Safety demonstration equipment should not be shared to the extent feasible to reduce the likelihood of virus transmission. If they must be shared, alternate means of demonstration without the equipment should be considered or the equipment should be thoroughly sanitized between uses. • Safety demonstrations should highlight to passengers that face coverings should be removed before donning emergency oxygen masks, should they be needed.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Ensure that these considerations are fully supported by: <ul style="list-style-type: none"> ○ The applicable non-governmental agencies. ○ Public health, immigration and customs agencies. ○ Civil aviation authorities. • A high degree of collaboration between airport operators and their associated stakeholder community. • Associated policy, procedures and training are developed to reinforce the importance of these considerations. • Use the <i>Crew COVID-19 Status Card</i> (PHC Form 1) or a similar one when appropriate.

<i>Element</i> <p style="text-align: center;">Layover</p>
<p><i>Brief description (Objective)</i></p> <p>Ensure that all crew that need to layover or transit at an outstation are aware of the measures necessary to reduce the risk of transmission of COVID-19.</p> <p>Reference should be made to the ICAO Electronic Bulletin EB 2020/30 or as amended for the most up to date guidance.</p>
<p><i>Considerations</i></p> <p>Layover/ transits</p> <p>If crews need to layover or transit at an outstation, air operators should coordinate with the State public health authorities and implement the following:</p> <ul style="list-style-type: none"> • Commute arrangements (between airport and hotel, if needed): The air operator should arrange for the commute between the aircraft and the crew’s individual hotel rooms ensuring hygiene measures are applied and the recommended physical distancing, including within the vehicle, to the extent possible. • At accommodation: <ol style="list-style-type: none"> a) At all times, the crew must comply with relevant public health regulations and policies. b) There should be one crew member per room, which is sanitized prior to occupancy. c) The crew, taking account the above, and insofar as is practicable, should; <ol style="list-style-type: none"> i. Avoid contact with the public and fellow crew members, and remain in the hotel room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing; ii. Not use the common facilities in the hotel; iii. Dine in-room, get take-outs or dine seated alone in a restaurant within the hotel, only if room service is not available; iv. Regularly monitor for symptoms including fever; and v. Observe good hand hygiene, respiratory hygiene and physical distancing measures when needed to leave the hotel room only for the reasons specified in (i), (iii) or emergency situations. • Crew members experiencing symptoms suggestive of COVID-19 during layover or transit should: <ol style="list-style-type: none"> a) Report it to the aircraft operator and seek assistance from a medical doctor for assessment of possible COVID-19. b) Cooperate with the assessment and possible further monitoring for COVID-19 in accordance with the evaluation procedure implemented by the State (e.g. assessment in the hotel room, or an isolation room within the hotel, or alternative location). • If a crew member has been evaluated and COVID-19 is not suspected in accordance with the above procedures implemented by the State, the air operator may arrange for the crew member to repatriate to base.

- If a crew member is suspected or confirmed as a COVID-19 case by the State and isolation is not needed by the State, such crew member could be medically repatriated by appropriate modes; if there is agreement to repatriate the crew member to home base.

Means for uniform implementation

- Ensure that these considerations are fully supported by:
 - The applicable non-governmental agencies
 - Public health, immigration and customs agencies
 - Civil aviation authorities.
- A high degree of collaboration between airport operators and their associated stakeholder community.
- Associated policy, procedures and training are developed to reinforce the importance of these considerations.
- Use the *Crew COVID-19 Status Card* (PHC Form 1) or a similar one when appropriate.

