**MINUTE**
**SECOND NORTH AMERICAN, CENTRAL AMERICAN AND CARIBBEAN (NACC) DIRECTORS OF CIVIL**
**AVIATION COVID-19 VIDEOCONFERENCE**

**4 June 2020**

*List of Participants*

Refer to **Attachment A**.

*Agenda:*

Refer to **Attachment B**.

*Objectives:* a) Presentation of the guideline and results of the ICAO Council Aviation Recovery Taskforce and b) Definition and agreement of a concrete strategy, recommendations and actions on aviation restart and COVID-19 recovery.
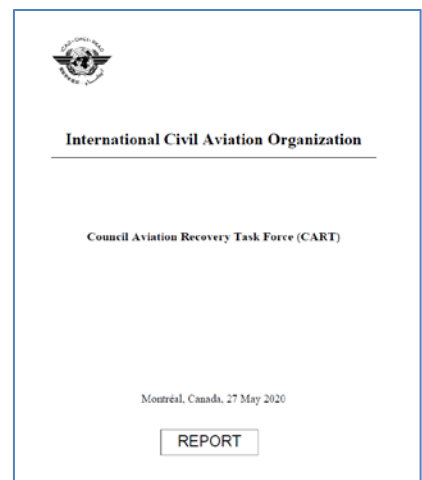
*Introduction*

1.     Mr. Melvin Cintron, Regional Director, ICAO NACC Regional Office, welcomed participants and asked the NACC AACs Directors General to restart aviation based on work from the ICAO Council Aviation Recovery Taskforce (CART) and to implement the solutions outlined today. He mentioned that ICAO has been working to provide guidance and timely solutions that are ordered, harmonized and sustainable on how to implement the many aspects required to ensure a safe, secure, and health-conscious restart and recuperation of the region`s aviation. He stressed the need for DGs to work together with other States and the industry as a region, integrating measures and protocols with each other and with the global aviation community. It was highlighted that this is the first ICAO region to be informed on the CART's work, guidelines and results, and that the NACC Regional Office team is fully committed to the NACC States and the aviation systems that will ensure a harmonized solution, not only for this region and each individual State, but also with other regions and organizations. He described the strategic document for the NAM/CAR Regions to follow for aviation recovery, which is totally in line with the CART and the document prepared by the South American (SAM) Region.

2.     With a spirit of cooperation and multi-regional and global solutions under greater cooperation and standardization, Mr. Fabio Rabbani, Regional Director, ICAO SAM Regional Office, was invited, and he also provided opening remarks, thanking the efforts and commitment of States in following up aviation recovery actions, supporting the comprehensive work between the two ICAO NACC and SAM Regional Offices.

3.     Dr. Fang Liu, ICAO Secretary General, addressed the participants, informing the launch of the Council's CART Report and its Take-Off guidelines, and provided an update on how these CART results were developed and what they will mean for the restart of the NACC States civil aviation. The main purpose of the work of the CART was to allow member States and the industry to implement harmonised risk mitigation measures in accordance with the most recent available health and medical passengers' assessment.  She indicated that mutually-accepted measures are essential for the safe operation of international civil aviation, as well as the adoption of

protocols/standard measures keeping She indicated that mutually-accepted measures are essential for the safe operation of international civil aviation, as well as the adoption of protocols/standard measures keeping safety and security requirements and compliance with the SARPs, ensuring travellers well-being and health. Measures must be as flexible as possible to allow for a viable and sustainable economic recovery. Measures that impose costs or burdens on the industry must be carefully considered and justified by safety, public health, and confidence of passengers and crew. The Secretary General encouraged participants to familiarize with the document and monitor closely amendments to the ICAO CART framework. She finally stressed that ICAO is proud of performing this important multi-lateral role during these challenging times. It will continue to work incessantly to ensure a secure and harmonised recovery from COVID-19 by the global air transport.

4.      The attending Directors of Civil Aviation of the NAM/CAR Regions States and Territories introduced themselves and they all thanked ICAO's leadership and assistance to guide and undertake the necessary actions to mitigate the effects of COVID-19 pandemic, aviation restart and recovery and, most of all safeguard safety and the development of aviation in a safe, efficient, sustainable and orderly manner. ICAO recognised that several States have already taken pro-active measures as a response to the COVID-19 challenge, and this will help to have more alignment with the CART principles and recommendations.

*Discussions*

5.      The Meeting was conducted through presentations and open discussions with participants. Presentations, recording and other related documents may be found at the following link: https://www.icao.int/NACC/Pages/Meetings-2020-DG2ndVConf.aspx

6.      The Meeting was informed of the work made by the CART trough presentation of Mr. Guillermo Hoppe, Costa Rica Representative of Costa on the Council of ICAO. Topics were mandate to compose the CART, identifying and recommending priorities and strategic policies to support States and the industry under three pillars (immediate term: address challenges caused by the pandemic, short term: seek restart of aviation operations and long term, create a more resilient aviation system. CART is composed by States and industry representatives. An explanation was provided on the results of the CART report, including: a) Ten key principles and gradual risk-based approach; b) suggested measures to aviation restoring and recovery at the safety, security, aviation public health, facilitation as well as those relevant to economic and financial measures; c) the need to monitor and share best practices; d) considerations to develop aviation resilience; and e) suggested future actions. Finally, the importance of the fact that a safe and sustainable world aviation sector restart and recovery can be better supported through an internationally-harmonised approach, addressing CARTs message was highlighted. The final report and its guidelines can be found at the NACC COVID-19 webpage.



International Civil Aviation Organization

Council Aviation Recovery Task Force (CART)

Montréal, Canada, 27 May 2020

REPORT

7.  Mr. Miguel Marin, Chief, Operational Safety Section, and Dr. Johanna Jordaan, Chief, Aviation Medicine Section, both from ICAO Headquarters, further developed CARTs explanation and spoke about the implementation of the Public Health Corridor (PHC) (Figure 1 refers). They stressed the need to ensure continuity of flight operations minimizing restrictions in aircraft operations, preventing COVID-19 spread to the crew and passengers, and seeking a coordinated approach through harmonised procedures and requirement. Under the CART's results, details were mention on the 11 recommendations to follow by CART within each measure set, and the four PHC were explained, as well as the risk mitigation measures to be applied in each module and the three ways to use PHC.
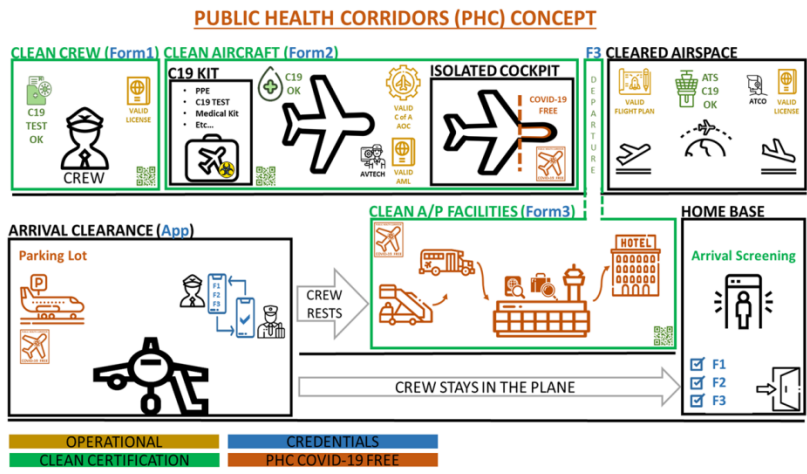


Figure 1

8.  Complementing ICAO's efforts on implementation of measures and what was stated by the CART, Mr. Jorge Vargas, Director of the Technical Cooperation Bureau and Mr. Mekki Lahlou, TRAINAIR PLUS Programme Coordinator, both from ICAO Headquarters, provided a presentation on i -Packs. He explained its concept as a self-contained set of guidance composed of guidance material, standardized training, tools, subject matter expertise and guidance for equipment procurement   I-Packs will support States in the areas of risk management, facilitation and security, public health, safety and economic and air transport aspects. I-Packs will be implemented through an Electronic Management System *by t*he 2nd semester of 2020. Participants noted the implementation of courses on COVID-19 and other on-line courses available through ICAO Global Aviation Training (GAT) section. Forthcoming i-Packs will be available for the States by June-July 2020 under a cost-recovery mechanism.

