

ECAA SAFETY DECISION 2020-04R5

Date of Issue: May , 2021

SUBJECT:

**Preventing Spread of (COVID-19) Guidelines / Instructions for
Operators / Service providers/General operations**

REFERENCE PUBLICATIONS:

- 1- Law 28 and its amended
- 2- Egyptian Civil Aviation Regulations ECAR's
- 3- Safety Information 2020-03-01
- 4- ICAO state letters EC 2/76-20/67 , EC 6/3, AN 13/35& EC 2/76-21/21

APPLICABILITY:

- 1- This Safety Decision shall be applicable for all operators , service providers and general operations .
- 2- This revision supersedes ECAA safety decision 2020-04 R4 dated Feb., 2021
- 3- This safety decision valid until superseded by ECAA
- 4- The decision of the National public health authority will prevail in regard to the recommendations/requirements made in this Guideline
- 5- The Operators responsibility to follow all the requirements issued form the state of destination related pandemic and disseminated it to their passengers .

INTRODUCTION:

This Safety Decision provides guidance materials / instructions for Restart /Recovery the operations and activities during COVID-19 Pandemic.

Effective Pages and Record of Revisions

1- List of effective pages:

Part	Item	pages	Dated
1	Preventing Spread of (COVID-19) Guidelines for Air Operators	3-17	May ,21
2	Preventing Spread of (COVID-19) Guidelines for Airports	18-30	May ,21
3	Preventing Spread of (COVID-19) Guideline for Handling of Passengers	31-34	May ,21
4	Preventing Spread of (COVID-19) Guidelines for aviation personnel	35-44	May ,21
5	Preventing Spread of (COVID-19) Guidelines for air Navigation services	45-51	May ,21
6	Preventing Spread of (COVID-19) Guidelines for Airworthiness	52-54	May ,21
7	Preventing Spread of (COVID-19) Guidelines for security	55-60	May ,21
Appendices (Attachments)			
1	Passenger Journy	61-62	May ,21
2	Passenger declaration form	63	May ,21
3	Personnel protective equipment (PPE)	64	May ,21
4	Aircraft COVID-19 Disinfection control sheet	65	May ,21
5	PHC form 1 (public health corridor)	66	May ,21
6	Crew declaration Form	67-68	May ,21
7	Public health COVID-19 passenger self declaration	69	May ,21
8	Airport COVID-19 cleaning/disinfection control sheet	70	May ,21
9	Recommended dataset on reporting COVID-19 testing results	71	May ,21

2- Record of Revisions:

Revision Number	Revision Date	Affected Page(s)
0	June ,2020	All
1	August , 2020	All
2	Nov. ,2020	All
3	Dec.2020	All
4	Feb.2021	All
5	May 2021	All

Reviewed by:
Signature :

Approved By: Dr. Ashraf Nowier
Signature :

Title:
Date:

President of ECAA
Date


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Date: 13-6-2021

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Date

Note: Signed in the original hard copy

Part 1 : Preventing Spread of (COVID-19) Guidelines for Air operators

This Guideline is intended to put in place our working requirements aimed at preventing imported cases and domestic relapse, further refine the standards of risk level classification for domestic and international flights, optimize the personal protection requirements and quarantine plans with respect to the crew members, incorporate recommendations on the management of the crew flying abroad on duty, and reinforce the prevention and control measures for the flights carrying passengers who will transfer in Egypt.

1. Standards Governing the Classification of Flight Risk Levels and Principles of Disease Prevention and Control

Based on the epidemic development at the points of origin of the flights (including international and domestic), and on whether the aircraft is equipped with High-Efficiency Particulate Air (HEPA) filters, as well as on other indicators such as load factors, flight time and special nature of the flight mission, flights operated by transport airlines can be divided into three levels, namely high, medium and low-risk flights. Differentiated prevention and control measures should be implemented for different risk levels. Risk levels should be adjusted in real time in line with the development of the epidemic.

2. Personal Protection for Crew, Maintenance Personnel and Cleaners

According to the flight risk levels, staff working on different posts should follow respective personal protection standards. In terms of personal protection, the following should be kept in mind :

2.1 The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the crew must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.

Flight crew members should wear masks while in the cockpit and crew rest area. Crew members flying high-risk flights should change their masks as recommended by manufacture and health publications

2.2 Discarded PPE shall be placed in a biohazardous bag if a passenger or crew member has exhibited COVID-19 symptoms during the flight. In case of flight from high risk areas, it is recommended that all Discarded PPE should be placed in yellow medical waste bags. After the flight, the biohazardous/yellow medical waste bags have to be treated as a biohazardous waste.

2.3 The crew can use alcohol-based disinfection wipes or non-alcohol rinse free hand sanitizer to clean and disinfect hands. When crew members are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands. When sneezing or coughing, one should try to lower the head or turn away from passengers and crew members nearby, and cover the mouth and nose with tissue or flexed elbow. After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.

2.4 Reusable goggles should be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.

2.5 Crew members should reduce their entry/exit of the cockpit and use intercom system for communication whenever they can to avoid close contact. They should avoid two of them dining at the same time, do not have cold dishes or cold meat/fish, choose prepackaged food to the greatest extent possible, and use rinse free hand sanitizer to clean and disinfect hands before meals. Also, they should use an exclusive lavatory and reduce their visit to the lavatory , If possible, only one person should be designated to be able to enter cockpit when necessary

Note : severity for flight risk to be determined by operator befor each flight .

3. Temperature Screening

According to the risk levels of different flights, passengers' body temperature should be measured at different phases of flights.

3.1 Low Risk Flights

Non-contact infrared thermometer equipment (calibrated) should be used to measure the body temperature of passengers and the symptoms should be observed as required. Timely report and response should be made in case of ill passenger(s) found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and dry cough, and cooperation should be provided in the handover of the passenger(s).

3.2 Medium and High Risk Flights

3.2.1 Pre-enplaning

Non-contact infrared thermometer equipment (calibrated) should be used to measure the body temperature of passengers and the symptoms should be observed before boarding. Timely report and response should be made in case of ill passenger(s) found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and dry cough, and cooperation should be provided in the handover of the passenger(s).

3.2.2 In-flight

For flights longer than 4 hours, measurement of body temperature should be taken during flight operation. In case of ill passenger(s) found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and cough, the event should be dealt with in compliance with the guidance for the handling of in-flight emergency events in this Guideline, and the crew should timely communicate with the destination airport, and cooperate in the handover of the passenger(s) after landing.

4. Advice for In-flight Service

4.1 Low Risk Flights

4.1.1 Normal meal service should be provided, while cold dishes, cold meat/fish and edible ice cubes should be cancelled. The cabin crew should clean and disinfect their hands before and after meals preparation . food and beverages preparation area should be cleaned and disinfected.

4.1.2 Lavatory should be cleaned once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands should be timely cleaned and disinfected.

4.1.3 **Isolation area as per item 8.3.4** for handling possible in-flight emergencies, and the rear lavatory on the right side should be designated for the exclusive use by those who are experiencing signs and symptoms of illness during flight.

4.2 Medium Risk Flights

4.2.1 Food-preparation procedures should be simplified, pre-packaged food should be provided, and cold meal and edible ice cubes should be canceled.

4.2.2 Lavatory should be cleaned and disinfected once every 2 hours (or after being used 10 times) during flight, and after disinfection, hands should be timely cleaned and disinfected .

4.2.3 **Isolation area as per item 8.3.4** for handling possible in-flight emergencies, and the rear lavatory on the right side should be designated for the exclusive use by those who are experiencing signs and symptoms of illness during flight.

4.3 High Risk Flights

4.3.1 Flight attendants should be assigned to provide service in their designated areas, avoid close contact with passengers and only provide necessary in-flight service. Flight attendants could be designated to provide basic service for flight crew members when needed.

4.3.2 It is recommended to provide pre-packaged food and bottled water before or during passenger boarding. Except for special needs, catering service should not be provided onboard.

4.3.3 Lavatory should be cleaned once every hour (or after being used 5 times) during flight, and after disinfection, hands should be timely cleaned and disinfected.

4.3.4 Efforts should be made to arrange passengers to sit separately. Isolation area as per item 8.3.4 for handling possible in-flight emergencies.

4.4 Flights Carrying Passengers with a History of Epidemiology within 14 Days

If there are passengers on a domestic flight who lived or travelled abroad within the past 14 days or passengers on an international flight who have travelled to/from country(ies) seriously impacted by the epidemic (i.e. country(ies) with existing confirmed cases > 5000) within the past 14 days, the airlines concerned should make arrangement for them to board after all others have boarded, wear a mask throughout the flight, and sit at the back of the cabin at least two rows away from other passengers. Except for special circumstances, in-flight catering service should no longer be provided to them.

5. Routine Cleaning and Preventative Disinfection of Aircraft

5.1 Routine Cleaning :

Wet process cleaning for aircraft should be applied during a stopover to avoid the onward spread of infectious substances, and a thorough cleaning upon the completion of the flight should be carried out by cleaning methods. If conditions are limited, lavatory and galleys should be cleaned in priority.

5.2 Preventative Disinfection

Prior to each cockpit crew change and/or after each flight, the flight deck should have been fully cleaned and disinfected. Preventative disinfection should be carried out based on the different risk levels. Disinfection personnel shall only perform their duty if properly qualified or professionally trained.

5.2.1 Frequency

Preventative disinfection should be done on a regular basis, at least once a week, for low and medium risk flights.

For high risk flights, preventative disinfection should be conducted every time after flight, and the effect of post-flight disinfection should be assessed on a regular basis if conditions allow.

5.2.2 Rules of operation

- Separate rags and mops should be used for aisles, lavatories and galleys, and be marked with different colors. Different personnel should be assigned to each of the aforementioned areas when conditions allow.
- During disinfection, surfaces should be rubbed using rags soaked with disinfectant, and after a period of reaction, a regular cleaning process should be carried out to avoid erosive effect on cabin components due to long time exposure to the disinfectant.
- Disinfectant should be sprayed onto cabin floor from the front to the back, followed by disinfection of key areas. Once cabin disinfection is finished, disinfectant should be sprayed onto cabin floor again from the back to the front.

- Disinfection of key areas should proceed in the following order :

Aisles: Overhead bins, reading lights, air outlets, sidewall panels, windows, seats (tray tables, armrests, passenger control units, decorative panels), cabinets/lockers, bulkheads, magazine racks, cabin attendant seats.

Lavatories: The disinfection in lavatory should be progressed from contaminated to clean areas as follow: toilet bowls, waste bins, handbasins, lavatory sidewalls, door surfaces, doorknobs, ashtrays (if installed), and latches.

Galley: Ovens, water boilers, coffee makers, galley facilities, lockers/drawers, and waste bins .

5.2.3 Disinfectants

Aircraft cleaning and disinfectant products to be used should be approved for airworthiness to avoid corrosion to aircraft components. Given the current epidemic development and information available, the following disinfectants are recommended to be used for wiping disinfection, at a concentration set out in the product users manual:

As far as preventative disinfection is concerned, it is recommended to use compound quaternary ammonium salt, double-chain quaternary ammonium salt, hydrogen peroxide or chlorine-containing disinfectant. For hydrogen peroxide, concentration should be no higher than 3% and reaction time be 20 minutes; effective concentration of chlorine should be within the range of 250mg/L-500mg/L, and reaction time be 10 minutes.

6. Handling of In-flight Medical Emergency Events

6.1 Principles to be Followed during Handling

If any passenger is found with suspicious symptoms during the flight, the emergency should be dealt with in accordance with the following procedures.

6.1.1 Before contacting ill passengers or touching contaminated substances (such as vomit, excretions or blood) or contaminated objects or surfaces, crew members should wear personal protective equipment (PPE)

6.1.2 The passengers with suspicious symptoms should be seated in the window seats on the right side of the pre-set emergency Isolation area, so as to discharge, to the greatest extent possible, the exhaled air directly out of the aircraft.

6.1.3 The lavatory on the right side should be reserved exclusively for those those who are experiencing signs and symptoms of illness during flight to avoid cross infection.

6.1.4 It is recommended that a flight attendant be designated to provide them with essential in-flight services. Except for the need to conduct operation for safety reasons, the flight attendant designated should refrain from close contact with other crew members.

6.2 Aircraft Concurrent Disinfection

When contaminated with blood, respiratory secretions, vomit, excretions and other liquid contaminants, the aircraft cabin should be disinfected concurrently according to the following procedures.

6.2.1 Wear personal protections (PPE).

6.2.2 Prepare disinfectant: Put one surface disinfection tablet into 250-500ml clean water to make a 1:500-1000 disinfectant.

6.2.3 Cover the secretions, blood, vomit, excretions and other contaminants evenly with absorbent disinfectant for 3-5 minutes to enable them to be solidified.

6.2.4 Shovel the coagulated contaminants with portable pickup shovels into biohazard wastes bags.

6.2.5 Sterilize twice the contaminated area with pre-prepared disinfectant, make sure disinfectant stays on the contaminated surface for 3-5 minutes, then wash the area twice with clean water before drying the area with towels. Put those towels and other used disinfectants into biohazard wastes bags.

6.2.6 Clear and disinfect hands before removing protections in the following order: take off protective suits (aprons), [disposable](#) gloves, apply skin disinfection wipe for hand cleaning and disinfection; then take off goggles, facial masks, and finally apply skin disinfection wipe to clean hands and other parts of the body that may have been exposed to contaminants.

6.2.7 Place all used protections and contaminated items inside a biohazard waste bag, seal the bag, and stick a “Biohazard Wastes” label close to the seal.

6.2.8 Keep the sealed biohazard waste bag in a proper place temporarily to prevent it from missing, being damaged or contaminating meals on board.

6.2.9 Inform ground departments at the destination to prepare for takeover.

6.2.10

- Biohazardous waste should be placed in the biohazard waste disposal bag in the aircraft's UPK or double bagged in standard plastic waste bag. In accordance with WHO and other relevant guidelines the spraying or sprinkling of disinfectant into the contents of the biohazardous waste bags is not necessary to reduce the spread of COVID-19. The action of spraying chemical disinfectant may result in virus particles of becoming airborne, presenting an additional risk to passengers and crew. The bags should be labelled and sealed. The airport authority and aircraft service providers must be informed of the presence of potentially biohazardous waste.
- Airlines should prepare a written plan to share with stakeholders regarding their COVID-19 waste management procedures and communicate the information accordingly. Crew should be trained in the handling of potentially biohazardous waste.

6.3 Aircraft Terminal Disinfection

If an aircraft is found to have carried passengers with suspicious symptoms, a post-flight terminal disinfection should be conducted.

