



International Civil Aviation Organization

## ELECTRONIC BULLETIN

For information only

EB 2020/36

17 June 2020

### IMPLEMENTING A PUBLIC HEALTH CORRIDOR TO PROTECT FLIGHT CREW DURING THE COVID-19 PANDEMIC (CARGO, MAINTENANCE, FERRY, AND DELIVERY FLIGHT OPERATIONS)

1. This Electronic Bulletin replaces **EB 2020/30** dated 11 May 2020, as well as its attached guidance on *Implementing a Public Health Corridor to Protect Flight Crew during the COVID-19 Pandemic*.
2. The implementation of extensive and inconsistent border restrictions, amid the COVID-19 pandemic, has severely disrupted the supply chain in delivery of essential medical supplies needed to respond to the pandemic. The transport of such goods is often dependent on the availability of aircraft to operators, and therefore the timely delivery of newly acquired and repaired aircraft is an essential enabler of the supply chain. Furthermore, these border restrictions impact the necessary operation of aircraft in support of continuing airworthiness and maintenance activities, including the positioning of qualified engineering personnel. There may also exist operational necessities to fly an aircraft (i.e. ferry), without carrying any person other than crewmembers (e.g. response to environmental hazards, aircraft positioning, etc.).
3. In order to facilitate continued flight operations whilst preventing the spread of COVID-19 and protecting the health of crew, the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) recommended the implementation of a “Public Health Corridor” (PHC) concept.
4. The PHC has been developed using a risk-based approach, taking into account safety management principles, with the key elements being the use of “clean” crew, “clean” aircraft, “clean” airport facilities and transporting “clean” passengers. “Clean” in this context refers to implementing measures to ensure as far as possible a “COVID-19 free” status within the air transport sector.
5. CAPSCA has considered relevant documents from the World Health Organization (WHO) and aviation stakeholders, and consulted with CAPSCA partners, CAPSCA Member States, the ICAO Medical Provisions Study Group (MPSG), and other aviation and public health stakeholders to develop specific guidance material on the PHC during the COVID-19 pandemic. In May 2020, the temporary guidance applicable to flight crew conducting cargo operations was circulated as an attachment to EB 2020/30.
6. Since then, CAPSCA has reviewed this temporary guidance with the most recent available scientific information, including the advice on the use of masks by the World Health Organization (WHO, 5 June 2020, [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)). The scope of the guidance was expanded also to maintenance, ferry, and delivery flight operations.

7. The updated guidance relating specifically to flight crew conducting essential cargo, maintenance, ferry, and delivery flight operations is appended to this Electronic Bulletin and will be published on the CAPSCA website ([www.capsca.org](http://www.capsca.org)). This guidance is complementary to and consistent with the ICAO Council Aviation Recovery Task Force (CART) *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis* (27 May 2020, <https://www.icao.int/covid/cart/Pages/CART-Take-off.aspx>). Further guidance addressing humanitarian, repatriation and scheduled passenger flights is also under development through CAPSCA.

**Enclosure:**

Temporary Guidance: Implementing a Public Health Corridor to protect flight crew during the COVID-19 pandemic (Cargo, maintenance, ferry, and delivery flight operations)

Issued under the authority of the Secretary General
---

ATTACHMENT to EB 2020/36

**IMPLEMENTING A PUBLIC HEALTH CORRIDOR TO PROTECT FLIGHT CREW DURING THE COVID-19 PANDEMIC (CARGO, MAINTENANCE, FERRY, AND DELIVERY FLIGHT OPERATIONS)**

*Presented by the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)*

*\*Note: Although this guidance has been developed for flight crew conducting cargo, maintenance, ferry, and delivery flight operations, it is applicable to flight crew for all types of flight operations.*

**Introduction**

Extensive and varied border restrictions, introduced amid the COVID-19 pandemic, have severely disrupted the global aviation network, including the transport of essential items such as medical supplies and food. The transport of such goods is often dependent on the availability of aircraft to operators and therefore the timely delivery of newly acquired and repaired aircraft is an essential enabler of the supply chain. Furthermore, these border restrictions impact the necessary operation of aircraft in support of continued and continuing airworthiness and maintenance activities, including the positioning of qualified engineering personnel. There may also exist operational necessities to fly an aircraft (i.e. ferry), without carrying any person other than crewmembers (e.g. response to environmental hazards, aircraft positioning, etc.). For the continuation of air transport, it is critical to take into consideration appropriate risk assessments and public health measures proportionate to the risk.