9.    Considering all the above, for the definition and agreement of a concrete strategic, recommendations and actions for the aviation restart and recovery of COVID-19 pandemic, the ICAO NACC Regional Office proposed a dynamic non-binding document called *Strategic Approach for Aviation Recovery in the NAM/CAR Regions,* where international organizations and industry considerations are taken into account, as well as consideration of the States themselves. This strategy includes all the results and guidelines provided by the Council of ICAO through the CART and restart of aviation. The appendices of this Strategic Approach Document were explained as follows: Appendix A – Harmonised Protocolo of Measures for Aviation Restart and Recovery in all the other areas (Health, ANS, safety security, facilitation and AGA), Appendix B – Aviation operations restart and recovery – AVSEC Measures adopted by States during COVID-19 and Appendix C – Follow-up Forms and report presentation for implementation. **Attachment C** includes the *Strategic Approach for Aviation Recovery in the NAM/CAR Regions Document.* Note: although it is understood that harmonisation is one of the main objectives of the Strategy, it is worth clarifying that actions or protocols will not always be 100% identical. Notwithstanding, the existence of an equivalence of actions or protocols will be sought.
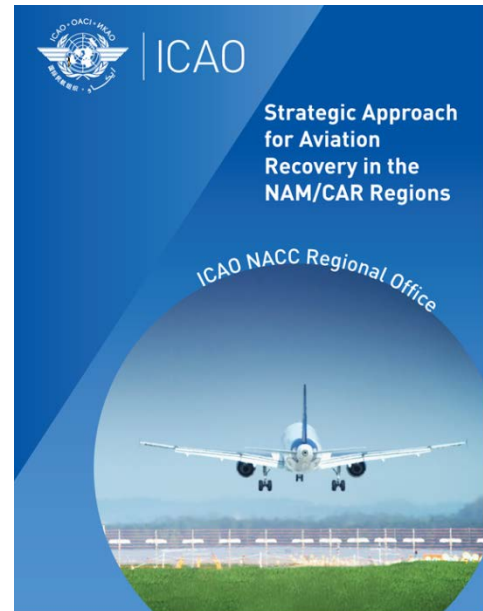
10.   After the explanation and discussed of the proposal, the Meeting declared that it was timely and convenient, providing wide-spread support and acceptance in principle. Several States/Territories such as Aruba, Cuba, Dominican Republic, El Salvador, France, Guatemala, Honduras, Mexico, Nicaragua, United States, States of the Eastern Caribbean and other States expressed their support and acceptance to the proposal. Clarifications were provided as follows:

- Nicaragua commented that involved technical teams, in some States airports are closed and with restrictions. It was clarified that the matrix is a live document and acknowledged that training is also being considered for personnel.
- United States mentioned that joining efforts is essential, the importance to develop a single document and also congratulated the initiative of CART. ICAO recognised the importance of the active role of both Canada and United States in the development of aviation and tourism in the Caribbean, thus the relevant of standardizing measures.
- México thanked the best practices and explained that airlines and airports are already taking their own measures, and that ACCs participation for practically coordinating both air operators and airport operators should be expedited. They welcomed the acceptance of this strategic approach.
- Dominican Republic welcomed the approach and harmonized protocols for backing-up CAAs' decisions. The representative explained how they are recovering aviation through a phased approach until 1 July 2020 when operations will restart.
- France expressed the importance of the role of aviation in the global economic recovery. He also stressed that the CART report is essential and thus the proposed

strategic approach. ICAO commented that Europe is the other great partner of the region.

- Cuba thanked that the NACC strategic approach includes the comprehensive work coordinated with the SAM Region. They welcomed the joint participation of both ICAO NACC and SAM Regional Directors in the event. The representative informed that they are working to be ready when a safe and secure recovery will be decided.
- Saint Lucia announced that today they officially opened the first phase of their recovery, beginning flights. He thanked for harmonizing the efforts.
- The Representative of Costa Rica on the Council of ICAO explained that these initiatives are important to have grounding. The Representative of Mexico on the Council of ICAO also mentioned the hard work by the CART, who seeks uniformity of the measures.

11.     The ICAO NACC Regional Office expressed that the strategic approach will also allow aligning efforts with other regions such as the European Region. The Director of the SAM Regional Office stressed the benefits for States and stakeholders. The Director of the NACC Regional Office urged the States to make this strategic approach a priority for the safe and secure restart of aviation without compromising health of passengers/citizens and implement a harmonized solution for all the Americas.

12.     Therefore, the following Decision was adopted:

**DECISION NACC/DCA/2         REGIONAL ACCEPTANCE OF THE STRATEGIC APPROACH FOR AVIATION RECOVERY FOR THE NAM/CAR REGIONS**

That with the aim of guiding, harmonising and approve the actions for Aviation restart and recovery due to the effects of COVID-19 pandemics in the NAM/CAR Regions, the NAM/CAR States/Territories accept in principle the Strategic Approach for the Recovery of the NAM/CAR Regions of Attachment C.

13.     With this acceptance of the Strategic Approach, participants were invited to use the COVID-19 NACC website for the implementation of the Strategic Approach (https://www.icao.int/NACC/Pages/NACC-COVID19.aspx). Finally, the Meeting agreed on the following actions for the implementation of the approach:

**Action 1:** That the States/Territories apply/promote the implementation of the appendices of the Strategic Approach (Harmonised Protocolo of Measures for Aviation Restart and Recovery in all the other areas (Health, ANS, Safety and AGA), Appendix B – Aviation operations restart and recovery – AVSEC Measures adopted by States during COVID-19 and Appendix C – Follow-up Forms and report presentation for implementation) on multi-regional recognition on the acceptable protocols for aviation **restart** and **recovery** in the NAM/CAR States.

**Action 2:** That ICAO work with the Focal Points designated by States/Territories the tasks for the implementation and use of tools for monitoring the Strategic Approach as well as promote its understanding and application through webinars and other on-line work means .

**Action 3:** That the ICAO NACC Regional Office continues Coordination with the ICAO SAM Regional Office to synchronize actions and succeed a multi-regional NAM/CAR/SAM work based on this Strategic Approach.

**Action 4:** That ICAO foster the efforts made by States/Territories under this Strategic approach to other entities, international organizations and the industry so that NAM/CAR States/Territories may access external support if required and further Foster harmonisation of the necessary measures for Aviation recovery.

**Action 5:** That ICAO convene a third North American, Central American and Caribbean (NACC) Directors of Civil Aviation Covid-19 Videoconference to present results of the implementation of the Strategic Approach during which States will seek possible inclusion of the Ministries of Tourism, Finance, Public Health and Transport.

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**ATTACHMENT/ADJUNTO A**
**Second North American, Central American and Caribbean (NACC) Directors of Civil Aviation COVID-19 Videoconference**
**Segunda Videoconferencia sobre el COVID-19 para los Directores de Aviación Civil de Norteamérica, Centroamérica y Caribe (NACC)**

Zoom Meeting, 4 June 2020 / Reunión Zoom, 4 de junio de 2020

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## 2<sup>nd</sup> NACC DGs COVID-19 Videoconference / 2a Videoconferencia COVID-19 DG NACC

**ATTACHMENT/ADJUNTO B**
**PROGRAMME/PROGRAMA**

*Please join the session at least 10 minutes before the scheduled time for general instructions.*
*Favor de unirse a la sesión 10 minutos antes de la hora para recibir instrucciones generales.*

| Local time Mexico City/Hora local Ciudad de México | THURSDAY/JUEVES 4 June 2020 / 4 de junio de 2020 |
|---|---|
| 09:30–09:45 | Introduction by Mr. Melvin Cintron, Regional Director, ICAO NACC Regional Office Opening remarks by Dr. Fang Liu, ICAO Secretary General Introduction of Participating Council Members/ Introducción por el Sr. Melvin Cintron, Director Regional, Oficina Regional NACC de la OACI, Palabras de inauguración por la Dra. Fang Liu, Secretaria General de la OACI Presentación de los Miembros del Consejo participantes |
| 09:45–10:00 | Introduction of Individual States/Territories Presentación de los Estados/Territorios Individuales |
| 10:00–11:00 | Presentation by the Representative of Costa Rica on the Council of ICAO on the Council Aviation Recovery Taskforce (CART) and the ICAO NACC Regional Director on Principles for aviation restart and recovery/Harmonization of aviation public health-related measures and safety, security, facilitation and other related measures; supported by ANB and TCB interventions / Presentación por el Representante de Costa Rica ante el Consejo de la OACI sobre el Grupo de Tarea sobre Recuperación de la Aviación (CART) y del Director Regional NACC de la OACI sobre los Principios para el reinicio y la recuperación de la aviación/Armonización de las medidas relacionadas con la salud pública de la aviación y medidas relacionadas con la seguridad operacional, seguridad de la aviación, facilitación y otras relacionadas; apoyado por intervenciones de ANB y TCB |
| 11:00-11:30 | Directors General open discussions on regional acceptance of harmonized protocols and such matters. Identification of DGs need for socializing conclusion with their National Health Commission or equivalent body/ Discusiones abiertas de los Directores Generales sobre aceptación de los protocolos armonizados y asuntos afines. Identificación de la necesidad de los DG sobre hacer pública la conclusión con su Comisión Nacional de Salud u órgano equivalente |
| 11:30-11:50 | Definition/agreement of States on next steps for the acceptance of the set of protocols for aviation restart and recovery/ Definición/acuerdo de los Estados sobre los próximos pasos para la aceptación del Conjunto de protocolos para el reinicio y la recuperación de la aviación |
| 11:50-12:00 | Recap and follow-up actions. Other business and Closing/ Recapitulación y acciones de seguimiento, otros asuntos y palabras de clausura |