<i>Module</i>	Cargo
<i>Target audience:</i>	
Airline, freight forwarder, trucker, ground handler (cargo terminal operator).	
<i>Element</i>	Road Feeder to Freight Reception & freight pick up
<i>Brief description (Objective)</i>	
Protect cargo handling staff and truckers during the handover points for physical freight (in warehouse) and documentation (often office).	
<i>Considerations</i>	
<ul style="list-style-type: none"> • Onsite biosafety principles: <ul style="list-style-type: none"> ○ Proximity for document handover should be minimized, floor markings should be indicated and / or appropriate PPE should be worn. ○ Wherever possible, hand washing or alcohol-based hand sanitizer should be placed on entry. ○ Surfaces (e.g. handles, kiosks) should be regularly cleaned and disinfected ○ Alcohol-based hand sanitizer should be made available for users of kiosks, etc. ○ Area(s) for donning and doffing of appropriate PPE as needed should be identified. • Physical handover of goods (truck offload): <ul style="list-style-type: none"> ○ Drivers should stay in vehicle cabin until instructed (as per relevant procedures). ○ Physical distance should be kept between driver and facility staff where possible. ○ Close contact of personnel should be limited, appropriate PPE should be worn where appropriate. • Documentation handover (office): <ul style="list-style-type: none"> ○ Digital document systems and data exchange should be implemented wherever possible. ○ Physical distancing of at least 1 meter should be kept between all parties where possible, use of floor markings or wearing the appropriate PPE. ○ Where physical documents need to be signed, each signatory should do so with their own pen. ○ Physical barriers should be installed (transparent) at counters and reception. ○ Alcohol-based hand sanitizer should be made available when entering or exiting common areas. • Material handling equipment (MHE) usage (e.g forklifts, hand carts): <ul style="list-style-type: none"> ○ To avoid cross contamination, MHE should be cleaned and disinfected after use. ○ Employees should be educated and should practice personal hygiene principles. ○ Appropriate PPE should be worn where necessary. 	
<i>Means for uniform implementation</i>	
<ul style="list-style-type: none"> • Wall posters, handouts, downloadable from carrier and GHA web sites, see posters in staff rest areas sample. 	

<p><i>Element</i></p> <p style="text-align: center;">Within Cargo facility (Origin / Destination / Transit)</p>
<p><i>Brief description (Objective)</i></p> <p>Protect Cargo facility (warehouse) staff during business operations such as build-up, breakdown, repositioning and documentation handling.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Onsite biosafety principles: <ul style="list-style-type: none"> ○ Physical distance should be kept at all times when operational safety is not compromised. ○ Close proximity for handover minimized (e.g. drop zones) or appropriate PPE should be worn. ○ Crew rotations should be maintained for 14-day periods to avoid cross-infection. ○ Alcohol-based hand sanitizer should be placed on entry into common areas. ○ Regular cleaning and disinfection of surfaces (e.g. handles, mobile devices, kiosks) should be established. ○ Sanitizer should be made available for users of kiosks, shared mobile devices, and other shared devices. • Physical handling goods: <ul style="list-style-type: none"> ○ Physical distance should be kept when operational safety is not compromised; <ul style="list-style-type: none"> – When not possible (e.g. 2 person lift needed for heavy cargo) appropriate PPE should be worn. ○ Appropriate PPE should be worn where necessary. • Material handling equipment (MHE) / ground support equipment (GSE) usage: <ul style="list-style-type: none"> ○ To avoid cross contamination MHE and GSE should be cleaned and disinfected between uses. ○ All employees should be educated and should practice personal hygiene principles. ○ Appropriate PPE should be worn where necessary.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Posters displayed through cargo facility and staff rest areas.

<p><i>Element</i></p> <p style="text-align: center;">Cargo facility to ramp (Origin / Transit / Destination)</p>
<p><i>Brief description (Objective)</i></p> <p>Protect staff during the Cargo facility handover to/from ramp crews in preparation for aircraft loading and unloading.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Onsite biosafety principles <ul style="list-style-type: none"> ○ Physical distance should be kept at all times when operational safety is not compromised or appropriate PPE should be worn. ○ Regular cleaning and disinfection of surfaces (e.g. handles, kiosks) should be established. ○ Alcohol-based hand sanitizer should be made available for users of kiosks, shared mobile devices, etc. ○ Close proximity for handover should be minimized (e.g. drop zones) or appropriate PPE should be worn. ○ Crew rotations should be maintained for 14-day periods to minimize cross team infection. • Physical handover of goods <ul style="list-style-type: none"> ○ Physical distance should be maintained, and cargo drop zones used where possible. ○ Close contact of personnel should be limited, and appropriate PPE should be worn where necessary. • Ground support equipment (GSE) usage <ul style="list-style-type: none"> ○ To avoid cross contamination, GSE should be cleaned and disinfected between users. ○ All employees should be educated and should practice personal hygiene principles. ○ Appropriate PPE should be worn where necessary.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Posters displayed in staff rest areas.

