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**AIC**  
08/2020  
01 August 2020

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**This circular is promulgated for information, guidance and necessary action.**

## **PUBLIC HEALTH RISK MITIGATION MEASURES – AIRPORT**

*In the implementation of these measures, care should be taken to follow all applicable laws, regulations, requirements, standards, and guidance issued by relevant sub-national, national and international authorities.*

*Nothing in these guidelines is intended to supersede or contradict such requirements.*

*Foreign commercial air operators conducting flights to Seychelles during the COVID-19 pandemic must demonstrate compliance to the 'ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis' or any equivalent guidance publication prior to being issued with an operating permit, licence or authorization.*

**Applicable risk mitigation measures specific to the airport aspects of air transport.**

### **A. Airport terminal building**

The Airport operator must to consider all aspects of terminal building operations, including who has access to the building, the upkeep of cleanliness and disinfection procedures in place within the Terminal building, as well as health measures, provision for first-aid/medical attention guidance, and protocols for passengers and staff.

#### **1. Cleaning and disinfection**

The airport operator must ensure that a plan for enhanced cleaning and disinfection is established with the airport health authority and service providers, according to the standard operating procedures outlined in the **WHO Guide to Hygiene and Sanitation in Aviation [Chapter 3 – Cleaning and Disinfection of Facilities]**. The plan must be effectively implemented and kept up to date in terms of process, schedule and products, in accordance with any revisions in applicable guidance, standards or regulations.

The airport operator must ensure that the cleaning and disinfection plan is promulgated to the entity responsible for cleaning and disinfection of the terminal building. The entity must be able to demonstrate that its personnel are aware of the cleaning and disinfection plan and the requirement for its effective implementation. This information needs to ensure staff are utilising products effectively, including concentration, method and contact time of disinfectants and are addressing areas that are frequently touched and most likely to be contaminated, such as:

- Airport information desks, passengers with reduced mobility (PRM) desks, check-in areas, immigration/customs areas, security screening areas, boarding areas, etc.
- Escalators, lifts and handrails.
- Washrooms, toilets and baby changing areas.
- Luggage trolleys and collection points: cleaned with dispensable wet wipes or disinfectants.
- Seats prior to security screening and in boarding/check-in areas.
- Parking shuttle buses and airside buses.

Airport operator must ensure the following conditions below are complied with or alternative documented methods of compliance are utilized:

- the aforementioned plan must define the frequency of the cleaning and disinfection of terminal infrastructure, all equipment and in addition this frequency must be proportionate to the passenger traffic as prescribed in the guidance of **Appendix A** below.
- the entity conducting the cleaning and disinfection of terminal infrastructure must have an adequate and steady supply of cleaning and disinfecting products approved by the applicable authorities to prevent disruption in the implementation of the cleaning and disinfection plan.
- sufficient waste disposal bins are made available and the entity responsible for removal of such bins must adjust their schedule in accordance with the cleaning and disinfection plan being implemented.
- that the air conditioning system is used effectively with appropriate air filtration systems, reduce re-circulation and increase the fresh-air ratio. Horizontal airflows should be limited.

## 2. **Physical distancing**

Physical distancing is an effective means of limiting transmission of COVID-19 and should be part of a comprehensive package of measures to limiting the spread of COVID-19.

The airport operator must ensure the following:

- Physical distancing measures in airports should be;

- At least consistent with what is applied for other transport modes, in particular urban public transport used for access to/from airports.
- Applied to the maximum extent possible throughout the airport.
- Re-evaluated as epidemiological conditions permit.
- Targeting a minimum distance of at least one (1) meter between all individuals.
- Passengers should wear masks or other face coverings in accordance with applicable health guidelines and where their use does not create shortages for healthcare workers.
- Mutual recognition of equivalent physical distancing measures that mitigate the health risks at the point of departure and of arrival is encouraged.

### 3. **Airport Terminal access**

According to each airport specificities and the national legislation in place, airport terminal access may be restricted to workers, travelers and accompanying persons in situations such as for passengers with disabilities, reduced mobility or unaccompanied minors in an initial phase, as long as it does not create crowds and queues, which would then enhance risks of transmission as well as create a potential security vulnerability.

