



**CIVIL AVIATION SAFETY AND
SECURITY OVERSIGHT AGENCY**

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**COVID-19 AVIATION HEALTH SAFETY PROTOCOL
OPERATIONAL GUIDELINES FOR THE MANAGEMENT OF AIR PASSENGERS AND
AVIATION PERSONNEL IN RELATION TO THE COVID-19 PANDEMIC**

1.0 PURPOSE

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.

The purpose of this aviation health safety protocol is to provide guidance to airport operators, Air operators and Civil Aviation Authorities in the EAC, as well as other relevant stakeholders, on how to facilitate the safe and gradual restoration of passenger transport. This is subject to the deployment of proportionate and effective measures to protect the health of aviation personnel and passengers, by reducing COVID-19 transmission in the airport and on board aircraft as much as practicable.

The general situation regarding the COVID-19 pandemic, including the implemented containment measures, the potential risk of being exposed to infected individual(s) and the need to deal with unfamiliar situations in the workplace are likely to have a negative impact on the mental well-being of staff members and passengers. In this context, airport operators and Air operators, and, where applicable, other service providers should promote staff members' access to counselling and/or support programmes (where available), and make use of the WHO guidelines and any other relevant guidance.

National aviation authorities, airport operators, Air operators and other aviation stakeholders should coordinate their actions in the context of these guidelines with their local public health authorities and national facilitation committees, where available, in order to achieve effective risk mitigation and ensure compliance with national public health requirements. Furthermore, they should coordinate with national health authorities in order to help procure appropriate quantities of protective equipment and disinfectant substances.

National aviation authorities should monitor implementation of the recommended measures and provide assistance and advice where needed, especially in coordinating and harmonising implementation with other national organisations or agencies. CASSOA and CDC are ready to assist national aviation authorities to the extent feasible.

In the context of these measures, an increase in cases of unruly or disruptive passengers should be expected, either prior to departure or in-flight. This may be due to passengers not

wishing to sit next to each other or accusing each other of not following the rules. There is a strong potential for conflict if it is not managed properly. In the worst case, panic could become quite a serious threat to flight safety – for example if there are significant displacements within the cabin. To address this, operators are invited to consider the raised likelihood of these factors within their procedures and training.

2.0 GUIDING CONSIDERATIONS¹

In developing the measures contained herein, the following are the considerations guidelines:

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

Based on these guiding considerations, these measures should be:

- a) commensurate to the risk level and shall not compromise aviation safety and aviation security;
- b) 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;
- c) able to minimise negative operational and efficiency impacts while strengthening and promoting public confidence and aviation public health;
- d) 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;
- e) supported by medical evidence and consistent with health best practices;
- f) non-discriminatory, evidence-based, and transparent;
- g) cost effective, proportionate and not undermining to the equal opportunity to compete;
- h) highly visible, and communicated effectively and clearly to the aviation community as well as the general public; and
- i) consistent with international requirements, standards, and recommended practices applicable to aviation and public health.

2.1 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

¹ https://www.icao.int/covid/cart/Documents/CART_Report_Take-Off_Document.pdf#search=CART

timing between these stages. At the time this document was published, most of commercial passenger aviation was in Stage 0 or Stage 1.

- a) **Stage 0:** A situation with travel restrictions and only minimal movement of passengers between major domestic and international airports.
- b) **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.
- c) **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.
- d) **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.
- e) **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.

3.0 PRINCIPLES BASED ON BEST AVAILABLE EVIDENCE²

Airport operators should, according to their airport emergency plan, appoint a coordinator in order to ensure the uniform application of preventive measures by all actors providing services at the airport. This coordinator should be in direct contact with the airport public health authorities and the local (and/or national) public health authority. The following measures should be considered;

- a) 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.
- b) Access to airport terminals should be limited to passengers, crew members and staff to the extent possible (airport and other service providers that are required to enter the terminal in order to complete their tasks). Accompanying persons should only be provided access in special circumstances (e.g. accompanying or picking up a

² <https://www.easa.europa.eu/document-library/general-publications/covid-19-aviation-health-safety-protocol>

passenger requiring assistance – Persons with Reduced Mobility, unaccompanied minors, etc.).

c) As a strategy, emphasis should be placed at the following issues:

I. Discouraging symptomatic passengers, crew members and staff from presenting themselves at the airport for departure. This can be achieved with the necessary risk communication and health promotion activities as described below.

II. Implementing physical distancing (1.5 metres between individuals), enhanced hygiene measures for staff and passengers and enhanced facility cleaning. Similar measures should be implemented in General Aviation terminals.

- 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.
- Airport operators, in cooperation with Air operators and other stakeholders where applicable, are encouraged to take appropriate measures to prevent queuing in high passenger concentration areas as much as practicable, in order to reduce the risk of contamination posed by unnecessary human interaction. In such queues floor markings 1.5 metres apart can assist passengers in maintaining physical distancing.
- Where possible, contact and touching of surfaces should be minimised using electronic alternative processes (e.g. mobile check in, non-contact boarding).
- 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
- The reopening of non-essential airport services should respect local provisions on similar services outside of the airport and respect the physical distancing conventions in place in other parts of the airport. Where such services are not open, the free provision of water should be made available.
- Mutual recognition of equivalent physical distancing measures that mitigate the health risks at the point of departure and of arrival is encouraged.

d) Health safety promotion materials should be widely available at the airport premises (entrances, information screens, gates, lounges etc.) (see Appendix C). Particular attention should be given to the areas expected to have a high concentration of passengers. Attention should be paid to the format: pictograms are strongly encouraged. Materials should be available in the national language(s), English and, where needed, other languages based on the most common language profiles of the passengers using the airport. Health safety promotion material should also be made available in the flight cabin according to the Air operators practices, preferably through video and audio promotional material, or, only when non-physical means are not possible, as leaflets in the pocket seats.

3.1 STAFF PROTECTION

a) 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.

- b) 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.
- c) 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.
- d) Maintenance and repair work in public areas should be prioritized and their schedule adjusted or possibly postponed if it's non-essential.
- e) Staff training should maximise the use of online training and virtual classrooms.
- f) The use of physical separators between selected staff and passengers are recommended in areas of repeat exchanges and transactions.