6.3.1 After all occupants get off the aircraft, close cabin doors, and set the air conditioner wind flow to its highest to allow at least one complete air exchange in the cabin area.

6.3.2 Once the air exchange is finished, the sitting area of passengers with suspicious symptoms and lavatory should be disinfected before proceeding with the all encompassing terminal disinfection by following the general principle of thorough disinfection from out ring-to-center and top-down.

6.4 Aircraft Cargo Hold Disinfection

If animal remains or suspicious contaminants of a contagious nature are found in the cargo hold, post-flight terminal disinfection should be performed. The disinfection procedures are as follows:

6.4.1 When animal remains or suspicious contaminants of a contagious nature are found in the cargo hold, the contaminated area in which the animal remains or the contaminants were should be disinfected and cleaned as the first step, followed by a thorough disinfection of the remaining areas of the cargo hold.

6.4.2 The method of spray disinfection and enclosed disinfection should be used. Disinfection should be performed from the upwind to the downwind direction and from top to bottom.

6.4.3 Before disinfecting the inside area of the cargo hold, the personnel in charge of disinfection should spray around the door, close the door, enter into the cargo hold, and spray on the floor while moving forward till the whole floor is sprayed before disinfecting other areas of the cargo hold.

6.4.4 The personnel should disinfect the ceiling of the cargo hold by spraying disinfectant from left to right and vice versa, and then spray the cargo hold wall from top to bottom. While disinfecting the ceiling and the wall, the amount of disinfectant sprayed should not exceed the amount of the liquid that can be absorbed (the maximum amount of disinfectant the surface can absorb).

6.4.5 Upon completion, the cargo hold floor should be disinfected again by spraying while moving backward. After returning to the ground along the ladder, the ladder should be sprayed.

6.5 Disinfectants

Aircraft cleaning and disinfection products should be approved for their airworthiness. During terminal disinfection, the passenger cabin should be wiped while the cargo hold should be sprayed with disinfectant. The liquid concentration should be in line with what's specified in the product application instructions.

It is recommended to use hydrogen peroxide or chlorine-containing disinfectant for terminal disinfection.

The concentration of hydrogen peroxide should be the same as that used in preventive disinfection, and the

effective concentration of chlorine should be 1000mg/L, for 30 minutes. Air conditioner should be turned off during disinfection operation, and passenger cabin or cargo hold should be fully ventilated after disinfection.

7. Management for Crew Members

According to the latest edition of *COVID-19 Prevention and Control Program* issued by the Ministry of Health, the quarantine program should be implemented by taking into account of the features of crew members' working schedules and referring to the following guidelines

7.1 Crew Members Quarantine Management

7.1.1 If any crew member shows such symptoms as fever, fatigue and dry cough during off-duty hours, and has a history of epidemiology (such as a history of living, traveling and having contacts with locals in high-risk countries/regions), he/she should be dealt with in accordance with the requirements in the *COVID-19 Prevention and Control Program*. Crew members who performed duty on the same flight or had close contact with him/her that day or within the 2 days preceding the appearance of the above symptoms should be instantly put under centralized quarantine, and where conditions do not allow, they can be put under house quarantine and medical observation.

7.1.2 If any crew member shows such symptoms as fever, fatigue and dry cough during the duty hours, he/she should cease performing his/her duties immediately as long as flight safety is not compromised. It is recommended to put him/her in the rear cabin at Isolation area to avoid close contact with other crew members. After the flight has landed and the passengers and other crew members have deplaned, a special vehicle should be sent, carrying him/her to a designated medical facility for examination. Other crew members should be isolated as per 7.1.1.

7.1.3 Where any passenger onboard shows such symptoms as fever, fatigue and dry cough, the flight attendants designated to provide onboard services for the symptomatic passenger should be under centralized isolation after the flight has landed, and where conditions do not allow, they can be under house quarantine and medical observation while other crew members do not need to be quarantined for the time being. If the crew members having direct contact with the passenger have been personally well protected in accordance with this Guideline, they may not be quarantined as close contacts. All crew members need to monitor their health conditions and report promptly any abnormalities that may crop up.

7.1.4 Where an airline has been informed by local disease control or quarantine department that a flight operated by the airline did carry confirmed, suspected or asymptomatic case(s), the crew members involved should be quarantined as per 7.1.3.

7.1.5 Where crew members fly charter flights and other special mission flights (such as those used for emergency transportation of materials and medical teams) to/from countries/regions seriously impacted by the epidemic, they generally do not need to be under medical quarantine and observation after returning, provided that they can make good pre-return preparations by strictly observing the following requirements.

- No crew members should be allowed to disembark the aircraft (ground handlers should be requested to do external inspections, refueling, etc.);
- No ground personnel should be allowed to embark the aircraft;
- The doors should be closed immediately for the return trip upon completion of the transport of assisting medical personnel and materials, without cleaning, water refilling or waste disposal at the destination airport;
- Aircraft maintenance. (As part 7)

7.2 Quarantine Period

7.2.1 The medical observation period refers to 14 days after the last contact of the quarantined crew members with confirmed, asymptomatic, suspected or suspicious passengers or other crew members.

7.2.2 During this period, if the suspected or suspicious persons have been cleared by the disease control department, the quarantine and medical observation of the above-mentioned crew member can be removed.

7.3 Quarantine Measures

7.3.1 Crew members under medical observation should report their body temperatures and health conditions to the relevant department of the airlines every morning and evening.

7.3.2 Crew members under centralized or house quarantine should stay in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together.

7.3.3 Crew members under observation must not go out during the observation period. If they have to go out, they should report to the relevant department of the airline, wear a surgical mask and avoid crowded places.

7.3.4 The airlines concerned should keep a record of the health conditions of the crew members under medical observation, as well as the number of times they went out.

7.3.5 Once a crew member under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhea and abdominal pain), the airline concerned should report to the local public health department immediately and send the crew member to the designated medical care facility for diagnosis and treatment.

7.3.6 After the medical observation period, the crew member under observation should be released from medical observation if showing no signs of symptoms.

7.4.cabin crew

7.4.1 The required cabin crew are composed by each aircraft type should be increased by extra crew member (as applicable) in case that crew member got infected or isolate any passenger infected.

7.4.2 Safety demonstration equipment should not be shared to the extent feasible to reduce the likelihood of virus transmission. If it must be shared, alternate means of demonstration without the equipment should be considered or the equipment should be thoroughly sanitized between use.

7.4.3 Safety demonstrations should highlight to passengers that face coverings and medical masks should be removed before donning emergency oxygen masks, should they be needed. Note that this could be achieved by an additional announcement after screening of the safety video.

8. Prevention and Control Measures for Special Transport Missions (Charter Flights) to/from Countries/Regions Severely Impacted by the Epidemic

Special transport missions to/from countries/regions seriously impacted by the epidemic (i.e. those with existing confirmed cases > 5000) should be conducted as per the following prevention and control measures. In principle, special transport support missions to/from other countries or regions should be conducted according to the multi-layered prevention and control requirements.

8.1 Assessment of Passengers' Fitness to Fly and Requirements of Masks Wearing

Passengers should be assessed for their fitness to fly before enplaning, mainly to assess whether they are physically suitable for this specific flight. Health assessment should be done by the health department.

Before carrying passengers, relevant department of the airlines should check the health conditions of the passengers by screening. Confirmed or suspected cases or those who can pose potential health risks should not be transported on the same plane carrying healthy passengers, and in general, close contacts should not be transported on the same plane carrying healthy passengers either.

Passengers are required to wear a surgical mask or facial mask with better filtration effects throughout the journey, and in case of N95 masks, the ones without breathing valves should be used.

8.2 Temperature Screening

8.2.1 Pre-boarding

Non-contact infrared thermometer body temperature detection equipment (calibrated) should be used to examine the body temperatures of the pre-boarding passengers and observe any potential symptoms. If any suspicious passenger is found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and dry cough, he/she should be verified immediately using a mercury thermometer. If confirmed as a passenger with fever, he/she

should be handed over to the accompanying medical staff and should not be transported by air for the time being.

8.2.2 In-flight

For long-haul flight exceeding 4 hours, the cabin crew and healthcare workers should examine the body temperatures of passengers during the flight. If any suspicious passenger is found with such symptoms as fever ($\geq 37.3^{\circ}\text{C}$), fatigue and dry cough, the crew should notify the healthcare workers. If necessary, the crew should take some basic measures based on the guidance for the handling of in-flight emergency events, issue a timely notification to the destination airport, and provide cooperation in the transfer of passengers after landing.

8.3 Cabin Area Division

In order to avoid cross-infection, the cabin area can be divided into clean area, buffer zone, passenger sitting area and Isolation area. Each area should be clearly labeled, and it is recommended that a disposable curtain be used for the physical separation of each area. The division should be made based on the following principles (and can be adjusted to take into account different aircraft types):

8.3.1 Clean area: it is recommended that the front half of the first and business class cabin be designated as a clean area for the exclusive use by crew members. No one wearing protective clothing should be allowed to enter the clean area. The boarding gate connecting the clean area should be reserved for the exclusive use by crew members.

8.3.2 Buffer zone: it is recommended that the rear half of the first and business class cabin be designated as a buffer zone available for use by crew members to wear and take off protective clothing.

8.3.3 Passenger sitting area: it is the sitting area for healthy passengers. Passengers should be seated in a decent space between seats to reduce the risk of infection between passengers and the operator may eliminate at least one empty seat between each other.

8.3.4 Isolation area for Sick Passenger Positioning:

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

Note : As recommended by ECAA as means of compliance the last Two rows of seats should be designated as the emergency Isolation area (observation area).

8.3.5 Lavatories: the lavatory in the first class cabin is to be used exclusively by crew members and needs to be thoroughly disinfected after each use. The lavatory on the rear right side of the cabin is for the exclusive use by those under Isolation, and the surface area should be disinfected every hour during the flight, with the hands cleaned and disinfected right after the completion of disinfection.

8.4 Personal Protection Measures for Crew Members

8.4.1 PPE

- Personal protection equipment (PPE) for cabin crew members: medical protective masks, double-layer disposable medical rubber gloves, goggles, disposable medical caps, disposable protective clothing, and disposable shoe covers.
- Personal protection equipment for flight crew members: surgical masks and goggles. Disposable protective clothing and/or disposable shoe covers can also be worn if so required by a specific task.

8.4.2 PPE wearing/taking-off procedure

Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of [disposable](#) gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of [disposable](#) gloves;

Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off protective clothing (including taking off the second layer of [disposable](#) gloves and shoes cover) - clean and disinfect hands - take off facial mask - clean and disinfect hands - take off hat - take off the first layer of [disposable](#) gloves - clean and disinfect hands.

8.4.3 Dinning considerations

Cabin crew members should be divided into different groups while having simple meals in different hours of the day. To reduce the risk of exposure, others should refrain from walking around.

8.5 In-flight Service Considerations

8.5.1 Flight attendants in different cabin areas should be managed separately and provide separate in-flight services. The flight crew working area, passenger sitting area and Isolation area on an aircraft should be served by assigned flight attendants. In principle, flight attendants are not allowed to leave the area they serve and passengers are not allowed to move across different areas. In addition, flight attendants should avoid close contact with passengers or other flight attendants.

8.5.2 Pre-packaged food and bottled drinking water should be provided, Except for special needs, catering service will no longer be provided during the flight.

8.6 Handling of In-flight Medical Emergency Events

8.6.1 If there are any suspicious passenger on board showing such symptoms as fever, fatigue or dry cough, an arrangement should be made to sit him/her in the Isolation area.

8.6.2 Once the cabin is found to have been contaminated with blood, secretions, excretions, vomit and other liquids, it should be disinfected instantly following the specific procedures in 6.2 - Aircraft Concurrent Disinfection under Article 6 - Handling of In-flight Medical Emergency Events.

8.6.3 For other considerations, please refer to the relevant description in Article 7 - Handling of In-flight Medical Emergency Events.

8.7 Procedure for Crew Members Deplaning after Operation

8.7.2 After all passengers have deplaned, flight crew members should open the cockpit door and have their protective equipment changed in the clean area before deplaning.

8.7.3 After all flight crew have deplaned, the cabin crew should enter into the buffer zone one after another to take off their protective clothing and other equipment, then enter into the clean area to wear new protective equipment before deplaning. Crew members should be picked up by special vehicle(s).

8.7.4 Crew members should pay attention to hand cleaning and disinfection before and after changing their protective equipment.

8.7.5 Discarded PPE of the crew members shall be placed in a biohazardous/yellow medical bag if a crew member has exhibited COVID-19 symptoms during the flight. In case of flight from high risk areas, it is recommended that all Discarded PPE should be placed in yellow medical waste bags. After the flight, the biohazardous/yellow medical waste bags have to be treated as a biohazardous waste.

8.8 Aircraft Disinfection

Terminal disinfection should be performed after landing, by referring to the specific procedures as detailed in 6.3 - Aircraft Terminal Disinfection under Article 6 - Handling of In-flight Medical Emergency Events. All wastes in the cabin should be centrally disposed of as medical wastes.

9. Recommendations on Prevention and Control Measures for the Flights Originating from Countries/Regions Severely Impacted by the Epidemic

It is recommended that the flights originating from the countries severely impacted by the epidemic (i.e. those with existing confirmed cases > 5000) be operated by referring to Article 8 – Prevention and Control Measures for Special Transport Support Missions (Charter Flights) to/from Countries/Regions Severely Impacted by the Epidemic. If all passengers can provide valid health certificates (for example, provide the negative results of their COVID-19 nucleic acid tests made within the past seven days), the flights can be operated by referring to the aforementioned prevention and control measures for the high-risk flights.

10. Recommendations on the Management of Crew Flying Stationed Abroad on Duty

10.1 While flying abroad on duty, crew members should be supervised by the Pilot-in-Command (PIC). They should not visit crowded places and should cut unnecessary outings. If they do need to go out, they

should report to the PIC who should report on a daily basis the crew whereabouts to the relevant department of the airline.

10.2 The chief flight attendant should keep a daily record of the body temperature of the crew, keep a close watch on their health status, and timely report any abnormalities that may arise.

10.3 While staying abroad, crew members should avoid gathering for meals and be encouraged to dine separately. It is recommended to order take-out meals which should be picked up by a designated person, so as to avoid crowd gathering resulting from simultaneous picking up by several people. If crew members are required to dine in a canteen where the distance between seats should be increased to the greatest extent possible (at least 1 meter apart), they should not sit next to each other or facing each other, nor be allowed to have conversation.