### 4. **Staff Protection:**

The level of adequate protection for staff members should be evaluated on a case by case basis. Such protection may include: Personal Protective Equipment (PPE), health screening programme for staff, scheduling (keeping group of staff in steady teams and shifts), easy alcohol-based hand sanitizer access, specific staff process prior and after completing a shift including physical distancing plan for workstation.

The airport operator must ensure that all entities/organisations conducting activities within the airport terminal adheres or consider the following guidance/recommendations for their staff:

- Employees should be equipped with PPE based on the risk of exposure (e.g. type of activity) and the transmission dynamics (e.g. droplet spread). PPE could include gloves, medical masks, goggles or a face shield, and gowns or aprons.
- For staff and teams working shifts, conduct contact-free handovers, i.e. via telephone, videoconference, electronic logs, or at a minimum through physical distancing.
- Prioritise and adjust scheduling of all maintenance and repair works in public areas and possibly postpone non-essential work.
- For staff training, maximise use of online training and virtual classrooms.
- The use of physical separators between selected staff and passengers are recommended in areas of repeat exchanges and transactions.

## 5. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Collaboration with relevant authorities to ensure viewpoints are aligned.
- Collaboration with stakeholders in the community to ensure the timely, accurate dissemination of information to the travelling public.
- Proper alignment of measures with other local modes of transport and other infrastructures.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

### B. General check-in area

The general check-in area of an airport is usually an area that sees high passenger traffic. In order to limit queues and crowds, passengers should complete as much of the check-in process as possible before arriving at the airport (ready to fly). Self-service options should be made available and utilized as much as possible to limit contact at passenger touchpoints.

1. The airport operator must ensure the following (as applicable to the airport infrastructure, facilities and technologies available):
  - Implementation of measures to reduce congestion within these areas through advanced-planning and monitoring of passenger flows.
  - Provision of signage, floor markings and announcements via Public Address (PA) system to encourage physical distancing. Support communication of key prevention messages from health authorities through audio messages and signs at key touchpoints of the passenger journey.
  - Use of self-service tools (subject to availability based on infrastructure and technology in use), such as boarding pass and baggage tag kiosks and baggage drop-off are of specific concern due to the high levels of physical contact that increase the probability of contamination. Usage of these devices should nonetheless be encouraged to reduce face-to-face interactions, but with careful attention to the management of passenger flow and keeping such devices adequately and constantly disinfected.
  - Whenever possible, encouraging passengers to complete check-in processes prior to arriving at the airport. Online check-in, mobile boarding pass, off airport baggage tagging, and other initiatives will contribute to the reduction in the amount of contact with airport staff and infrastructure.

*Note: It is always recommended that State Authorities remove any regulatory obstacles to enabling such types of off-airport processes. If not already implemented, the COVID-19 pandemic and ensuing economic crisis will limit such implementation.*

- At the traditional check-in counters, use of retractable stanchions and floor signage in the queuing area to encourage social distancing and installation of transparent barriers in front of staff at counters.
- Use of self-sanitizing technology within kiosks touch screens, to allow for the disinfection of the screen between each use.
- Whenever possible, airport operator and other stakeholders should use contactless processes and technology, including contactless biometrics such as facial or iris recognition. Such digital identification processes can be applied to self-service bag drop-offs, various queue access, boarding gates, retail and duty-free outlets. This will eliminate or greatly reduce the need for contact with travel documents between staff and passengers. It may also accelerate various processes, resulting in enhanced health protection, reduced queuing and other process efficiencies.

*Note: If contactless processes and technologies are not already implemented, the COVID-19 pandemic and ensuing economic crisis may limit timely implementation for the resumption of activities.*

## 2. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Collaboration with relevant authorities, commercial air operators and other aviation stakeholders for cost-effective solutions that protect the public.
- Simplified formalities by enabling contactless processes.

*Note: If contactless processes and technologies are not already implemented, the COVID-19 pandemic and ensuing economic crisis may limit timely implementation for the resumption of activities.*

- Greater use of standardized digital identity management solutions.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## C. Security Screening

Physical distancing measures need to be maintained at all security screening checkpoints, including during the screening process. Measures to control access to the security screening checkpoints may need to be considered, as well as possible modifications to standard screening in order to comply with new COVID-19 sanitary guidelines. Consideration should be given to exempting security screening staff from carrying out health and safety related screening to ensure they remain focused on security screening and related processes.

