



ICAO

International Civil Aviation Organization
North American, Central American and Caribbean Office

**PROPOSED HARMONIZED PROTOCOL OF MEASURES FOR THE RESTART
AND RECOVERY OF AVIATION IN ALL OTHER AREAS
(Health, ANS, Safety & AGA)**

Table of Contents

1. AIRPORT.....	4
General application measures / public sectors.....	4
2. DEPARTURES CIRCUIT.....	6
Measures corresponding to the departing passenger circuit/Measures corresponding to the transit passenger circuit.....	6
3. ARRIVALS CIRCUIT.....	8
Measures corresponding to the arriving passenger circuit.....	8
4. HOLD LUGGAGE CIRCUIT.....	9
Measures corresponding to the control of baggage dispatched in the hold.....	9
5. CIRCUIT CARGO.....	10
Measures corresponding to the control of cargo and facilities.....	10
6. AIRPORT STAFF CIRCUIT.....	11
Measures corresponding to the airport personnel circuit that accesses the SRA.....	11
7. AERODROME INFRASTRUCTURE AND SERVICES.....	12
8. ACCIDENT AND INCIDENT INVESTIGATION	14
9. AIR TRAFFIC MANAGEMENT	15
10. SEARCH AND RESCUE SERVICES	17
11. COMMUNICATION, NAVIGATION AND SURVEILLANCE INFRASTRUCTURE	18
12. SERVICE PROVIDERS IN CONTACT WITH AIRLINE’S CREWS/EQUIPMENTS DURING THE OPERATION	19
13. AERONAUTICAL INFORMATION SERVICES AND MANAGEMENT.....	20
14. METEOROLOGICAL SERVICES FOR INTERNATIONAL AIR NAVIGATION	21

Harmonized Protocols

ICAO NACC Regional Office has created a “**Proposed Harmonized Protocol of Measures for the Restart and Recovery of Aviation in all other areas (Health, ANS, Safety & AGA)**” covering all areas aviation areas (*AVSEC, AGA, ATM, CNS, SAFETY, AIG, AIM and MET*).

The Harmonized Protocol has the objective that NAM/CAR States carry out the recovery phase with harmonized process for the entire region with the aim of guaranteeing safety and security, minimizing user procedures impact and ensure harmonized recovery of operations that benefits States and their users.

Recovery Aviation activities requires to establish a strong plan for each State to involve their internal action and incorporate the regional harmonized activities, integrated the following general actions in all Aviation area:

1. Development a risk analysis.
2. Establish mechanisms in accordance with their public health systems to avoid the spread of COVID-19 in aviation-related operations.
3. NAM/CAR States establish the necessary measures in all areas of aviation to ensure its safe and efficient reopening.
4. Establish harmonized regional procedures in all possible areas.
5. All Stakeholders must have to be incorporate into this process.
6. Stablish dateline for each activity.

To ensure harmonization all activities must have to be development under the framework established by the *Council Aviation Recovery Taskforce (CART)*, and ICAO NACC Regional Office documentation.

The links below stablish reference documentation to be taken into account by States in the process of recovering their operations.

Council Aviation Recovery Task-
force (CART) <https://www.icao.int/covid/cart/Pages/default.aspx>

ICAO NACC COVID-19 Mitiga-
tion Actions <https://www.icao.int/NACC/Documents/COVID19/ICAO%20NACC%20COVID-19-MitigationActions.%20Rev%201%20-%20ENG%2028%20May.pdf>

Proposed Harmonized Protocol of Measures for the Restart and Recovery of Aviation in all other areas (Health, ANS, Safety & AGA):