10.4 Aircraft operators are encouraged to take appropriate measures to avoid long stopovers and layovers in the high risk areas, as much as practicable, in order to reduce the risk of contamination posed by the need for the crew members to exit the airport's restricted area and to be in unnecessary contact with the local population.

Where crew members, maintenance or cargo/load specialized personnel are involved in flights with a short stopover or in special flights (such as those used for emergency transportation of materials and medical teams) to/from high-risk areas, they generally do not need to be under medical quarantine and observation after returning, provided that they did not have a symptomatic passenger or crew member on board and could make good pre-return preparations.

10.5 Only one flight or technical crew members should be allowed to disembark the aircraft for an external inspection, refuelling, etc. In such case direct contact with the ground crew of the airport situated in a high risk area should be avoided;

10.6 To the greatest extent possible, no ground personnel should be allowed to embark the aircraft except for remediation of technical problems or other ground staff whose presence on board is essential for performing their tasks. When such personnel is on board they should be required to wear appropriate personal protective equipment (PPE). Additionally, crew members should take all measures to minimise the direct contact including wearing PPE such as face mask and [disposable](#) gloves;

10.7 The doors should be closed immediately for the return trip upon completion of the transport of assisting medical personnel and materials. Where avoiding long stopover or layovers is not possible due to operational restrictions, mitigating measures should be put in place in coordination with the airport operators and local authorities, to ensure that risk of exposure by contact of the crew members with local population is reduced to the strictly needed. Such measures may be, but not limited to:

10.8 In agreement with the airport and local authorities the transport to and from the resting facilities will not involve transiting the public areas of the airport terminal.

10.9 The transportation should be done, as much as possible, with a minimum separation of one seat between crew members

10.10 Once they reach the resting facilities (hotel) the crew members should be provided with packed meal and will not be allowed to exit their rooms except for emergency reasons

10.11 Additional meals and drinks should be provided via the hotel's room service

10.12 The aircraft operator should agree with the hotel that the rooms to be used by crew members are to be disinfected prior to being used

Part 2 : Preventing Spread of (COVID-19) Guideline for airports

1. Airport Operator must adapt its system to ensure that:

- a. Passengers are managed as per part 3.
- b. Staff and other frontline staff are trained and managed as per part 4, to minimise the risk of contamination of the Staff outside their duty, before, during and after their duty.
- c. Their operations comply with any other provisions required part 2 and part 4.

2. Management of Flight restrictions:

The operator shall comply with the latest issue of the **Safety Decision ECAA NO.**

3. Staff COVID-19 testing programme:

- a. Operator should establish a COVID-19 testing programme to detect infected staff.
- b. Any suspected or COVID-19 symptomatic staff shall be PCR tested.
- c. All tests shall be recognised by the Egyptian health authority.

4. Staff scheduling and protection:

- a. Scheduling
 - i) Operator shall establish a mechanism to confirm staff's fitness to perform their duty;(may be before duty start)
 - ii) Operator should preferably select the staff required for duty based on a risk assessment involving medical judgment with due consideration of the dominant COVID-19 mortality criteria:
 - 1) Age above 60
 - 2) Pre-existing medical condition (Diabetes, Hypertension, heart disease, Cancer, high BMI)
 - 3) Immune modulators Medicine
 - 4) Asthma
- b. Protection
 - i) Operator shall determine, based on risk assessment (refer to Attachment 3), type and number of PPE to be worn by staff while exercising their roles. The PPE should be commensurate to the public health risk the staff is exposed while interacting with others (in particular passengers). PPE shall not be mandated when flight safety or human performance may be compromised. When face masks are required, their quality shall meet at least surgical(with three filter and according to ministry of health specification)standards and they shall be in sufficient number to ensure that they can be regularly replaced during flight.
 - ii) Protective Physical Barriers shall be installed at counter where passengers are handled and access behind the counter shall be controlled and

restricted.

- iii) Operator shall have means to address any report received from their staff when any work method/procedure is found incompatible with COVID-19 preventative measures and can facilitate the transmission of the virus. Similarly, they shall address any report related to any COVID-19 preventative measures put in place that could compromise flight safety or flight security.

5. Facilitation for the staff and airport users:

- a. Operator shall establish means to minimise to the greatest extent possible importation / local transmission of the virus to their staff and aircraft operators' crew before, during, and after their duty. Establishing a "staff clean" journey similar to the one created in this Guideline for passenger should be recommended - The journey should help the operator to understand the different gate/interface the staff will have to go through and mitigate the potential source of infection to staff.
- b. Operator should maintain workplace environment in accordance with recognised standards Particular attention should be made on confined environment.
- c. Staff transportation means shall ensure reasonable and safe physical distance between each person on-board, including at outstations. Particular attention should be made on the driver who generally conducts several transportation duties in a day.
- d. Operator should provide information to staff regarding the management of a case with acute respiratory infection on board an aircraft and the area of operations.

6. Management of the staff while at residence or company accommodation:

- a. Operator shall develop clear and detailed procedures in the event staff become symptomatic while at staff residence or company accommodation, including instruction for initiating the quarantine and/or medical observation processes.
- b. Operator should supervise staff self-monitoring of their health condition while at staff residence or company accommodation.

7. Airport Infrastructures and assets COVID-19 management:

- a. Body Temperature Screening and hygiene product
 - i) Calibrated non-contact thermometers shall be equipped in proper and sufficient places of terminals, along the passenger "journey".

- ii) All arriving and departing passengers (including transiting) and crew (including layover) shall have their body temperatures taken, and quarantine areas for feverish passengers shall be set up.
 - iii) Airport infrastructures shall be provided with necessary hand sanitizers and disinfection products.
- b. Airport Ventilation
- i) The control of air-conditioning systems and natural ventilation in public places such as terminals shall be enhanced. Practical measures can be taken according to the structure and layout of terminals as well as local climate to improve air circulation.
 - ii) With moderate temperature, doors and windows can be opened; however, where air-conditioning systems are used, full fresh air operation mode can be started as appropriate, and exhaust system shall be turned on to keep the air clean.
- c. Check-in area
- At check-in area, an area away from other person's movement shall be defined to isolate any COVID-19 suspected person.
- d. Passengers seating areas
- Within the airport facilities, passengers shall be seated with at least one empty seat separation.
- e. Wastes Disposal
- i) The management of wastes sorting and the collection of used masks shall be enhanced so that wastes could be cleaned in time, may be some mask like 3M 95, Need to re-sterilized
 - ii) The cleaning of wastes containers such as trash cans shall be strengthened, and disinfection of trash cans shall be performed after garbage collection, either by spraying or wiping with 250mg/L to 500mg/L chlorine based disinfectant.
 - iii) When potentially contaminated wastes are found, related local departments shall be promptly contacted, and the wastes shall be disposed as instructed.

- iv) Airports and/or the relevant waste handling stakeholders should identify potential options for the treatment and disposal of potentially biohazardous cabin waste resulting from the pandemic and communicate the information accordingly. The relevant personnel should be trained in the handling of potentially biohazardous waste.
- f. Hygiene Requirements for Ferry Buses
 - i) If conditions permit, ferry buses shall operate at a low speed with windows open to maintain natural ventilation.
 - ii) By increasing the frequency of ferry buses, it can be ensured to the greatest extent possible that passengers could stand with at least one meter between each other and avoid crowding.
 - iii) Preventative disinfection needs to be performed after the daily operation, during which frequently touched surfaces such as hanging straps, handrails and seats should be wiped particularly with disinfectant. Tires do not need to be disinfected. If the ferry bus has carried passengers with suspicious symptoms, it should be subject to terminal disinfection by professionals.
 - iv) Ferry buses shall be disinfected as per the airport procedures. Please refer to “Management of Covid-19 Guidelines for Public Transport Operators”,
 - v) The same requirement should be applied to any other means of transportation used in the terminal and in the airfield.
- g. Handling Emergency
 - i) Once feverish passengers and other beside are found, they should be required to wear facial masks, register personal information and their means of contact immediately.
 - ii) Medical departments of airports should be notified in a prompt manner for quarantine, isolation or any other instructions. Local health departments should also be informed, and supports should be given to them to take over the concerned passengers.
 - iii) Flights carrying passengers with suspicious symptoms should be, as much as practicable, parked in remote stands, and special and

separated passages for passengers on-board should be set up.

h. Hygiene Requirements for Immigration and Security Inspection Areas

- i) The control of air-conditioning systems and natural ventilation in these areas should be enhanced to keep the air clean, and civil aviation security inspection aisles should be equipped with relevant facilities to enhance ventilation.
- ii) After the daily operation, areas and facilities such as security/immigration inspection sites and waste bins should be wet-cleaned, and all-round (wall , floor , equipment and furniture , disinfection needs to be performed to keep the environment clean.
- iii) Key areas (document verification counters, baggage packing areas, baggage plates, hand-held metal detectors) and security/immigration screening facilities should be disinfected. On the basis of low-risk level, the frequency of disinfection shall be increased for high-risk level airports.
- iv) Hand sanitizers should be provided in screening aisles at the beginning and end of the inspections, and any person processed through should be required to hand sanitized before the inspection could start.
- v) Airport operator should manage with coordinated with other entity and according to current airport terminal facility to open more security/immigration inspection desks when queuing may comprise the principle of “physical distancing” in each queue

i. Disinfection of Airport Public Areas (lifts, escalators, lavatories, etc...)

- i) Disinfection of airport public areas should follow the Guidelines for Prevention of Novel Coronavirus Infection in Public Places, Guidance to Disinfection Techniques in Public Places, and Guidance for the Use of Disinfectants. Airport should perform preventative cleaning and disinfection on a daily basis, and increase the frequency of disinfection as appropriate in key crowded areas. Any area used by a suspected case shall be disinfected immediately.
- ii) Daily Preventative Cleaning and Disinfection
 - 1) Preventative cleaning and disinfection of airport public areas should be conducted.

- 2) Air disinfection: use natural ventilation where conditions allow; air conditioning ventilation should be enhanced, and exhaust fans should be cleaned and disinfected once a month. 250mg/L to 500mg/L chlorine disinfectant or 250mg/L chlorine dioxide spray could be applied for reaction for no less than 30 minutes, and 2% hydrogen peroxide with 10ml/m³ ultra-low volume spray could be used in key areas for 60 minutes. Ventilation is needed when disinfection is completed.
 - 3) Surface disinfection: crowded places and high-touch surfaces (such as self-check-in or check-in counters, document verification counters, buttons in elevators, and handrails) should be the focuses. 250mg/L to 500mg/L chlorine based disinfectant or 250mg/L chlorine dioxide spray could be used together when wiping.
- iii) Terminal Disinfection
- 1) When suspected or confirmed cases, or passengers with suspicious symptoms are found in airports, terminal disinfection should be performed by professionals. On-site disinfection personnel should ensure their personal protection when preparing and using chemical disinfectants. It is recommended to choose one of the following methods:
 - 2) Hydrogen peroxide gas sterilization devices can be used for integrated disinfection of the air, the environment and surface of objects. The specific operation can be performed according to the equipment instruction manual.
 - 3) For key passenger areas, follow the ministry of health instruction
- j. Disinfection of bridge and other GSE connect to air cabin before use, they shall be cleaned and disinfected and their air ventilation system clean.
- k. All relevant personnel should be trained on increased disinfection requirements.

8. Handling Procedures of Arriving Passengers:

- a. Dedicated parking apron shall be set up for flights coming from impacted countries, and remote stands should be used as far as possible .after each flight parking stand and

equipment shall be disinfection

- b. Any transferring passengers with normal body temperature from countries impacted by the disease should be handled in accordance with the following procedures:
- i) The airport should coordinate with local customs to set up a special waiting area, and provide passengers with basic daily necessities such as food. After the passengers' departure, preventative disinfection shall be performed in the quarantine waiting area.
 - ii) Accompanying airport staff should wear surgical masks (not less than three filter and comply with the specification of ministry of health) or masks of higher standards (3m 95 and similar), disposable rubber gloves, goggles or face screens.
 - iii) The airport should take such measures as simplifying boarding formalities, non-contact boarding, setting up special passages, and assigning designated person to monitor the passengers, in a bid to prevent cross-infection at the airport, and shall promptly provide the airlines flying the domestic segment and destination airport with information on the passengers, enabling them to make preparations for the proper handling of the incoming passengers.
 - iv) If Ramp Buses are required, assess the situation before-hand:
 - 1) Provide and identify a limited number of buses for that service
 - 2) Use the same buses for the whole disembarkation service and disinfect once the process is finalized
 - 3) Limit the number of passengers in the bus
 - 4) Define a communication protocol between the ground personnel and cockpit crew to avoid direct contact e.g., the Ramp Agent communicates with Cockpit through headsets to advise:
 - 5) The stair/s at door have been securely placed
 - 6) The Ramp Agent will confirm the stair is secured and safe for disembarkation
 - 7) They will agree on number of passengers to disembark at the given time

- 8) A hand signal shall be provided by both the cabin crew and ground crew once the agreed limits are reached to maintain the “physical distancing”:
- 9) Once the process is agreed the buses and boarding devices shall be disinfected prior use for the next process

9. Handling Procedures of Departing Passengers:

No additional procedure should be foreseen provided there is no passenger having COVID-19 symptoms or be Novel Coronavirus positive.

10. Handling Procedures of Cargo:

- a. Personnel shall not handle packages visibly dirty from blood or body fluids.
- b. Personnel shall be instructed to wash hands often to prevent other infectious diseases.
- c. When disinfecting supplies or pallets, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended.

11. Ramp Handling:

Similarly, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended for handling of GSE equipment, the handling of water and toilet waste.

12. Catering Handling:

- a. Airport operator should arrange with the handling co. and ensure there follow the disinfection process which is matched with ECAA requirement
- b. No change is foreseen to these procedures.
- c. Simple hand washing techniques and avoidance of touching the face, as the entire public are being advised, are the key to prevention.
- d. However, the operator shall determine if there is a need for additional PPE beyond what is routinely recommended.

13. Management of a suspected positive case within its staff or handled passengers:

- a. The Operator shall manage a suspected case (i.e. a crew or passenger arriving to the Egypt) as per WHO guidance “Management of ill travellers at Points of Entry (international

airports, seaports, and ground crossings) in the context of COVID-19". Same technique may apply to a suspected case while departing the EGYPT .

- b. The Operator shall report to the EGYPT health Authorities, Local Health Authority and to the ECAA any suspected case (including its own staff Or his/her family).
- c. The operator shall facilitate contact tracing, conducted by Health Authorities, within the family and professional network of the suspected person (e.g. ground staff at a Egypt or, crew, passenger).
- d. The Operator should ensure that staff who have known exposure to persons with COVID-19 are assessed and managed on a case-by-case basis and in compliance with Local or EGYPT Health Authorities.