CAPSCA, set up in 2006 after the SARS crisis, is a voluntary multi-sectoral platform applying resources and expertise from both aviation and public health sectors to support the preparedness for, and management of, public health events in civil aviation. The CAPSCA network links ICAO (membership includes 76 per cent of Member States), the World Health Organization (WHO) and other United Nations (UN) entities, International Aviation Organizations, Civil Aviation Authorities and Public Health Organizations at global, regional and national levels; and is therefore well placed to agree on guidelines and procedures to mitigate the impact of COVID-19 on civil aviation, while keeping aviation safety as the first priority.

**The Public Health Corridor (PHC) Concept**

CAPSCA recommends the implementation of a “Public Health Corridor” (PHC) concept to ensure continued flight operations with minimal restrictions, while preventing the spread of COVID-19 through air travel and protecting the health and safety of crew and passengers. The key elements of this concept are the use of “clean” crew, “clean” aircraft, “clean” airport facilities, and transporting “clean” passengers. “Clean” in this context refers to implementing measures to ensure as far as possible a “COVID-19 free” status.

The PHC has been developed using a risk-based approach, taking into account safety management principles. Given the lack of a vaccine and definitive treatment, and the limitations on testing and resources, the risk of contracting COVID-19 during air travel cannot be completely eliminated but the risk to crew and passengers can be mitigated significantly through the application of the PHC concept.

**Implementing the PHC concept for cargo, maintenance, ferry, and delivery flight operations**

ICAO Annex 9 — *Facilitation* identifies crew as essential personnel to the operation of an aircraft. The lack of consistent and appropriate COVID-19 border procedures being applied to crew could result in extending or worsening the disruption to supply chain during the pandemic.

The guidance in Appendix A to this document could serve as a framework for harmonizing procedures implemented by States in order to facilitate cross border cargo, maintenance, ferry, and delivery flight operations.

CAPSCA has considered relevant documents from WHO and other aviation stakeholders, and consulted with CAPSCA partners, CAPSCA Member States, the ICAO Medical Provisions Study Group (MPSG), and other aviation and public health stakeholders to develop these guidelines (Appendix B refers). In May 2020, the temporary guidance applicable to flight crew conducting cargo operations was circulated as an attachment to EB 2020/30.

Since then, CAPSCA has reviewed this temporary guidance with the most recent available scientific information, including the advice on the use of masks by the World Health Organization (WHO, 5 June 2020, [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)). The scope of the guidance was expanded also to maintenance, ferry, and delivery flight operations. As the pandemic evolves, CAPSCA will further review and update the guidelines.

This guidance material refers specifically to crew conducting essential cargo, maintenance, ferry, and delivery flight operations. Further similar guidance material addressing humanitarian, repatriation, and passenger flights is under development through CAPSCA and will be consistent with the PHC concept. Such guidance material will allow States to implement processes consistently and in accordance with the WHO International Health Regulations (IHR) and ICAO Standards and Recommended Practices (SARPs) relating to airports, on board procedures, facilitation, aircraft operations, air traffic management and navigation.