<i>Annex 9</i> <i>Annex 17</i>	Airports: ✈ General application measures ✈ Public sectors.
<i>Annex 9</i> <i>Annex 17</i>	Departure circuit: ✈ Measures corresponding to the departing passenger circuit ✈ Measures corresponding to the transit passenger circuit.
<i>Annex 9</i> <i>Annex 17</i>	Arrivals circuit: ✈ Measures corresponding to the arriving passenger circuit. ✈ Sanitation of the arrivals sector (migrations, customs) on a regular basis.
<i>Annex 9</i> <i>Annex 17</i>	Hold luggage circuit: ✈ Measures corresponding to the control of baggage dispatched in the hold.
<i>Annex 9</i> <i>Annex 17</i>	Circuit Cargo: ✈ Measures corresponding to the control of cargo and facilities.
<i>Annex 9</i> <i>Annex 17</i>	Airports staff circuit. ✈ Measures corresponding to the airport personnel circuit that accesses the SRA.
<i>Annex 14</i>	Aerodrome infrastructure and Services
<i>Annex 13</i>	Accident and Incidents Investigation
<i>Annex 11</i>	Air Traffic Management
<i>Annex 12</i>	Search and Rescue
<i>Annex 10</i>	Communication, Navigation and Surveillance
<i>Annex 6</i>	Service providers in contact with Airline's crew Equipment during the operation
<i>Annex 15</i>	Aeronautical Information Services and management
<i>Annex 3</i>	Meteorological services for international air navigation

1	<p style="text-align: center;">1. AIRPORT. General application measures / public sectors.</p>
1.1	Periodically sanitation of the Terminal Building.
1.2	Place disinfecting carpets in the immigration areas, security control of passengers and airport staff.
1.3	Optimize the place ventilation and hygienic sanitary conditions, avoid physical contact with people.
1.4	Distancing of people (minimum 1.5 meters) or as much as possible.
1.5	In the control lines, there should be signs on the floor with a minimum separation of 1.5 meters between each person or family group.
1.6	Use of mask for all people (passengers, staff and the general public).
1.7	All personnel who have contact or proximity to passengers, crew or luggage, must wear personal protective equipment (PPE), such as face masks, apron and / or gloves.
1.8	Determine strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
1.9	Dispose of protective equipment properly and responsibly after inspection in accordance with health requirements.
1.10	Train staff on the correct use of PPE.
1.11	Limit access to the terminal (Only passengers or airport personnel enter the terminal).
1.12	Control of sanitary entrance submitted questionnaire, observation of symptoms, taking of temperature to the passengers and users to the terminal building.
1.13	Taking the temperature of the personnel before entering the facilities of the same.
1.14	Medical observation of passengers before entering the check-in yard, by security officers in collaboration with health officials, symptomatic people may not enter the check-in yard, until they undergo a health inspection carried out by the (the) airport health officer (s).
1.15	Adopt a procedure when a person with symptoms of COVID-19 is detected, such as; fever, cough, shortness of breath.
1.16	A specific area will be designated for the health control of symptomatic passengers.
1.17	Access to people who refuse to comply with the sanitary measures imposed by the Ministry of Public Health and the Aeronautical Authority will be prohibited.
1.18	Coordinate with the Public Force the procedures to minimize manual inspection and physical contact.
1.19	Sanitary facilities for hand washing with soap and water, when required.
1.20	Passengers and staff should sanitize their hands as much as possible before entering the inspection checkpoint.
1.21	The manual inspection or physical inspection of passengers and non-passengers accessing the ZSR is temporarily suspended, avoiding physical contact
1.22	Establish a method to maintain the communication and relevant information of the COVID-19, hygiene measures and preventive measures to apply, contact numbers of the Ministry of Health, (or local airport authority that corresponds by graphic, visual, electronic, public means, etc.).
1.23	Airport Operators must provide posters and information screens to inform passengers of the required procedures.
1.24	Virtual refreshment courses for staff of regulated entities, under the authorization and supervision of the Aeronautical Authority.
1.25	Utilize the Aviation Security Management System (SeMS) to its full potential.
1.26	Airport and Air Operators should share risk assessments and experiences with other operators.