14. Management of the Quarantine of Staff:

- a. The Operator should recommend to other service providers (immigration, maintenance organization, security, cleaning companies, handling, catering etc...) working in the airport to apply similar Quarantine procedure.
- b. Operator shall supervise staff while placed under medical observation or self-quarantine by Health Authorities.
- c. The Operator shall adhere to the following guideline:
 - i) National Health Guidelines shall prevail over this Guideline.
 - ii) The Operator shall facilitate compliance of aircraft operator with conditions stated in **part 1 and 7**
 - iii) If any staff shows such symptoms as fever, fatigue and dry cough during off-duty hours, and has a history of epidemiology (such as a history of living, traveling and having contacts with locals in high-risk countries/regions), he/she should be dealt with in accordance with the requirements in the COVID-19 National Health Guidelines for Prevention and Control Program. Staff who performed duty on the same flight or had close contact with him/her that day or within the 2 days preceding the appearance of the above symptoms should be instantly removed from rosters and reported to EGYPT Health Authorities for further instructions.
 - iv) If any staff shows such symptoms as fever, fatigue and dry cough during the duty hours, he/she should cease performing his/her duties

immediately as long as flight safety is not compromised. It is recommended to put him/her under quarantine in the cabin quarantine area or isolate him/her to avoid close contact with other crew members or persons. A special vehicle should be sent, carrying him/her to a designated medical facility for examination. Other persons who came close to the staff should be processed as required by Local Health Authorities.

d. Quarantine period should be as per National Health Guideline. During Quarantine, the Operator should ensure the following:

- i) operator also checks in with crew periodically to make sure they are well (medically, physically and psychologically).
- ii) Staff have access to thermometers and masks and other personal protection equipment ([disposable](#) gloves ,...etc) .
- iii) Staff under medical observation reports their body temperatures and health conditions to the operator every morning and evening. all used tools should be regularly cleaned and disinfected, and minimize their contact with other people living together.
- iv) Crew under observation do not go out during the observation period. If they have to go out, they should report to the relevant department of the operator, wear a surgical mask and avoid crowded places.
- v) The operator should keep a record of the health conditions of the crew under medical observation, as well as the number of times they went out.
- vi) Once a staff under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhea and abdominal pain), the operator should report to the local public health department immediately and send the crew to the designated medical care facility for diagnosis and treatment and do not work subsequent duty period until they have been cleared by occupational health and local health officials.
- vii) After the medical observation period, the

staff under observation may return to
duty if showing no signs of symptoms.
And submitted two negative test

15. Staff Additional Training and Awareness Sessions:

- a. The Operator should recommend to other service providers (immigration, maintenance organisation, security, cleaning companies, handling, catering etc.) working in the airport to apply similar Quarantine procedure.
- b. In addition to below training/awareness session, the Operator shall determine what training and awareness sessions is deemed necessary for staff to perform their duties safely.
- c. Training shall be delivered by appropriately qualified training providers.
- d. d. Psychological training
 - i) For staff (including flight crew and cabin crew – hereafter “staff”) with overreacted emotions or resistance behaviour during work to contain the epidemic, they should be viewed from a humanistic perspective with enough understanding and comfort, through the establishment of a Psychological Health Service System for Employees
 - ii) A working team on psychological care should be set up, which works with the three social support systems of information, material and emotion to ease the psychological stress of frontline staff.
 - iii) Psychological health assessment should be carried out for front- line staff, with the focus on confirmed patients, close contacts (including those with fever) and those involved in epidemic handling and rescue, while others affected by epidemic prevention and control measures are considered normal group. In the meantime, operators need to work with local and industrial psychological stress tests and professional mental health assistance channels for the use by employees, and encourage those with abnormal emotions to seek professional help.
 - iv) Such assessment generally starts with allowing the staff to (1) have a good understanding of his/he own emotional experience, (2) acquire the epidemic information with a proper attitude, (3) obtain Friendly and mutual social support, and (4) Maintain a stable and healthy lifestyle
 - v) Science-based duty shift, on-duty and quarantine

arrangement should be made for staff, and to timely learn and help solve their life difficulties, and ensure good logistic support.

e. COVID-19 specific awareness

- i) All staff shall receive a COVID-19 awareness training. Follow National health authority
- ii) The staff can use alcohol-based disinfection wipes or non- alcohol rinse free hand sanitizer to clean and disinfect hands.
- iii) When staff are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands.
- iv) When sneezing or coughing, one should try to lower the head or turn away from passengers and staff nearby, and cover the mouth and nose with tissue or flexed elbow.
- v) After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.
- vi) Operators should inform their staff that the preferred and most efficient preventive measure in order to limit the potential transmission of COVID-19 from contaminated surfaces is thorough and frequent hand washing, at least after each interaction with another person.

f. Infection Control Training: Staff shall also, as appropriate to their roles, be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.

g. PPE specific training: front-line staff in civil aviation shall be trained to correctly wear masks, hats, [disposable](#) gloves, goggles and other protective equipment, and properly sanitize hands: PPE wearing/taking-off procedure

- i) Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of [disposable](#) gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of [disposable](#) gloves.
- ii) Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off protective clothing (including taking off the second layer of [disposable](#) gloves and shoes cover) - clean and disinfect

hands - take off facial mask - clean and
disinfect hands - take off hat - take off
the first layer of disposable gloves - clean
and disinfect hands.

- iii) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the staff must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.

h. Staff handling Passengers

- i) Most of COVID-19 signs and/or symptoms may not be obvious at the counter. so dealing with all passenger should be considered as they are infected with coved -19 However, when in doubt regarding the health of a passenger, refer to the operator's procedures.
 - 1) Supervisor should be called.
 - 2) If the supervisor agrees with the staff's concerns, then medical support is available (own medical department or outside designated physician or group) should be contacted immediately.
 - 3) If the supervisor agrees with the staff's concerns but medical support is not immediately available, boarding should be denied boarding and the traveller should be asked to obtain medical clearance in accordance with operator's policy. For some countries, the operator's Customer Complaint Resolution Official (CCRO) may be required to be involved.
 - 4) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, request should be made to the passenger to wear and keep ON the face mask. If masks are available but the sick passenger cannot tolerate a mask and the operator should ensure that their passenger agents have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or djusting and removing the mask).

16. Coordination with external stakeholders:

- a. Coordination is required with the public health authorities for providing support in passenger
- b. tracing and epidemiological investigation in the event of flights where the COVID-19 has been confirmed.
- c. Additionally, operators are encouraged to be proactive and establish contact with public health authorities prior to encountering a suspected case.

Part 3 : Preventing Spread of (COVID-19) Guidelines for Handling of Passengers

1. General:

- a. The handling of passengers is not under the sole responsibilities of the aircraft operators. Airport operators have their roles and responsibilities too. Therefore, appropriate service level agreement shall be designed to describe everyone's roles, responsibilities and authorities.
- b. Effective coordination between all stakeholders in the "passenger journey" should:
 - i) ensure consistent information is passed to passengers and personnel;
 - ii) Reserved
 - iii) ensure physical distancing is practiced at all times, especially during the check-in, security check, pre-boarding, boarding and disembarkation procedures, as well as passport control, baggage claims, airline desk, information desks, where applicable;
 - iv) the availability of [disposable](#) gloves, masks, and hand sanitiser in the airport public areas;
 - v) ensure any non-essential facilities or shops or service are closed (e.g. duty free, shops, lounges), if required to remain open then it should be with acceptable mitigation means (e.g. only pre-prepared food/drink items should be served); and
 - vi) ensure passenger clean corridors are established to prevent passengers to unnecessarily room around.
 - vii) Ensure coordination with health authorities for any public health precaution and measures in place at departure or destination airport.
- c. Should a passenger have an illness prior to considering air travel, he/she should be referred to the airport clinic for further evaluation.

2. Flights departing from Egypt:

- a. General considerations for passengers
 - i) Well in advance (prior to arriving at the airport), passengers shall be notified to:
 - 1) Have their own travel hygiene pack that contains hand sanitiser, [disposable](#) gloves, and masks

before boarding (in sufficient for the duration of their travel). Passengers shall be offered to purchase it at the airport and on-board.

- 2) fill a Declaration Form (attachment 2);
- 3) that they will be subjected to medical screening at the airport, including body temperature measurement;
- 4) they should arrive at the airport asymptomatic.
- 5) wear [disposable](#) gloves and mask throughout their travel.
- 6) have their attending physician complete the International Air Transport Association Medical Information Form ("MEDIF", or the equivalent form in use by the airline) or discuss the situation with the airline ticketing/reservations staff who will forward the enquiry to appropriate medical staff (applicable to passengers who have medical conditions that may affect their fitness for travelling) .
- 7) At the traditional check-in counters, use retractable stanchions and floor signage in the queuing area to encourage [physical](#) distancing and consider installation of transparent barriers in front of staff at counter.

b. Passenger information at airport and in-flight

- 1) Passengers should have access to consistent information about screening measures that may be in place at the airport.
- 2) When in the airport, information can be given by signage, stands, posters or electronic displays, and by public address. A sample text is:
"This airport has COVID -19 screening in place. Passengers that may be suffering from Corona virus infection will not be permitted to board any flight. The main symptoms of Corona virus infection are: fever, cough, runny nose, sore throat, abdominal pain, or diarrhoea" The text would be adjusted according to the information to be conveyed".
- 3) Increase the awareness about COVID-19 precautions through: Public announcements, and other forms of communication at the airport and in-flight. Awareness sessions should be provided in the languages used by persons most frequently travelling through the airport,

including English, as well as the State's own language(s).

c. Medical screening before check-in

- 1) A substantial proportion of transmission of a Corona virus occurs during the incubation period or during asymptomatic infection, the impact of health screening on reducing international spread will be diminished by introducing screening methods before departure.
- 2) The recommended screening methods are:
 - A) Visual inspection,
 - B) Temperature measurement (using thermal scanners or other suitable methods).
- 3) Passengers determined at screening to be at increased risk of having a COVID -19 positive posing a potentially serious public health risk should undergo secondary screening by a medical practitioner which should include Physical check-up if clinically indicated , Heart Rate and Respiratory rate . If the assessment is positive i.e. the passenger is thought to be suffering from a Corona virus infection, the passenger should not fly.
- 4) In the event of positive secondary screening, measures should be taken to refer the individual for appropriate diagnosis, and management, in accordance with the Egypt National Guidelines with a view to protecting the public from potential infection i.e. by isolation or quarantine. Appropriate isolation or quarantine facilities should be identified by the health authority and are normally only available away from the airport site.
- 5) In the event of negative secondary screening, the passenger should be allowed to continue on his/her way.

a) Passenger journey

The aircraft operator and airport operator (in their respective authorities, roles and responsibilities) should ensure "passenger journey" (as per Attachment 1) is complied with.

b) Passenger Declaration

The aircraft operator should ensure it is completed (Refer

to Attachment 2).

3. Flights arriving to Egypt:

- a. No specific procedures required for time being, compliance with part 3 (1) and (2) , as applicable, should suffice.
- b. FOLLOW ANY INSTRUCTIONS ISSUED RELATED THESE CASES.

Part 4 : Preventing Spread of (COVID-19) Guidelines for aviation Personnel

Aviation Personnel: Any staff employed by the aircraft operator or airport operator or government agencies working at the airport. When crew is mentioned then it refers to any person required for the flight, generally Cabin Crew and/or Flight Crew and/or Maintenance Engineer.

1. Day-to-day responsibilities:

- a. Aviation Personnel shall develop good practices to ensure that they cannot be cross-infected by the virus such as avoid public transportation (use operator's transportation, or personnel car – without pooling), avoid public areas, etc...
- b. They shall comply with any requirements their operator and airport operators have established to comply with Part 1 and Part 2 (respectively).

2. Protection at work:

- a. Aviation Personnel shall report to the aircraft or airport operator any work method/procedure incompatible with COVID-19 preventative measures and can facilitate the transmission of the virus.
- b. Similarly, they shall report any COVID-19 preventative measures put in place by their operator that could compromise flight safety or flight security.
- c. They shall have their own travel hygiene pack that contains hand sanitiser, [disposable](#) gloves, and masks before boarding (in sufficient for the duration of their travel), unless provide by their operator.
- d. They shall respect any installed protective physical barrier when handling passengers.

3. Crew and other frontline staff while at crew residence or company accommodation should:

- a. Be aware of the risk of COVID-19 in his/her local community
- b. Follow guidance/instruction of your operator.
- c. Follow applicable Health Authorities Requirements regarding self-isolation (applicable for flight crew and cabin crew).
- d. Avoid crowded places and use [physical](#) distancing (applicable for staff other than flight crew and cabin crew).
- e. Avoid contact with sick people.

- f. If become sick, or have or a member of household had a risk exposure to COVID-19, report to your operator.
- g. Know how to contact their local health Authorities.
- h. Notify their Egyptian Health Authority if they become symptomatic, in addition to reporting to the operator.
- i. Air Operator has to establish a coherent, effective and verifiable health assurance programme for their staff that would enable the implementation of measures that facilitate the continued operation of aircraft .
- j. **Crew rest compartments**
 - To minimize any possibility of cross infection, pillows, cushions, sheets, blankets or duvets, where provided, should not be used by multiple persons unless coverings are disinfected.
 - Some airlines issue each crew member with their own provisions and the cabin crew members are responsible for ensuring that they are removed and bagged after use.
 - Other airlines provide bulk loading for crew rest area bedding items. Where this is the case, crew members should install their own bedding items before their rest period and remove them hygienically afterwards.

k. Training devices

The frequency of routine cleaning of flight simulators and training devices and other training aids, or equipment used during training (including oxygen masks) should be reviewed regularly against the risks and adjusted accordingly'. Cleaning products used should be COVID-19 disinfectants that are compatible with the materials being cleaned

4. Fitness to perform their duty, Declaration Form and health assessment:

- a. Staff should know how to assess their health before, during, and after their duty and what to do to manage their health in the context of COVID-19 (National Health Guidelines may prevail). Staff should:
 - i) At all other times, monitor their health condition, following the guidance provided by operator and local health authorities.
 - ii) Measure their body temperature regularly during a day (at least twice in morning and evening and when feeling feverish or developing a cough or difficulty breathing).
 - iii) Monitor themselves for fever, cough, or difficulty

breathing following the guidance provided by health clinic. Fever means feeling feverish OR having a measured temperature of ($\geq 37.3^{\circ}\text{C}$) .

b. If staff develop a fever, cough, or difficulty breathing, they should:

- i) Stay home or in hotel room and avoid contact with others.
- ii) Immediately report symptoms to operator.
- iii) Seek operator clearance before working your next flight segment. A clearance from public health officials should be required before return to work.
- iv) If symptoms occur during flight, separate from others as per the National Health Guidance, to the extent possible.
- v) If at the residence, call the Egyptian Health Authority or a doctor for medical advice before seeking care and inform them about symptoms and his/her work as an aviation personnel.
- vi) If at an international location, inform operators to (1) get health care, as needed (2) notify the public health authority for that location; and (3) notify the Egyptian Health Authority (the crew may have performed one or more flight sectors while symptomatic).
- vii) If sick, do not travel unless authorised by the operator (if allowed don't use jump seat instead as deadheading, or as a regular passenger).
- viii) Wash your hands frequently and use hand sanitizers.

c. Staff should complete Declaration Form before each duty and report any underlying condition to the operator

- i) Refer to Attachment 5
- ii) If you have any of the dominant COVID-19 mortality criteria, then you should report to your operator for consideration:
 - 1) Age above 60.
 - 2) Pre-existing medical condition (Diabetes, Hypertension, heart disease, Cancer, high BMI)
 - 3) Immune modulators Medicine.
 - 4) Asthma.
 - 5) People who are on certain medications such as "Selective Serotonin Reuptake Inhibitors (SSRI)" or Tricyclic Antidepressant (TCA).