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# Strategic Approach for Aviation Recovery in the NAM/CAR Regions

ICAO NACC Regional Office

**STRATEGIC APPROACH FOR AVIATION RECOVERY IN THE
NORTH AMERICAN AND CARIBBEAN (NAM/CAR) REGIONS**


**FRAMEWORK FOR INTERNATIONAL AIR TRANSPORT RECOVERY IN THE NAM/CAR REGIONS IN
RESPONSE TO COVID-19**


[ DRAFT]


It is important to emphasize, that this document does not represent a legally binding, nor compulsory activities or mandatory compliance document.  It does, however, represent the regions, intended to support ICAO's concepts as represented in the ICAO CART (Council's Aviation Recovery Task Force) results. We note that **"The work of the ICAO Council's Aviation Recovery Task Force (CART) is aimed at providing practical, aligned guidance to governments and industry operators in order to restart the international air transport sector and recover from the impacts of COVID-19 on a coordinated global basis."** We further note this document, as well as the Council`s document and associated measures, are living documents and as such will be updated as required given the dynamic circumstances of the COVID-19.  The NACC Regional Office will be the depository of this document and its associated Appendixes and responsible for regional coordination with member States for future revisions.  The document also represents a coordinate approach of best practices and inputs form States, Industry, International organizations and other users of a compilation of best practices and experiences of this situation, which constantly changes. We recognize the vast diversity of the NACC States and the complexity associated with standardization in such a diverse region.  This document takes into account harmonized measures and protocols that can be implemented in throughout the Region and further coordinated with other regions.  This document and associated appendices outline measures and protocols that when followed could be recognized by other States as providing an acceptable method for enhancing the health, safety, security, and other such needed implementation actions for restart of aviation in our Region.

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This document is approved by the Second North American, Central American and Caribbean (NACC) Directors of Civil Aviation COVID-19 Videoconference and published by ICAO NACC Regional Office, Mexico, Mexico City

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|---|

**BACKGROUND**

The industry of aviation has been strongly affected by the COVID-19 outbreak. From the onset of the coronavirus disease 2019 (COVID-19) crisis, the aviation system has faced ever-growing challenges. The airlines, airports and their respective organizations, as well as other actors of the industry, have requested actions by the Governments to assist in reducing the effects if the crisis. Taking into account the multitude of situations and different requests, as well as the responses from the Governments of all the world, we foresee an important opportunity to include the efforts of the Member States and the industry (airlines, airports, air navigation service providers) to confront the current situation, as well as to create an environment for an effective and harmonized recovery.

The ICAO NACC Region Office is complementing the existing measures and activities being provided to the States and Territories of the NAM/CAR Regions, has taken the leadership together with the States CAAs to agree on a harmonized, committed approach toward a single strategic approach for the States following the ICAO guidance and policies. This document sets out the commitment and agreement for such approach of the Member States, with a view to promote, follow-up and ensure the timely, ordered and harmonized aviation recovery approach.

It is important to emphasize, that this document is presented as a Strategic Approach, compilation of best practices and experiences of this situation, which constantly changes. It does not represent a regional plan nor compulsory activities or mandatory compliance. We recognize that each State has different realities, structures and plans, which may not adjust to all the contents of this document.

Modifications and /or further amendments will be presented in the table of modifications and amendments.

The publication of amendments and corrections is regularly announced through State Letters to States and international organizations, as well as in ICAO website, which the users of the publications should consult.

The blank boxes simplify the annotations.

**RECORD OF AMENDMENTS AND CORRIGENDUM**

| AMENDMENT | | | | | CORRIGENDUM | | | |
|---|---|---|---|---|---|---|---|---|
| No. | Date applicable | Date of annotation | Registered by | | No. | Date applicable | Date of annotation | Registered by |
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**ABBREVIATIONS AND ACRONYMS**

| | |
|---|---|
| ACI-LAC | Airports Council International – Latin America and the Caribbean |
| CAA | Civil Aviation Authorities |
| CANSO | Civil Air Navigation Services Organization |
| CAPSCA | Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation |
| CART | ICAO Council Aviation Recovery Task Force |
| COVID-19 | Coronavirus Disease 2019 |
| CCRD | COVID-19 Contingency Related Differences |
| DCA | Directors General of Civil Aviation |
| IATA | International Air Transport Association |
| ICAO | International Civil Aviation Organization |
| IDB | Inter-American Development Bank |
| IFALPA | International Federation of Air Line Pilots' Associations |
| LACAC | Latin American Civil Aviation Commission |
| NACC | North American, Central American and Caribbean Regional Office |
| PAHO | Pan American Health Organization |
| PHC | Public Health Corridor |
| RASG-PA | Regional Aviation Safety Group Pan-America |
| SAM | South America |
| WHO | World Health Organization |
| UNWTO | United Nations World Tourism Organization |

## 1.    Introduction

### 1.1         Background

1.1.1          The aviation industry and air transport in general has been strongly affected by the COVID-19 outbreak. The airlines, airports, Air Navigation Service providers as well as other industry actors have requested actions by the Governments and ICAO, to assist in reducing the effects of the crisis. The entire community recognizes the urgent need to reduce the public health risk of the spread of COVID-19 by air transport and protect the health of air travellers and aviation personnel;

1.1.2          The NACC States/ Territories and the Aviation community has stressed the importance of:
a) ensuring that response actions and measures are based on science and facts;
b) engaging in cross-sector collaboration and the principles of multilateralism, strong international cooperation and coordination among all entities involved in the joint action against this public health emergency of international concern (PHEIC); and
c) providing reliable and timely information to aviation authorities, airlines and other aircraft operators, airports and the public to help control the further spread of the virus.

1.1.3          Under this critical conditions, the ICAO had reassured States and all Stake holders continue to support the aviation sector by working with Member States, and cooperating with the WHO and other relevant agencies of the United Nations system, and industry partners such as the International Air Transport Association (IATA) and Airports Council International (ACI); and will continue to closely monitor the situation, supports Member States in their response measures as appropriate, and stands ready to take further action as circumstances develop.

1.1.4          On June 1, 2020, the International Civil Aviation Organization (ICAO), through the Council Aviation Recovery Task Force (CART), has resolved to partner with its Member States, international and regional organizations, and industry to address these challenges and to provide global guidance for a safe, secure and sustainable restart and recovery of the aviation sector. Result of the CART an international approach for the Aviation restart and recovery has been proposed. Globally- and regionally-harmonized, mutually-accepted measures are essential. Such measures should be compatible with safety and security requirements; proportionate to the improvement of public health; flexible where possible to allow for a viable economic recovery; and safeguarded not to distort markets. Measures that impose costs or burdens on the industry must be carefully considered and justified by safety, public health, and confidence of passengers and crew.

1.1.5          In this regard, the NACC States and territories fully support the guidance provided by the ICAO Council and agreed that a strategic approach, developed in a jointly and collaborative way, is necessary to attend the multitude of situations and different requests, as well as the responses of the Governments and the collaboration commitment expressed by the Member States and the industry (airlines, airports, air navigation service providers, others) to confront the current situation and reach a quicker and harmonized recovery and also to avoid duplication and atomization of efforts. To this extend, on Thursday 4 June 2020, during the Second North American, Central American and Caribbean (NACC) Directors of Civil Aviation COVID-19 Videoconference, agreed in principles with this approach.

1.1.6          The Meeting highlighted the call for leadership from ICAO and supported the initiatives of the ICAO NACC Regional Office, and concluded in some main action points to work together in and

orderly, informed and safely manner:

a) Support to the implementation of the Matrix on Restart and recovery of aviation operations related to AVSEC – Health Measures adopted by States during COVID-19

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

c) The Director of the NACC Regional Office will continue coordination with his counterpart of the SAM Regional Office in order to synchronize actions and reach a NAM/CAR/SAM multi-regional agreement based on this Strategic approach

d) The Director of the NACC Regional Office will be available to present efforts made by States to other entities and international organizations so that the NAM/CAR States obtain external support if necessary and further fostering harmonization of the necessary measures for recovering aviation

**1.2        Development of the Strategy Approach**

1.2.1        At the moment of the development of this document, some immediate actions are considered to be already implemented, and some that are within the initial crisis response activities are already included in the initiatives.