1	<p style="text-align: center;">1. AIRPORT.</p> <p style="text-align: center;">General application measures / public sectors.</p>
1.27	<p>Aviation Security personnel, in order to comply with the established security procedures in the regulations must have, as a mandatory rule, the following biosecurity equipment and personal protection equipment (PPE) supplies:</p> <ul style="list-style-type: none"> ➤ Face masks N-95 type or similar ➤ Face screen ➤ Monoglasses/goggles ➤ Disposable nitrile gloves ➤ Antibacterial gel and/or alcohol to disinfect to 70%
1.28	<p>Sterilization of the area, verifying that there are no foreign and/or suspicious elements or objects; ensuring that only authorized personnel are in the area.</p>
1.29	<p>Verify and coordinate that routine cleaning and disinfection of surfaces that have been frequently manipulated and/or exposed, such as security equipment, trays, restricted items urns, luggage conveyor belts, tables, panic buttons, chairs, security inspection point floor and baggage areas; this activity will take place at regular intervals and will depend on the flow and traffic of passengers at that particular airport.</p>
1.30	<p>Before passengers or airport personnel approach inspection points, hand sanitizer and other disinfection products must be provided.</p>
1.31	<p>Aviation Security personnel should keep in mind that when passengers show symptoms of the disease, they must immediately notify the competent Health Authority so that they are isolated and quarantined.</p>
1.32	<p>Disinfectants (gel or alcohol) should be distributed to passengers and airport staff.</p>

2. DEPARTURES CIRCUIT.

Measures corresponding to the departing passenger circuit/Measures corresponding to the transit passenger circuit.

2.1	Sanitation of the Terminal Building periodically.
2.2	Sanitation of inspection posts, conveyor belts, X-ray machines, containers, tables, etc. (Security personnel must also wear PPE.)
2.3	Place disinfecting rugs in the migration control areas of passenger security and airport staff.
2.4	Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with people.
2.5	Aircraft sanitation.
2.6	In the control lines, there should be signs on the floor with a minimum separation of 1.5 meters between each person or family group. The distancing of people should be followed as much as possible.
2.7	Passengers wear a mask.
2.8	Passengers should remove the face mask upon request for documentation checks.
2.9	A specific area will be designated for the health control of symptomatic passengers.
2.10	Provide staff with EPP inspection points and hand sanitizing gel and ensure their mandatory use. (Complementarily promote handwashing with soap).
2.11	Passengers and staff sanitize their hands before entering the inspection checkpoint.
2.12	Sanitary facilities for hand washing with soap and water, when required.
2.13	Airlines use masks and gloves for all their personnel.
2.14	All personnel who have contact or proximity to passengers, crew or luggage must use biosafety elements, such as face masks and gloves.
2.15	Document Matching and Boarding-pass will be visual without contact, in case of requiring additional validation it will be done verbally.
2.16	Train staff on the correct use of PPE.
2.17	Do not wear masks for more than 2 hours.
2.18	Strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
2.19	Dispose of protective equipment properly and responsibly after examination in accordance with health requirements.
2.20	Change gloves after each ETD inspection and / or each manual inspection and sanitation of the AVSEC equipment used.
2.21	Cleaning and Sanitation of baskets and AVSEC support equipment (technology) at inspection posts.
2.22	Transport of anti-bacteria or antiseptic gels and liquids in hand luggage in the maximum amount of 355 milliliters per person (transitory measure), (URY 120 milliliters).
2.23	The inspection of carry-on baggage must be carried out safely for the inspector and the passenger. (Distance / transparent screen).
2.24	Limit manual inspections to a minimum, inspect carry-on luggage from various angles and / or use ETDs.
2.25	Withdrawal of the suspect item / s by the passenger / staff, under the supervision of AVSEC staff, inspection of the item by Rx as many times as necessary.
2.26	Use of scanner to limit manual inspections to a minimum; If the alarm persists, a manual inspection will be made in the area that generated it.
2.27	Removal of all elements that can generate alarms to avoid physical inspection.
2.28	10/20% of the passengers will undergo an inspection with ETD, to avoid carrying out manual inspections, using a swab per inspected person.