<i>Element</i> Aircraft Loading / Unloading
<p><i>Brief description (Objective)</i></p> <p>Protect ramp handling staff during the loading and unloading of the aircraft, which is usually performed by multiple crews of 3 to 4 persons depending on the operation.</p> <p>Ensure enhanced public health safety when the number of close contact personnel rises during manual loading of the passenger cabin.</p>
<p><i>Considerations</i></p> <ul style="list-style-type: none"> • Onsite biosafety principles <ul style="list-style-type: none"> ○ Physical distance should be kept at all times when operational safety is not compromised or appropriate PPE should be worn. ○ Alcohol-based hand sanitizer should be placed on entry into common areas. ○ Regular cleaning and disinfection of surfaces (e.g. handles, mobile devices, kiosks) should be established. ○ Alcohol-based hand sanitizer should be made available for users of kiosks, shared mobile devices, etc. ○ Close proximity of staff for loading should be minimized or appropriate PPE should be used particularly for passenger cabin loading. ○ Crew rotations should be maintained for 14-day periods to avoid cross team infection. • Physical Loading of goods <ul style="list-style-type: none"> ○ Physical distance should be kept when operational safety is not compromised (encourage single person operations). ○ Close contact of personnel should be limited, and appropriate PPE should be worn where necessary. ○ For “human chain” loading, appropriate PPE should be used (masks and gloves) and hygiene principles should be applied between operations. • Material handling equipment (MHE) / ground support equipment (GSE) usage <ul style="list-style-type: none"> ○ To avoid cross contamination, MHE/GSE should be cleaned and disinfected between users. ○ All employees should be educated and should practice personal hygiene principles. ○ Appropriate PPE should be worn where necessary.
<p><i>Means for uniform implementation</i></p> <ul style="list-style-type: none"> • Posters in staff rest areas. • Use the <i>Airport COVID-19 Cleaning / Disinfection Control Sheet</i> (PHC Form 3) or a similar one where appropriate.

FORMS AND POSTERS

CREW COVID-19 STATUS CARD							
<p>Purpose of this card: Information to be recorded by crew prior to departure to confirm their COVID-19 health status and to facilitate processing by State's Public Health Authorities.</p> <p>Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Public Health Authorities as part of a multi-layer prevention approach e.g. when recorded temperature is 38°C or greater.</p>							
<p>1. During the past 14 days, have you had close contact (face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>							
<p>2. Have you had any of the following symptoms during the past 14 days:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Fever</td> <td style="width: 50%;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Coughing</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Breathing difficulties</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Breathing difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Breathing difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<p>3. Temperature at duty start:</p> <p>Temperature not recorded due to individual not feeling/ appearing feverish <input type="checkbox"/></p> <p>Temperature in degrees C° <input type="checkbox"/> / F° <input type="checkbox"/> : _____</p> <p>Date: _____ Time: _____</p> <p>Recording method: Forehead <input type="checkbox"/> Ear <input type="checkbox"/> Other <input type="checkbox"/> _____</p>							
<p>4. Have you had a positive <u>PCR</u> COVID-19 test during the past 14 days?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach report if available</p>							
<p>Crew member Identification:</p> <p>Name:</p> <p>Airline/ aircraft operator:</p> <p>Nationality and Passport No:</p> <p>Signature:</p> <p>Date:</p>							

Public health corridor (PHC) Form 1

AIRCRAFT COVID-19 DISINFECTION CONTROL SHEET

Aircraft Registration: _____

Aircraft disinfection was made in accordance with the recommendation of the World Health Organization, at a frequency determined by the National Public Health Authority and in accordance with approved products and application instructions of the aircraft manufacturer.

Date <i>(dd/mm/yy)</i>	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfectant name
Aircraft areas treated		Disinfectant material	Comments	Disinfectant signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

Date <i>(dd/mm/yy)</i>	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfectant name
Aircraft areas treated		Disinfectant material	Comments	Disinfectant signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

Date <i>(dd/mm/yy)</i>	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfectant name
Aircraft areas treated		Disinfectant material	Comments	Disinfectant signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

Public health corridor (PHC) Form 2

XYZ- AIRPORT COVID-19 CLEANING / DISINFECTION CONTROL SHEET

Airport Area: _____

This airport area disinfection was made in accordance with the recommendation of the World Health Organization, at a frequency determined by the National Public Health Authority and in accordance with approved products and application instructions.