**2.        The Aviation Recovery Strategic Approach**

2.1        This chapter presents the aviation recovery strategy approach for the NAM/CAR Regions, developed in a collaborative manner among the different actors of the civil aviation system of the Region. It is based on the ICAO COUNCIL CART guidance, the feedback of NACC States/ Territories and the Council as well as the global guides of ICAO Secretariat.

*Challenges*

2.1.1        The range of challenges identified, which should be addressed, is very wide and extends to all the different civil aviation areas and to ICAO Global and Regional Plans. The main challenges identified, which, as mentioned before, will not be the only ones to be addressed, are presented hereunder. New challenges could be incorporated to the process as long as progress or setbacks in the outbreak containment actions are achieved

*Communication/Coordination*

2.1.2        Communication and coordination turns to be one of the main challenges to be addressed. When decisions taken, which could have been taken in a more collaborative way, are identified. This situation could be the result of gaps in States' communications and ICAO itself with the different parties interested or impacted by the decisions. Likewise, among the same States of the Region there are improvement opportunities, with more clear and concise information and avoiding saturation to the recipient of the information. There are communications from different industry associations, States, ICAO Regional Office, ICAO Headquarters, as well as from multilateral organizations according with their own mandates i.e. WHO, PAHO, IOM, WTO, etc. The information is perceived as abundant and disorganized.

2.1.3          Communications gaps are identified not only among the same civil aviation actors but also at a national level among the transports, health, tourism sectors.

2.1.4          The regional Strategic Approach also requires harmonization and coordination with the civil aviation global environment and of the outbreak itself.

2.1.5          Civil aviation is perceived to lose leadership in respect to the priority in public policies with an agenda that for obvious reasons should prioritize the health sector and the protection of people lives.

### *Changing environment / dynamism*

2.1.6          The environment is extremely variable, the assumptions with which actions are decided change from one week to another, and this requires a change in the quickness of the response of all the civil aviation system, used to plan their improvements and global, regional and national plans in accordance with the natural response of the system and its complexity.

2.1.7          There is a high degree of uncertainty, product of the quickness with which the crisis was generated and the lack of understanding and information about the same evolution of the breakout. This uncertainty generates a favourable environment for decision making and business continuity.

### *Generating user confidence*

2.1.8          An uncontrolled opening, when sanitary conditions allow, could generate risks both in the health sector and in safety and create false expectations in the travellers or increase the loss of confidence of the users. Reliable information on the phases in which each State of the Region is in respect of the evolution of the outbreak, is required to reduce the asymmetries and to be able to identify opportunities to generate international traffic. Recover the confidence of the users is essential both at the beginning of the operations as well as to reach the sustainability of all the civil aviation system.

### *Financial Sustainability / economic impact*

2.1.9          The Airlines are usually identified as the actor of the system most seriously impacted in their incomes, as well as the airport operators, in a region that for many years adopted airport licensing/concession models. However, not only airlines and airports suffer the economic impact of the crisis, but also air navigation services providers, which have obligations in the framework of the International Civil Aviation Convention and charge fees to recover the costs of the provision of these services and facilities and where the civil aviation Government system is financed. ICAO itself is not excluded to this financial crisis. The financial sustainability of all the civil aviation system is presented as an important challenge to be addressed. Today more than ever the processes of regional harmonization and taking advantage of economies of scale make more economic sense.

***The Diversity in the size and numbers of air operations in the NAM/CAR Regions***

2.1.10        The NACC Regional Office is accredited to, and responsible for, working very closely with a diverse mix of 22 Contracting States and 19 Territories. Our member States range from the largest States with some of the world's largest and most complex aviation systems and economies as well as some of the smallest economies and less complex aviation systems. However, from the smallest to the largest no state is left behind in our commitment to assist and enhance the aviation standing of our States.

***Protocol Harmonization***

2.1.11        The need for harmonized protocols to reactivate international civil aviation and achieve international recognition of the measures is essential. These protocols, including health protocols, must observe the specially those recommendations of the health sector, to strengthen trust and build confidence of the flying public and all users.

2.1.12        Under the Appendix A and B, the harmonized protocols and measures are shown.

***Operational Safety, Aviation Security and Facilitation***

2.1.13        Finally, yet importantly, special attention needs to be paid to the safety and security aspects of aviation, where a false perception of a low level of risk can be generated.

2.1.14        Compliance of facilitation standards will assist States in having a greater opportunity to face the crisis to promote the implementation of paperless and contactless technologies.

**2.2        Aspirations**

2.2.1        The aspirations of this Strategic Approach should achieve effective and active coordination among all the different actors, not only in the civil aviation system but also in the health, migration, tourism sector and the sectors that dictate public policies that affect the continuity of international air operations. The States and industry associations will favour the adoption of harmonized and coordinated measures to achieve recognition and acceptance of the measures taken between the States.

2.2.2        Communication as a key factor for regional harmonization and coordination will be well organized, valid, and accessible.

2.2.3        Air transport users will be well informed about the health security of the international civil aviation system, minimizing the spread of information without any scientific basis on the risks of contagion. Scientific-based information on cabin air quality and risk reduction measures in the aviation system with the implementation of sanitary corridors should be adequately communicated to air transport users to build trust

2.2.4        The crisis is evolving rapidly; therefore, all the measures adopted by the civil aviation system will be timely and constantly reviewed according to the epidemiological phases. The activities to achieve the objective of this strategy will be implemented gradually, and in an orderly manner, it is considered that the reaction phase is already assumed regionally, therefore, the immediate or short-term focus would be in the reactivation and recovery phases, leaving for Last and when you are already in a normal operating situation, the last phase, no less important, will be the creation of resilience in the system incorporating the lessons learned.

2.2.5        States and industry associations will maintain an honest and open dialogue to strike the right balance between mitigating health risks and preserving the aviation business to ensure the financial sustainability of the international civil aviation system. It is expected that at some point, decisions must be made that negatively impact the income generation of service providers; however, through honest and collaborative dialogue, States and industry, collaborative compromise solutions must be found.

2.2.6        The commitments and agreements reached within the framework of this strategy may help States and industry in their negotiations at the national level, both with their service providers and with the high levels of the definition of public policies and other economic sectors and on all with the health sector. The close communication that ICAO maintains with the WHO, IOM, and WTO is a guarantee of better acceptance of the measures adopted and harmonized within the framework of this regional strategy.

2.2.7        Following the single message submitted by ICAO on the strategic directives produced by the ICAO Council shall ensure a harmonized, effective, and ordered Aviation Restart and sustainable Recovery, by civil aviation authorities, industry and all Aviation Stakeholders.

2.2.8        The ICAO Council Aviation Restart/ Recovery Principles as guiding principles, along with this strategic Approach, must also be respectful of the sovereign decisions taken by States, in a delicate balance between the importance of responding regionally to reactivate civil aviation and respond to the genuine national interests of a State.

**2.3        Focus Areas**

2.3.1        The harmonized protocols and measures considered in this approach can be regrouped into four focus areas/categories:

a) Aviation safety-related measures
- States may temporarily depart from ICAO Standards but must do so in a manner that does not compromise safety and security, and which is duly reported to ICAO. These departures should not be retained beyond the crisis:
    o CCRD and other alleviations
    o Handbook for CAAs on the Management of Aviation Safety Risks related to COVID-19 (Doc 10144)
    o ICAO tools
    o ICAO guidance

b)      Aviation public health-related measures

- States should establish public health procedures aligned with the guidance included in the document Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis.
- The necessity of these measures should be regularly reviewed. The measures which are no longer relevant should be discontinued when the need for their application has ceased to exist.
- Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme
- Public Health Corridor (PHC)
- The guiding considerations for developing the Take-off document are to:
  - o      Remain Focused on Fundamentals: Safety, Security and Efficiency;
  - o      Promote Public Health and Confidence among Passengers, Aviation Workers, and the General Public; and
  - o      Recognize Aviation as a Driver of Economic Recovery.

c)      Security and facilitation-related measures

- Member States should immediately establish a National Air Transport Facilitation Committee or equivalent, as required by Annex 9 to increase the national government level coordination, and systematically use the Passenger Health Locator Form as a reference. It is the State's responsibility to maintain security across all operations.
- An Implementation Package composed of standardized training and tools and similar assistance.
- ICAO guidance document, Aviation Security Contingency Plan during COVID-19.
- Manual on the Legal Aspects of Unruly and Disruptive Passengers (Doc 10117).

d)      Economic and financial measures

- These should be inclusive, targeted, proportionate, transparent, temporary and consistent with ICAO's policies, while striking an appropriate balance of interests without prejudice to fair competition.