### 1. Checkpoint access procedures

The airport operator must ensure that the following procedures are applied (as applicable to the airport infrastructure, facilities and technologies available):

- If health screening is required by applicable regulations prior to the checkpoint, non-contact thermometers should be used in a designated area, under conditions which minimize the impact on operations.
- Appropriate procedures should be established and implemented in coordination with relevant State authorities in order to respond to any passengers who show signs of illness.
- Provide hand sanitizers and disinfection products prior to passengers and staff screening access points where possible.
- Screeners and passengers should maintain physical distancing to the extent possible or wear the appropriate PPE to mitigate the risk of exposure. Rearranging of security checkpoint access and layouts should be considered with the objective of reducing queues and crowding to the extent possible while maintaining desirable throughput. This should include both divestment areas and those areas where passengers retrieve their screened cabin baggage.
- Markings should be established on the ground within the queueing area to indicate the proper distancing recommended by the appropriate authorities. Physical distancing should remain in place until informed by relevant health authorities that it is safe to relax them.
- Procedures involving passengers presenting boarding passes and other travel documents to security personnel should be done, to the extent possible, while avoiding physical contact and in a way that minimizes face-to-face interaction. Should there be a need to identify a person wearing a mask against a government-issued photo identification, the mask could be removed if physical distancing measures are met. Appropriate signage should be deployed that clearly indicates each step of the process. Possible solutions include:
  - Direct passengers to use automatic boarding pass scanners at access points while maintaining appropriate physical distance.
  - Using mobile boarding pass scanners operated by the security staff.
  - Conducting a visual inspection of the boarding pass and relevant identification documentation, as required by standard operating procedures.

- Automated gates and mobile scanners' reader surface should be disinfected with the same frequency as for any other high-touch surface.
- Passenger preparation officers should be deployed to ensure passengers are prepared for the divestment requirements. Screeners should reinforce processes with passengers accessing divesting areas, such that they properly divest and are less likely to cause a false alarm (to minimize the use of manual searches).
- Routine enhanced cleaning and disinfecting should be conducted, if required, of frequently touched/exposed surfaces and security screening equipment, including trays at the security checkpoints and baggage areas.

## 2. Passenger Screening

The airport operator must ensure that the following procedures are applied (as applicable to the airport infrastructure, facilities and technologies available):

- Distribution of alcohol-based hand sanitizer to staff for the cleaning and disinfection of their hands, and sufficient supply of gloves to screening staff to ensure removal of gloves after each manual search (washing of hands after removing gloves should be emphasized).
- Prominent display of appropriate signage and information to passengers regarding newly implemented health requirements, as well as modified screening processes. Signage should highlight the need for passenger cooperation throughout the screening process.
- Segregation of staff and crew screening should be performed in dedicated checkpoints and separately from passengers (as an additional preventive health measure), where possible whenever screening checkpoints are processing a high number of passengers.
- Where possible, alarm resolution should be conducted in a dedicated area separated from the flow of passengers. This methodology mitigates the risk of queue build up and maintains passenger throughput, but may require the positioning of additional personnel.
- For WTMD alarm resolution, prioritize the use of hand-held metal detectors to identify the cause of alarm followed by a targeted manual search where the alarm is detected.
- The use of explosive trace detection equipment (ETD) or explosive detection dogs (EDD) should not be limited to alarm resolution. Random use of such explosive detection should be encouraged and leveraged where possible.
- In order to resolve any alarms or concerns identified by screeners, the use of ETD or EDD should be considered in lieu of manual searches, where appropriate and subject to the nature of the screener's concerns.
- If the standard procedure allows for the reuse of ETD swabs, consideration should be given to discontinuing this practice to limit the possibility of spreading COVID-19.

*Note: Research is being conducted to determine whether or not the high temperature used by ETD may be sufficient to neutralize a virus thereby enabling swabs to be used multiple*

*times. The appropriate authority for Security should confirm with the relevant health authority.*

- If there is a need to conduct a manual search, screeners should adapt their methodology to avoid being face-to-face with passengers or other persons being screened.
- Recommendation or enforcement of mandatory use of a face mask for staff required to interact with passengers in close proximity.
- Larger quantities of health-related liquids, aerosols and gels (LAGs) than prescribed by applicable regulations, such as alcohol-based hand disinfectants, could be accepted if the appropriate authority for aviation security permits.