Date (dd/mm/yy)	Time (24hr)	Areas	Cleaning/Disinfectant product	Disinfectant name and signature
		Floor <input type="checkbox"/> Seats <input type="checkbox"/> Counter <input type="checkbox"/> Screening equipment <input type="checkbox"/> Conveyor belts <input type="checkbox"/> Hand railings <input type="checkbox"/> Elevators <input type="checkbox"/> Baggage Trolley <input type="checkbox"/> Washroom <input type="checkbox"/> Information Desk <input type="checkbox"/> Boarding Area <input type="checkbox"/> Stanchions / queues <input type="checkbox"/> Self-service kiosks <input type="checkbox"/> Sanitization stations <input type="checkbox"/> Other <input type="checkbox"/>		
			<i>Remarks</i>	

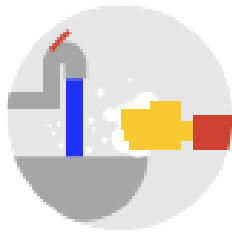
Date (dd/mm/yy)	Time (24hr)	Areas	Cleaning/Disinfectant product	Disinfectant name and signature
		Floor <input type="checkbox"/> Seats <input type="checkbox"/> Counter <input type="checkbox"/> Screening equipment <input type="checkbox"/> Conveyor belts <input type="checkbox"/> Hand railings <input type="checkbox"/> Elevators <input type="checkbox"/> Baggage Trolley <input type="checkbox"/> Washroom <input type="checkbox"/> Information Desk <input type="checkbox"/> Boarding Area <input type="checkbox"/> Stanchions / queues <input type="checkbox"/> Self-service kiosks <input type="checkbox"/> Sanitization stations <input type="checkbox"/> Other <input type="checkbox"/>		
			<i>Remarks</i>	

Public health corridor (PHC) Form 3

POSTERS IN STAFF REST AREAS

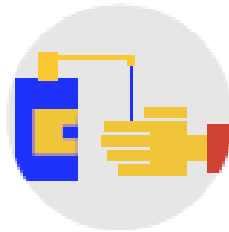
Instruction for Staff during COVID-19

Place holder
EXAMPLE



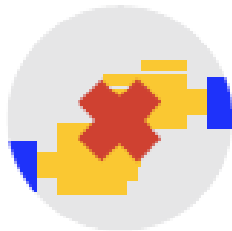
Regularly wash your hands

Use liquid soap and water to wash your hands for at least 20 seconds every time you enter the building.



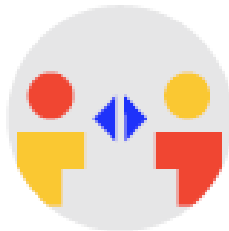
Disinfect

When handwashing is not possible, disinfect your hands with an alcohol-based hand rub.



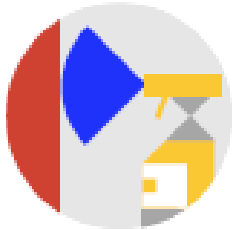
Avoid shaking hands

Remember that the virus spreads through coughing and sneezing via airborne droplets, as well as through direct contact.



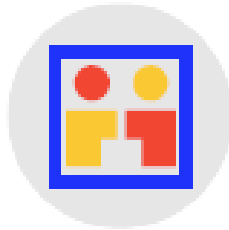
Respect physical distancing

Maintain a safe distance from others by following floor markings or other indicators. Driver to stay in the vehicle until instructed and follow local procedures.



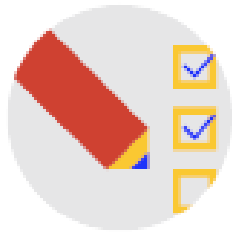
Clean regularly

Disinfect all frequently touched surfaces and all the equipment between uses.



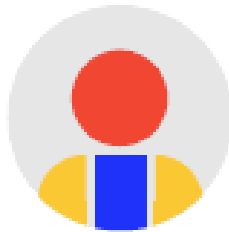
Maintain the distance

Avoid entering enclosed rooms with other people present or wear appropriate personal protective equipment.



Use your own pen

Ensure you don't touch others' pens when signing documentation.



Follow any company, local or national guidance and regulations, especially if you show potential symptoms.

**BE RESPONSIBLE.
STAY SAFE.**



– END –