2.3.2      These focus areas will serve as axes for planning activities and expected outcomes under this strategy.

**2.4      Guiding Principles**

2.4.1      Based on the ICAO Council guidance for the Aviation Restart/ Recovery, the NACC States/ Territories had agreed on the adoption of such directives for the harmonization of the whole implementation scheme and the joint work with all aviation actors and stake holders.

2.4.2          These guiding principles of the Strategic Approach are essential to guarantee success in the implementation of the different actions that are determined to be necessary. The guiding principles may be obvious and easy to understand, however, at the moment when the legitimate interests of the different actors may generate conflicts, the commitment of each sector to behave under these shared values, will be essential to guarantee the safe reactivation and orderly of air operations.

2.4.3          In this regard the NACC Strategic Approach is based on the following 10 principles for the Restart /Recovery of aviation in the NAM/CAR Regions:

1.  **Protect People: Harmonized but Flexible Measures.** States and industry need to work together to put in place harmonized or mutually accepted risk-based measures to protect passengers, crew, and other staff throughout the travel experience.
2.  **Work as One Aviation Team and Show Solidarity.** The respective plans of ICAO, States, international and regional organizations, and the industry should complement and support each other. While national and regional needs may require different approaches, States should harmonize responses to the extent possible, in line with ICAO's standards, plans and policies.
3.  **Ensure Essential Connectivity.** States and industry should maintain essential connectivity and global supply chains, especially to remote regions, isolated islands and other vulnerable States.
4.  **Actively Manage Safety-, Security- and Health-related Risks.** States and industry should use data-driven systemic approaches to manage the operational safety-, security-, and health-related risks in the restart and recovery phases, and adapt their measures accordingly.
5.  **Make Aviation Public Health Measures.** Work with Aviation Safety and Security Systems. Health measures must be carefully assessed to avoid negatively impacting aviation safety and/or security.
6.  **Strengthen Public Confidence.** States and industry need to work together, harmonizing practical measures and communicating clearly, to ensure passengers are willing to travel again.
7.  **Distinguish Restart from Recovery.** Restarting the industry and supporting its recovery are distinct phases which may require different approaches and temporary measures to mitigate evolving risks.
8.  **Support Financial Relief Strategies to Help the Aviation Industry.** States and financial institutions, consistent with their mandates, should consider the need to provide direct and/or indirect support in various proportionate and transparent ways. In doing so, they should safeguard fair competition and not distort markets or undermine diversity or access.
9.  **Ensure Sustainability.** Aviation is the business of connections and a driver of economic and social recovery. States and industry should strive to ensure the economic and environmental sustainability of the aviation sector.
10. **Learn Lessons to Improve Resilience.** As the world recovers, the lessons learned have to be used to make the aviation system stronger. A risk-based and gradual approach to restoring civil aviation shall always be included

**2.5**          **Activities**

2.5.1          For the implementation of the Aviation Recovery/Restart following the NACC Strategic Approach, an initial set of high level activities shall be conducted by the NACC States/ Territories, ICAO NACC Office and other Aviation stakeholders in close coordination with the CART 11 recommendations.

2.5.2          Rigorous follow-up to the recommendations and measures, as amended, and outlined by the ICAO CART will be required at all levels, local, national and international. The measures will also need to be adjusted to respond to the evolving situation. The CART Recommendations by the focus areas are as follows:

*Aviation safety-related measures*

> **Recommendation 1:**    During the global COVID-19 outbreak, Member States should continue updating COVID-19 Contingency Related Differences (CCRDs) in the Electronic Filing of Differences (EFOD) subsystem.
>
> **Recommendation 2:**    Member States should avoid retaining any COVID-19 related alleviation measures as soon as normal operations are resumed. Differences that remain after the contingency if any should be filed in the EFOD system.
>
> **Recommendation 3:**    Member States should expedite the development of guidance for safety management of new operations or operation change during this crisis.
>
> **Recommendation 4:**    Global and regional harmonization of procedures is essential to strengthen public and passenger confidence in air travel. To that end, Member States should establish aviation public health procedures aligned with the guidance in the Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis.
>
> **Recommendation 5:**    In order to support the fastest possible return to normal aviation operations, Member States should regularly review the necessity of continuing the application of risk mitigation measures as the risk of COVID-19 transmission diminishes; and measures which are no longer needed should be discontinued.

*Security- and facilitation-related measures*

> **Recommendation 6:**    Member States that have not done so should immediately establish a National Air Transport Facilitation Committee (or equivalent) as required by Annex 9 to increase national level cross-sectoral coordination.
>
> **Recommendation 7:**    Member States should systematically use a Passenger Health Locator Form to ensure identification and traceability of passengers to help limit the spread of the disease and resurgence of the pandemic.
>
> **Recommendation 8:**    While temporarily adapting their security-related measures, using the guidance provided, Member States should strengthen their oversight system to ensure these measures are consistently applied with the objective of protecting aviation against acts of unlawful interference.
>
> **Recommendation 9:**    Member States should take measures to ensure that relevant personnel are provided training to identify and manage unruly passenger situations related to non-respect of essential aviation public health and safety measures.

*Economic and financial measures*

**Recommendation 10:**  Member States should consider appropriate extraordinary emergency measures to support financial viability and to maintain an adequate level of safe, secure and efficient operations, which should be inclusive, targeted, proportionate, transparent, temporary and consistent with ICAO's policies, while striking an appropriate balance among the respective interests without prejudice to fair competition and compromising safety, security and environmental performance.

*Regular monitoring and sharing of experiences through ICAO*

**Recommendation 11:**  Member States should facilitate information-sharing and exchange on their actions and best practices by contributing to an ICAO database of measures.

2.5.3          The initial set of high level activities shall be conducted by the NACC States/ Territories ICAO NACC Office and other Aviation stakeholders:

**INITIAL ACTIVITIES**

| & | Dfwlylwlhv | W|sh | Uhvsrqvlech | Uhp dunv |
|---|---|---|---|---|
| 1. | Socialization of NACC Strategic Approach with Industry | Strategic | ICAO NACC/ Industry | Alignment of efforts - synergies |
| 2. | Support to State on implementation of NACC Strategic Approach | Strategic | ICAO NACC/ States-Ministers | Alignment of efforts - synergies |
| 3. | Review of Harmonized protocols | Implementation | PoCs of States/ Territories | Homogeneous and timely implementation |
| 4. | Support by MCAAP Project for implementation matters | Implementation | MCAAP Project Members | Homogeneous and timely implementation |
| 5. | Facilitation with non-government entities (ex. AIDB, etc.) for funds for State implementation | Implementation | OCAONACC | Homogeneous and timely implementation |
| 6. | Effective Communications of NACC Strategic Approach agreement/ CART guidance- webinars and meetings | Implementation | ICAONACC and States | Effective awareness and ownership of recovery actions |
| 7. | Implementation of harmonized Protocols/ AVSEC Matrix | Implementation | PoCs of States/ Territories | Homogeneous and timely implementation |
| 8. | Safety Risk evaluation/ assessments | Implementation | PoCs of States/ Territories | Homogeneous and timely implementation |
| 9. | Analysis of gradual and coordinate remove of Safety Differences (CCRD) - license extensions to aeronautical personnel, etc. | Monitoring | States | Homogeneous and timely implementation |
| 10. | Timely and gradual elimination of travel restrictions and limitations to Air Navigation Services | Monitoring | States | Homogeneous and timely implementation |
| 11. | Fostering of air transport solutions for humanitarian and State assistance flights | Implementation | ICAO NACC/ UNWFP/ States | Alignment of efforts - synergies |

**3          Monitoring and evaluation**

**3.1          Governance of initiatives related to recovery COVID-19**

3.1.1          There are several initiatives at various levels, related to supporting recovery efforts for national and international air transport in the different ICAO Member States. For this reason, the ICAO Council created the *Council Aviation Recovery Task Force* (CART) intending to discuss the global strategy related to the recovery of civil aviation resulting from this pandemic. Similarly, the ICAO Secretariat has created the *Secretariat COVID-19 Emergency Program Group* (SCEPG), formed by a multidisciplinary team that includes different sections of ICAO headquarters, ICAO Regional Offices and several experts in the theme.

3.1.2          At the regional level, the Virtual Meeting of Civil Aviation Directors is the high-level forum that is leading efforts to establish a strategy and measures aimed at recovering air transport in the Region. This group is being supported by the Secretariat (NACC Regional Office) and it has designated a working group (State PoC Group) formed by States and representatives of the industry, which is working on identifying the components of the problem, the aspirations, focus areas, guiding principles, and expected activities and outcomes. This group will be carried out with the support of various forums, such as the CAPSCA focal points, GREPECAS, RASGPA and others.

3.1.3          Finally, there is a National level, in which each State, depending completely on its local situation, will take regional inputs and feedback to the group of ideas and experiences for the continuous improvement of the measures. Each State has the power to select the measures it wishes to implement, modify or reject, however, it is expected that the States can preserve constant communication with regional groups so that harmonization of measures can be guaranteed as far as possible, in order to bring a more orderly recovery.