2. DEPARTURES CIRCUIT.

Measures corresponding to the departing passenger circuit/Measures corresponding to the transit passenger circuit.

2.29	Manual inspection or physical inspection of passengers is temporarily suspended.
2.30	Maximize inspection through Explosive Dog Detection (EDD) and Explosive Trace Detection (ETD) to resolve alarms rather than manual inspection and physical review.
2.31	Change swabs for ETD equipment frequently, and use a Sanitation cloth per ETD person.
2.32	Take into account the time necessary for inspection in exchange for reducing security risk and Quality Control.
2.33	Separation of safety inspectors and consider opening additional lanes if feasible, to avoid high passenger flows.
2.34	When changing the operating personnel of the RX equipment, the operating panel of the RX equipment must be disinfected.
2.35	Reduction of human resources in AVSEC inspection posts, based on criteria established by the Aeronautical Authority, subject to prior approval by the same.
2.36	Temporary suspension of the "Secondary method of random and unpredictable inspection" in AVSEC inspection posts.
2.37	Perform risk assessments on the operational handling time of an outbound flight to determine the risk on the effectiveness of AVSEC procedures, and update measures and procedures as necessary.
2.38	Hydrogen peroxide-based hand sanitizers can increase the probability of false alarms with ETDs.
2.39	Washing hands must be done in periods of 30 minutes or with the use of disinfectant gel.

3.	<p style="text-align: center;">3. ARRIVALS CIRCUIT.</p> <p style="text-align: center;">Measures corresponding to the arriving passenger circuit.</p>
3.1	Sanitation of the arrivals sector (migrations, customs) on a regular basis.
3.2	Sanitation of inspection posts, conveyor belts, X-ray machines, containers, tables, etc.
3.3	Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with people.
3.4	Place disinfecting rugs in the migration control areas of passenger security and airport staff.
3.5	Aircraft sanitation.
3.6	Distance between people must be at least 1.5 meters. The distancing of people should be followed as much as possible
3.7	Placement of signs on the floor with a minimum separation of 1.5 meters between each person.
3.8	Passengers wear a mask.
3.9	Passengers should remove the face mask upon request for documentation checks.
3.10	Control of sanitary entrance submitted to questionnaire, visual control, taking of temperature to the passengers who enter the country.
3.11	Procedure when a person with symptoms of COVID-19 is detected such as; fever, cough, shortness of breath.
3.12	A specific area will be designated for the health control of symptomatic passengers.
3.13	Provide PPE and alcohol gel or hand sanitizer at checkpoints.
3.14	Sanitary facilities for hand washing with soap and water, when required.
3.15	All personnel who have contact or proximity with passengers, crew or luggage must use PPE.
3.16	Train staff on the correct use of PPE.
3.17	Strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
3.18	Dispose of protective equipment properly and responsibly after examination in accordance with health requirements.
3.19	When changing the operating personnel of the RX equipment, the operating panel of the RX equipment must be disinfected.
3.20	Airport Operators must provide posters and information screens to inform passengers of the required procedures.

4	4. HOLD LUGGAGE CIRCUIT. Measures corresponding to the control of baggage dispatched in the hold.
4.1	Sanitation of inspection posts, conveyor belts, X-ray machines, containers, tables, etc.
4.2	Distance between people must be at least 1.5 meters.
4.3	AVSEC personnel must use PPE.
4.4	Train personnel on the correct use of personal protective equipment (PPE).
4.5	Change the gloves after each manual search, and sanitize the equipment used.
4.6	Strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
4.7	Sanitary facilities for hand washing with soap and water, when required.
4.8	Limit manual inspections to a minimum, inspect hold baggage from various angles, and / or use ETD or EDD.
4.9	When changing the operating personnel of the RX team, the operating panel of the same must be sanitized.
4.10	Reduction of human resources in AVSEC inspection posts, based on criteria established by the Aeronautical Authority, after its approval.
4.11	Take into account the time necessary for inspection in exchange for reducing security risk and Quality Control.
4.12	Perform risk assessments on the operational handling time of an outbound flight to determine the risk on the effectiveness of AVSEC procedures, and update measures and procedures as necessary.