3.2 AIRPORT TERMINAL ACCESS

- a) 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.
- b) 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.

4.0 PASSENGER MANAGEMENT

For reasons of clarity, this guidance on passenger management is presented in the following sequence: at all times, before arriving at the departure airport, at the airport, on board the aircraft and at the arrival airport. As indicated, the proposed measures will be regularly evaluated and updated in line with changes in knowledge of the risk of transmission, as well as with the development of other diagnostic or preventive measures.

4.1 At all times

OBJECTIVE: *To ensure that passengers arriving at the airport and boarding flights are aware of, and adhere to, the preventive measures put in place in order to ensure, at all times, a safe and healthy environment for travellers, crew members and staff.*

Passengers should be reminded that physical distancing between individuals of 1.5 metres should be maintained as much as is possible in the airport. For the supporting evidence regarding physical distancing, please see Appendix A.

The wearing of medical face masks³ (hereinafter “face masks”) should be recommended for all passengers and persons within the airport and aircraft, from the moment they enter the

³A **medical face mask** (also known as a surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. They are used to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with requirements defined in European Standard EN 14683:2014 (add other standards). **Non-medical face masks** (or ‘community’ masks) include various forms of self-made or commercial masks or face covers made of cloth, other textiles or other materials such as paper. They are not standardised and are not intended for use in healthcare settings or by healthcare professionals. Non medical-face masks are in use and recommended in some EAC countries countries. However, evidence about their efficacy in preventing transmission of COVID -19 is lacking.

terminal building at the departure airport until they exit the terminal building at the destination airport. Exemption to the obligation to wear face masks can be made for instances where otherwise specified, such as during security checks or border control. Children below 6 years old and people having a medical reason for not wearing face masks can also be exempted.

Passengers should be reminded that typically, face masks should be replaced after being worn for 4 hours, if not advised otherwise by the mask manufacturer, or when becoming wet or soiled, and that they should ensure a sufficient supply of masks adequate for the entire duration of their journey.

Passengers should be also instructed on the procedures for safe disposal of used face masks; no-touch bins should be available at the airport and single-use waste bags should be available on board and upon disembarking to dispose of used masks. Airport operators and Air operators should include information regarding the proper use and removal of masks and the proper way to dispose of used masks in their health safety promotion material. Additionally, airport operators should also consider making possible the acquisition of masks at airports in case passengers have no access to face masks beforehand.

The use of face masks should be considered only as a complementary measure and not as a replacement for established preventive measures, such as physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.

In addition, passengers should be required to observe the following measures at all times unless otherwise advised by airport staff or air crew members:

- a) Hand hygiene – by washing with water and soap or, where this is not available, using alcohol based hand sanitising solution.
- b) Respiratory etiquette – covering the mouth and nose with a paper towel cover or a flexed elbow when sneezing or coughing, even when wearing a mask.
- c) Limiting the direct contact (touch) of any surfaces in the airport and on the aircraft to only when necessary.

Airport operators, Air operators and service providers should provide the necessary personal protective equipment (PPE) to their staff members and ensure that they are trained in the appropriate use of this PPE:

- a) Staff members who interact with passengers directly (e.g. security check agents, assistants for passengers with reduced mobility, cleaning staff, etc.) should wear a medical face mask, gloves and their uniforms; uniforms should be changed daily, and where uniforms cannot be changed daily, a protection suit should be used as an alternative. Security check agents performing body checks should wear face shields or suitable alternatives in addition to their masks to further mitigate the risk of droplet inhalation caused by their very close contact with passengers during body-checks.
- b) Staff members who interact with passengers from behind a protection screen do not have to wear personal protective equipment at all times. In addition, if the screens need to have openings for handling documents, passengers should stand away from the counter unless handing in documents and luggage. This may be facilitated with specific floor marking(s), which should be extended to the queue in order to maintain physical distancing.

Notwithstanding the use of PPE, hand hygiene should be reinforced at all times. When gloves are used they should be regularly changed. Not all types of gloves can be disinfected with alcohol-based solution. Some can deteriorate significantly and contribute to contamination. The disinfection of gloves is therefore not recommended. When gloves are worn by staff, operators should remind them that wearing gloves does not protect against the spread of the

virus and alert them to the possible false sense of security they may create if parallel measures are not scrupulously followed.

Passengers should be regularly instructed via visual and audio messaging, as well as other appropriate means, to adhere to the preventive measures in place at various stages in the airport and on board the aircraft, and give proper consideration to the full suite of preventive measures. They should also be advised of the consequences of not adhering to such measures

Passengers who do not adhere to the preventive measures in place should:

- c) Be refused access to the airport terminal building, to the aircraft cabin, or disembarked, if the events take place before aircraft doors are shut, and removed from airport premises by the competent public authorities according to national/local legislation. Furthermore, subject to national requirements, they may be subject to additional actions as determined by the local authorities at the departure airport.
- d) If the events take place in flight, the procedures relating to handling cases of unruly passengers should be applied. Further actions for endangering the flight safety and health security of the other passengers and crew members may be taken by the local authorities at the destination airport in line with national requirements.

4.2. Before arriving at the airport

OBJECTIVE: *To reduce the chances that any passenger with COVID-19 compatible symptoms ARRIVES at the airport. To ensure that passengers arriving at the airport are aware of and adhere to the preventive measures put in place.*

Air operators , in coordination with airport operators, should inform future passengers via promotional measures of the travel restrictions for any passenger who may have COVID-19 compatible symptoms before arriving at the departure airport. This should include the symptoms to be considered. Promotional material should encourage symptomatic passengers not to present themselves at the airport for flight.

In the event that exit screening is operating in the airport, Air operators should inform their passengers that symptomatic passengers identified in the airport by the public health authorities may be refused to continue their travel. Air operators are recommended to encourage symptomatic passengers not to report for their flight, e.g. by offering incentives such as cost-free rebooking or refund up to 6 hours before the flight on the basis of a doctor's certificate confirming suspicion of COVID19 contamination.