3.1.4          Global and regional forums require constant coordination to ensure harmonization and feedback. An outline of the interactions is shown below:
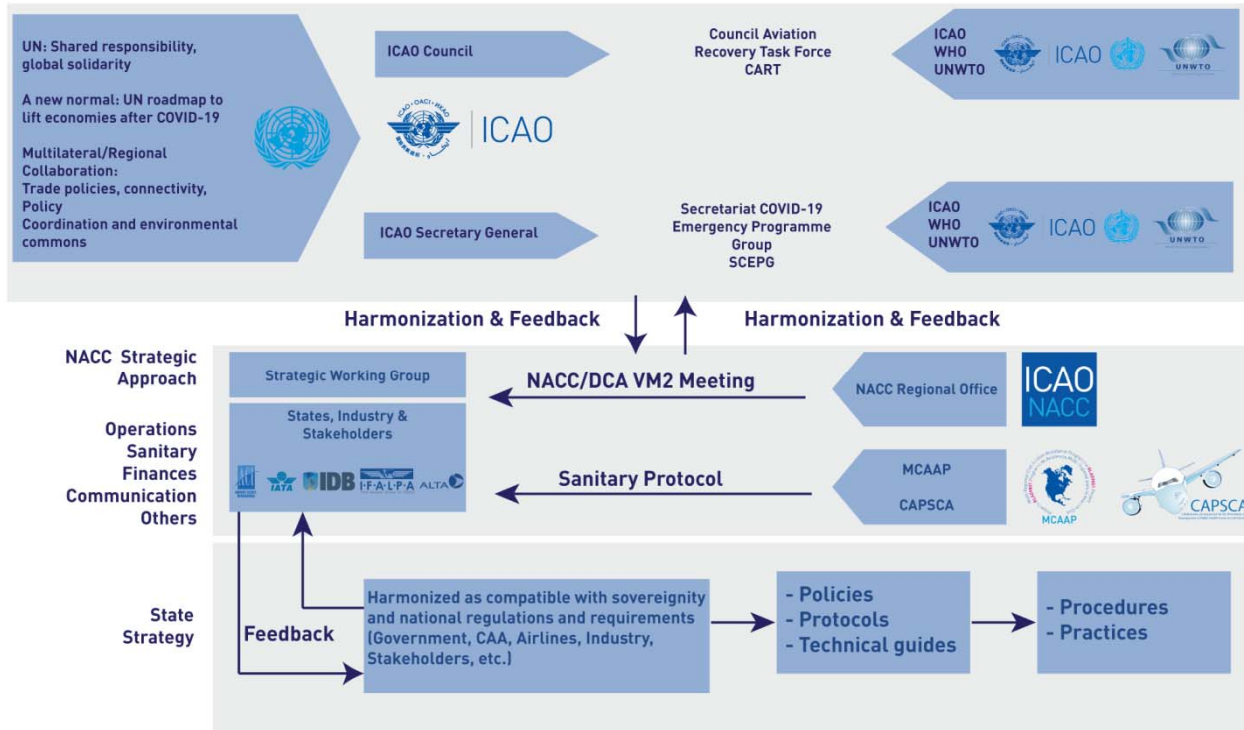
*Figure 1: Governance Scheme*

Under the Appendix C, the monitoring forms (PHC-1, PHC-2 and PHC-3, and other) and reporting forms are shown. This includes forms for identifying airspace opening, airports status, filings of differences, etc.

**3.2        Communications Considerations**

3.2.1        The NACC States/ Territories have determined as a fundamental point that a correct communication strategy is defined to ensure that the benefits of the efforts of the States redound to all the travelling public. The correct identification of stakeholders and their active collaboration in evaluations for the corresponding decision-making have also been identified as important points to ensure that the work and efforts of NACC States and Industry have the expected impact.

**4        Implementation Strategy**

**4.1        Implementation Statements**

4.1.1        The implementation strategy presented in this chapter aims to assist the Member States with a guide on how response measures could be implemented considering the regional scheme. However, it is important to highlight that each State could find itself in different phases of the pandemic, with different realities of its airline industry, and very especially with different socio-economic realities.

4.1.2        This is why States are not expected to apply these strategies in a prescriptive manner without considering the local environment, but rather to serve as a reference to facilitate the application of national measures. In such a dynamic and changing environment, it is important for this strategy to be flexible and adaptable to the different realities and moments of response to this pandemic.

4.1.3          The implementation of this strategy depends on the actions of each of the Member States. The group bases its expectations on the States being able to harmonize and communicate their measures in a timely manner, so that both the industry and the travelling public receive a common message, reducing anxiety and increasing confidence in travelling safely.

**APPENDIXES**

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

**APPENDIX B – Restart and recovery of aviation operations - AVSEC measures and Protocols adopted by States during COVID-19**

**APPENDIX C – Monitoring and reporting forms for the implementation**
(Refer to https://www.icao.int/NACC/Pages/NACC-COVID19.aspx)

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)

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**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 stablish 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 Mitigation 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)**:

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

| 1 | 1. AIRPORT. General application measures / public sectors. |
|---|---|
| 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 |

| 1 | 1. AIRPORT.<br>General application measures / public sectors. |
|---|---|
| | 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. |
| 1.27 | 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:<br>➢ Face masks N-95 type or similar<br>➢ Face screen<br>➢ Monoglasses/goggles<br>➢ Disposable nitrile gloves<br>➢ Antibacterial gel and/or alcohol to disinfect to 70% |
| 1.28 | 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. |
| 1.29 | 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. |
| 1.30 | Before passengers or airport personnel approach inspection points, hand sanitizer and other disinfection products must be provided. |
| 1.31 | 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. |
| 1.32 | Disinfectants (gel or alcohol) should be distributed to passengers and airport staff. |

| 2. | 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. | 2. DEPARTURES CIRCUIT. Measures corresponding to the departing passenger circuit/Measures corresponding to the transit passenger circuit. |
|---|---|
| 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. |
| 2.29 | 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. | 3. ARRIVALS CIRCUIT. |
|---|---|
| | Measures corresponding to the arriving passenger circuit. |
| 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.**<br><br>**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.** <br><br> **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.**<br><br>**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 | **6. AIRPORT STAFF CIRCUIT.** <br> **Measures corresponding to the airport personnel circuit that accesses the SRA.** |
|---|---|
| 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? | |
| 7.10 | Is there a separate provider specific to public health events / emergencies? | |
| 7.11 | Has the service provider received training in managing public health events / emergencies? | |
| 7.12 | Has the airport medical service provider established a communication process with the Public Health Authority? | |
| 7.13 | 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? | |
| 7.14 | Does the medical service provider/public health authority participate in the development and testing of the airport emergency plan for public health events/ emergencies? | |
| 7.15 | Are suitable designated areas / facilities provided at the airport for: <br>• Review of suspect cases by medical staff? <br>• Transport of cases to medical facility designated for this purpose? <br>• Review of passengers in close proximity to the suspect case/s <br>• Filling of Passenger Locator Form (if not already done) | |
| 7.16 | Does the medical service provider/public health officers have easy access to the suspect or affected traveller's assessment area? | |
| 7.1 | Does the medical service provider/public health authority have procedures for transferring of suspect or affected travellers | |

| | 7. AERODROME INFRASTRUCTURE AND SERVICES |
|---|---|
| 7 | to appropriate hospital or evaluation units? |
| 7.18 | Are facilities available to enable rapid testing of biological specimens? |
| 7.19 | 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? |
| 7.20 | 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 |
|---|---|
| 9.1 | 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 rpovide 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? |

| | |
|---|---|
| | **9.   AIR TRAFFIC MANAGEMENT** |
| | 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.   METEREOLOGICAL 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? |

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)