-----

## Appendix A

### CAPSCA Harmonized Guidance on Facilitating Cargo, Maintenance, Ferry, and Delivery Flight Operations and Protecting Crew during the COVID-19 Pandemic

#### 1. Applicability

This guidance applies to operations supporting the carrying of cargo, maintenance activities and positioning of aircraft without passengers specifically:

- 1.1 Operations involving freighter/ cargo aircraft transporting cargo;
- 1.2 Operations involving passenger aircraft transporting cargo in the passenger cabin (crew other than flight crew may need to be on board such flights for safety reasons);
- 1.3 Operations involving any type of aircraft in support of continuing airworthiness and maintenance requirements;
- 1.4 Operations involving any type of aircraft to position the aircraft for reasons of operational necessity, without carrying any person other than crewmembers; and
- 1.5 The delivery of newly acquired aircraft that serve public functions, including air ambulance, aerial fire fighting and humanitarian aid.

*Note 1. For the purpose of this document, passenger aircraft transporting cargo only with no passengers on board should be considered as freighter/ cargo aircraft.*

*Note 2. Dangerous goods are prohibited from transport in the passenger cabin unless as authorized or permitted in the Technical Instructions for the Safe Transport of Dangerous Goods by Air (Doc 9284).*

*Note 3. Unless specified as flight crew or cabin crew, the term “crew” refers to all operational crew required on board for the aircraft operator to support the flight. This may include ground engineers, technicians, firefighters or other crew who may be required on board to provide engineering or safety support for the flight.*

#### 2. Target Concerns

The COVID-19 pandemic is continuously evolving. These guidelines aim to address the following concerns of States:

- 2.1 When crew are dispatched on international<sup>1</sup> flight operations, how are they prevented from:
  - 2.1.1 Transmitting the virus amongst themselves?
  - 2.1.2 Contracting COVID-19 when they are staying abroad during a layover, and
  - 2.1.3 Importing the virus when they return?
- 2.2 When allowing crew to enter, or re-enter the State, how are they:

---

<sup>1</sup> Consideration should be given also to domestic flight operations as the risks outlined in paragraph 2 may pertain to domestic flight operations, in particular when crew is conducting layovers away from their domicile.

- 2.2.1 Prevented from transmitting the virus to the local community and creating new clusters of transmission, and vice-versa?
- 2.2.2 Managed when they exhibit symptoms of COVID-19 on arrival or develop symptoms during layover?

### 3. Key Considerations

- 3.1 The COVID-19 pandemic has reached all parts of the world, prompting responses from affected States to limit the spread in order to flatten the epidemic curve and ensure State capacity to manage the pandemic.
- 3.2 The strategies adopted by States are diverse as national health authorities consider various factors in their assessments of risk of transmission from imported cases.
- 3.3 Current evidence supports the fact that the mainstay of SARS-CoV-2 (COVID-19) spread is by respiratory droplets from infected persons during close contact (e.g. by direct contact with infected people and indirect contact with surfaces in the immediate environment or with objects used by the infected person).
- 3.4 The majority of transmission of COVID-19 is occurring from symptomatic persons. However, there is the possibility of transmission from persons who are infected but have not yet developed symptoms (pre-symptomatic transmission) or persons who do not develop any symptoms (asymptomatic transmission). Available evidence suggests that asymptomatically-infected individuals are less likely to transmit the virus than those who develop symptoms.
- 3.5 Early symptoms for some people infected with COVID-19 may be very mild and unspecific. Symptoms can include fever, cough, fatigue, loss of appetite, shortness of breath and muscle pain. Other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhoea, nausea, vomiting, and loss of smell and taste preceding the onset of respiratory symptoms have also been reported.
- 3.6 Physical distancing, hand hygiene (hand-washing or alternatively using alcohol-based hand rub if hands are not visibly dirty), respiratory hygiene (covering nose and mouth when coughing and sneezing) and avoiding mouth, eyes and nose contact with hands remain among the key prevention methods.
- 3.7 Physical distancing of at least one meter, ideally two meters to the extent possible, is advised by Public Health Authorities to avoid inadvertent community transmission of COVID-19.
- 3.8 Face masks should be worn at airports and other facilities where physical distancing is not feasible, consistent with applicable public health guidelines. The type of face mask (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. The use of masks alone is not sufficient to provide an adequate level of protection. Hand hygiene and physical distancing should be

applied as well. In all instances, best practices should be followed concerning when and how to wear, remove, replace, and dispose of them, as well as hand hygiene after removal.