5	5. CIRCUIT CARGO. Measures corresponding to the control of cargo and facilities.
5.1	Sanitation of the cargo building periodically.
5.2	Sanitation of inspection posts, conveyor belts, X-ray machines, containers, tables, etc.
5.3	Distance between people should be a minimum of 1.5 meters, or as much as possible.
5.4	AVSEC personnel use of PPE.
5.5	Train staff on the correct use of PPE.
5.6	Sanitary facilities for hand washing with soap and water, when required.
5.7	Strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
5.8	Dispose of protective equipment properly and responsibly after examination in accordance with health requirements.
5.9	Change gloves after each manual search, and sanitize equipment.
5.10	Cargo sanitation.
5.11	Virtual refreshment courses for staff of regulated entities, under the authorization and supervision of the Aeronautical Authority.
5.12	When changing the operating personnel of the RX team, the operating panel of the same must be sanitized.
5.13	Maximize inspection through Explosive Dog Detection (EDD) and Explosive Trace Detection (ETD) to resolve alarms rather than manual inspection and physical review.
5.14	Change swabs for ETD equipment frequently, and use a Sanitation cloth per ETD person.

6	6. AIRPORT STAFF CIRCUIT. Measures corresponding to the airport personnel circuit that accesses the SRA.
6.1	Sanitation of inspection posts, conveyor belts, X-ray machines, containers, tables, etc. (Security personnel must also wear PPE.)
6.2	Place sanitizing rugs in inspection areas.
6.3	Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with people.
6.4	In the control lines, there should be signs on the floor.
6.5	Personal use of mask.
6.6	Personnel should remove the face mask upon request for documentation checks.
6.7	Provide staff with EPP inspection points and hand sanitizing gel and ensure their mandatory use. (Complementarily promote handwashing with soap).
6.8	Personnel sanitize their hands before entering the inspection point.
6.9	Sanitary facilities for hand washing with soap and water, when required.
6.10	Matching permits, cards or credentials will be visual without contact, in case of requiring additional validation it will be done verbally.
6.11	Strategic points for the collection of used personal protective equipment, possibly contaminated disposable material.
6.12	Dispose of protective equipment properly and responsibly after examination in accordance with health requirements.
6.13	Change gloves after each ETD inspection and / or each manual inspection and sanitation of the AVSEC equipment used.
6.14	Cleaning and Sanitation of baskets and AVSEC support equipment at inspection posts.
6.15	Inspection of belongings and items carried by personnel must be carried out safely for the inspector and staff. (Distance / transparent screen).
6.16	Limit manual inspections to a minimum, inspect belongings and other items from various angles, and / or use ETDs.
6.17	Removal of all elements that can generate alarms to avoid physical inspection.
6.18	10/20% of the staff will undergo an inspection with ETD, to avoid carrying out manual inspections, using a swab per inspected person.
6.19	Manual inspection or physical review of personnel is temporarily suspended.
6.20	Maximize inspection through Explosive Trace Detection (ETD) to resolve alarms rather than manual inspection and physical review.
6.21	Change swabs for ETD equipment frequently, and use a Sanitation cloth per ETD person.
6.22	Take into account the time necessary for inspection in exchange for reducing security risk and Quality Control.
6.23	Separation of safety inspectors and consider opening additional lanes if feasible, to avoid high personnel flows.
6.24	When changing the operating personnel of the RX equipment, the operating panel of the RX equipment must be disinfected.
6.25	Reduction of human resources in AVSEC inspection posts, based on criteria established by the Aeronautical Authority, subject to prior approval by the same.
6.26	Temporary suspension of the "Secondary method of random and unpredictable inspection" in AVSEC inspection posts.
6.27	Hydrogen peroxide-based hand sanitizers can increase the probability of false alarms with ETDs.