### 3. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Work with the regulator to consider alternatives to manual searches when conducting random searches. Such alternatives should only be implemented with the approval of the appropriate authority and based on a risk assessment.
- Work with relevant health authorities to ensure cleanliness and disinfection protocols are developed and implemented for items with a high likelihood of cross contamination (e.g. trays and divestment area).
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## D. Terminal Airside Area

The post-security terminal airside area is an area of high passenger traffic, with few physical barriers and usually wide-open space. Consideration needs to be given to the temporary need for physical distancing, while also providing passengers with access to the retail, duty-free concessions and food and beverage offerings.

Gate areas, VIP lounges and other services in this area also see a high passenger volume. Various flow monitoring tools, physical installations, floor markings and adapted wayfinding need to be evaluated and deployed. Enhanced cleaning and hygiene measures may need to be scheduled and deployed to contribute to limiting the virus spread.

1. The airport operator must ensure that the following procedures are applied (as applicable to the airport infrastructure, facilities and technologies available):
  - Encourage self-service options, where passengers have limited contact with retail, food and beverage staff.

- An orderly boarding process will be necessary to reduce physical contact between passengers, especially once load-factors start increasing. Close cooperation between the airline, airport operator and State authorities is vital. Airlines will need to revise their current boarding process. Airports may need to assist in redesigning gate areas and State authorities may need to adapt applicable rules and regulations. The increased use of automation, such as self-scanning and biometrics should be facilitated.
- Especially during the early stages of the restart phase, carry-on baggage that would require use of the overhead bins should be limited to facilitate a smooth boarding process.
- Where possible, implementation of self-boarding technologies at the gate should be considered with units using automatic doors, integrated boarding pass readers, LCD displays for passenger instructions and a device for printing seat assignment changes.
- Increase use of all other opportunities of self-scanning of documents when identification is required.
- As a temporary measure, sitting areas (lounges, gates, restaurants) can open at limited capacity to accommodate the short-term need for physical distancing. As the recovery phase progresses and health requirements evolve, a return to regular capacity can be contemplated.
- Temporary closing or enhanced monitoring of certain service areas based on stages of mitigation measures in place should be considered, such as:
  - Self-service buffet food.
  - Café seating, or multi-purpose seating areas.
  - Smoking areas.
  - Children’s play areas.
- Availability of multiple alcohol-based hand sanitizer stations throughout the airport with adequate signage for passengers.
- Installation of touch-free equipment in toilet facilities, such as:
  - Automatic toilet flushing system.
  - Automatic taps and soap/hand sanitizer dispensers.
  - Automatic hand towel dispensers.

## 2. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Work with retail, food and beverage concessions to ensure the use of contactless technology payment options and self-serve options.
- Involvement of airline stakeholders in measures needed in airport lounges.
- Collaboration with relevant authorities, airlines and other aviation stakeholders for cost-effective solutions that protect the public.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## E. Terminal Gate Equipment

Many airports will have decommissioned certain assets in response to a lack of passenger traffic. Appropriate safety checks need to be conducted prior to the recovery of the airline traffic. Airport operators and airlines need to work together to ensure that accurate flight schedules are provided in order to meet this demand.

1. The airport operator must ensure that the following procedures are applied (as applicable to the airport infrastructure, facilities and technologies available):
  - Definition and implementation of a schedule to conduct periodical inspection, testing and operation of electromechanical equipment such as boarding bridges, escalators and elevators. Inspections of such decommissioned equipment are essential before returning them to service for passenger use, based on manufacturers' recommendations and National Building Codes.
  - Definition and deployment of maintenance protocols.
  - Dependent on climate, it is imperative that power is maintained in all outdoor based equipment such as jet-ways and Pre-Conditioned air units.
  - Advance notification to all critical service providers and government authorities (customs, immigration, biosecurity, law enforcement) on ramp-up schedules and plans by the airport operator to return temporarily closed facilities into service.
2. Gate aircraft equipment and air filtering
  - Where external Pre-conditioned air (PCA) and Fixed Electrical Ground Power (400 Hertz) is available at the stand, an aircraft can switch its APU off after arrival. A PCA system takes in ambient air through an intake filter and provides conditioned air to the cabin.
  - External air sources are not processed through the aircraft's HEPA filter. The aircraft APU should be permitted to be used at the gate to enable the aircraft's air conditioning system to be operated, if equivalent filtration from PCA is not available.