5. Additional principles for Staff dealing with passengers:

Most of these signs and/or symptoms may not be obvious at the counter. However, when in doubt regarding the health of a passenger, refer to the operator's procedures.

- i) Call your supervisor.
- ii) If the supervisor agrees with your concerns and if medical support is available (own medical department or outside designated physician or group) contact that support immediately.
- iii) If the supervisor agrees with your concerns but medical support is not immediately available, deny boarding and ask the passenger to obtain medical clearance in accordance with your airline's policy. For some countries you may also have to involve the company's Customer Complaint Resolution Official (CCRO).
- iv) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, ask him/her to wear a face mask. If no mask is available or the sick passenger cannot tolerate the mask, e.g. because of breathing difficulties, provide tissues and ask him/her to cover the mouth and nose when coughing, sneezing or talking. If masks are available but the sick passenger cannot tolerate a mask and adequate training should be received to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

6. Additional Prevention and Control Measures for Security/Immigration Inspection Personnel, HealthCare Workers, Ground Cleaning Staff and Personnel Working at Check-in Counters:

- a. Personnel should refer to the attached table in Attachment 6 and adopt different types of prevention and control measures.
- b. For personnel working at document verification and body searching posts, their work uniforms should be subject to centralized high-temperature steam disinfection for 20 to 40 minutes or ultraviolet lighting for 1 to 2 hours when they are off duty for the day. 75% alcohol can be applied to wipe or spray clothes in case of emergency.
- c. Packages or luggage should not pose a risk, unless it came in

contact with blood or body fluids (like feces, saliva, urine, vomit, and semen) from an infected person. It is essential that staff: (1) don't handle packages visibly dirty from blood or body fluids and (2) wash hands often to prevent other infectious diseases.

7. Crew at out stations during layovers:

- a. Crew should be under the full supervision of the Pilot-in-Command (PIC) or Senior Cabin Crew (SCC).
- b. Crew should not leave their hotel or receive external visitors.
- c. Crew should daily report to the SCC his/her body temperature, keep a close watch on his/her health status, and timely report any abnormalities that may arise.
- d. Crew should avoid gathering for meals and dine separately.
- e. Crew should have him/her selves well protected except when being indoors alone.
- f. Crew should avoid going to places with poor ventilation for physical exercise.
- g. Crew should wear masks while taking elevators (no direct contact with elevator buttons) or having contact with others, and keep a physical distance whenever possible.
- h. Crew should report any anomalies observed in their hotels room that may require immediate cleaning/disinfection intervention by the hotel.
- i. Crew should ensure that their rooms are ventilated frequently and should avoid (to the extent possible) the use of central air conditioning system.
- j. Crew should pay attention to maintain clean and hygiene by removing garbage on a daily basis and leave no kitchen waste indoors, so as to avoid potential indoor air pollution and the spread of pathogenic microorganisms.
- k. After checking in, crew members should first of all disinfect the frequently touched surfaces (such as door handles, power switches and seat armrests).
- l. Crew should in a timely manner receive information on epidemic development.
- m. Crew should be provided with a sufficient amount of protective equipment covering a full variety.
- n. Crew should also be provided with temperature meter and at least a 60% alcohol-based hand sanitizer as appropriate to the situation.

- o. Crew should make use of in-room dining offer by their hotel accommodation
- p. Crew should not use any transport other than those arranged by the operators;
- q. When transported, crew should maintain minimum separation of one seat between crew members.
- r. Crew members experiencing symptoms suggestive of COVID-19 during layover or transit should:
 - Report it to the aircraft operator and seek assistance from a medical doctor for assessment of possible COVID-19.
 - Cooperate with the assessment and possible further monitoring for COVID-19 in accordance with the evaluation procedure implemented by the State (e.g. assessment in the hotel room, or an isolation room within the hotel, or alternative location).
 - If a crew member has been evaluated and COVID-19 is not suspected in accordance with the above procedures implemented by the State, the air operator may arrange for the crew member to repatriate to base.
 - If a crew member is suspected or confirmed as a COVID-19 case by the State and isolation is not needed by the State, such crew member could be medically repatriated by appropriate modes of transport; if there is agreement to repatriate the crew member to home base.
- s. Crew should:
 - i) Minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.
 - ii) Stay in their hotel room to the extent possible, crew members should not be allowed to exit their rooms except for emergency reasons.
 - iii) Eat in their hotel room with room service.
 - iv) Avoid public transport.
 - v) Avoid going out
 - vi) Avoid contact with other people.
 - vii) Wash their hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer. Use soap and water when your hands are visibly soiled.
 - viii) Avoid touching their face.
 - ix) Know how to contact public health authorities in locations where crew remain overnight.

8. Quarantine of Staff:

- a. The staff should adhere to National Health Guidelines and this guidelines. National Health Guidelines prevail over this Guidelines.
- b. Staff are (self-)quarantined when:
 - i) required by SAFETY DECISION 2020-01 (flight crew, cabin crew are subject to Health Authority screening and quarantine regime).
 - ii) they show symptoms such as fever, fatigue and dry cough during off-duty hours, and have a history of epidemiology. When symptoms are confirmed, they should cease performing their duties immediately as long as flight safety is not compromised.
 - iii) they performed duty on a flight or had close contact with a COVID-19 symptomatic person (passenger or other staff).
 - iv) their operator has been informed by local disease control or quarantine department that their flight did carry confirmed, suspected or asymptomatic case(s).
- c. Quarantine Period should be as per National Health Guideline. During Quarantine, the following should be complied with:
 - i) Staff should be periodically checked by operator to make sure they are well (medically, physically and psychologically).
 - ii) Staff under medical observation should report their body temperatures and health conditions to the operator every morning and evening.
 - iii) Staff under centralized or house quarantine should stay in a relatively separate space which should be regularly cleaned and disinfected, and minimize their contact with other people living together. They should wear mask when required to do so.
 - iv) Staff under observation must not go out during the observation period. If they have to go out, they should report to the operator, wear a surgical mask and avoid crowded places.
 - v) The operator is allowed to keep a record of the health conditions of the Staff under medical

observation, as well as the number of times they went out.

- vi) Once a Staff under observation shows any symptoms during medical observation (such as fever, chills, dry cough, cough, expectoration, nasal congestion, runny nose, sore throat, headache, fatigue, muscle soreness, breathing difficulties, dyspnea, chest tightness, conjunctival hyperemia, nausea, vomiting, diarrhoea and abdominal pain), he/she should report it to its operator. Such Staff should not work subsequent duty period until they have been cleared by occupational health and local health officials
- vii) After the medical observation period, the Staff under observation should be released from medical observation if showing no signs of symptoms.

9. Staff Necessary Training:

- a. In addition to below training/awareness session, they shall receive training and awareness sessions deemed necessary by their operator to perform their duties safely.
- b. Psychological and Infection Control training
 - i) Staff should receive professional mental health assistance channels, and those with abnormal emotions are encouraged to report to their operator any professional help.
 - ii) Such training generally starts with allowing the staff to (1) have a good understanding of his/he own emotional experience, (2) acquire the epidemic information with a proper attitude, (3) obtain Friendly and mutual social support, and (4) Maintain a stable and healthy lifestyle.
 - iii) Staff should also be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- c. COVID-19 specific awareness
 - i) All staff shall receive a COVID-19 awareness training. The following training may be used
<https://learn.mbru.ac.ae/courses/covid19>.
 - ii) The staff can use alcohol-based disinfection wipes or non-

- alcohol rinse free hand sanitizer to clean and disinfect hands.
- iii) When staff are not sure whether their hands are clean, they should avoid touching their noses, mouths and eyes with their hands.
 - iv) When sneezing or coughing, one should try to lower the head or turn away from passengers and staff nearby, and cover the mouth and nose with tissue or flexed elbow.
 - v) After touching or disposing wastes, hands should be cleaned with soap or hand sanitizer under running water followed by hand cleaning and disinfection.
 - vi) To limit the potential transmission of COVID-19 from contaminated surfaces, they should thoroughly and frequently hand wash, at least after each interaction with another person.
 - vii) Staff should avoid the use of their own disinfectants in the aircraft environment. Disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions with the residues of the chemicals used for general aircraft disinfection which can have negative effects (corrosive) on the aircraft or for the health of the passengers and crew (fumes).
- d. Infection control training: Staff shall also, as appropriate to their roles, be trained for Infection control which should be focused on preventing the spread to staff, minimizing the risk of contamination and how to deal with it, identifying and managing sick passenger, and providing First Aid assistance in the context of COVID-19.
- e. PPE specific training: Front-line staff in civil aviation shall be trained to correctly wear masks, hats, [disposable](#) gloves, goggles and other protective equipment, and properly sanitize hands:
- i) PPE wearing/taking-off procedure
 - 1) Wear: clean and disinfect hands - wear hat - wear facial mask - wear the first layer of [disposable](#) gloves - wear protective clothing - wear goggles - wear shoes cover - clean and disinfect hands - wear the second layer of [disposable](#) gloves.
 - 2) Take off: clean and disinfect hands - take off goggles - clean and disinfect hands - take off and disinfect hands - take off facial mask - clean and disinfect hands - take off hat - take off the first layer of [disposable](#) gloves - clean and disinfect hands.
 - ii) The mask should be close to the face, covering the nose and mouth completely. When the mask is on or being removed, the

staff must not touch the out layer of the mask with hands to avoid hands contamination. Once dampened by secretions or contaminated by other contaminants, facial masks must be replaced immediately with new ones, and hands should be cleaned with sanitizer both before and after the replacement.

- iii) All disposable protective equipment, after their use, shall be placed in waste bags appropriate to the hazard they carry.
- iv) Reusable goggles should be promptly sterilized and dried every time after use. Goggles with an anti-fogging film should avoid being wiped with disinfectant. Instead, it is recommended that they be washed with clean water before being exposed to close-range direct ultraviolet lighting for over 30 minutes.

i) Staff handling Passengers

- i) Most of COVID-19 signs and/or symptoms may not be obvious at the counter. However, when in doubt regarding the health of a passenger, refer to the operator's procedures.

- 1) Supervisor should be called.
- 2) If the supervisor agrees with the staff's concerns, then medical support is available (own medical department or outside designated physician or group) should be contacted immediately.
- 3) If the supervisor agrees with the staff's concerns but medical support is not immediately available, boarding should be denied boarding and the traveller should be asked to obtain medical clearance in accordance with operator's policy. For some countries, the operator's Customer Complaint Resolution Official (CCRO) may be required to be involved.
- 4) If assistance is required to escort a sick passenger, and if the sick passenger is coughing, request should be made to the passenger to wear and keep ON the face mask. If masks are available but the sick passenger cannot tolerate a mask and the operator should ensure that their passenger agents have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or adjusting and removing the mask).

Part 5 : Preventing Spread of (COVID-19) Guidelines for Air Navigation services

INTRODUCTION

The world is once again facing a global crisis that is not sparing the aviation industry. This crisis will impact each and every one of us in a number of ways. It is inevitable for the ANSP to manage the crisis.

This Guidance Material has been developed to help ANSP respond to the COVID-19 crisis surrounding the responses of their employers and the aviation industry in general.

The current crisis has hit the global civil aviation industry and recovery will take some time. On March 11th, 2020, the World Health Organization has declared a global pandemic. The order of magnitude is unprecedented and will affect all activities of our society. Mathematical models on exponential growth can assist to better understand how the COVID-19 will evolve:

BACKGROUND INFORMATION

Coronaviruses are a large family of viruses that may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (COVID-19). The most recently discovered coronavirus causes coronavirus disease COVID-19.

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat, or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell.

Illness due to COVID-19 infection is generally mild, with most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who get COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough, and difficulty breathing should seek medical attention.

It is important that measures taken to combat the spread of the virus are based on solid health care principles and are not disproportionate to the risk.

How COVID-19 spreads:

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables, or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose, or mouth. If they are standing within one meter of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to the flu.

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature, or humidity of the environment).

WHAT IS HAPPENING

The COVID-19 originated at the beginning of December 2019 in the province of Hubei in China. It has since spread nearly all over the planet. Where curtailing the spread of the virus was not possible, the affected governments are trying to delay or reduce the spread of the disease to the level where the solicitation of the hospitals and the emergency services can be managed. This can only be achieved by imposing drastic measures, such as reducing travel to the essential and vital minimum. According to the available data, the population most at risk is elderly persons and persons with reduced immunity.

Some regions of the world have been put under confinement and governments have imposed drastic measures with regard to flights being allowed into their territory. This has resulted in airlines downgrading their offers and grounding of their fleets.