In coordination with airport operators, Air operators should inform passengers that wearing a face mask is recommended in the airport and on board the aircraft, except where otherwise specified, such as for security checks. Furthermore, they should inform passengers about the expected duration of the preventive measures in place in order to schedule their arrival in the airport in due time. Whilst passengers should be informed of the time needed to complete formalities, care should be taken to keep the time they spend at the airport to a minimum.

In order to reduce the number of people in the terminal, and consequently facilitate physical distancing, airport operators, in coordination with Air operators , should inform passengers prior to arrival at the airport that access to the terminal is restricted to passengers only, with exceptions as presented in section 2. Furthermore, airport operators should clearly signal the point beyond which any accompanying persons are not allowed to pass.

Passengers should receive information about COVID-19 symptoms and the risk of possible contact with COVID-19 cases and be requested to acknowledge reading this information and

sign or electronically authenticate a health statement (see Appendix B for a sample). This should be achieved preferably prior to arrival at the airport, for example during the online check-in process or via an SMS link, but no more than 24 hours in advance of the flight.

Aircraft operators should make a similar declaration form available to their crew members within their health monitoring programme. The crew member should be immediately removed from flying duties by the airline in case of any doubts they may have symptoms or any health related issue without undue pressure or fear of sanctions/disciplinary measures. The management of such declarations should comply with applicable data protection rules.

4.3 Considerations for the management of passengers at the departure airport

OBJECTIVE: *To reduce the residual risk of transmission of the virus from potential asymptomatic contagious passengers. To reduce the residual risk of any infected passenger ACTUALLY BOARDING an aircraft.*

GENERAL CHECK-IN AREA

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 (where possible) should be made available and utilized as much as possible to limit contact at passenger touchpoints.

Cleaning and Disinfection

Airport operators and, where applicable, service providers, should enhance cleaning activities both in amplitude and frequency. Airport operators should put a procedure in place to ensure that the cleaning and disinfection is done in a consistent manner and following the below principles:

- a) Regular cleaning and disinfection of surfaces should be performed using standard detergents with particular care paid to frequently touched surfaces (e.g. door handles, banister rails, buttons, etc.).
- b) Studies have shown that plastic security screening trays are frequently contaminated with respiratory viruses, therefore cleaning of these should be intensified and hand-disinfectant placed at the entry and exit of the security locations to encourage hand hygiene. Alternatively, single use tray coverings may be used.
- c) Cleaning and disinfection activities should be performed in such a way as not to aerosolise the particles that have already set on the various surfaces (e.g. avoiding air blowing procedures, use of vacuum cleaners etc.).
- d) Proper air ventilation should be ensured, minimising the percentage of air recirculation and favouring when possible the use of fresh air in accordance with international guidance for ventilation of indoor public spaces.
- e) Enhanced cleaning and maintenance should also include toilets, all frequently touched surfaces and the air conditioning system, including the employment of air filters and increasing the frequency of the filter replacement.
- f) Cleaning and disinfection of passenger interview booths (see point 4.2) should be performed after each use of the booth.

Furthermore, heating, ventilation and air conditioning (HVAC) systems should be optimised in order to ensure a high rate of air change. In older facilities, subject to airport/terminal

construction and meteorological conditions, windows can be kept open for additional supply of fresh air, subject to the absence of horizontal air flows.

Air operators should perform the cleaning and disinfection of their aircraft in accordance with the EASA Aircraft cleaning and disinfection guidance (refer to Dr in plenary: CASSOA may need similar guidelines). These guidelines should be made an Appendix to this document.

Thermal screening at the Departure Airport

If national policy recommends implementing thermal screening (temperature checks) due to national response plan regulations or decisions or by agreement with the destination State, the following points should be considered:

- a) National public health authorities, in coordination with airport operators, should develop the protocol for screening and identify the required staff and resources to perform it. Staff performing manual checks, for example as part of a verification procedure, should wear appropriate protective equipment.
- b) It is recommended to subject departing passengers entering the terminal to temperature checks immediately after entering the airport premises.
- c) Airport operators should identify the best location for the temperature control, ideally before checkin and baggage drop-off. Temperature checks should be performed by a validated non-invasive method.
- d) The temperature check should aim to identify passengers with skin temperature of 38°C or higher. For passengers with skin temperature 38°C or higher, temperature checks should be repeated at least once for confirmation purposes. Passengers with elevated skin temperature should be referred to secondary assessment by a health professional or follow the agreed protocol of screening.
- e) Airport operators should ensure separate interview booths for the event of suspected or probable cases requiring further assessment. These booths should ensure confidentiality and prevent viral transmission to individuals in the neighbouring booths. The booths should be disinfected after each use to prevent viral transmission to the next occupants.
- f) Due to the intensive use, equipment (e.g. ear or other type of thermometers or cameras) should be regularly recalibrated in accordance with the manufacturer's instructions or at even shorter intervals.

It should be recognised that thermal screening has many limitations and little evidence of effectiveness in detecting COVID-19 cases:

- a) Many symptomatic persons do not have fever and a large percentage of transmission of COVID-19 occurs by asymptomatic or pre-symptomatic cases;
- b) Fever can easily be treated with medication; and
- c) It may give a false impression of safety with negative effect on compliance with other measures.

Furthermore, the implementation requires public health resources that could better be invested in other measures. Further considerations regarding the evidence on thermal screening may be found in Appendix A.

COVID-19 statement

In line with applicable data protection rules, passengers should provide a statement regarding their COVID19 status before being issued a boarding pass as mentioned in point 4.2,

preferably as part of the check-in process. An example of such statement can be found in Appendix B.

Air operators should make passengers aware of the consequences of making a false statement and the fact that symptomatic passengers detected at the airport may not be allowed to continue their travel.

Protective screens

Wherever staff members interact with passengers from a fixed location such as, but not limited to, check-in, ticketing, passport control and information counters, protective screens should be installed in such a way as to allow the handover of the required documents but provide protection to the staff member from the respiratory droplets of passengers, and vice versa.

Check-in and boarding

Passengers should be advised/reminded by airport operators, in coordination with Air operators, to adhere to the applicable preventive measures described in point 4.1.

Passengers should be advised by airport operators to make use of airport facilities and services in line with national provisions on similar services outside of the airport. Services where the preventive measures mentioned in these guidelines cannot be implemented should not be made available (e.g. smoking areas, playgrounds).