### 3. Means for uniform implementation

The airport operator must ensure that airport capacity recommissioning is in sync with airline schedules and phased in an appropriate manner.

## F. Disembarking and Arrivals

Border Control and customs processes may need to be temporarily revised to increase physical distancing.

Where equipment already exists, the use of Automated Border Control (ABC) equipment, digital passenger identification (biometrics) as well as technology (thermal screening) that could serve as an additional health screening measure, could speed up the immigration process, reduce queuing, and minimizing contacts between border officials and passengers.

*Note: Use of ABC technologies are not being implemented by the airport operator of Seychelles International Airport.*

Furthermore, during initial stages, certain States may implement procedures for health declaration to be provided by arriving passengers before departure or on arrival as an initial screening measure. Information provided by passengers can be vetted by officials, who can decide if a passenger should be sent for secondary assessment.

### 1. The airport operator must ensure that the following procedures are applied (as applicable to the airport infrastructure, facilities and technologies available):

- Coordination with various border regulatory authorities (customs, immigration, health, etc.) for measures to facilitate clearance of entry/arrival, such as enabling contactless processes (e.g. relating to the reading of passport chips, facial recognition etc.).
- Consideration of electronic options (mobile applications and QR codes) by respective State authorities/agencies where declarations are required on arrival, to minimize human-to-human contact. Such information could be sent in advance via appropriate web portals. For customs formalities, where possible green/red lanes for self-declarations are recommended.
- Automation of the identity verification process with the use of biometric technology. Use of contactless technology, Automated Border Control or e-Gates should be encouraged in order to enhance transaction time and limit interaction between passengers, officers and airport staff.
- Installation if required by relevant regulations, of smart thermal cameras for rapid and unobtrusive temperature scan of multiple passengers.
- During initial stages of recovery and if required, secondary health assessments could be set to maintain the main general flow of passengers. Thermal screening can be conducted prior to the customs hall, but individual passenger health assessments should be avoided to avoid drastic impact on throughput and creation of more queues.

- Possible placement of smart thermal cameras at appropriate locations to screen arriving passengers from areas where there are cluster or community transmission (higher-risk flights) in consultation with the public health authorities.

## 2. Health Declaration

Certain States may already be implementing Health Declaration solutions via web portals. For those States that already have a platform to collect visa and electronic travel authorization information they could be customized to accommodate the additional information required.

## 3. Transfer

- Develop 'one-stop' health screening arrangements using existing one-stop security arrangement as a model. In this model, passengers and property are not rescreened at transfer locations based on mutual recognition of security measures between the States in the travel itinerary. A similar arrangement for health screening procedures may prevent new queuing points at passenger transfer locations.
- Where transfer security screening is required, it should follow appropriate sanitary requirements as previously described in the departure process.

## 4. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Collaboration with relevant authorities and airlines for efficient and cost-effective solutions that protect the travelling public.
- Work with State authorities if a Health Declaration process is to be implemented.
- Amplified use of standardized digital identity management solutions.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## G. Baggage Claim Area

The baggage claim area in an airport is susceptible to high passenger footfall and physical contact with luggage carts, baggage, washrooms and other facilities. Disinfection measures and an increased frequency of cleaning should be implemented.

1. The airport operator must ensure that maximum efforts are made to provide a speedy baggage claim process and ensure that passengers are not made to wait for excessive amounts of time in the baggage claim area with the application of the following procedures (as applicable to the airport infrastructure, facilities and technologies available):
  - Maximize use of available arrival baggage carousels to limit the gathering of passengers.

- States must ensure that the customs clearance process is as speedy as possible and that appropriate measures are taken in case of physical baggage inspections.
- Align cleaning schedule based on flight schedules to ensure a more frequent, in-depth disinfection of luggage carts, washrooms, elevator buttons, rails, etc.
- Allow for self-service kiosk or online options for passenger needing to report lost or damaged luggage.
- Use retractable stanchions and floor markings to encourage physical distancing at the baggage carousel as a temporary measure.
- Provide airline agents at lost luggage counters with a protective transparent separator when possible.
- Encourage the use of baggage delivery services, where the passenger's baggage can be delivered directly to their hotel or home.
- Sharing baggage tracking information with passengers so that they are able to make a baggage claim if it is mishandled without waiting in the reclaim area.
- Establishment of a protocol for cleaning and disinfection of the baggage claim area in part with the terminal cleaning and disinfection plan described above.

