International Civil Aviation Organization

ELECTRONIC BULLETIN
For information only

IMPLEMENTING A PUBLIC HEALTH CORRIDOR TO PROTECT FLIGHT CREW DURING THE COVID-19 PANDEMIC (CARGO OPERATIONS)

1.   The implementation of extensive and inconsistent border restrictions, in response to the global spread of the COVID-19 pandemic, has severely disrupted the supply chain in delivery of essential medical supplies needed to respond to the pandemic. In order to facilitate continued flight operations whilst preventing the spread of COVID-19 and protecting the health of crew, the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation *(*CAPSCA) recommends the implementation of a "Public Health Corridor" (PHC) concept.

2.   The PHC concept has been developed using a risk-based approach, taking into account safety management principles, with the key elements being the use of "clean" crew, "clean" aircraft, "clean" airport facilities and transporting "clean" passengers. "Clean" in this context refers to implementing measures to ensure as far as possible a "COVID-19 free" status within the aviation transport sector.

3.   CAPSCA has considered relevant documents from the World Health Organization (WHO) and aviation stakeholders, and consulted with CAPSCA partners, CAPSCA Member States, the ICAO Medical Provisions Study Group (MPSG), and other aviation and public health stakeholders to develop COVID-19 specific guidance material. The guidance material has been compiled in the context of the current global situation (April 2020). As the pandemic evolves, CAPSCA will review and update the guidelines.

4.   Guidance relating specifically to flight crew conducting essential cargo operations is appended to this Electronic Bulletin and will be published on the CAPSCA website (www.capsca.org). Further similar guidance material addressing humanitarian, repatriation and scheduled passenger flights is under development through CAPSCA and will be consistent with this approach.

Enclosure:
    Temporary Guidance: Implementing a Public Health Corridor to protect flight crew during the COVID-19 pandemic (Cargo Operations)

Issued under the authority of the Secretary General

IMPLEMENTING A PUBLIC HEALTH CORRIDOR TO PROTECT FLIGHT CREW DURING THE COVID-19 PANDEMIC (CARGO OPERATIONS)

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

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

Introduction

Extensive and varied border restrictions, introduced in response to the global spread of the COVID-19 pandemic, have severely disrupted the global aviation network, including the transport of essential items such as medical supplies and food. The continuation of air transport, taking into consideration appropriate risk assessments and public health measures proportionate to the risk, is critical.

CAPSCA, set up in 2006 after the SARS crisis, is a voluntary multi-sectoral platform applying resources and expertise from both aviation and public health sectors to support the preparedness for, and management of, public health events in civil aviation. The CAPSCA network links ICAO (membership includes 70 per cent of Member States), the World Health Organization (WHO) and other United Nations (UN) entities, International Aviation Organizations, Civil Aviation Authorities and Public Health Organizations at global, regional and national levels, and is therefore well placed to agree on guidelines and procedures to mitigate the impact of COVID-19 on civil aviation, while keeping flight safety as the first priority.

The Public Health Corridor (PHC) Concept

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

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

Implementing the PHC concept for cargo flights

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

The guidance in <u>Appendix A</u> of this document could serve as a framework for harmonizing procedures implemented by States in order to facilitate cross border cargo operations.

CAPSCA has considered relevant documents from WHO and other aviation stakeholders, and consulted with CAPSCA partners, CAPSCA Member States, the ICAO Medical Provisions Study Group (MPSG), and other aviation and public health stakeholders to develop these guidelines (refer to <u>Appendix B)</u>. The guidance material has been compiled in the context of the current global situation (April 2020). As the pandemic evolves, CAPSCA will review and update the guidelines.

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

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Appendix A

CAPSCA Harmonized Guidance on Facilitating Cargo Flights and Protecting Crew during the COVID-19 Pandemic

1. Applicability

This guidance applies to operations supporting the carrying of cargo, specifically:
  1.1   Operations involving freighter/ cargo aircraft transporting cargo;
  1.2   Operations involving passenger aircraft transporting cargo in the passenger cabin (crew other than flight crew may need to be on board such flights for safety reasons).