- 3.9 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, as well as people 60 years or older or people with underlying chronic diseases such as heart disease, diabetes, chronic lung disease, cancer or a suppressed immune system.
- 3.10 An aircraft shall be equipped with accessible and adequate medical supplies. It is recommended that an appropriate number of Universal Precaution Kits (UPK) be carried as part of the medical supplies (similar to the recommendation for commercial aircraft operations with at least one cabin crew member on board in Accordance with ICAO Annex 6, Part I – *Operation of Aircraft*).<sup>2</sup>
- 3.11 Aircraft operators should review current fatigue management policies and procedures to ensure that these reflect any new constraints, such as reduced opportunities for crew rest or meals at destination airports or on positioning flights, or changes to practices such as reduced duration for layovers. Appropriate crewing and scheduling should be adopted to ensure that crews are not unduly fatigued during the operating pattern that they embark on.
- 3.12 With reduced network capacity, crew may be positioned (dead heading) on other aircraft.
- 3.13 The aircraft environment could in many aspects be considered as a restricted space or confined working area. If it is not practically possible to achieve prescriptive guidelines due to practical limitations, e.g. distancing measures within the cockpit, the aircraft operator should apply a risk-based approach when considering implementation of alternative mitigating measures to prevent the transmission of COVID-19 to or from flight crew. The application of a layered mitigation strategy consisting of the application of a variety of risk controls will provide better protection than the implementation of only one or two selected risk controls of the same type to prevent transmission.
- 3.14 Current evidence does not support cargo being a source of transmission of COVID-19. The application of additional disinfection procedures for cargo being transported on aircraft during the COVID-19 pandemic is therefore not supported. Following the protocol of Personal Protective Equipment (PPE) and disinfection in the routine times are recommended, unless indicated differently based on risk assessment conducted by the State or the operator.

#### 4. Facilitation

---

<sup>2</sup> The contents of an aircraft universal precaution kit would typically include: dry powder that can convert small liquid spill into a granulated gel, germicidal disinfectant for surface cleaning, skin wipes, face/eye mask (separate or combined), gloves (disposable), impermeable full length long sleeved gown that fastens at the back, large absorbent towel, pick-up scoop with scraper, bio-hazard disposal waste bag and instructions.

- 4.1 Crewmembers, 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 a layover or after returning, unless they exhibit symptoms or were exposed to persons with symptoms or signs suggestive of COVID-19 on board or during the layover.
- 4.2 Crewmembers operating passenger aircraft with cargo only, for example, should ensure that the correct notification has been sent to all agencies, so that there will be no confusion, or that crew members carried on board such as loadmasters, engineers, and cabin crew will be correctly recognised and designated on the crew manifest.
- 4.3 States should consider implementing measures that facilitate the continued operation of aircraft, such that:
  - 4.3.1 Quarantine measures are not imposed on crew who need to layover, or rest, for the purposes of complying with Flight Time Limitation (FTL) requirements;
  - 4.3.2 Crewmembers are not subject to screening or restrictions applicable to other travellers; and
  - 4.3.3 Health screening methods for crewmembers are as non-invasive as possible.