## 2. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Collaboration with relevant authorities and airlines for cost-effective solutions that protect the travelling public.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## H. Exit the land Side

Protocols and precautions need to be in place for arriving passengers who are exiting the landside area. Consideration should be given to the greeter's area, as well as exiting the terminal. During initial restart phases, measures could include establishing a perimeter around the greeter's area or limiting access to the Terminal building.

### 1. Airport Terminal access

According to each airport's specificities and the national legislation in place, airport terminal access may be restricted to workers, travelers and accompanying persons in situations such as for passengers with disabilities, reduced mobility or unaccompanied minors in an initial phase, as long

as it does not create crowds and queues which would then enhance risks of transmission as well as create a potential security vulnerability.

The airport operator must ensure that the following procedures are applied:

- Provision of multiple hand washing stations or hand sanitisers prior to the exit of the terminal building.
- Implementation of a cleaning and disinfection plan established in accordance with WHO Guidance to increase cleaning based on flight schedules to ensure a more frequent, in-depth disinfection of landside public areas, including seating areas, food and beverage and retail, handrails, washrooms, automated moving systems and busses.

## 2. Means for uniform implementation

The airport operator must ensure the following to guarantee uniform implementation of the guidelines:

- Collaboration with stakeholders in the community to ensure the timely, accurate dissemination of information to the travelling public.
- Use the '**ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis**' – Airport COVID-19 Cleaning/Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

## APPENDIX A

### WHO Guide to Hygiene and Sanitation in Aviation Chapter 3 – Cleaning and Disinfection of Facilities

#### 3. CLEANING AND DISINFECTION OF FACILITIES

##### 3.1 Background

This chapter covers cleaning and disinfection procedures for both airports and aircraft.

Cleaning refers primarily to the removal of visible dirt or particles; however, the cleaning process and some products used for cleaning also result in disinfection. Cleaning is normally undertaken on a routine and frequent basis. In this chapter, the primary process of removal of visible dirt and particles is referred to as “cleaning”, even if some disinfection occurs at the same time.

Disinfection refers to specific measures taken to control, deactivate or kill infectious agents, such as viruses and bacteria. Disinfection is normally undertaken on an infrequent basis, during periodic maintenance checks or after a public health event, such as the suspected carriage of an infectious passenger. Disinfection is usually preceded by cleaning of the affected area, and this is assumed to occur when “disinfection” is referred to in this chapter.

In 2006, over 2 billion passengers were carried by airlines operating scheduled flights (ICAO, 2006). This fact indicates that commercial air transport is potentially an efficient means for spreading communicable disease widely by surface contact and proximity to infected persons.

Possible routes of infection transmission that might occur on board aircraft fall into three categories:

1. directly inhaled respiratory droplets, suspended airborne particles, or both;
2. direct contact with faecal matter, blood or other body fluids;
3. contact with respiratory secretions, faecal matter or body fluids deposited on surfaces or, for maintenance crews, entrained in ventilation systems.

The main source of infection for other travelers is from an infected person, and proximity to an infected person is an important risk factor for airborne infection. Once an infected person has left the scene, most of the risk from droplet exposure will have been removed. The residence time of suspended airborne particles may be longer and will depend on the particles’ mass and on the ventilation rate/air circulation patterns in the cabin (ANSI/ASHRAE, 2008).

Airborne exposure aside, there is a concern that the agent of disease (pathogen) can remain in the airport or aircraft environment by contaminating common surfaces (e.g. fomites) after the infected traveler has departed. However, the guidance in this chapter is directed primarily at the second and third possible routes of transmission. The cause of illness for an individual traveler may not be known immediately and possibly not for some time afterwards; in many cases, the diagnosis may never be known. This guidance therefore adopts a “universal precaution” approach that treats all respiratory secretions, faeces, blood and other body fluids as potentially infectious.

Sometimes, a case of communicable disease is known only several days (or longer) after the infected person has travelled and may have deposited pathogens on surfaces in the airport or on the aircraft. The risk of infection upon contact with such contaminated surfaces will depend on the viability of the organism, the number of organisms, whether the surface has been properly cleaned and/or disinfected, whether the pathogen is touched and transferred and also the susceptibility of the traveler. Frequent hand washing reduces the risk. As time passes and as a result of routine cleaning activities, the risk that any transmissible pathogens remain in place reduces, even without specific disinfection procedures.