IMPACT ON AIR TRAFFIC SERVICES

Air Traffic Management consider a critical infrastructure in airport operation and handling upper airspace operation. In some countries, it is designated an essential service and thus particular measures have and will be put in place which will affect air traffic services. Although it is too early to be able to assess the full impact of the global crisis on Air Traffic Services, two distinct threads can be observed. They can be grouped into two distinct categories:

- Control Healthy
- Continue to manage air traffic services

CONTROL HEALTHY

Like any other citizen, the aim is that an air traffic services personnel does not contract the virus. Different measures have been put in place and are guided in most of the nations by the rules and regulations imposed by the public health authorities. ATCOs , AIS , ATSEP Personnel shall pay particular attention to these recommendations and follow them strictly:

- . Wash their hands
- . Respect social distance
- . Cough and sneeze into their elbows
- . If you have flu-like symptoms or any other health issue – stay at home

Should your government or employer impose certain restrictions (e.g. quarantine, or shadow teams), follow them strictly. The health of your work colleague, your family, and your neighbors depend on it.

As air traffic services is part of the critical infrastructure, it has to be the aim of any professional in ATS to remain fit and reduce exposure to the widest extent possible. There is however real risk that ATCOs , AIS , ATSEP and ATM professionals will contract the virus, thus leading to isolation and possible quarantine measures. This puts unprecedented challenges on Air Navigation Service Providers and staff. Critical infrastructure is the body of systems, networks, and assets that are so essential that their continued operation is required to ensure the security of a given nation, its economy, and the public's health and/or safety.

CONTINUE TO Manage AIR TRAFFIC

Travel bans, cancellation of flights, and grounding of fleets will result in a dramatic fall in air traffic in all regions of the world. As has happened before, this drop may lead to the perception that there is overstaffing of ATCOs , AIS , ATSEP and other ATM Professionals. The situation with low traffic brings many challenges. This guidance material should help ANSP, to be prepared to assist their employers, thus striking a balance between the necessary crisis measures and the worker's rights and duties.

CHALLENGING TIMES AHEAD – TIME TO ACT

What is needed now is to focus on making sure that we do not need to close down towers or centers and to get through the situation as smoothly as possible, without upsetting the crisis measures that we have taken in order to ensure that the ANS will retain a strong foundation? As part of the Critical Infrastructure, ANS will have to provide continuous operations to any possible users of the system (in a particular emergency, search and rescue, government, and special flights).

ANSPs should ensure workplaces are clean and hygienic, implement general preventative measures, and provide personnel with education on self-measure to limit the spread of the virus.

ANSPs shall prepare a safety risk assessment and management of change for any changes in the level of service to support any decisions to be taken.

ANSPs shall report to ECAA for any differences that might evolve than the SARPS according to the Chicago convention (ART. 38).

ANSPs should review and implement its emergency response plan and also its contingency plans in accordance with ICAO references and guidance to ensure safe operation and continuity of ANS services in accordance with the table below.

<p>Operational status of the air navigation services (ANS)provision and limitations</p>	<ul style="list-style-type: none"> • Availability of communications, navigation, and surveillance (CNS) services • availability of air traffic control (ATC) services and management • connectivity with global systems, supporting centres and meteorological offices. • contingency planning affecting operations (airspace limitations, capacity reduction) • status of ATC unit/facilities (availability, limited time of operations, change or transfer of units/facilities)
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Personal initiatives may include:

- Avoid physical contact, avoid hugging or kissing others, and avoid shaking hands - just wave.
- Avoid close contact with people and public assemblies.
- Regularly wash hands with soap and water.
- When sneezing, cover the nose and mouth with the inside of the elbow or using a tissue instead of the hand.
- Self-check body temperature twice per day. Seek medical advice if the temperature is above 37.3°C or 99°F.

Workplace initiatives may include

- At work, employees take temperature before a shift, the middle of the shift, and after the shift.
- Increase cleaning of door handles, handrails, and lift buttons.

- c) Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly.
- d) For operational positions, provide sanitizing wipes. Personnel take a wipe and perform a general wiping of the keyboards, mouse, and touchscreen (protected with a layer to prevent any chemical damage to equipment) when handing over/taking over positions.
- e) Create a one-way entrance and exit to minimize the chances of cross-infection.
- f) If multiple groups of personnel work in the same building, segregate the lounge, resting area, cafeteria, etc.
- g) Promote regular and thorough hand-washing by employees, contractors, and customers.
- h) Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled.
- i) Display posters promoting hand-washing – ask your local public health authority for these or look at www.WHO.int
- j) Ensure that face masks and/or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them. Remind personnel that masks are necessary for health care professionals and sick persons, healthy persons should not use masks as it limits the availability to those that need them.
- k) Brief employees, contractors, and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have to take simple medications, such as paracetamol/acetaminophen, ibuprofen, or aspirin, which may mask symptoms of infection. Make clear to employees that they will be able to count this time off as sick leave.
- l) Advise employees and contractors to consult national travel advice before going on trips.
- M) Provide the employees that may have contact with the public with (PPE) equipment.
- N) Publishing and distribute all public health signs and social distance marks in all workspaces.

ACTION PLANS:

ANSPs should have a plan of what to do if someone becomes ill with suspected COVID-19 at one of the workplaces. Consider the following:

- a) The plan should cover placing the ill person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the sick person and contact the local health authorities.
- b) In case any staff develops symptoms or there is a confirmed case, the workplace should go through deep cleaning by professionals. This process should be pre-planned for efficient implementation if needed.
- c) Consider how to identify persons who may be at risk, and support them, without inviting stigma and discrimination into your workplace. This could include persons who have recently traveled to an area reporting cases or other personnel who have conditions that put them at higher risk of serious illness (e.g. diabetes, heart and lung disease, older age).
- d) Consult with the local public health authority to assist in developing the plan and seek their input.

TRAVELLING

Unless suggested by the health authorities, mandatory quarantine of operational personnel that has traveled but do not display any symptoms may be excessively disruptive to the operation.

Employees who have returned from an area where COVID-19 is spreading should monitor themselves for symptoms for 14 days and take their temperature twice a day.

If they develop even a mild cough or low-grade fever (i.e. a temperature of 37.3°C / 99°F or more) they should stay at home and self-isolate. This means avoiding close contact (one meter or nearer) with other people, including family members. They should also telephone their healthcare provider or the local public health department, giving them details of their recent travel and symptoms.

CONTINUITY PLANNING

ANSP's should have a plan for an outbreak in the local communities to help prepare the organization for the possibility of an outbreak of COVID-19 in its workplace. It may also be valid for other health emergencies in the future.

With Considering:

- a) Review the following provisions and guidance:
 - i. ICAO Annex 11 Attachment C - MATERIAL RELATING TO CONTINGENCY PLANNING (Annex 11 Chapter 2, 2.32 refers).
 - ii. Reference Guide to EUROCONTROL Guidelines for Contingency Planning of Air Navigation Services (including Service Continuity) Edition 2.

- b) Promote regular teleworking across the organization for non-operational personnel.
Teleworking will help the services keep operating while employees stay safe, and the reduction of on-site personnel will minimize the risk of the introduction of the virus into the facility. Consider only requiring the physical presence of essential personnel.
- c) The plan should address how to keep the services running even if a significant number of employees, contractors, and suppliers cannot come to your place of business – either due to local restrictions on travel or because they are ill. Remain within fatigue management and rostering principles.
- d) Communicate to employees and contractors about the plan and make sure they are aware of what they need to do – or not do – under the plan. Emphasize key points such as the importance of staying away from work even if they have only mild symptoms or have had to take simple medications (e.g. paracetamol, ibuprofen) which may mask the symptoms.
- e) Addresses the mental health and social consequences of a case of COVID-19 in the workplace or in the community and offers information and support.
- f) For small and medium-sized organizations without in-house staff health and welfare support, develop partnerships and plans with your local health and social service providers in advance of any emergency.
- g) The local or national public health authorities may be able to offer support and guidance in developing a plan.
- h) ANSPs should ensure rostering practices (such as shift teams) are adapted to minimize potential contact between personnel should someone become ill. Ensure to consult with Employee Associations.

Notice :

Personal protection equipment (PPE) medical protective masks, double-layer disposable medical rubber gloves, goggles, or face shield .

Part 6 : Preventing Spread of (COVID-19) Guideline for Airworthiness

1- Disinfection – Maintenance

Provide a safe, sanitary operating environment for passengers, crew and ground staff.

Considerations

- Airlines should be mindful of regular maintenance to both air systems and water systems to ensure they continue to protect the passenger and crew from viruses. Airlines should refer to the Airframe OEM (original equipment manufacturer) for specific maintenance actions and intervals.
- Airlines should include access panels and other maintenance areas in their disinfection procedures to ensure a safe environment for the maintenance crews.
- Airlines may wish to review their operating procedures to minimize the number of personnel who need to be in contact with high-touch surfaces such as access panels, door handles, switches, etc.
- Airlines should establish maintenance procedures to be applied after disinfection procedures in order to check the Flight Deck, Passenger Cabin and Cargo Compartment for the correct positioning of control handle, circuit breakers and control panels switches and knobs. Access panels and doors' closure also should be checked.

Means for uniform implementation

- Use the Aircraft COVID-19 Disinfection Control Sheet (Attachment 4) or a similar one when appropriate.

2- Air System Operations

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

Considerations

- Ground Operations (before chocks-off and after chocks-on)
 - Operations without the air conditioning packs or external pre-conditioned air (PCA) source should be avoided. External air sources are not processed through a high-efficiency particulate air (HEPA) filter. Use of The aircraft APU should be permitted at the gate to enable the aircraft's air conditioning system to be operated, if equivalent filtration from PCA is not available.

- If the aircraft has an air recirculation system, but does not have HEPA filters installed, reference shall be made to OEM published documents or the OEM should be contacted to determine the recirculation system setting.
- It is recommended that fresh air and recirculation systems be operated to exchange the volume of cabin air before boarding considering the following:
 - For aircraft with air conditioning, run the air conditioning packs (with bleed air provided by APU or engines) or supply air via external PCA source at least 10 minutes prior to the boarding process, throughout boarding and during disembarkation.
 - For aircraft with HEPA filters, run the recirculation system to maximize flow through the filters.
 - For aircraft without air condition system, keep aircraft doors open during turnaround time to facilitate cabin air exchange (passengers' door, service door and cargo door).
- Flight Operations
 - Operate environmental control systems with all Packs in AUTO and recirculation fans on.
 - Valid only if HEPA recirculation air filters are confirmed to be installed.
 - If non-HEPA filters are installed, contact the aircraft OEM for recommendations on recirculation settings.
 - If the aircraft in-flight operating procedure calls for packs to be off for take-off, the packs should be switched back on as soon as thrust performance allows.
- **Minimum Equipment List MEL Dispatch:**
 - Fully operational air conditioning packs and recirculation fans provide the best overall cabin ventilation performance. It is recommended to minimize dispatch with packs inoperative. It is recommended to minimize dispatch with recirculation fans inoperative for aircraft equipped with HEPA filter.
 - Some aircraft have better airflow performance with all outflow valves operational. The OEM (original equipment manufacturer) should be contacted about ventilation performance of the aircraft with outflow valves inoperative and the limitations associated with the dispatch in this situation.
- High Flow (max Bleed) Switch:
 - If the aircraft has an option for high flow operation, contact the OEM for setting recommendations.

For example:

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

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

- Filter Maintenance:

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

3- Additional principles plus for Maintenance Staff :

- a) in addition to part 4 principles Wherever and whenever possible, number of staff required during the maintenance should be limited to strict minimum. Maintenance instructions/practices should consider physical distancing principles.
- b) During ground operation and maintenance, aircraft auxiliary power unit (APU) should be used for ventilation, the use of bridge load air supply should be avoided. After arrival, doors of cabin and cargo hold should be opened for ventilation before maintenance work is performed, and natural ventilation time should be extended. OEM (aircraft and GSE) should be consulted to achieve clean air, when air cabin system is connect with external equipment.
- c) High Efficiency Particulate Air (HEPA) filters (if installed) should be replaced in accordance with standards specified in the manufacturer's manual, in strict compliance with the prevention and protection requirements of the Aircraft Maintenance Manual, and based on the personal prevention and protection program for aircraft maintenance personnel. Used HEPA should be placed in a yellow plastic bag and treated as biohazard .
- d) Other maintenance activities may require additional preventative measures before they can be performed such as vacuum waste tank where it is recommended to use a technique that exhausts the air outside the hangar or handling of bird strike. Personal hygiene (in particular hand) shall be considered before and each maintenance activity.
- e) If the operator decided to embark maintenance staff for a flight, then provisions that apply to Flight Crew / Cabin Crew will apply to them.

Part 7 :

دليل إسترشادى لأمن الطيران فى ظل إنتشار وباء كورونا COVID- 19

مقدمة :

نتيجة لاستمرار تفشي وباء COVID-19 المستجد عالميا فإن هذا الدليل إسترشادى لتزويد جميع الجهات المعنية بأمن الطيران بتوجيهات حول كيفية إستئناف عمليات الطيران بكفاءة أثناء أزمة COVID-19 مع الحفاظ على نظام قوي لأمن الطيران يضمن الالتزام بالبرنامج الوطنى لأمن الطيران- مما يساعد في حماية أجهزة الفحص والركاب والموظفين مع الحفاظ على أهداف أمن الطيران وبما يتوافق مع تقييم المخاطر الأمنية لكل مطار مع موافاة سلطة الطيران المدني / الإدارة المركزية لأمن المطارات والركاب بما تم تطبيقه من إجراءات وبعد تعميمه على كافة الجهات ذات العلاقة بأمن الطيران داخل المطار .

توجيهات عامة :

وتشمل التدابير الصحية والتعقيم بما في ذلك الابتعاد الجسدي وبما يتفق مع المبادئ التوجيهية الصحية لمنظمة الصحة العالمية ووزارة الصحة المصرية التى ينبغي تطبيقها كلما أمكن ذلك بدءا من عملية تسجيل الوصول ومن خلال نقطة التفتيش الأمنية الأولى وعلى متن الطائرة و يجب استخدام التدابير الأمنية المناسبة القائمة على اساس تقييم المخاطر .