7. AERODROME INFRASTRUCTURE AND SERVICES

7.1	Does the airport have in place a Plan for Public Health Events / Emergencies?
7.2	Is it part of the Aerodrome Emergency Plan?
7.3	Is it compatible with the national Aviation Preparedness Plan for Public Health Events / Emergencies?
7.4	Has the Aerodrome Emergency Plan (Public Health Emergency component) been tested by conducting full-scale exercises and/or table-top exercises? Specify when
EMERGENCY OPERATIONS CENTRE	
7.5	Is there in place a flow chart to initiate the aviation public health event / emergency response plan process?
7.6	Do Public Health Authority personnel participate in developing the aviation preparedness plan?
RESCUE AND FIRE FIGHTING (RFF) SERVICES	
7.7	Do the RFF Services participate in the development and testing of the public health component of the Aerodrome Emergency Plan for Public Health events/emergencies?
7.8	Are there procedures for handling passengers suspected of being affected by a public health event?
MEDICAL SERVICES	
7.9	Is the airport medical service provided by the State or a private enterprise?
7.1 0	Is there a separate provider specific to public health events / emergencies?
7.1 1	Has the service provider received training in managing public health events / emergencies?
7.1 2	Has the airport medical service provider established a communication process with the Public Health Authority?
7.1 3	Has ease of access to the affected aircraft by medical service provider/s been considered in designating an aircraft parking position for the affected aircraft?
7.1 4	Does the medical service provider/public health authority participate in the development and testing of the airport emergency plan for public health events/ emergencies?
7.1 5	Are suitable designated areas / facilities provided at the airport for: <ul style="list-style-type: none"> • Review of suspect cases by medical staff? • Transport of cases to medical facility designated for this purpose? • Review of passengers in close proximity to the suspect case/s • Filling of Passenger Locator Form (if not already done)
7.1 6	Does the medical service provider/public health officers have easy access to the suspect or affected traveller's assessment area?

7.1 7	Does the medical service provider/public health authority have procedures for transferring of suspect or affected travellers to appropriate hospital or evaluation units?
7.1 8	Are facilities available to enable rapid testing of biological specimens?
7.1 9	Does the Public Health Authority have appropriate communication procedures with the assigned labs to receive the diagnosis in a timely manner and inform the suspected passenger of his or her condition?
7.2 0	Are procedures in place for the safe removal, transport and disposal of liquid and solid waste generated from the on board management of a case of a potential public health event (Bio-hazard waste management procedures)?

8. ACCIDENT AND INCIDENT INVESTIGATION

8.1	Has the sector in charge of investigating accidents and incidents implemented additional guidance with specific measures in relation to COVID-19 to safely carry out field activities in the area of investigation?
8.2	Have field investigation kits been continuously equipped with protective masks and gloves suitable for prevention against COVID-19 and with alcohol gel?
8.3	Does the sector in charge of investigating accidents and incidents take the temperature of investigators before they leave for the accident site and after they return?
8.4	Has it established routines and provided the means for the proper disposal of contaminated protective equipment and clothing?
8.5	Have routines been adopted for disinfecting the permanent equipment in the investigation kit?
8.6	Have procedures been established for disinfecting vehicles used in field investigation activities?
8.7	Does the sector in charge of investigating accidents and incidents carry out early coordination in relation to the protection measures adopted against COVID-19 with other States that are about to send their Accredited Representatives / Advisors / Experts to take part in an investigation?
8.8	Is the sector in charge of investigating accidents and incidents considering the establishment of arrangements to have its investigator or representative (when investigating an occurrence that requires the read-out of a flight recorder) handing over the recorder to the representative of the State assisting the read-out at the airside of the arriving airport; and then depart back home without entering the latter State?