There may be epidemiological information available to guide the public health response, such as an outbreak occurring at the origin of the flight (e.g. the 2003 episode of SARS). In such instances, public health experts recommend specific measures targeted at a particular pathogen.

To reduce the risk of transfer of pathogens from an infected person to others via surfaces or inanimate objects on the aircraft or in the airport, it is necessary for aircraft and airport operators and ground handling agents to have a coordinated plan in place to deal with the arrival of an affected<sup>1</sup> aircraft having carried such a traveller or the presence of a person with a communicable disease in the airport. For aircraft, the plan needs to take into account the unusual features of the aircraft cabin in comparison with a ground-based facility. For airports, the plan should address the challenge of managing potential contamination in a large public space, such as the terminal building. Such plans should also address potential contamination of an aircraft or airport with an infectious agent that is not transmitted person to person. Considering that it may be difficult to identify an aircraft carrying an infected person, the focus should be on (a) the assumption that all aircraft are periodically occupied by infected travellers and therefore require routine and frequent cleaning and disinfection and (b) the fact that certain events (e.g. persistent coughing on board) may increase the risk of disease transmission and that such incidents should be investigated so that, if a case of communicable disease is suspected, it leads to specific disinfection measures.

<sup>1</sup> An affected aircraft refers to one that carries sources of infection or contamination, so as to constitute a public health risk (see IHR (2005) Definitions). Aircraft affected due to criminal activity are outside the scope of the Guide.

Disinfectants tend to be oxidizers, and the interior of an aircraft contains many materials susceptible to damage from cleaning products and disinfectants. Metals used in the construction of the aircraft may corrode upon exposure to such products, safety-critical cables and wires may deteriorate on exposure and aircraft furnishings may have their fire resistance properties reduced. It is therefore necessary to exercise caution in selecting suitable products and before applying these products in aircraft. It is important to protect the health of the cleaning personnel and to ensure effective action; therefore, manufacturer's instructions must be followed carefully.

It is essential to provide a hygienic environment for travelers. Areas where food is prepared, stored and served, any surfaces commonly touched by people and washroom facilities, among others, should be kept free from contaminants that might compromise human health, even when there is no identified outbreak of disease. Prevention or mitigation of disease transmission is the goal. Hygienic conditions also minimize the likelihood of infestation by rodents, as vectors of disease.

### 3.1.1 *International Health Regulations (2005)*

According to the IHR (2005), States (competent authorities) must ensure, to the extent practicable, that traveler facilities at their international airports and on aircraft are kept free of sources of

infection and contamination. In addition, capacity to adopt control measures, such as cleaning and disinfection, should be in place, with oversight by the competent authority, to prevent the spread of disease and its agents at airports and on aircraft.

If indications of a public health risk, including sources of infection and contamination, are found on board an international aircraft, the aircraft may be required to undergo health measures, such as disinfection, disinsection or decontamination, as appropriate, that are necessary to control risk and to prevent spread of disease (Article 27).

Health measures “shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods or postal parcels” (Article 22) and “initiated and completed without delay, and applied in a transparent and non-discriminatory manner” (Article 42).

3.1.2 Critical aspects and rationale of cleaning and disinfection programmes The critical aspects of cleaning and disinfection programmes include the availability of cleaning schedules and procedures for timely and effective airport and aircraft routine cleaning by designated personnel; procedures for disinfecting after an event; effective cleaning and disinfecting agents that are not detrimental to aircraft materials; appropriate personal protective equipment; and adequate training for designated personnel.

There are several reasons why cleaning and disinfection programmes are critical to ensuring a sanitary environment in airports and on aircraft, which, in turn, ensures that air travelers are exposed to minimum risk. Schedules and procedures for routine, effective airport and aircraft cleaning (and disinfection measures in higher-risk areas, when necessary) are vital in maintaining a hygienic environment. The availability of procedures for disinfecting after an event<sup>1</sup> is also critical, as body fluids, such as respiratory secretions, blood, vomit and faeces, may contain infectious agents that could be transmitted, if not properly contained. Cleaning and disinfection on aircraft require special attention, as it is necessary to use agents that are not corrosive or otherwise detrimental to aircraft components. For this reason, not all effective cleaning and disinfecting agents can be used in the aircraft cabin.