Air operators, in coordination with the airport operators, should put in place measures to assist passengers in using self-check-in procedures and to minimise the amount of hand luggage taken into the cabin, in order to expedite the boarding and disembarking procedure and to reduce the movements and potential contamination in the cabin. Operators should promote the carriage of luggage in the cargo compartments by implementing incentive policies. In doing so, operators should remind passengers to not carry lithium batteries (in equipment or stand-alone) in their checked luggage.

Air operators and airport operators should cooperate to ensure physical distancing is respected wherever feasible, especially during check-in, security check, pre-boarding and boarding. When the recommended physical distancing of 1.5 metres is not possible, due to infrastructure or operational constraints, Air operators and airport operators should implement the additional risk mitigation measures such as hand hygiene, respiratory etiquette, additional transport, etc. Airport operators should also, as far as practicable, put in place separate opposite flows. This could be achieved through floor markings or direction signs. The access to airport lavatories should respect the principles of physical distancing.

Before boarding, passengers should be reminded that they should ensure a sufficient supply of masks for the entire duration of their journey. Nevertheless, Air operators and airport operators should also consider allowing acquisition of masks in case passengers have no access to face masks beforehand.

Air operators in coordination with airport operators and relevant service providers should ensure efficient boarding processes, limiting boarding time and contact risk. Depending on the terminal facilities and apron layout, boarding the aircraft should be carried out by walking in a spaced manner from the gate to the parked aircraft on the apron, or via buses to the parked aircraft, and then via stairs, or via an air bridge directly onto the aircraft. Where buses are used in the boarding process, an increased quantity should be considered in order to accommodate for physical distancing inside them. Where boarding is performed using a boarding bridge, boarding by rows starting with the furthest row from the aircraft doors used

in the embarkation process or, alternatively, all window seats, then middle seats, followed by aisle seats should be considered.

Airport operators in coordination with the aircraft operator and service providers may consider placing on the final part of the stair platform (or bridge) an automated disinfection dispenser where the passengers can disinfect their hands before boarding, as well as a disinfection tray where the passengers have to step on a disinfectant soaked carpet.

All facilities, particularly frequently touched surfaces like handrails, used in the boarding process should be subject to enhanced cleaning principles described in the Cleaning and Disinfection section above.

4.4 Management of passengers on-board the aircraft

OBJECTIVE: *To reduce the residual risk of transmission of COVID-19 in an aircraft, in the event an asymptomatic passenger is on board.*

Air operators should provide guidance material to passengers regarding application of the preventive measures on board, including:

- a) Hand hygiene, particularly before eating or drinking and after use of the toilet
- b) Appropriate use of face masks
- c) Respiratory etiquette
- d) Limiting contact with cabin surfaces
- e) Minimised on-board service
- f) Reducing the use of individual air supply nozzles to the maximum extent possible, unless otherwise recommended by the aircraft manufacturer

Air operators should include in their safety demonstrations that, in case of emergency, passengers should remove their face masks before using the aircraft oxygen masks. Furthermore, Air operators should instruct their crew members to remove their protective face masks in case of emergency, in order to facilitate the communication of instructions to passengers.

Air operators should put measures into place to avoid passengers queuing in the aisle or the galleys for the use of the lavatories. Furthermore, subject to sufficient lavatories on board, the Air operators should reserve a lavatory, preferably the closest one to the flight deck, for crew use only.

High Efficiency Particulate Air (HEPA) filters have demonstrated good performance with particles of the size of the SARS-Cov-2 virus (approximately 70-120 nm). Air operators using the recirculation of cabin air are recommended either to install and use HEPA filters, according to the manufacturer's specifications, or to avoid the use of cabin air recirculation entirely, provided it is confirmed that this will not compromise any safety critical functions (e.g. avionics cooling, cabin pressurisation etc.). When HEPA filters are installed, recirculation fans should not be stopped, but increased fresh air flow should be used by selecting high pack flow whenever possible.

Air operators should consider reviewing their procedures for the use of recirculation fans in air conditioning systems based on information provided by the aircraft manufacturer or, if not available, seeking advice from the manufacturer in order to achieve the objectives stated above. Operators should confirm the practice of selecting the configuration high pack flow with the aircraft manufacturer and follow their instructions for continuous use. Given the importance of minimising virus transmission in order for aviation to remain a safe and trusted

transport mode, operators are recommended to dispatch aircraft from main bases only with all packs serviceable, set on high flow and with recirculation fans serviceable. Procedures should be in place for a best case configuration in the event of unserviceability after dispatch.

Air operators and airport operators should collaborate to ensure that passengers are not kept on board of an aircraft without proper ventilation for longer than 30 minutes.

In addition to the other health and hygiene measures that must be observed at all times, where allowed by the passenger load, cabin configuration and mass and balance requirements, Air operators should ensure, to the extent possible, physical distancing among passengers. Family members and individuals travelling together as part of the same household can be seated next to each other. The seat allocation process should be modified accordingly.

If physical distancing cannot be guaranteed because of the passenger load, seat configuration or other operational constraints, passengers and crew members on board an aircraft should adhere at all times to all the other preventive measures including strict hand hygiene and respiratory etiquette and should wear a face mask.

Air operators should reduce on-board service to the minimum necessary to ensure comfort and wellbeing standards for passengers and limit the contact between crew members and passengers, giving proper consideration to the duration of the flight. Among these measures the following should be considered:

- a) No duty free or other non-essential product sales on board.
- b) Reduced food and drink service
- c) Preference for pre-packaged and sealed food and drink products, such as canned drinks
- d) Wherever possible, payment procedures involving touch or contact, such as cash payments, should be avoided to mitigate transmission between crew members and passengers.

Passengers should be reminded to remain seated with their seatbelt fastened as much as possible.

Although passengers should already have been reminded to have a sufficient supply of face masks for the duration of their journey, Air operators should carry a sufficient number of face masks on board to provide to passengers, especially for long-haul flights where the need to change masks may be advised by public health authorities. A safe mask disposal process should be put in place.