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

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

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

2. Target Concerns

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

  2.1   When crew are dispatched on international flight operations, how do we prevent them from:
  2.1.1   Transmitting the virus amongst themselves?
  2.1.2   Contracting COVID-19 when they are staying abroad during a layover, and
  2.1.3   Importing the virus when they return?

  2.2   When allowing crew to enter, or re-enter the State, how do we:
  2.2.1   Prevent crew from transmitting the virus to the local community and creating new clusters of transmission, and vice-versa?
  2.2.2   Manage crew when they exhibit symptoms of COVID-19 on arrival or develop symptoms during layover?

3. Key Considerations

  3.1   The COVID-19 pandemic has reached all parts of the world and it has to be assumed that all countries are affected.

  3.2   Globally, the strategy is to limit the spread in order to flatten the epidemic curve so as to enable States to enhance their capacity and resources to manage the pandemic.

3.3 Current evidence still supports the fact that the mainstay of SARS-CoV-2 (COVID-19) spread is by respiratory droplets from infected persons during close contact[1].

3.4 Virus shedding (releasing of the virus) in respiratory droplets is mainly in the first two weeks of onset of symptoms; and the highest shedding is in the first week.

3.5 A large proportion of infected persons present with very mild symptoms.

3.6 There are reports of transmission by asymptomatic or pre-symptomatic persons infected with COVID-19, although it is not considered to be a key driver of transmission.

3.7 Hand hygiene and avoiding mouth, eyes and nose contact with hands remain among the key prevention methods.

3.8 While the use of face masks alone is insufficient to provide an adequate level of protection to the wearer, and there is currently no evidence supported by WHO that wearing a mask (whether medical or other types) by healthy persons including universal community masking, can prevent them from infection with COVID-19, usage of masks can potentially reduce the release of the virus through coughing and sneezing; therefore the appropriate use of face masks taking into account the environment and risk exposure, could reduce the risk of exposure from infected persons[3].

3.9 Physical distancing of at least one metre[1], ideally two metres to the extent possible[2], is advised by Public Health Authorities to avoid inadvertent community transmission of COVID-19.

3.10 Air operators shall equip their aircraft with Universal Precaution Kits to be used by the cabin crew when a suspected case is identified on board, in accordance with ICAO Annex 6 (Operation of Aircraft).

3.11 Air operators should review current fatigue management policies to ensure that these reflect any new constraints, such as reduced opportunities for crew rest or meals at destination airports or on positioning flights, or changes to procedures such as reduced duration for layovers. Appropriate crewing and scheduling should be adopted to ensure that crews are not unduly fatigued during the operating pattern that they embark on.

3.12 With reduced network capacity, crew (especially for cargo operations) may be positioned (dead heading) on another airline.

3.13 The aircraft environment could in many aspects be considered as a space restricted or confined working area. If it is not practically possible to achieve prescriptive guidelines due to practical limitations e.g. distancing measures within the cockpit, the aircraft operator should apply a risk based approach when considering implementation of alternative mitigating measures to prevent the transmission of COVID-19 to or from flight crew. The application of a layered mitigation strategy consisting of the application

of a variety of risk controls will provide better protection than the implementation of only one or two selected risk controls of the same type to prevent transmission.

3.14 Current evidence doesn't support the application of additional disinfection procedures for cargo being transported on aircraft during the COVID-19 pandemic [1,4]. Routine use of Personal Protective Equipment (PPE) and disinfection processes are recommended, unless indicated differently based on risk assessment by the State or the operator.

4. Guidelines at all times

4.1 Air operators are responsible to ensure disinfection of the aircraft at a frequency based on the usage of the aircraft and recommended by the aviation regulators in coordination with the local public health authorities, using materials known to be effective against COVID-19 and safe for use in the aircraft, in accordance with the WHO guidance[1].

4.2 In instances where additional disinfection is required e.g. cockpit disinfection during crew changes, air operators are required to provide crew with the necessary disinfection materials and personal protective equipment (PPE).