## 5. Guidelines at all times

- 5.1 Aircraft operators are responsible for ensuring disinfection of the aircraft at a frequency based on the usage of the aircraft and recommended by the aviation regulators in coordination with the local Public Health Authorities.
- 5.2 Materials known to be effective against COVID-19 and safe for use in the aircraft should be used, referring to original equipment manufacturer (OEM) guidance<sup>3</sup>, in accordance with the WHO guidance.
- 5.3 Aircraft operators are encouraged to use the Aircraft COVID-19 Disinfection Control Sheet (PHC Form 2 in Appendix C) for documentation purposes.
- 5.4 In instances where additional disinfection is required, e.g. cockpit disinfection during crew changes, aircraft operators are required to provide crew with the necessary disinfection materials and PPE.
- 5.5 Increased frequency of disinfection or the use of new products for COVID-19 disinfection may compromise the effectiveness of a residual insecticide treatment. Aircraft operators and relevant national authorities should determine whether increased disinfection activities compromise residual insecticide treatment to an extent necessary to implement additional or alternative disinsection treatments to meet national requirements.
- 5.6 Crew identified as having had close contact with a person with symptoms or signs suggestive of COVID-19 must self-isolate pending the result of testing of the contact person, or for 14 days after the

---

<sup>3</sup> 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.



last potential exposure, should the testing result of the contact person not be available. During this period, such crew must be relieved from the flight duty roster.

*Note: For purposes of this document close contact means 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; during the 2 days before or 14 days after that person had the onset of symptoms.*

- 5.7 Crew identified as having had close contact with a positive COVID-19 case must be relieved from the flight duty roster for 14 days from the date of exposure and follow the local Public Health Authorities' instructions.
- 5.8 Crew should monitor themselves while available for duty and if displaying any symptoms suggestive of respiratory tract infection or if they develop a fever, a new persistent cough or difficulty breathing, must notify their employer and/or an Aviation Medical Examiner (AME), as applicable, and be relieved from flight duties. Crew should self-isolate and seek medical advice as soon as practicable. Crew should not return to work until cleared to do so by an AME, the applicable Public Health Authority or the employers' occupational health programme.
- 5.9 Crew are to observe physical distancing practices, including both when on and off duty, in accordance with local health requirements when off-duty.
- 5.10 Given the current situation and as far as FTL permits, aircraft operators should operate turnaround flights and avoid long layovers and transits for their crew as far as reasonably practical. For turnarounds, crew are advised to stay in the aircraft (except for aircraft walk-around checks). Consideration should be given for unforeseen delays (e.g. due to unplanned testing procedures) and a process identified for managing such unforeseen delays.
- 5.11 Access on board the aircraft and to the flight deck by authorised personnel such as ground/technical personnel should be minimised and use of electronic documentation is encouraged.
- 5.12 Access on board must only be allowed if physical distancing measures are adopted. If it is not practically possible to achieve this, such personnel should use non-medical face masks to reduce the risk of potential exposure to the crew.
- 5.13 Oxygen masks must be disinfected using available means, after each use<sup>4</sup>. In-flight rest shall have bedding for each crew member for their individual use. The bedding must be packaged and stored individually.

## **6. Guidelines at airports**

- 6.1 Crew are encouraged to collaborate with airport authorities and adhere to measures implemented by airport operators in view of general hygiene and distancing measures.

---

<sup>4</sup> referring to original equipment manufacturer (OEM) guidance

- 6.2 Airport authorities should collaborate with State authorities to provide as far as practical dedicated channels at airports to facilitate crew, including any positioning crew, in clearing customs and immigration in order to minimise contact with other travellers.
- 6.3 Aircraft operators and crew are encouraged to collaborate with Public Health Authorities at airports when conducting entry or exit screening at airports, should the completed **Crew COVID-19 Status Card (Appendix D)** not be accepted by the Public Health Authority.
- 6.4 Screening performed by States should be conducted in accordance with the protocols of the relevant Public Health Authorities. Screening could include pre-flight and post-flight self-declarations, temperature measurement and visual observation of crew. Crew showing signs or symptoms suggestive of COVID-19 or indicating exposure to COVID-19 may require additional examination, including a focused health assessment or COVID-19 test performed by healthcare personnel either in a dedicated interview space at an airport, or in an off-site pre-identified health care facility.
- 6.5 If crew members are suspected or confirmed positive for COVID-19 based on the medical evaluation, isolation may be required by the State concerned. Alternatively, the aircraft operator may medically repatriate such crewmember by appropriate modes, if there is agreement to repatriate the crew member to home base.