Air operators, individually or via their representative bodies, should provide health promotional materials in advance as well as on board aircraft, explaining all the risk mitigation measures put in place, such as the wearing of face masks, hygiene measures, reduced service, air filtration, ventilation and exchange, to reassure passengers and increase their adherence to the implemented measures.

Extra attention needs to be devoted to the prevention and treatment of unruly passengers in the context of the pressures imposed by the pandemic. This should consider multi-layered actions starting with passenger information and preparation about the measures in place, and giving attention to the procedures and crew actions necessary mitigate this risk.

4.5 Management of passengers on board with COVID-19 compatible symptoms

OBJECTIVE: *To reduce the risk of transmission from a symptomatic passenger on board during the flight.*

In the event that, after take-off, a passenger shows symptoms compatible with COVID-19 such as fever, persistent cough, vomiting, diarrhoea, difficulty breathing or other flu-like symptoms, the following measures should be considered:

- a) The crew should make sure that the passenger is wearing their face mask properly and has additional masks available to replace it in case it becomes wet after coughing or sneezing. If a face mask cannot be tolerated, the sick person should cover their mouth and nose with tissues when coughing or sneezing. In the event the passenger is having difficulty breathing, medical assistance should be sought and oxygen supplementation offered.
- b) The passenger should be isolated on-board. Depending on the configuration of the aircraft, the actual occupancy and distribution of passengers, the position of the symptomatic case, and to the extent that is practicable:
 - i. An isolation area should be defined, leaving, if possible, two (2) rows of seats cleared in each direction around the suspected passenger.
 - ii. Taking into consideration all factors, where possible, the suspected passenger should be seated in the last row window seat, preferably on the side of the aircraft where the Outflow Valve is.
 - iii. Where possible the lavatory closest to the suspected passenger should be specifically designated for them and not be used by the rest of the passengers or the crew.
 - iv. According to the composition of the cabin crew, the Senior Cabin Crew member should designate specific crew member(s) to provide the necessary in-flight service to the isolation area(s). This cabin crew member should be one that had prior contact with the suspected passenger. The designated crew member should make use of the PPE in the aircraft's Universal Precaution Kit. The designated crew member should minimise close contact with other crew members and avoid other unnecessary contact with other passengers.
- c) Where possible, the individual air supply nozzle for the symptomatic passenger should be turned off in order to limit the potential spread of droplets.
- d) If the suspected passenger is travelling accompanied, the passenger's companion(s) should be also confined in the isolation area, even if they do not exhibit any symptoms.
- e) The flight crew should inform the destination airport via the air traffic control system and follow their instructions, and complete the health part of the aircraft general declaration to register the health information on board and submit it to the Point of Entry health authorities when required by a State's representative.
- f) After the flight has landed and other passengers have disembarked, the isolated passenger and, where applicable, crew members should be transferred in accordance with the instructions provided by the local public health authorities.
- g) Passengers who were seated 2 seats in every direction from the suspected case may be considered close contacts and will need to be interviewed by the entry country public health authorities, if the suspect case is confirmed.
- h) Subject to the public health authorities' decision, the crew member designated to provide on-board services for the suspected passenger, and other crew members who may have been in direct contact with the suspected passenger, should be provided with transportation to facilities where they can clean and disinfect before having

physical contact with other people. Alternatively, as a last resort, after carefully disposing of the used PPE and washing and disinfecting their hands, the respective cabin crew members could be isolated on board, in a quarantine area, before return to base or a layover destination.

- i) In coordination with the relevant public health authorities, the Air operators should endeavour to receive information about the test result of the suspect case as soon as possible. The crew member(s) who provided in-flight service to the passenger with COVID-19 compatible symptoms should be considered a close contact and asked to take appropriate self-isolation measures after returning to home base. If the suspected case is confirmed positive, the respective crew member(s) should be placed in quarantine for 14 days from the last contact with the confirmed positive passenger, unless otherwise specified by the local public health authorities. If the test is negative they may resume flying duties.

Note: The incubation period for the SARS-CoV-2 virus has been found to be between 1 and 14 days, with a median incubation period of 5.1 days. 75% of cases have an incubation period longer than 4 days and only 2.5% of cases have an incubation period of less than 2 days. In this context, it is considered that, even if already in the incubation period, a person is most likely not contagious in the first 2 days after exposure.

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

4.6 Management of arriving and transit passengers

OBJECTIVE: *To reduce the residual risk that, should an infected person have been on a flight or at the airport, they would infect other passengers at the arrival airport and/or in the destination region.*

Disembarking

Passengers should be reminded by airport operators, in coordination with Air operators, to adhere to the applicable preventive measures described in point 4.1 and to the relevant principles set in the check-in and boarding section of point 4.3.

Air operators and airport operators should cooperate to ensure physical distancing is practiced as much as possible during the disembarkation procedure. Used medical face masks should be discarded safely in a separate tightly closed waste bag, which can be disposed as regular waste.

Depending on the terminal facilities and apron layout, disembarkation can be done via buses from the parked aircraft, walking in a spaced manner from the parked aircraft on the apron to the gate, and finally using the stairs, or air bridges directly into the terminal. Where buses are used in the disembarkation process, the use of an increased quantity of buses should be considered to accommodate for the physical distancing inside them. Disembarkation should be performed by rows starting with the closest rows to the exits in use, in the order aisle, middle and window seats, or an alternative procedure that would ensure physical distancing to the maximum extent possible and avoid queuing.

All facilities used in the disembarkation process should be subject to enhanced cleaning and ventilation as described in Appendix B.

Passenger locator card (PLC)

Air operators should provide, without undue delay and without prejudice to applicable data protection rules, the following data to the relevant public health authorities upon request for contact tracing purposes:

- a) Full name
- b) Allocated seat
- c) Working phone number (or email address)

This data set represents a minimum suggested extract from the currently available WHO, IATA, ICAO passenger locator card (PLC). See Appendix A about the use of PLC data by public health for contact tracing purposes.

Thermal screening at the Arrival Airport

If implementation of entry thermal screening is required, e.g. due to national response plan decisions/regulations, the points made in Section 4.3 and Appendix A should be considered.