9. AIR TRAFFIC MANAGEMENT

	9. AIR TRAFFIC MANAGEMENT
9.1	Have ATS contingency plans been established and implemented to deal with the total or partial interruption of these services?
9.2	Have ATS providers planned for preventive and reactive measures related to COVID-19?
9.3	Risk assessment has been performed as part of ATS provider SMS or separately?
9.4	Have basic protection measures been established to prevent the spread of COVID-19 contagion among ATS personnel? Have these measures been discussed with the personnel?
9.5	Have the ANS provider established and implemented enhanced cleaning and disinfection procedures for all ANS facilities, including door handles, handrails, surfaces (e.g. desks, tables and armrests) and objects (e.g. telephones, keyboards).?
9.6	Is it required that each working position is disinfected after each change-over?
9.7	Have the ANS provider established and implemented enhanced cleaning and disinfection procedures for communication equipment (head-set or microphones) as well as equipment (VCCS or handset radios) and consoles?
9.8	Are personal communication adapters (headsets or microphones) for personal use and not shared? Are personal communication adapters (headsets or microphones) disinfected after/before used and properly stored?
9.9	Does the ANS provider established procedures to promote good respiratory hygiene in the workplace?
9.10	These procedures provide additional guidance to ANS personnel that need to work in close distance from each other (coordination, active-planner controllers, etc.)?
9.11	Does the ANS provider ensures face masks and paper tissues are available at workplaces, for every shift? along with closed bins for hygienically disposing of them?
9.12	Has the ANS provider established procedures to access ANS facilities? Is visitors' access limited to those absolutely required?
9.13	Has the ATS provider established flexible rosters scheme for its personnel? Is the population of higher risk on leave?
9.14	Has the ATS provider suspended OJT for ATC personnel? If no, are measures in place to ensure risk of contagion is adequately addressed? If suspended, are measures being taken to avoid future impact to the ATC number of staff?
9.15	Has a system been implemented to monitor the physical and mental health of staff? Is any kind of support provided?
9.16	Does the ANS provider maintain close communication with State decision makers with regards to operations restrictions? Information is shared with stakeholders/industry?
9.17	Has the ATS provider implemented demand and capacity balancing procedures? Is there a Collaborative Decision Making process in place?
9.18	Has the State coordinated the necessary operating procedures with the States adjacent to its operations?
9.19	Has the ATS provider implemented mechanisms to ensure the proficiency of ATC personnel is maintained? Retrained?

	Are simulator sessions available for ATC personnel?
9.20	Has the ANS provider established procedures to address COVID-19 compromised facilities? Has the ANS provider established procedures to manage a person who becomes sick at the workplace and is suspected of having COVID-19?
9.21	Has the ANS provider established procedures to disinfect COVID-19 compromised facilities?

10. SEARCH AND RESCUE SERVICES

10.1	Have SAR providers planned for preventive and reactive measures related to COVID-19?
10.2	Is SAR personnel considered essential, as part of the ANS?
10.3	Have basic protection measures been established to prevent the spread of COVID-19 contagion among SAR personnel? Have these measures been discussed with the personnel?
10.4	Has the SAR provider established flexible rosters scheme for its personnel? Is the population of higher risk on leave?
10.5	Does the State ensure that the SAR response resources are available and equipped to avoid possible contagion in the conduction of its operations?

11. COMMUNICATION, NAVIGATION AND SURVEILLANCE INFRASTRUCTURE

11.1	Has the State ensured about air navigation systems safe operation to support the recovery of flight operations?
11.2	Has the State tested VHF or HF communications?
11.3	Has the State ensured that t ATS communication systems are tested and verified their correct operation before operation recovery?
11.4	Has the State ensured that Air Navigation Service providers certify the correct operation of their automated systems prior to the reactivation of their operations?
11.5	Has the State established procedures for technical personnel to ensure compliance with basic measures to prevent the spread of COVID-19?
11.6	Have adequate procedures been established to ensure what should be done in the event that technical personnel show symptoms of COVID-19?
11.7	Have cleaning and disinfection procedures been established for the areas where the CNS systems and equipment are located?
11.8	Has the State established the update of the corrective maintenance procedures according with new rules to avoid the spread of COVID-19?
11.9	Has the State established necessary procedures to avoid the spread of COVID-19 when personnel must move to remote sites?
11.10	Has Technical staff been trained in the use of the new procedures to avoid the spread of COVID-19?