## (ECCAA)

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**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 stablish 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 Mitigation 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)**:

| | |
|---|---|
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| *Annex 9* | ✈ General application measures |
| *Annex 17* | ✈ Public sectors. |
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| *Annex 17* | ✈ Sanitation of the arrivals sector (migrations, customs) on a regular basis. |
| | Hold luggage circuit: |
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| *Annex 17* | |
| *Annex 9* | Circuit Cargo: |
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| *Annex 6* | Equipment during the operation |
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| *Annex 3* | Meteorological services for international air navigation |

| 1 | 1. AIRPORT. General application measures / public sectors. |
|---|---|
| 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 | 1. AIRPORT. General application measures / public sectors. |
|---|---|
| 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. |
| 1.27 | 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: <br> ➢ Face masks N-95 type or similar <br> ➢ Face screen <br> ➢ Monoglasses/goggles <br> ➢ Disposable nitrile gloves <br> ➢ Antibacterial gel and/or alcohol to disinfect to 70% |
| 1.28 | 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. |
| 1.29 | 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. |
| 1.30 | Before passengers or airport personnel approach inspection points, hand sanitizer and other disinfection products must be provided. |
| 1.31 | 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. |
| 1.32 | Disinfectants (gel or alcohol) should be distributed to passengers and airport staff. |

| 2. | 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 |

| 2. | 2.   DEPARTURES CIRCUIT.<br><br>**Measures corresponding to the departing passenger circuit/Measures corresponding to the transit passenger circuit.** |
|---|---|
| | 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. |
| 2.29 | 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. | **3. ARRIVALS CIRCUIT.** |
|---|---|
| | **Measures corresponding to the arriving passenger circuit.** |
| 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.**<br><br>**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. <br><br> 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 | **6. AIRPORT STAFF CIRCUIT.** **Measures corresponding to the airport personnel circuit that accesses the SRA.** |
|---|---|
| 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: <br> • Review of suspect cases by medical staff? <br> • Transport of cases to medical facility designated for this purpose? <br> • Review of passengers in close proximity to the suspect case/s <br> • 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 | Does the medical service provider/public health authority have procedures for transferring of suspect or affected travellers |

| | 7.   AERODROME INFRASTRUCTURE AND SERVICES |
|---|---|
| 7 | to appropriate hospital or evaluation units? |
| 7.18 | Are facilities available to enable rapid testing of biological specimens? |
| 7.19 | 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? |
| 7.20 | 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** | |
|---|---|
| 9.1 | 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 rpovide 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? |

| | 9.    **AIR TRAFFIC MANAGEMENT** |
|---|---|
| | 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.   METEREOLOGICAL 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? |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 1 | 1 AIRPORT. General Implementation Measures/public areas. |
|---|---|
| 1.1 | Periodical disinfection of the terminal building to enhance sanitary conditions. |
| 1.2 | Placing of shoe disinfectant mats in immigration areas, passenger security screening areas and staff screening areas. |
| 1.3 | Optimize ventilation and sanitary conditions, avoid physical contact between individuals. |
| 1.4 | Target a minimum of 1.5 meters of physical distancing of individuals or as defined by the State. |
| 1.5 | Within the queuing area, there should be markings on the floor with a minimum separation of 1.5 meters between each person or family group. |
| 1.6 | Mandatory use of masks for all individuals (passengers, staff and the general public). Only at screening and pre boarding. |
| 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. Only at screening and pre boarding. |
| 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 physical examination in accordance with health requirements. |
| 1.10 | Train staff on the correct use of PPE. (Responsibility of all employers. Signs posted for passengers) |
| 1.11 | Limit access to the terminal (Only passengers or airport personnel to enter the terminal). |
| 1.12 | Control of health screening based on self-declaration, observation of symptoms and taking of temperature of the passengers and users to the terminal building. |
| 1.13 | Taking the temperature of the personnel before entering the terminal building. |
| 1.14 | Medical observation of passengers before entering the check-in areas conducted by security officers in collaboration with health officials. Symptomatic individuals may not enter the check-in areas, until they undergo a health inspection carried out by the airport health personnel. |
| 1.15 | Adopt a procedure when a person with symptoms of COVID-19 is detected (fever, cough, shortness of breath). |
| 1.16 | A specific area will be designated for the health control of symptomatic passengers. |
| 1.17 | Access to individuals who refuse to comply with the sanitary measures imposed by the Ministry of Public Health and the Appropriate Authority will be prohibited. |
| 1.18 | Coordinate with the Law Enforcement Entities the procedures to minimize manual searches and physical examination. |
| 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 security screening checkpoint. |
| 1.21 | Manual inspection or physical examination of passengers and non-passengers accessing the security restricted area 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 appropriate authority that corresponds by graphic, visual, electronic, public means, etc. |
| 1.23 | Airport operators must install posters, signage and information screens about health information in prominent locations throughout the terminal in order to inform passengers of the required procedures. |
| 1.24 | Develop Virtual refreshment courses for staff of regulated entities, under the authorization and supervision of the Appropriate Authority. |
| 1.25 | Use of 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. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 1 | 1 AIRPORT. General Implementation Measures/public areas. |
|---|---|
| 1.27 | * 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: <br> ➢ Face masks N-95 type or similar <br> ➢ Face screen/shield PET (polyethylene terephthalate) or similar <br> ➢ Monoglasses/ goggles <br> ➢ Disposable nitrile gloves <br> ➢ 70% proof Antibacterial gel and/or alcohol based to disinfect |
| 1.28 | Cleaning of the area to enhance sanitary conditions, verifying that there are no foreign and/or suspicious elements or objects; ensuring that only authorized personnel are in the area. |
| 1.29 | 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 disinfection will take place at regular intervals and will depend on the flow and traffic of passengers at that particular airport. |
| 1.30 | Before passengers or airport personnel approach security screening checkpoints, hand sanitizer and other disinfection products must be provided. |
| 1.31 | Aviation Security personnel should keep in mind that when passengers show symptoms of the COVID-19 disease, must notify it immediately to the competent Health Authority so that they are isolated and quarantined. |
| 1.32 | Disinfectants (gel or alcohol) should be distributed in the airport terminal or directly to passengers and airport staff. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 2 | 2. DEPARTURES CIRCUIT.<br>**Measures corresponding to the departure passengers' circuit.**<br>Measures corresponding to the transit passengers' circuit. |
|---|---|
| 2.1 | Periodical disinfection of the Terminal Building. |
| 2.2 | Disinfection of security screening checkpoints, conveyor belts, X-ray machines, containers, tables, etc. to enhance sanitary conditions. (Security personnel must also wear PPE). |
| 2.3 | Place disinfecting mats in the immigration control areas and security check points for passengers and airport staff. |
| 2.4 | Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with individuals. |
| 2.5 | Aircraft disinfection. |
| 2.6 | In the screening security checkpoints and queuing areas, there should be markings on the floor with a minimum separation of 1.5 meters between each person or family group. Distancing of individuals should be followed as much as possible as defined by the State. |
| 2.7 | It is mandatory for passengers to wear a mask while at the airport or during a flight. Passengers shall remove their mask when required for verification of documents. |
| 2.8 | Alternative measures for manual registration of passengers. |
| 2.9 | A specific area will be designated for the health assessment of symptomatic passengers. |
| 2.10 | Provide staff with EPP security screening checkpoints and hand sanitizing gel and ensure their mandatory use. (Complementarily promote handwashing with soap). |
| 2.11 | Passengers and staff must desinfect their hands before entering the security screening checkpoint. |
| 2.12 | Sanitary facilities for hand washing with soap and water, when required. |
| 2.13 | Airlines operators' personnel must use masks and gloves. |
| 2.14 | All personnel who have contact or proximity to passengers, crew or luggage must use personal protective equipment (PPE), such as face masks and gloves. |
| 2.15 | A check of boarding passes against passenger travel documents will be visual without contact. Any additional validation will be done verbally. |
| 2.16 | Train staff on the correct use of PPE. |
| 2.17 | Wear masks in accordance to public health guidance. Do not use same face mask for more than two (2) hours |
| 2.18 | Strategic points for the collection of used personal protective equipment possibly contaminated disposable material. |
| 2.19 | Dispose of personal protective equipment properly and responsibly after examination in accordance with public health requirements. |
| 2.20 | Change gloves or hand washing after each Explosive Trace Detector (ETD) inspection and/or each manual search and disinfection of the screening equipment used. |
| 2.21 | Cleaning and disinfection of trays and AVSEC support equipment (technology) at screening checkpoints. |
| 2.22 | * Exemption for the transport of health-related liquids, aerosols and gels (LAGs) such as alcohol-based hand disinfectants allowed in carry-on luggage. The maximum amount of milliliters per person shall be defined by State appropriate authority (transitory measure). |
| 2.23 | The inspection of carry-on baggage must be carried out safely for the screener and the passenger. (Distance / transparent screen). |
| 2.24 | Limit manual searches to a minimum, screen carry-on luggage from various angles and/or use of explosive trace detection (ETD). |
| 2.25 | Withdrawal of the suspect item/s by the passenger/staff, under the supervision of security screeners, screening of the item by x-ray as many times de- |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