## **7. Pre-flight guidelines**

- 7.1 Aircraft operators are to remind crew that symptoms of COVID-19, including fever, renders them unfit for duty. On reporting for duty, crewmembers are required to complete the Crew COVID-19 Status Card.
- 7.2 Aircraft operators are to implement disinfection procedures, in accordance with OEM guidance, of the cockpit controls and surfaces before the flight if there are crew changes, using material that is effective against COVID-19 and safe for aviation use.
- 7.3 Crew must, as far as practicable, avoid contact with the public and ground/technical personnel as well as observe good hand hygiene and physical distancing measures when conducting pre-flight checks and briefings.
- 7.4 Any positioning crew should be the last to embark the aircraft.
- 7.5 Aircraft operators are encouraged to provide suitable face masks for flight crew, that could be used when physical distancing cannot be achieved, when travelling to and from the aircraft and during layovers, and when face masks are widely available. In the interest of flight safety, flight crew may remove their face mask when they are in the cockpit and the cockpit door is closed.
- 7.6 Aircraft operators should inform flight crew of the caveats of face mask management, based on the WHO advice on the use of masks in the context of COVID-19. Should medical masks not be available, crew could make use of non-medical face masks in accordance with WHO recommendations.

## **8. In-flight guidelines**

- 8.1 Crewmembers, including any positioning crew, must observe good hand hygiene, physical distancing measures and minimise all non-essential interaction and contact with fellow crew , as far as practicable, during duty.
- 8.2 Any positioning, engineering, technical or other crew members are to be assigned seats in designated sections of the aircraft, segregated from the flight crew, for the duration of the flight to achieve the recommended physical distancing, if seats are available, and provided that operational and/or maintenance requirements do not require positioning in the cockpit.
- 8.3 In the event that a crew member experiences fever or any symptoms suggestive of COVID-19 while inflight, the crewmember should follow the procedures outlined in the WHO guidance, donning a medical face mask and isolating him/herself from fellow crew members, provided that it does not affect aviation safety. Should there be space limitations, the aircraft operator should consider risks and safety management principles when considering alternative measures to prevent the transmission of COVID-19. The sick crew member should report to the Public Health Authorities upon arrival for further assessment.

## **9. Post-flight guidelines**

- 9.1 While completing all post-flight formalities and pre-flight formalities for flights, crew, including any positioning crew, must observe physical distancing measures, good hand hygiene and minimise all non-essential interaction and contact with fellow crew members and any ground/technical personnel, and their belongings, if present, as far as practicable.
- 9.2 Any positioning crew should be the first to disembark the aircraft.

## **10. Layover**

If crew are required to layover at an outstation, that is away from their principal residence, the aircraft operator is to coordinate with the appropriate State Public Health Authorities at airports and, where quarantine measures are identified as required, implement the following:

- 10.1 Commute arrangements (between airport and suitable accommodation<sup>5</sup>): The aircraft operator should arrange for the commute between the aircraft and the crew's individual accommodation rooms, ensuring hygiene measures are applied and the recommended physical distancing adopted, including within the vehicle, to the extent possible.
- 10.2 At accommodation:

---

<sup>5</sup> Suitable accommodation: Provides for a separate room for each crew member located in a quiet environment and equipped with a bed, which is sufficiently ventilated, has a device for regulating temperature and light intensity, and access to food and drink 24 hours;

10.2.1 At all times, crew must comply with local public health regulations and policies;

10.2.2 One crew member to one room (single occupancy), which is sanitised prior to occupancy;

10.2.3 Crew, taking account of the above, and insofar as is practicable, should:

- (i) Avoid contact with the public and maintain physical distancing measures with crewmembers. Remain in the room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing requirements;
- (ii) Not use the common facilities of the accommodation unless physical distancing measures are in place;
- (iii) Consider dining in-room, get take-outs or dine-in a restaurant preferably within the accommodation facility, maintaining physical distancing
- (iv) Regularly monitor for symptoms including fever; and,
- (v) Observe good hand hygiene, respiratory hygiene and physical distancing measures when required to leave the room only for the reasons specified in (i), (iii) or emergency situations.