4.3 Crew identified as having had close contact with a suspected COVID-19 case must self-isolate pending the result of testing of the suspected case, or for 14 days after the last potential exposure[2], should the testing result of the suspected case not be available. During this period, such crew must be relieved from the flight duty roster.

   Note: For purposes of this document close contact means face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact with someone who had symptoms suggestive of COVID-19; during the 2 days before or 14 days after that person had the onset of symptoms.

4.4 Crew identified as having had close contact with a positive COVID-19 case must be relieved from the flight duty roster for 14 days from the date of exposure and follow the local public health authorities' instructions.

4.5 Crew displaying any symptoms suggestive of respiratory tract infection or who have a fever, a new persistent cough, difficulty breathing, or feeling unwell in any way, must be relieved from flight duties, self-isolate and seek medical advice as soon as practicable[1].

4.6 Crew are to observe physical distancing practices, including both when on and off duty, in accordance with local health requirements when off-duty.

4.7 Given the current situation and as far as Flight Time Limitation (FTL) permits, air operators should operate turnaround flights and avoid long layovers and transits for their crew as far as reasonably practical. For turnarounds, crew are advised to stay in the aircraft (except for aircraft walk-around checks). Consideration should be given for unforeseen delays (e.g. due to unplanned testing procedures).

4.8   Access on-board the aircraft by authorised personnel such as ground/technical personnel must only be allowed if physical distancing measures adopted. If it is not practically possible to achieve this, such personnel should use face coverings to reduce the risk of potential exposure to the crew.

4.9   Oxygen masks must be disinfected using available means, after each use. In-flight rest shall have bedding for each crew member for their individual use. The bedding must be packaged and stored individually.

5. Guidelines at airports

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

5.2   Airport authorities should collaborate with State authorities to provide as far as practical dedicated channels at airports to facilitate crew, including any positioning crew, in clearing customs and immigration in order to minimise contact with other travellers.

5.3   Aircraft operators and crew are encouraged to collaborate with Public Health authorities at airports when conducting entry or exit screening at airports, should the completed **Crew COVID-19 Status Card (Appendix C)** not be accepted by the Public Health Authority.

5.4   Screening performed by States could include observing crew for symptoms and signs of COVID-19, mandatory temperature screening, conducting a focused interview with crew members or directing symptomatic crew for further medical assessment.

5.5   If crew members are suspected or confirmed positive for COVID-19 based on the medical evaluation, isolation may be required by the State. Alternatively, the air operator may medically repatriate such crew member by appropriate modes, if there is agreement to repatriate the crew member to home base.

6. Pre-flight guidelines

6.1   Air operators are to remind crew that symptoms of COVID-19, including fever, renders them unfit for duty. On reporting for duty, crew members are required to complete the **Crew COVID-19 Status Card**.

6.2   Air operators are to implement disinfection procedure of the cockpit controls and surfaces before the flight if there are crew changes, using material that is effective against COVID-19 and safe for aviation use.

6.3   Crew must, as far as practicable, avoid contact with the public and ground/technical personnel as well as observe good hand hygiene and physical distancing measures when conducting pre-flight checks and briefings.

6.4   Any positioning crew should be the last to embark the aircraft.

6.5   Aircraft operators are encouraged to provide suitable face masks for flight crew, that could be used when physical distancing cannot be achieved, when travelling to and from the aircraft and during layovers, when face masks are widely available. In the interest of flight safety flight crew may remove their face mask when they are in the cockpit and the cockpit door is closed.

6.6   Aircraft operators should inform flight crew of the caveats of face mask management, based on the WHO Advice on the use of masks in the context of COVID-19.   Should face masks not be available, crew could make use of alternative face covering in accordance with WHO recommendations.[3]

7. In-flight guidelines

7.1   Crew members, including any positioning crew, must observe good hand hygiene, physical distancing measures and minimise all non-essential interaction and contact with fellow crew members[2], as far as practicable, during duty.