Passengers having fever who, following the assessment, are considered COVID-19 suspect should be dealt with in accordance with the instructions of the local public health authorities in terms of testing, transport and quarantine. Without prejudice to the previous, the symptomatic passenger should not, under any circumstance, be repatriated on a regular passenger flight.

Further considerations regarding thermal screening may be found in Appendix A.

Baggage claim and exit from the arrival airport

Passengers should be advised by the airport operators to give proper consideration to the preventive measures as described in point 4.1 at all times and to the relevant principles set in the check-in and boarding section of point 4.3, including the use of airport facilities.

For customs formalities, where possible green/red lanes for self-declarations are recommended. Appropriate sanitary measures must be taken at secondary screening points to protect passengers and staff. It is suggested that governments should simplify border control formalities, by enabling contactless processes (e.g. relating to the reading of passport chips, facial recognition etc.) or passenger flow management with digital solutions, setting up special lanes where feasible, and training their agents to detect signs of unwell passengers. Possible redesign of immigration halls needs to be coordinated between the airport, airlines and the government.

Airport operators should also inform arriving passengers that after collecting their baggage they are advised to leave the arrival terminal as soon as possible to minimise the possibility of transmission.

Airport operators should inform the meet and greet individuals that access to the terminal is limited to passengers, crew members and staff. Where meet and greet cannot be avoided (e.g. persons requiring assistance) a meet and greet area should be set up away from the exits from the restricted area and away from the main passenger flow to reduce the risk of the arriving passengers crossing paths with other individuals.

5. Management of crew members

OBJECTIVE: To reduce the residual risk of infection from passengers or airport staff or vice versa and avoid duplicate procedures

Crew members, airport staff members and service supplier staff members should be exempt from the airport’s COVID-19 screening procedures, subject to the airline or the airport operator, as applicable, having implemented an equivalent procedure to monitor their staff members’ health status.

Furthermore, airport operators should ensure separate flows for crews in order to ensure that physical distancing from the passengers is guaranteed at all times.

Prior to departure the crew information should be recorded as described in Appendix D, form A....(*crew COVID -19 status card*) to confirm their COVID-19 health status and to facilitate processing by State’s Public Health Authorities

6. Summary

Matrix of measures per stakeholder

Measure	Airport operators	Air operators	Airport staff	Service providers	Crew members	Passengers
Physical distancing	Wherever possible	Wherever possible	Wherever possible	Wherever possible	Wherever possible	Wherever possible
Hand hygiene, respiratory etiquette	Yes	Yes	Yes	Yes	Yes	Yes
Face masks	Yes	Yes	Yes	Yes	Yes ⁴	Yes
Health safety promotion material	Yes, in coordination, see Appendix C		Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes – should read and adhere to the recommendations
Cleaning and Disinfection	Yes, see point 3.3	Yes	N/A	Yes	N/A	N/A
Health statement	Yes, in electronic format. Coordinate the format and assessment.		N/A	N/A	N/A	Yes – should complete the provided statement before the flight

Thermal screening	Yes, where required by national authorities	N/A	Possible, if airport operator did not implement a crew health monitoring programme	Possible, if the employer did not implement a crew health monitoring programme	Possible, if A/C operator did not implement a crew health monitoring programme	Yes, may be subjected where required by the airport in coordination with national authorities
Passenger assessment booths	Yes	N/A	N/A	N/A	N/A	Yes, doubtful cases should be further assessed.
Reduced crew passenger interaction	N/A	Yes. Essential services only. Avoid lavatory queuing. Designate crew lavatory	N/A	N/A	Yes	Yes – should adhere to the recommendations
Special disembarking procedure	Yes, in coordination with the local public health authorities.		Yes, where applicable enforce the instructions received from the public health authorities	Yes, where applicable enforce the instructions received from the public health authorities	Yes, enforce the instructions received from the public health authorities	Yes, follow the instructions of the crew and ground personnel

Civil Aviation Authority

Appendix A – Scientific evidence and additional considerations

Exit and Entry thermal screening

It is essential that while allowing people movements within or between countries, there are measures in place to minimise the risk of the resurgence of sustained community transmission.

Although some imported COVID-19 cases have been detected through entry screening at destination airports (e.g. in Taiwan, where there is a year-round functioning airport screening system), the available evidence suggests that entry/exit screening is not effective or efficient in detecting COVID-19 introductions or in delaying or mitigating a pandemic.

Current evidence, including evidence acquired in the early phases of the COVID-19 pandemic in Europe, indicates that entry screening is ineffective in preventing SARS-CoV-2 virus introductions. In a recent review of the public health response of the US-CDC, data from incoming passengers in selected US airports showed that as of 21 April 2020, screening 268 000 returning travellers discovered 14 COVID-19 cases (approx. 5/100 000 screened passengers).

Entry screening of passengers is not supported by evidence as an effective measure for preventing transmission of COVID-19 since community transmission is ongoing in all EAC/other African countries. Reports from the time of the SARS outbreak (2003) and the A(H1N1) influenza pandemic (2009) consistently show that entry screening via temperature control is a high-cost low-efficiency measure. On top of that, a proportion of COVID-19 cases is asymptomatic and a proportion of transmission happens before symptom onset.

Nonetheless, exit/entry screening processes may help dissuade ill persons from travelling by air and enhance public confidence. In addition, they provide further means for providing specific information to the passengers on the current situation and on where to seek medical advice, if needed.

For exit screening, past experience during the Ebola virus disease (EVD) outbreak in West Africa in 2014-2016, has shown that it can be useful, but EVD is not caused by a respiratory virus and is generally not asymptomatic nor has pre-symptomatic transmission.

Planners need to take into account that a relatively large number of COVID-19 cases will potentially be in the incubation phase when travelling; SARS-CoV-2 has an incubation period between 2-14 days, with 75% of cases developing symptoms between 4-7 days. These passengers will not be detected by exit or entry screening, even in a scenario assuming high sensitivity in detecting symptomatic travellers. This was modelled at the beginning of the outbreak in January 2020, where an estimated 75% of infected passengers will exit or enter the country without being detected. Since then, evidence has accumulated towards the fact that asymptomatic (or pre-symptomatic and mild) cases play a significant role in the transmission of COVID-19 (maybe up to 40%).