عند تنفيذ إجراءات أمن الطيران من المهم مراعاة متطلبات الصحة العامة كما يلي :

- الحفاظ على التباعد إلى أقصى حد ممكن لكل من أفراد الأمن والموظفين والركاب .
- ارتداء معدات الوقاية الشخصية كما أوصت بها وزارة الصحة وتتكون هذه المعدات عادة من أقنعة (غطاء وجه أو أقنعة طبية) - نظارات واقية - درع وجه - القفازات التي يمكن التخلص منها - عباءات أو مآزر (بدل واقية) كما يجب تزويد الموظفين بمعلومات تفصيلية حول كيفية التعامل مع معدات الحماية الشخصية وارتدائها وإزالتها والتخلص منها لمنع إنتشار الفيروس .
- يفضل تجنب قدر الإمكان الاتصال المباشر بالمستندات والعناصر الإلكترونية الشخصية (مثل تصاريح الصعود المعروضة على الهواتف الذكية) .
- يجب توفير المطهرات اليدوية ومنتجات التطهير .
- إذا كان الفحص الصحي مطلوباً فيجب استخدام مقاييس الحرارة غير الملامسة في منطقة محددة قبل نقطة التفتيش .
- يفضل توزيع مطهرات اليدين التي تحتوي على الكحول على الموظفين لتنظيف وتطهير أيديهم .
- يجب وضع التدابير المناسبة مع الحجر الصحي بالمطار عندما تظهر على الركاب علامات المرض ويحتاجون إلى الحجر الصحي وإذا سمحت حركة الركاب يتم تشغيل خطوط الأمان غير المتجاورة ويعد هذا فعالا في الحفاظ على فجوة لا تقل عن 1,5 متر بين نقاط التفتيش ويقلل من خطر التعرض للفحص والركاب ويجب على مديرو نقاط التفتيش تجنب التكدسات قبل نقطة التفتيش/ الكشف .
- يجب تغيير الأقنعة الواقية كل 4 ساعات .
- يجب أن تغطي القبعات الشعر بالكامل بما في ذلك الشعر الكثيف على خط الشعر .
- يجب أن يكون الشعر الطويل يتم تثبيته بإحكام فوق الرأس ووضعه في الغطاء ويجب أن تتناسب حواف الأغذية بالقرب من جانبي الأذنين .
- يجب استبدال معدات الحماية على الفور عند تعرضها لدم الراكب والقيء وسوائل الجسم الأخرى المعدية المحتملة .

- يجب استخدام نظارات واقية قابلة لإعادة الاستخدام ويتم تعقيمها وتجفيفها فوراً بعد كل استخدام .
- يجب ألا تلمس الأيدي الوجوه عند خلع معدات الحماية .
- يجب وضع المعدات الواقية التي يمكن التخلص منها في أكياس النفايات الطبية .
- يجب وضع طريقة لجمع القفازات (والمسحات) المهمة (المستعملة) لأنها قد تعتبر مواد خطرة .
- بالنسبة لنقاط التفتيش للموظفين يجب على الفاحصين تجنب لمس بطاقات الهوية الخاصة بالدخول (التصاريح).
- يجب تطهير اليدين قبل ارتداء معدات الحماية الشخصية .
- يفضل وجود لافتات للركاب لتعزيز أفضل الممارسات في إبطاء انتشار COVID-19 .
- تقديم عروض على شاشات العرض بالمطارات لإعلام الجمهور بالتدابير التي ينبغي اتخاذها .
- يجب أن تكون الشاشات مرئية وواضحة لجميع الركاب قبل نقطة التفتيش .
- يجب التنبيه على الركاب للوصول مبكراً لانتهاء إجراءات الفحص والمسح الحراري .
- يجب التنبيه على كافة الركاب بالالتزام بارتداء الكمامة من لحظة دخوله المطار وعلى متن الطائرة .
- يفضل إنهاء الحجوزات الكترونياً بواسطة شركات الطيران .
- يفضل الدخول والخروج من الطائرات بشكل متتابعي لمنع التكدس .
- يجب الالتزام بوضع حواجز شفافة (زجاجية – بلاستيكية) على كاونترات السفر والجوازات لمنع انتشار العدوى .
- يفضل الاعتماد على الوجبات الجافة ان يمكن في الوقت الحالي .
- يفضل استعمال اواني الطعام التي تستخدم لمرة واحدة فقط (اطباق بلاستيكية) .
- يتم عمل تعقيم للطائرة قبل بدء الرحلة وبعد نزول الركاب تحت اشراف الأطعم فنية والركب الطائر .
- يتم توفير علامات ارشادية للركاب على الارض لتوضيح اماكن الانتظار والوقوف وكذلك على المقاعد لمراعاة المسافات البينية للركاب .
- في حالة عدم التزام الركاب بالاجراءات الوقائية بارتداء الكمامة يتم الغاء سفر الركاب على الارض وفي حالة عدم التزام الركاب بالاجراءات الوقائية اثناء الرحلة يتم معاملة الركاب كراكب مشاغب / غير منضبط .
- من أجل حماية الزملاء والعائلات والأصدقاء بعد المناوبة يجب على موظفي الطيران :
- 1. غسل أيديهم بالصابون والماء لمدة 20 ثانية على الأقل .
- 2. تنظيف أو تطهير معدات العمل بما في ذلك الأحذية وتجنب انتشار الجسيمات / الغبار .
- 3. خلع ملابس العمل و غسلها بالصابون في أقرب وقت ممكن وحملها ونقلها وغسلها بطريقة تحد من التعرض للجلد والعينين والبيئة وغيرها من الملابس النظيفة (تجنب اهتزاز الملابس) .
- 4. الاستحمام أو غسل الجلد المكشوف بالصابون والماء .
- 5. المراقبة الذاتية لعلامات المرض .
- يجب مراجعة هذه الإجراءات بصفة مستمرة هل ماتزال ضرورية أم لا .
- يجب وقف الإجراءات التي لم تعد ضرورية عندما تنتهي الحاجة إلى تطبيقها .
- يجب توعية العاملين بأنسب أسلوب للتعامل مع الركاب المشاغبين نظراً لأنه من المحتمل ازدياد حالات الشغب على الرحلات نتيجة للقيود التي سيتم اتخاذها .
- ملاحظة : إن قائمة التدابير الصحية المشتركة المذكورة أعلاه هي فقط إرشادية ولا يقصد منها أن تكون شاملة .

فحص الأشخاص والعناصر التي يحملونها:

الأشخاص (الركاب والموظفين) :

- يجب أن يتم الفحص في خطوط غير مجاورة قدر الإمكان مع مراعاة تخطيط نقاط التفتيش ، وتوافر المساحة والقيود اللازمة لتطبيق تدابير الإبعاد المادي و يجب تنفيذ إجراءات التحكم في التدفق عند نقاط التفتيش من أجل تجنب تجمعات الأشخاص المؤدية إلى نقاط التفتيش والخروج منها .
- يجب على الموظفين استخدام نقاط التفتيش المخصصة للدخول إلى المنطقة الامنية المفيدة SRAS بدلاً من استخدام نقاط فحص الركاب الخاصة بالتفتيش كلما عالجت هذه الأخيرة عددا كبيرا من الركاب مثل خلال ساعات الذروة ومتى كانت حركة الركاب من خلال نقطة التفتيش منخفضة ينبغي تشجيع الموظفين على استخدام نقاط التفتيش هذه والذي بدوره سيساعد على تحديد عدد نقاط الدخول إلى SRA والحاجة إلى المزيد من موظفي الفحص .
- يجب توفير معلومات واضحة عن إجراءات التجريد المناسبة (أي إزالة المعاطف والسترات والمتعلقات الشخصية مثل المحافظ) للركاب والعاملين قبل الفحص لتقليل عدد الإنذارات الكاذبة .
- يجب أن يقوم القائمون على الفحص قدر الإمكان بالحد من الاتصال بالأيدى بالأشخاص الذين يتم فحصهم .
- يجب أن يحد الكشافين من استخدام البحث اليدوي (Hand Search) بقدر الإمكان ووفقاً لتقييم المخاطر الأمنية لكل مطار .

يجب اتباع الإجراءات التالية عند فحص الأشخاص:

تعليمات التفتيش /الكشف :

- يجب على الكشافين عدم الطلب من الأشخاص الخاضعين للفحص إزالة أقمعتهم أو القفازات وعندما تكون هناك حاجة لتحديد هوية شخص يرتدي قناع مقابل صورة شخصية صادرة عن جهة حكومية يمكن إزالة القناع إذا كان هناك التزاماً جسدياً باستيفاء تدابير الابتعاد والمسافة المادية أو من خلال حواجز شفافة .

أجهزة الكشف عن المعادن (البوابات) WTMD وأجهزة الكشف عن المعادن المحمولة يدوياً

HHMD - عندما يقوم شخص باطلاق إنذار جهاز الكشف عن المعادن قبل أي محاولة لإعادة الكشف يجب أن يطلب من الشخص:

- تجريد كل الأشياء التي يمكن أن تكون سبب الإنذار .
- بعد ذلك يتم المرور عبر كاشف المعادن مرة أخرى للتأكد من عدم وجود إنذار اخر .
- وفي حال تكرار الإنذار يجب إجراء بحث مستهدف باستخدام طرق أو معدات أو تقنيات أخرى مناسبة ومتاحة بما في ذلك استخدام أجهزة الكشف عن المعادن المحمولة أو (أجهزة ماسحات الأجسام Body Scanners) أو البحث اليدوي حسب الاقتضاء حتى يتم تأكيد سبب الإنذار وحله بشكل إيجابي .
- مطالبة الشخص بالمرور عبر جهاز الكشف عن المعادن مرة أخرى لتأكيد عدم اطلاق الإنذار .
- يجب عدم استخدام أجهزة كشف أثر المتفجرات ETD و الكلاب الشامه EDD أبداً لحل الإنذارات المعدنية .

ماسحات الجسم Body Scanner :

عندما يطلق الشخص الإنذار الخاص بالماسح الضوئي للجسم وقبل أي محاولة لإعادة الكشف يجب أن يطلب من الشخص الآتي :

- تجريد كل الأشياء التي يمكن أن تكون سبب الإنذار .
- بعد ذلك يتم مروره عبر الماسح الضوئي للجسم مرة أخرى للتأكد من عدم تشغيل أي إنذار .
- إذا كان لا يزال يتعذر حل الإنذار فيجب إجراء بحث مستهدف يمكن من خلاله إجراء بحث يدوي حتى يتم تأكيد سبب الإنذار وحله بشكل إيجابي .

- بعد ذلك يتم مطالبة الشخص بالمرور عبر الماسح الضوئي للجسم مرة أخرى للتأكد من عدم اطلاق أي إنذار .

التفتيش يدوي :

- في حالة التفتيش اليدوي يجب على الكشافين تكييف منهجيتها مع الحفاظ على تفاعل آمن مع الشخص .
- يجب أن يستخدم الكشافين القفازات وكذلك تغيير أو غسل / تطهير القفازات بعد كل عملية تفتيش يدوي وفقاً لإرشادات وزارة الصحة .

جهاز كشف أثر المتفجرات (ETD):

- عند استخدام الفحص بواسطة ETD يجب أخذ عينات من :
 - الأشياء الشخصية التي تعامل معها الشخص مؤخراً (المحفظة ، جواز السفر ، إلخ) .
 - منطقة واحدة على الأقل من المناطق التالية على جسم الشخص (حزام الخصر الخارجي للشخص أو الجزء العلوي من الأحذية التي يتم ارتداؤها أو أربطة الأحذية التي يتم ارتداؤها) .
- نظراً لأن اليبدين مصدر للعدوى من COVID-19 وأن زيادة استخدام مطهرات اليد قد يؤدي إلى أعداد كبيرة من الإنذارات الكاذبة ETD فمن غير الموصى به للغاية كلما أمكن أخذ عينات من الأيدي لفحص ETD .
- يفضل عدم إعادة استخدام المسحات و يجب على القائمين على الكشف تغيير القفازات الخاصة بهم بعد كل عملية فحص أو غسيل / تعقيم القفازات طبقاً لإرشادات وزارة الصحة .

كلاب الكشف عن المتفجرات EDD :

- يمكن استخدام EDD كطريقة فحص إضافية لتحليل الإنذار للحقائب المسجلة أو بدلاً من ETD كلما كان ذلك متاحاً وعملياً .

الأمثلة اليدوية والأغراض التي يتم تحميلها بالمقصورة:

- من أجل الحد من التعامل مع العناصر الشخصية من قبل الكشاف ينبغي تزويد الركاب والموظفين بمعلومات شفهية أو لافتات أو الإعلانات العامة حول كيفية الاستعداد على أفضل وجه لفحص أمتعتهم كما يجب أن يتضمن هذا معلومات حول كيفية متابعة أمتعة المقصورة وغيرها من الأشياء الضخمة (مثل عربات الأطفال) وما هي العناصر التي يجب وضعها في سلال أو صناديق منفصلة (مثل الأجهزة الإلكترونية والسوائل) .

- ينبغي استخدام أنظمة الكشف عن المتفجرات لأمتعة المقصورة (EDSCB) في الكشف حيثما كان ذلك متاحاً علي أمتعة المقصورة والأشياء المنقولة .

- يجب توجيه الموظفين للحد من عدد العناصر الشخصية التي يحملونها عند دخول SRAs بالمطارات لتسهيل عملية الكشف وعند فحص هذه العناصر يجب على الكشاف استخدام الأساليب التي تحد من التفاعل المباشر مع تلك العناصر كلما أمكن ذلك .

- إذا حدد الكشاف عنصر مثير للقلق لا يمكن الكشف عليه والتأكد منه بجهاز الأشعة السينية X-RAY فيجب أن يخضع العنصر لفحص إضافي باستخدام EDD أو ETD أو البحث اليدوي .

الكشف علي السوائل والايروسولات والهلاميات (LAGs):

- يمكن إعفاء مطهرات اليدين الكحولية مؤقتاً من قيود LAGs الحالية أو من الكشف بمعدات أنظمة الكشف عن المتفجرات السائلة (LEDS) لذا ينبغي عدم السماح بحملها للمسافرين إلى مقصورة الطائرة إلا بعد إجراء الفحص البصري الذي يقوم به الكشافين للتأكد بشكل معقول من أن هذا السائل / الجل هو بالفعل

مطهر لليدين ويجب أن تكون كذلك متوافقة مع الأحكام المتعلقة بنقل البضائع الخطرة بسبب محتواها من الكحول .

- ووفقاً لقيود البضائع الخطرة فإن إجمالي الكمية الصافية من المواد الطبية غير المشعة (بما في ذلك الايروسولات) وأدوات الزينة مع عدم وجود خطر إضافي يجب ألا يتجاوز 0.5 كجم أو 0.5 لتر لكل مادة مفردة في خمس عبوات منفصلة كل منها 100 مم أو 1 كجم أو 1 لتر إجمالي الكمية الصافية لجميع المواد في عشر عبوات منفصلة كل منها 100 مم لكل شخص .
- ينبغي التنبيه على الركاب بأنه قد لا يتم منح هذا الإعفاء (الإعفاءات) في نقاط التحويل في دول أخرى والتي قد تكون هناك حاجة للتخلص من LAGs عند الخضوع للفحص عند نقاط التحويل .