10.3 Crewmembers experiencing symptoms suggestive of COVID-19 during layover should:

10.3.1 Report it to the aircraft operator and seek assistance from a medical doctor for assessment of possible COVID-19;

10.3.2 Cooperate with the assessment and possible further monitoring for COVID-19 in accordance with the evaluation procedure implemented by the State concerned (e.g. assessment in the-room, or an isolation room within the accommodation, or alternative location);

10.3.3 If crew member has been evaluated and COVID-19 is not suspected in accordance with the above procedures implemented by the State, the aircraft operator may arrange for the crewmember to repatriate to base; and

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

-----

## **Appendix B**

### **References**

1. ICAO: CART Take-off: Guidance for Air Travel Through the COVID-19 Public Health Crisis
2. WHO: Advice on the use of masks in the context of COVID-19, Interim guidance, 5 June 2020
3. WHO: Operational considerations for managing COVID-19 cases or outbreak in aviation
4. SAFO 20009 of 4/17/20 (U.S. Department of Transportation Federal Aviation Administration)
5. WHO: Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages Interim guidance, 6 April 2020

### **Participating Organizations**

#### **ICAO**

1. Head Office: Aviation Medicine, Flight Safety, Cargo Safety, Safety Management, Facilitation
2. Regional Offices: NACC, SAM, EUR/NAT, MID, WACAF, ESAF, APAC
3. Informal review by Air Navigation Commission Members

#### **Public Health Partners**

1. World Health Organization (WHO)
2. U.S. Centers for Disease Control and Prevention (CDC)
3. European Centre for Disease Prevention and Control (ECDC)
4. Africa Centres for Disease Control and Prevention

#### **Global CAPSCA Partners**

1. International Air Transport Association (IATA)
2. Airports Council International (ACI)
3. International Federation of Air Line Pilots' Associations (IFALPA)
4. International Coordinating Council of Aerospace Industries Associations (ICCAIA)
5. International Business Aviation Council (IBAC)
6. International Organization for Migration (IOM)
7. International Maritime Organization (IMO)
8. Global Express Association (Cargo representative)
9. The International Air Cargo Association (TIACA)

#### **Regional CAPSCA and other Partners**

1. European Union Aviation Safety Agency (EASA)
2. European Union
3. African Union (AU)
4. Aviation Medicine Advisory Service (AMAS)
5. MedAire
6. American Association of Professional Flight Attendants (APFA)

#### **ICAO Medical Provisions Study Group**

1. Civil Aviation Authority of Singapore (CAAS) (CAPSCA Technical Advisor)
2. United Kingdom Civil Aviation Authority
3. Transport Canada
4. Federal Aviation Administration (FAA)
5. Civil Aviation Administration of China (CAAC)

6. South African Civil Aviation Authority
7. Civil Aviation Safety Authority (CASA)
8. Aviation Medicine Doctors Association (AMDA) (Russia)
9. Kenya Civil Aviation Authority
10. Egyptian Aviation Academy
11. Nigerian Civil Aviation Authority
12. Jordan Civil Aviation Authority

-----

**Appendix C**

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

## Appendix D

<b>CREW COVID-19 STATUS CARD</b>							
<p><b>Purpose of this card:</b> 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° (100.4 F°) or greater.</p>							
<p><b>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?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>							
<p><b>2. Have you had any of the following symptoms during the past 14 days:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Fever</td> <td>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><b>3. Temperature at duty start:</b></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><b>4. Have you had a positive <u>PCR</u> COVID-19 test during the past 14 days?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach report if available</p>							
<p><b>Crew member Identification:</b></p> <p>Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:</p>							

Public health corridor (PHC) Form 1