Fever (body temperature >37.5 or 38°C) is the symptom for which countries usually screen exit or entry passengers. Fever is a non-specific symptom and in the case of COVID-19 it is frequently but not consistently reported.

Moreover, the large variety of screening equipment (contactless thermometers, thermal scanners and others) available commercially requires that particular care is taken in calibration and the setting of thresholds for categorising anyone as screen-positive. The performance of devices is difficult to compare because of different targets and modes of operation. In addition, performance of the devices is affected by the choice of the cut-off value set for screening. In general, performance is reported as follows:

- a) Sensitivity: 80–99%, meaning that between 1 and 20% of the febrile passengers will not be detected (false negative).
- b) Specificity: 75–99%, meaning that between 1 and 25% of non-febrile passengers will be reported as febrile (false positive).

Some reports suggest that taking the average of several readings improves accuracy.

Finally, due to the ongoing transmission, if exit and/or entry screening is planned, it should foresee all points of entry and all passengers, using a specific protocol for primary and secondary screening, testing and follow up. This entails huge human and laboratory and logistical resources, which will be detracted from the preparedness planning for a potential second wave of the COVID-19 pandemic.

Use of masks

A **medical face mask** (also known as a surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. They are used to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with requirements defined in [State]. **Non-medical face masks** (or 'community' masks) include various forms of selfmade or commercial masks or face covers made of cloth, other textiles or other materials such as paper. They are not standardised and do not offer a consistent level of protection. For these reasons, non-medical face masks are not recommended to use where a minimal physical distance of 1.5 metres between individuals is not guaranteed.

Face masks are recommended mainly as a means of source control for persons who are symptomatic in order to prevent the spread of respiratory droplets produced by coughing or sneezing. There is increasing evidence that persons with mild or no symptoms at the pre-symptomatic and early stages of infection can contribute to the spread of COVID-19. A face mask may help reduce the spread of infection in the community by minimising the excretion of respiratory droplets from infected individuals who may not know they are infected and before they develop any symptoms.

CDC advises that the use of face masks outside of health or social care settings can be considered, especially when visiting busy, closed spaces, or when using public transport, which are conditions that apply in the context of airports and on board aircraft. Use of face masks should therefore be strongly considered in airports for both staff and passengers, with particular emphasis on areas or situations where the ideal 1.5 metres physical distancing is not feasible.

The use of face masks in airports should be considered only as a complementary measure and not as a replacement for established preventive measures, for example physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.

In general, face masks should be replaced if they become wet or soiled or after being worn for 4 hours. Passengers should be reminded that they should ensure a sufficient supply of masks for the entire duration of their travel. Nevertheless, airport operators should also facilitate the acquisition of masks in the terminal in case passengers have no access to face masks beforehand.

There are three main caveats associated with the use of face masks: the correct use of them (wearing and removing procedures, and how to manage the face mask when it is worn), the

proper disposal of the used face masks and the false sense of security that wearing a mask can give:

- a) A face mask should completely cover the face from the bridge of the nose down to the chin. Before wearing and removing the face mask, hand hygiene with soap and water or alcohol-based hand sanitiser should be performed. When removing the face mask, it should be removed from behind, avoiding touching the front side.
- b) A used face mask should be properly disposed: in airports, the installation of no-touch bins dedicated to the collection of used face masks should be considered; on-board, single-use plastic bags should be available at every passenger's seat for the safe disposal of used facemasks. All the bags should be tightly closed and then disposed of as regular waste.
- c) The false sense of security that can be given by wearing a face mask should be considered: the face masks work mainly as a source of control for exhaled droplets, and not as a source of protection for the wearer. Passengers should be informed about this and about the importance of keeping physical distance and practising frequent hand hygiene, together with the proper respiratory etiquette, to reduce the risks of infection.

Physical distancing

Current scientific studies and articles³² confirm that in general, the distance that large respiratory droplets travel is 1.5 metres for normal speech and up to 2 metres when coughing. For this reason, Air operators, airport operators and service providers should ensure that physical distancing of 1.5 metres is maintained wherever this is operationally feasible. In case physical distancing cannot be guaranteed because of operational constraints, the airport operator should implement risk mitigation measures.

In order to reduce the number of people in the terminal, and consequently facilitate physical distancing, airport operators, in coordination with Air operators, should inform passengers prior to arrival at the airport that access to the terminal is restricted to passengers only, with exceptions as presented in point 2. Furthermore, airport operators should clearly signal the point beyond which accompanying persons are not allowed to cross.

Where allowed by the passenger load, cabin configuration and mass and balance requirements, Air operators should ensure, to the extent possible, physical distancing among passengers. This may be achieved by leaving at least one seat empty between passengers, increasing the distance between the seats or leaving every other row empty. Family members and individuals travelling together as part of the same household can be seated next to each other. The seat allocation process should be modified accordingly.

If physical distancing cannot be guaranteed because of the passenger load, seat configuration or other operational constraints, passengers and crew members on board an aircraft should adhere at all times to all the other preventive measures including strict hand hygiene and respiratory etiquette and should wear a medical face mask. Aircraft operators are requested to further adjust the ventilation system of the cabin and reduce ground times to minimise the risk of contamination.

Passenger locator card / data

The passenger locator form or card has been developed in collaboration between WHO, ICAO and IATA to assist public health authorities in conducting contact tracing of passengers potentially exposed to a communicable disease [3].

Contact tracing is performed regularly in cooperation with civil aviation authorities and Air operators to identify possible contacts in the context of various communicable diseases (e.g. TB, meningitis, measles). The purpose of identifying and managing the contacts of probable or confirmed COVID-19 cases is to rapidly identify secondary cases. Contact tracing is an essential measure to fight the ongoing epidemic of COVID-19, in conjunction with active case finding and testing, and in synergy with other measures such as physical distancing. Contact tracing is crucial in the current phase of the COVID-19 pandemic, when countries are adjusting their control measures.

There is a need for an efficient method of transmitting the necessary data to public health authorities, such as through the electronic provision of information by Air operators. Passenger locator data should become available as soon as possible to the public health authorities for initiating contact with the exposed passengers. The prompt availability of passenger locator data is extremely important for the success and effectiveness of contact tracing operations in order for public health authorities to identify and notify people who were sitting in close proximity to an infected case and to give them advice accordingly.