الركاب المحولين :

- ينبغي عدم النزول عن أي تدابير أمنية قياسية تتعلق بنقل الركاب في ضوء الوضع الحالي كما يجب تنفيذ الإجراءات الصحية بما في ذلك الإبعاد الجسدي للتحكم في تدفق الركاب ومنع الركاب من الاختلاط خاصة عند النزول من طائرات متعددة قادمة من مواقع مختلفة ومثل هذا الأجراء يمكن أن يسهل الفحص الصحي (مثل قياس درجة الحرارة) .

الأمثلة المسجلة :

حل الإنذار:

- حيثما أمكن يجب أن تستند عمليات حل الإنذار إلى الحلول التكنولوجية التي تسمح بذلك الفحص عن بعد وإذا كانت هناك حاجة لاستخدام طريقة للكشف عن المتفجرات فيجب استخدام EDD بدلاً من ETD كلما أمكن .
- عندما يحتاج الركاب إلى جمع محتويات أمتعتهم المسجلة كجزء من عملية حل الإنذار يجب الحفاظ على المسافات الجسدية المناسبة بين الركاب والموظفين كما يجب مراعاة التدابير الصحية المطبقة ويجب استخدام معدات الوقاية الشخصية من قبل كل من موظفي الفحص والركاب أثناء المضاهاة وعمليات الفرز لا سيما عندما لا تسمح المرافق بالتباعد المادي المناسب .

التدريب الأمني :

- ينبغي مراجعة مواد التدريب الأمني لتحديد ما إذا كان ينبغي إجراء التحديثات بناء على الإجراءات والعمليات المنفذة بسبب COVID-19 كما يجب عمل تدريب وتوعية للأفراد القائمين على نقاط الكشف على الإجراءات الجديدة بسبب COVID-19 بما يشمل الجانب النظري والعمل .

منهجية مراقبة الجودة :

- ينبغي أن تستعرض الإجراءات والنماذج وقوائم المراجعة والبروتوكولات المناسبة التي يستخدمها مفتشي أمن الطيران لإجراء عمليات التدقيق والتفتيش والاختبارات الأمنية بطريقة موحدة وفعالة لتأخذ في الاعتبار المتطلبات المعدلة وأي قيود مطبقة للتخفيف من أثر الوباء .
- يجب عمل قوائم مرجعية وأجراءات قياسية لكل نقطة كشف موضحا بها الإجراءات الصحية والأمنية المتبعة .
- كما ينبغي إجراء هذه المراجعة بمجرد انتهاء الجائحة بهدف العودة إلى مراقبة الجودة والإجراءات والبروتوكولات المناسبة للتشغيل العادي وحتى إزالة هذه القيود ينبغي تركيز أنشطة الرقابة على تلك الأنشطة التي يمكن تنفيذها مع الحفاظ على تدابير الابتعاد المادية المناسبة .

الأختصارات :

- BODY SCANNER: ماسحات الأجسام
- EDSCB : أنظمة الكشف عن المتفجرات لأمتعة المقصورة
- ETD: جهاز كشف أثر المتفجرات
- EDD: كلاب الكشف عن المتفجرات
- HHMD: جهاز الكشف عن المعادن اليدوي
- LAGS: السوائل والأيروسولات والهلاميات
- LEDS: أنظمة الكشف عن المتفجرات السائلة
- SRAs: المناطق الأمنية المقيدة
- WTMD : بوابة الكشف عن المعادن
- PPE : معدات الحماية الشخصية

Appendices

1) Attachment 1: Passenger journey:

	Passenger must...	Booking	Arrival at Airport	Check-in	Immigration	Security	Terminal	Boarding	In-flight	Disembarkation
1.	be made aware of the public health situation and precaution measures put in place	X	X	X	X	X	X	X	X	X
2.	present a clean Completion form ⁽¹⁾	X	X	X						
3.	be assessed for their Fitness to Fly and wear mask and gloves and have spares	X (to be mentioned on the booking T&C)	X	X	X	X	X	X	X	X
4.	Have or be provided Hand Sanitizer that respects the WHO specifications.	X (to be mentioned on the booking T&C)	X	X	X	X	X	X	X	
5.	be required to adhere to Staff's instruction including respect social distancing of 1.5-2m	X (to be mentioned on the booking T&C)	X	X	X	X	X	X (in particular limit with crew)	X (in particular limit)	X

									with crew)	
6.	(1) Preferably use On-line/Kiosk Check-in provided cleaned/disinfected prior to each use (2) have his cargo bags plastic wrapped up at the airport by a person from the operator or airport. (3) bags be dropped off by airport or airlines			X						
7.	Have limited hand baggage to personal effects only (ie essential items only).	X (to be mentioned on the booking T&C)		X				X		
8.	have body temperature measured and be monitored for COVID-19 compatible symptoms		X	X				X	X (regularly)	X
9.	be isolated if suspected case		X	X	X	X	X	X	X	
10.	E-Gate will be de-activated for physical passport control.				X					
11.	must himself place his personal belongings on the security machine					X				

12.	hand sanitize his hands before touching any objects other his belongings at the different point of checking		X	X	X	X	X	X	X	X
13.	(1) be offered limited / F&B in the terminal (2) No Duty Free Service at the airport or on the aircraft. (3) No Access Airport lounges		X	X	X	X	X	X	X	
14.	be offered access to lavatory which are required to be further inspection, disinfection and cleaning processes		X	X			X		X	
15.	be instructed to limit physical interaction with other person (unless it is part of family)		X	X	X	X	X	X	X	X
16.	must be transported into vehicle that respect Hygiene Requirements for Ferry Buses		X	X	X	X	X	X		

17.	be informed to: (1) try to lower the head or turn away from passengers and crew members nearby When sneezing or coughing, and cover the mouth and nose with tissue or flexed elbow and (2) after touching or disposing wastes, to clean hands with soap or hand sanitizer under running water followed by hand cleaning and disinfection.	X (to be mentioned on the booking T&C)	X	X	X	X	X	X	X	
18.	(1) reduce their movement in the cabin to avoid close contact with crew and other passengers (2) not be served with cold dishes or cold meat/fish, as preference pre-packaged food , and (3) use rinse free hand sanitizer to clean and disinfect hands before meals; (4) use an exclusive lavatory and reduce their visit to the lavatory.	X (to be mentioned on the booking T&C)						X	X	

19.	Be made aware of hygiene principles (wash hands, don't touch face etc...)	X	X	X	X	X	X	X	X	X
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2) Attachment 2: Passenger Declaration Form:

1. Are you fit to perform your travel?

- ☐ Yes
☐ No
☐ I don't know

2. Do you have any of the following symptoms?

- ☐ Fever
☐ Cough
☐ Runny nose
☐ Sore throat
☐ Abdominal pain/ Diarrhoea
☐ Loss of smell or taste
☐ Rash

3. Did you, in the past 14 days, come in close contact with someone who?

- i. Is a confirmed COVID-19 (Novel Coronavirus) case; or
ii. Has been in habitation area with high density of COVID-19 (Novel Coronavirus).
☐ Yes
☐ No

4. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient?

- ☐ Yes, if yes when: _____
☐ No

5. Have you been hospitalized because you've been diagnosed by COVID-19 (Novel Coronavirus)?

- ☐ Yes
☐ No

If yes, please confirm that you have finished a 14 days quarantine after the discharge from the hospital.

Note: All the Declarations will be evaluated by a health authority doctor.

Attachment 3: Personal Protective Equipment (PPE) Recommendations for Aircrew, Maintenance and Cleaning Personnel:

- a) PPE shall be removed and disposed in accordance with the procedure for disposal of bio-hazard debris, immediately after usage, service in the passenger cabin, after interaction with the passengers. Long term use of the [disposable](#) gloves may facilitate the spread of the contaminated particles.
- b) Crew shall wear mask when they leave clean zone and during services. Masks shall be disposed appropriately and shall be changed at least once every 4 hours (or whenever necessary) and shall not be re-used after removal.

Personnel Type	Flight Risk	Surgical Mask	KN95/N95 Mask	Medical Mask	Goggles	Disposable Protective Suit	Disposable Medical Rubber Gloves	Disposable Shoe Covers	Disposable Medical Cap
Flight Crew	Low and Medium	X							
	High		X		X				
	Special Transport Missions			X	X				
Cabin Crew	Low and Medium	X							
	High		X		X		X		
	Special Transport Task			X	X	X	X**	Boot Covers	X

		X**	X*	X	X			Emergency Handling	
X	X	X	X	X		X		Replacing HEPA	Maintenance Staff
X	X	X					X	Low and Medium	Cleaning Staff
X	X	X		X		X		High	

* Could be replaced with the protective apron in the Universal Precaution Kit (UPK) under special circumstances as an interim emergency handling measure.

** Double layer disposable rubber gloves

Attachment 4

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 - Coordinated Universal Time (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: _____				

Attachment 5

PHC Form 1 (Public Health Corridor)

CREW COVID-19 STATUS CARD	
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. Notwithstanding completion of this card, a crew member might still be subjected to additional screening by Public Health Authorities as part of a multilayer prevention approach e.g. when recorded temperature is 37.3 C° or greater.	
1. During the past 14 days, have you had close contact (face-to-face contact within 1 metre and for more than 15 minutes or direct physical contact) with someone who was suspected of having COVID-19 or had been diagnosed with COVID-19?" <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>	
2. Have you had any of the following symptoms during the past 14 days: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Fever Coughing Breathing difficulties Sudden loss of sense of taste or smell </div> <div style="width: 35%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>	
3. Temperature at duty start: Temperature not recorded due to individual not feeling/ appearing feverish <input type="checkbox"/> Temperature in degrees C° <input type="checkbox"/> / F° <input type="checkbox"/> : _____ Date: _____ Time: _____ Recording method : Forehead <input type="checkbox"/> Ear <input type="checkbox"/> Other <input type="checkbox"/> _____	
4. Have you had a positive COVID-19 test during the past 3 days? <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> Attach report if available	
5. Have you received a COVID-19 vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of most recent vaccination: Have you completed the full vaccination protocol? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Crew member Identification: Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:	

Public health corridor (PHC) Form 1

Attachment 6

6) Attachment 6: Crew Declaration Form

1. Do you have any of the following symptoms

- ☐ Fever
- ☐ Cough
- ☐ Runny nose
- ☐ Sore throat
- ☐ Abdominal Pain/ Diarrhoea
- ☐ Loss of Smell or Taste

2. Did you, in the past 14 days, come in close contact with someone who:

- (i) Is a confirmed COVID-19 (Novel Coronavirus) case; or
- (ii) Has been in habitation area with high density of COVID-19 (Novel Coronavirus).

- ☐ Yes
- ☐ No

3. Have you been diagnosed as COVID-19 (Novel Coronavirus) patient?

- ☐ Yes, if yes when: _____
- ☐ No

4. Have you been hospitalized because you've been diagnosed by COVID-19 (Novel Coronavirus)?

- ☐ Yes
- ☐ No

If yes, please confirm that you have finished a 14 days quarantine after the discharge from the hospital.

5. Are you suffering from?

- ☐ High Sugar
☐ High Blood pressure
☐ Heart disease
☐ Treated Cancer
☐ Asthma

6. Are you currently taking any medicine which lower your immunity such as (Humira Interferon /Steroids /Methotrexate/Infliximab...etc...)

7. Did you use a fever reducing medicine for the past 6 hours?

8. Are you smoking a tobacco product (Shisha, Cigarettes, Midwakh?)

- ☐ **Declaration:** I hereby declare that I have carefully considered the statements made above and that to the best of my knowledge are complete, correct and that I have not withheld any relevant medical information including any medication used by myself (prescribed or non-prescribed) or made any misleading statements. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Attachment 7

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM

Proposal – a health declaration to include on the reverse of the existing PLF.

PUBLIC HEALTH COVID-19 PASSENGER SELF DECLARATION FORM									
<p>Purpose of this form: This form is intended to support public health authorities by allowing arriving passengers to easily provide relevant information pertaining to their health status, particularly with regard to COVID-19. Information needs to be recorded by an adult member of the group or travel group. Notwithstanding completion of this form, a passenger might still be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach. Your information is intended to be held in accordance with applicable national laws and used only for public health purposes.</p>									
<p>1) Traveller Information:</p> <p>First Name(s): <input type="text"/></p> <p>Last Name(s): <input type="text"/></p> <p>Date of Birth (dd/mm/yyyy): <input type="text"/></p> <p>Travel document No. & issuing country: <input type="text"/></p> <p>Country of residence: <input type="text"/></p> <p>Port of Origin: <input type="text"/></p>									
<p>2) During the past 14 days, have you, or a member of your group travelling with you, had close contact (face-to-face contact for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/></p>									
<p>3) Have you, or any member of your group travelling with you, had any of the following symptoms during the past 14 days:</p> <table border="0"> <tr> <td>Fever</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Shortness of breath</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> <td>Sudden loss of sense of taste or smell</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>	Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sudden loss of sense of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sudden loss of sense of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>						
<p>4) Have you, or any member of your group travelling with you, had a positive COVID-19 test in the last 3 days? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach report if available</p>									
<p>5) Please indicate all countries and cities that you and the group travelling with you have visited or transited through in the last 14 days (including airports and ports), providing the dates of the visit. List the most recent country first.</p> <p>_____</p> <p>_____</p>									
<p><i>For more information on penalties related to the provision of false information on this form, please refer to the applicable national legislation and/or local health authorities.</i></p>									
<p>Signature:</p> <p>Date:</p>									

Attachment 8

XYZ- AIRPORT COVID-19 CLEANING / DISINFECTION CONTROL SHEET

Airport Area: _____

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

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

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

Attachment 9

Recommended dataset on reporting COVID-19 testing results

The minimum information to be recorded on the certificate includes:

- (1) Personal Information of Test Subject:
 - a) Full Name (Surname, Given Name)
 - b) Date of Birth (YYYYMMDD)
 - c) ID Document Type (mandatory)
 - d) ID Document Number (mandatory)
- (2) Service Provider:
 - a) Name of testing facility or service provider (mandatory)
 - b) Country of test (mandatory)
 - c) Contact details (mandatory)
- (3) Date and Time of Test and Report:
 - a) Date and time of specimen collection (mandatory)
 - b) Date and time of report issuance (mandatory)
- (4) Test Result:
 - a) Type of test conducted: molecular (PCR); molecular (other); antigen; antibody (mandatory)
 - b) Result of Test (normal/abnormal or positive/negative) (mandatory)
 - c) Sampling method (nasopharyngeal, oropharyngeal, saliva, blood, other (optional)
- (5) Optional Data Field: Issued at the discretion of the issuing authority

Public health corridor (PHC) Form 5