7.2   Any positioning, engineering, technical or other crew members are to be assigned seats in designated sections of the aircraft, segregated from the flight crew, for the duration of the flight to achieve the recommended physical distancing, if seats are available.

7.3   In the event that a crew member experiences fever or any symptoms suggestive of COVID-19 while inflight, the crew member should follow the procedures outlined in the WHO guidance[1], donning a face mask and isolating him/herself from fellow crew members, provided that it doesn't affect aviation safety. Should there be space limitations, the aircraft operator should consider risks and safety principles when considering alternative measures to prevent the transmission of COVID-19. The ill crew member should report to the Public Health Authorities upon arrival for further assessment.

8. Post-flight guidelines

8.1   While completing all post-flight formalities and pre-flight formalities for turnaround flights, crew, including any positioning crew, must observe physical distancing measures, good hand hygiene and minimise all non-essential interaction and contact with fellow crew members and any ground/technical personnel, and their belongings, if present, as far as practicable.

8.2   Any positioning crew should be the first to disembark the aircraft.

9. Layover/ transits

If crew are required to layover or transit at an outstation, the air operator is to coordinate with the State public health authorities at airports and implement the following:

9.1   Commute arrangements (between airport and hotel, if required): The air operator should arrange for the commute between the aircraft and the crew's individual hotel rooms ensuring hygiene measures are

applied and the recommended physical distancing adopted, including within the vehicle, to the extent possible.

9.2   At accommodation:
9.2.1   At all times, crew must comply with local public health regulations and policies
9.2.2   One crew member to one room, which is sanitised prior to occupancy;
9.2.3   Crew, taking account of the above, and insofar as is practicable, should:

  (i)   Avoid contact with the public and fellow crew members, and remain in the hotel room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing requirements;
  (ii)   Not use the common facilities in the hotel;
  (iii)   Dine in-room, get take-outs or dine seated alone in a restaurant within the hotel, only if room service is not available;
  (iv)   Regularly monitor for symptoms including fever; and,
  (v)   Observe good hand hygiene, respiratory hygiene and physical distancing measures when required to leave the hotel room only for the reasons specified in (i), (iii) or emergency situations.

9.3   Crew members experiencing symptoms suggestive of COVID-19 during layover or transit should:

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

9.3.2   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);

9.3.3   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; and

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

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Appendix B

References

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

Participating Organizations

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

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

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

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

ICAO Medical Provisions Study Group
1. Civil Aviation Authority of Singapore (CAAS) (CAPSCA Technical Advisor)
2. UK Civil Aviation Authority
3. Transport Canada
4. Federal Aviation Administration (FAA)
5. Civil Aviation Administration of China (CAAC)

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

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Appendix C

CREW COVID-19 STATUS CARD
Purpose of this card: Information needs to be recorded by Flight Crew prior to departure to confirm their health status relating to COVID-19, and to facilitate processing by State Public Health Authorities. Notwithstanding completion of this card, a crew member might still be subjected additional screening by the Public Health Authority as part of a multi-layer prevention approach e.g. when recorded temperature is > 37.5 C°
1. **During the past 14 days, have you had close contact (face-to-face contact within 1 meter and for more than 15 minutes or direct physical contact) with someone who had symptoms suggestive of COVID-19?** Yes ☐ No ☐
2. **Have you had any of the following symptoms during the past 14 days:** Fever   Yes ☐ No ☐ Coughing   Yes ☐ No ☐ Breathing difficulties   Yes ☐ No ☐

3. **Temperature at duty start:**
    Temperature not recorded due to individual not feeling/ appearing feverish ☐
 	
    Temperature in degrees C° ☐ / F° ☐   : _____
    Date: _____   Time: _____
    Recording method :   Forehead ☐   Ear ☐   Other ☐ _____

4. **Have you had a positive <u>PCR</u> COVID-19 test?**   Yes ☐ No ☐ Please attach report if available
Crew member Identification: Name: Airline/ aircraft operator: Nationality and Passport No: Signature: Date:

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