12. SERVICE PROVIDERS IN CONTACT WITH AIRLINE'S CREWS/EQUIPMENTS DURING THE OPERATION

12.1	Periodically sanitation of the service provider's equipment and vehicles which are going to be in contact to the aircraft and crews
12.2	Place disinfecting carpets in the service doors of the aircraft.
12.3	Optimize the place ventilation and hygienic sanitary conditions, stablish procedures for the interaction among service providers and pilots or cabin crews, when accessing the cockpit or galleys
12.4	Use of mask for all people (passengers, staff and the general public).
12.5	Airlines employees, service providers catering, dispatchers, maintenance, into plane fueling, aircraft cleaning services, etc, have received appropriate training in the new or modified health procedures?
12.6	Establishment of procedures when service providers employees are detected with corona virus symptoms
12.7	service providers employees should sanitize their hands as much as possible before entering the aircraft
12.8	Implementation of paperless procedures for the documentation of the services provided to the carriers (as applicable)

13. AERONAUTICAL INFORMATION SERVICES AND MANAGEMENT

13.1.	Have ARO / AIS service providers (FPLs) planned preventive and reactive biosecurity on-site principles related to COVID-19? Physical (transparent) barriers must be installed at counters and reception
13.2	Do ARO / AIS staff consider that proximity for document transfer should be minimized marks on the floor should be implemented, physical distance of at least 1 meter?
13.3	Have basic protection measures been established to prevent the spread of COVID-19 contagion among NOTAM personnel? Have these measures been discussed with staff?
13.4	Have NOTAM service providers established a flexible shift or scheduling scheme for their staff? Should the staff at greatest risk be on temporary leave?
13.5	Does the State ensure that the human resources in NOTAM are available and equipped to avoid possible contagion in the conduct of its operations?
13.6	Whenever possible, hand washing or alcohol-based hand sanitizer should be placed at the entrance to areas and surfaces (e.g. handles, kiosks) should be regularly cleaned and disinfected in ARO / AIS, NOTAM Areas , AIM, etc.

14. METEOROLOGICAL SERVICES FOR INTERNATIONAL AIR NAVIGATION

14.1	Has the State analyzed the automation of procedures to implement automated pre-flight information systems to replace the handover of physical documentation?
14.2	Has the State considered the development of remote-working capabilities for aeronautical meteorology (MET) technical personnel, guaranteeing their connectivity?
14.3	Has the State considered strengthening capabilities for meteorological observation and/or forecasting remotely?
14.4	Has the State considered the application of measures such as "healthy distance" and/or "social distance" in the workspaces of the MET Service Provider to ensure the appropriate and necessary separation of the personnel in service?
14.4	Has the MET service provider reviewed/updated the contingency modes of operation established for the Meteorological Watch Offices (MWO) and/or the Aerodrome Meteorological Offices (AMO)?
14.6	Have periodic disinfection procedures been established for the MET service provider's equipment and facilities?
14.7	Have disinfection procedures been established for the MET provider technical personnel before entering the work facilities?
14.8	Has it been established, within the analysis of disinfection, to place disinfecting carpets at the entrance doors?
14.9	Have procedures been established to optimize the ventilation of the AMOs, MWOs and Offices that interact with the crews for the handout of flight documentation when there is interaction between service providers and pilots or cabin crewmembers?
14.10	Has the use of personal protective equipment (PPE) been established for technical personnel of MET units, particularly when interacting with other units such as ATM, CNS technical personnel, etc.?
14.11	Have technical personnel received adequate training on new or modified health procedures?
14.12	Have procedures been established when the technical personnel of the service provider are detected with COVID-19 symptoms?