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| | fined by the State. |
| 2.26 | Use of full body scanner to limit physical searches to a minimum; If the alarm persists a physical search will be made in the area that generated it. |
| 2.27 | Removal of all elements that can generate alarms to avoid a physical search. |
| 2.28 | Defined percentage of the passengers who must undergo an inspection with ETD, to avoid carrying out manual searches, using a swab per screened passenger. |
| 2.29 | Alternative measures for manual registration of passengers. |
| 2.30 | Alternative inspection measures such as Explosive Dog Detection (EDD) and Explosive Trace Detection (ETD) to resolve alarms rather than manual and physical searches. |
| 2.31 | Frequent change of swabs for ETD equipment, and use a Disinfection cloth per ETD screener. |
| 2.32 | Necessary time (in hours) before the Check in for carrying out screening under the new measures related with the COVID-19 without reducing security risk and Quality Control. |
| 2.33 | Separation (in meters) of screeners and and passengers; consider opening additional lanes if feasible, to avoid high passenger flows. |
| 2.34 | When changing the operating personnel of the X-Ray equipment, the operating panel of the equipment must be disinfected. ( Some States use gloves to avoid infecting the control panel) |
| 2.35 | Reduction of human resources in security screening checkpoints, based on criteria established and approved by the Appropriate Authority. |
| 2.36 | Alternative measures for the "Secondary method of random and unpredictable inspection" will be defined 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 | False alarms with ETDs are generated due to the use of Hydrogen peroxide-based hand sanitizers. |
| 2.39 | Washing hands must be done in periods of 30 minutes or with the use of disinfectant gel. |
| 2.40 | During the X ray screening, use of different trays for shoes and for personnel items. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 3 | 3. ARRIVAL CIRCUIT. Measures corresponding to the arrival passengers' circuit. |
|---|---|
| 3.1 | Periodically cleaning and disinfection of the arrivals sector (migrations, customs) |
| 3.2 | Cleaning and disinfection of security screening points, conveyor belts, X-ray machines, containers, tables, etc. |
| 3.3 | Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with individuals. |
| 3.4 | Place disinfecting mats in the migration control areas of passenger security and airport staff. |
| 3.5 | Aircraft disinfection. |
| 3.6 | **Target a physical distancing of at least 1.5 meters between individuals** or as defined by the State. **Distancing should be followed as much as possible.** |
| 3.7 | Markings on the floor with a minimum separation of 1.5 meters between each person. |
| 3.8 | Mandatory mask usage for passengers. |
| 3.9 | Passengers should remove the face mask upon request for documentation checks. |
| 3.10 | Arriving passengers subjected to a health declaration questionnaire, a visual and a temperature check by health care professionals. |
| 3.11 | Adopt special procedures for individuals showing signs and symptoms suggestive of COVID-19 such as fever, cough, or shortness of breath. |
| 3.12 | A dedicated space will be designated for the health assessment 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 and the disposable material that is possibly contaminated. |
| 3.18 | Proper and responsible disposal of protective equipment after physical examination in accordance with health requirements. |
| 3.19 | When changing the operating personnel of the X-Ray equipment, the operating panel of the equipment must be disinfected. (Some States use gloves to avoid infecting the operating panel) |
| 3.20 | Airport Operators must provide posters and information screens to inform passengers of the required procedures. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 4 | 4. HOLD BAGGAGE CIRCUIT. Measures corresponding to the control of hold baggage |
|---|---|
| 4.1 | Disinfection of inspection posts, conveyor belts, X-ray machines, containers, tables, etc. |
| 4.2 | Distance between individuals must be at least 1.5 meters or as much as possible.. |
| 4.3 | Aviation security personnel must use PPE according to the tasks performed. |
| 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 and possibly contaminated disposable material. |
| 4.7 | Sanitary facilities for hand washing with soap and water, when required. |
| 4.8 | Limit manual searches to a minimum, inspect hold baggage from various angles, and/or use other Explosive Detection methods approved by the Appropriate Authority. |
| 4.9 | When changing the operating personnel of the X-Ray equipment, the operating panel of the equipment must be disinfected. ( Some States use gloves instead to avoid infecting the panel) |
| 4.10 | Reduction of human resources in security screening checkpoints, based on criteria established and approved by the Appropriate Authority. |
| 4.11 | Take into account the necessary time for screening under the new measures related with the COVID-19 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 security screening procedures, and update measures and procedures as necessary. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 5 | 5. CARGO CIRCUIT. Measures corresponding to cargo and mail security and facilities. |
|---|---|
| 5.1 | Periodical disinfection of the cargo terminal building. |
| 5.2 | Disinfection of cargo and mail inspection posts, conveyor belts, X-ray machines, containers, tables, etc. |
| 5.3 | Target a minimum of 1.5 m of physical distancing of individuals or as defined by the State. |
| 5.4 | Mandatory use of PPE for security screening personnel. |
| 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 and disposable material possibly contaminated. |
| 5.8 | Dispose of protective equipment properly and responsibly after physical examination in accordance with public health requirements. |
| 5.9 | Change gloves after each manual search, and disinfect equipment. |
| 5.10 | Cargo disinfection. |
| 5.11 | Virtual refreshment courses for staff of regulated entities, under the authorization and supervision of the Appropriate Authority. |
| 5.12 | When changing the operating personnel of the X-Ray equipment, the operating panel of the equipment must be disinfected. (Some States use gloves instead to avoid infecting the panel) |
| 5.13 | Use as much as possible security inspections by using Explosive Dog Detection (EDD) and Explosive Trace Detection (ETD) to resolve alarms rather than manual and physical searches. |
| 5.14 | Change swabs for ETD equipment frequently, and use a disinfection cloth per ETD person. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

| 6 | 6. AIRPORT PERSONNEL CIRCUIT. Measures corresponding to personnel with access to the security restricted area (SRA). |
|---|---|
| 6.1 | Cleaning and disinfection of security screening checkpoints, conveyor belts, X-ray machines, containers, tables, etc. (Security personnel must also wear PPE) |
| 6.2 | Place sanitizing mats in inspection areas. |
| 6.3 | Optimize the ventilation of the place and hygienic sanitary conditions, avoid physical contact with individuals. |
| 6.4 | In the control lines should be signs on the floor with a minimum separation of 1.5 meters between each person, or in accordance with the stablished by the States. |
| 6.5 | Personal use of mask. |
| 6.6 | Personnel should remove the face mask upon request for documentation checks. |
| 6.7 | Establish PPE security screening checkpoints and provide staff with PPE and hand sanitizing gel and ensure their mandatory use. (Complementarily promote handwashing with soap). |
| 6.8 | The personnel must 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 to avoid contact, in case of requiring additional validation it will be done verbally. |
| 6.11 | Strategic points for the collection of used personal protective equipment and possibly contaminated disposable material. |
| 6.12 | Proper and responsible disposable of protective equipment after physical examination in accordance with health requirements. |
| 6.13 | Change gloves after each ETD inspection and / or each manual searches and disinfection of the screening equipment used. |
| 6.14 | Cleaning and Sanitation of trays and screening support equipment at screening checkpoints. |
| 6.15 | Inspection of belongings and items carried by personnel must be carried out safely for the screener and staff. (Maintain distance/transparent screen) |
| 6.16 | Limit manual searches to a minimum, inspect belongings and other items from various angles, and/or use ETDs. |
| 6.17 | Removal of all items that can generate alarms to avoid physical examination. |
| 6.18 | Defined percentage of the staff who is submitted to an inspection with ETD, to avoid carrying out physical searches, using a swab per inspected person. |
| 6.19 | Alternative measures for manual registration of passengers. |
| 6.20 | Maximize inspection through Explosive Trace Detection (ETD) to resolve alarms rather than manual and physical searches and physical review. |
| 6.21 | Change swabs for ETD equipment frequently, and use a disinfection cloth per ETD person. |
| 6.22 | Take into account the necessary time for screening under the new measures related with COVID-19 in exchange for reducing security risk and Quality Control. |
| 6.23 | Separation of screeners and consider opening additional lanes if feasible, to avoid high personnel flows. |
| 6.24 | When changing the operating personnel of the X-Ray equipment, the operating panel of the equipment must be disinfected. (Some States use gloves instead to avoid infecting the panel). |
| 6.25 | Reduction of human resources in security screening checkpoints, based on the criteria established and approved by the Appropriate Authority. |
| 6.26 | Alternative measures for the "Secondary method of random and unpredictable inspection" will be defined in AVSEC inspection posts. |
| 6.27 | Hydrogen peroxide-based hand sanitizers can increase the probability of false alarms with ETDs. |
| 6.28 | X-ray inspection will be done using different trays for footwear and belongings. |

**RESTART AND RECOVERY OF AVIATION OPERATIONS RELATED WITH AVSEC – HEALTH MEASURES ADOPTED BY STATES DURING COVID-19 MATRIX /**
**NAM/CAR STATES**

**Note.-** Due to the COVID-19 pandemic, the exemptions on the quantity of alcohol-based at maximum of 70% liquid or gel hand sanitizers may be temporarily determined by State´s appropriate authority based on a risk analysis.  However, if an exemption to the quantity higher than 100 ml/3.4 Oz. is adopted, under no circumstances it will be considered as exemption of the screening of the liquid/gel at the security check point.