CDC would advise against combining passenger locator data and the health information/screening declaration data in the same form, despite the fact that both require passenger identification and flight details.

To facilitate passenger location a minimum set of data is needed. Box 1 shows the proposed needed (in red) and optional (in black) passenger data that can be requested by public health authorities for contact tracing purposes.

Collaboration with Air operators should be ongoing to identify the easiest way to obtain the necessary passenger data in a timely manner for effective contract tracing. Member States will need to assess whether the transfer of passenger location data from airlines to public health authorities complies with the requirements under the General Data Protection Legislation (GDPR), taking into account the legal requirements under their national law.

- | |
|--|
| <p>1) Passenger identification (available to the airline through booking/check in/ included in PNR data):</p> <ul style="list-style-type: none">First name – neededLast Name- neededDate of Birth – optional, useful to assist in the differentiation of persons with common namesGender – optionalAge – optionalPassport number (incl. issuing authority and expiration date) -- optional <p>2) Travel details (available to the airline through booking/check in/ included in PNR data):</p> <ul style="list-style-type: none">Seat number – neededFlight details (number and date, departure and arrival cities: already known since PH is contact tracing) <p>3) Contact details (possibly available to the airline through booking/check in, or can be requested):</p> <ul style="list-style-type: none">Address in the city of arrival: optionalAddress of permanent residence: optionalFunctional contact: mobile and email - needed (also, FB messenger, WhatsApp, Twitter) |
|--|

Appendix B – Notification of Health status prior to Issuing Boarding Pass

An example of a notification of the health status, to be completed prior to issuing a boarding pass, is presented below. It should be made clear that this applies for each individual passenger in a booking for more than one person.

I understand that I must advise <name of airline or travel agent> as soon as possible, and should on no account report to the airport for the flight, if any of the following statements apply:

- I have been diagnosed with COVID-19 at any time during the 14 days prior to my flight. o I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 8 days prior to my flight.
- I have been in close contact (e.g. less than 2 metres for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to my flight.
- I am required by local or national regulations to be in quarantine for reasons related to COVID-19 for a period that includes the date of the flight,

I understand that any of these circumstances will result in refusal to proceed with my travel if I do not disclose this information to the airline before arrival at the airport and my circumstances are identified on site at the airport.

This declaration should be updated in line with latest developments on microbiological testing for COVID-19.

Appendix C – Health Safety Promotion

General messages:

- Wear medical face masks, ensure their correct use and disposal, and replace every 4 hours (unless instructions say otherwise)
- Observe physical distancing (1.5 metres)
- Wash hands regularly for at least 20 secs with soap and water or, where not available, use alcoholbased hand sanitising solutions
- Cover the mouth and nose with a tissue or flexed elbow when sneezing or coughing
- Limit direct contact with surfaces and people
- Be kind to each other – it's the only way we will get through this **Before leaving for the airport:**
- Complete the Notification of Health status from your airline
- Don't travel to the airport if you have been in any of the situation specified in the Notification of Health status
- Be aware that only travellers should enter the airport terminal at arrival and departure. (The only other people who should enter the terminal are people accompanying or picking up a passenger requiring assistance – Persons with Reduced Mobility or unaccompanied minors)
- Read the health safety promotion material from your airline
- Check you have sufficient medical face masks and sanitising gel for your journey -
- Ensure you leave enough time for your journey including checks at the airport **At the airport:**
- Ask a member of staff in case you have any questions or feel uneasy (they are there to help you in this new situation)
- Be prepared for thermal screening at the airport
- Observe physical barriers or signs indicating distancing requirements
- Check-in your bag whenever possible
- Minimise your use of airport facilities
- Wear a face mask, and expect to be denied boarding if you do not wear one **On the aircraft:**
- Ask the cabin crew if you have any questions or feel uneasy (they are there to help you in this new situation) and be nice to them.
- Watch the cabin safety demonstration so you know what is happening on your flight.
- Reduce the use of individual air supply nozzles as far as possible

Appendix D- FORMS

FORM A----- CREW COVID-19 STATUS CARD

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>Yes No</p>	
<p>2. Have you had any of the following symptoms during the past 14 days:</p> <p>Fever Yes No Coughing Yes No Breathing difficulties Yes No</p>	
<p>3. Temperature at duty start: Temperature not recorded due to individual not feeling/ appearing feverish</p> <p>Temperature in degrees C° / F° : _____ Date: _____ Time: _____ Recording method: Forehead Ear Other _____</p>	
<p>4. Have you had a positive <u>PCR</u> COVID-19 test during the past 14 days?</p> <p>Yes No</p> <p>Attach report if available</p>	
<p>Crew member Identification:</p> <p>Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:</p>	

FORM B-----AIRCRAFT COVID-19 DISINFECTION CONTROL SHEET

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 (dd/mm/yy)	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 (dd/mm/yy)	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 (dd/mm/yy)	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: _____				

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FORM C.....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	Disinfector name and signature
		Floor <input type="checkbox"/> Seats <input type="checkbox"/> Counter <input type="checkbox"/> Screening <input type="checkbox"/> equipment Conveyor belts <input type="checkbox"/> Hand railings <input type="checkbox"/> Elevators <input type="checkbox"/> Baggage Trolley <input type="checkbox"/> Washroom <input type="checkbox"/> Information <input type="checkbox"/> Desk <input type="checkbox"/> Boarding Area <input type="checkbox"/> Stanchions / <input type="checkbox"/> queues Self- <input type="checkbox"/> service kiosks <input type="checkbox"/> Sanitization <input type="checkbox"/> stations Other	<i>Remarks</i>	
		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 <input type="checkbox"/> Desk <input type="checkbox"/> Boarding Area <input type="checkbox"/> Stanchions / <input type="checkbox"/> queues Self- <input type="checkbox"/> service kiosks <input type="checkbox"/> Sanitization <input type="checkbox"/> stations <input type="checkbox"/> Other <input type="checkbox"/>	
		<i>Remarks</i>

Civil Aviation Authority