Cleaning crews<sup>2</sup> need to be adequately trained so they understand and respect the procedures that will ensure effectiveness of the cleaning and disinfecting agents, use the proper personal protective equipment, prevent contamination of other areas and minimize occupational health and safety risks to personnel.

<sup>1</sup> An “event” means a “manifestation of disease or an occurrence that creates a potential for disease” (IHR (2005), Article 1). This may include, for example, the presence in an airport, or carriage by air, of a suspected case of communicable disease.

<sup>2</sup> “Cleaning crew” refers to designated personnel that may undertake cleaning and/or disinfection.

Unlike the routine procedure, post-event disinfection is not a frequent practice, and the requirements are likely to differ. It is therefore particularly important that the training emphasizes these “event-driven” procedures for the cleaning crew, because they will not be as familiar as routine cleaning procedures.

As noted above, competent authorities have responsibilities to ensure that international airports and aircraft are kept free of sources of infection and contamination (Article 22.1(a, b, c, d, e, g)). The

competent authority needs to exercise oversight over cleaning and disinfection programmes so that its obligations under the IHR (2005) are fulfilled. Under the IHR (2005), the competent authorities are responsible for supervising service providers relating to travelers, baggage, cargo, containers, conveyances and goods at points of entry, including with inspections and medical examinations, as necessary. They are also responsible for supervision of disinfection, disinsection and decontamination of conveyances, as well as baggage, cargo, containers and goods under the IHR (2005). Finally, they are responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance (Article 22.1(c, e - f)). In the context of conveyances (as well as baggage, cargo and goods) arriving from affected areas, the competent authorities are responsible for monitoring them so that they are free of sources of infection or contamination (Article 22.1(a)).

## 3.2 Guidelines

This section provides user-targeted information and guidance, identifying responsibilities and providing examples of practices that can control risks. Six specific Guidelines (situations to aim for and maintain) are presented, each of which is accompanied by a set of Indicators (measures for whether the guidelines are met) and Guidance notes (advice on applying the guidelines and indicators in practice, highlighting the most important aspects that need to be considered when setting priorities for action).

### 3.2.1 *Airports: Routine cleaning and disinfection*

#### 3.2.1.1 Guideline 3.1: Sanitary condition of airports

**Guideline 3.1—Airports are kept in a sanitary condition at all times.**

Indicators for Guideline 3.1

1. A documented, tested and updated routine cleaning programme exists, ensuring that premises are regularly and hygienically cleaned.
2. An appropriate number of trained personnel are available, in relation to the volume and complexity of the airport facilities and cleaning procedures.
3. Personal protective techniques and equipment are used by personnel: related equipment and information (operational procedures for its use) are available.
4. Cleaning equipment and supplies are available in relation to the volume and complexity of the airport facilities and cleaning procedures.
5. Cleaning equipment is properly identified and satisfactorily maintained and stored in a designated storage area.

#### **Guidance notes for Guideline 3.1**

Several aspects of routine cleaning should be taken into account:

- Programmes for routine cleaning should take into account the volume of passengers (e.g. peak periods, heavily used areas) and the complexity of activities at the airports (e.g. hair salons and spas, food establishments and washroom facilities) and personnel using the terminal and other facilities.
- Airport operators should be prepared to adjust their routine cleaning programmes if a public health risk is detected and/or if advised to do so by public health authorities.
- **The routine cleaning programme should be conducted by, or be under the oversight of, the competent authority.**
- During high-volume periods within the airport, increased frequency of cleaning should be considered to remove excessive accumulation of waste and debris resulting from the increased use of the airport facilities, especially washrooms.
- Precautionary cleaning, including the use of disinfectant products, of certain targeted areas of the airport may be advised if diseases of concern (e.g. norovirus or cholera) are prevalent in the airport community or at the departure points of a significant number of travelers.
- A routine cleaning programme should consider aspects that are specific to particular areas of an airport. Guidance can be found in **Annex E [refer to Annex E below]**.
- A routine cleaning programme should be periodically reviewed and updated, as needed.

### 3.2.1.2 Guideline 3.2: Design and construction of airports

**Guideline 3.2—Airports are designed and constructed in a manner that facilitates proper cleaning and disinfection.**

Indicator for Guideline 3.2

1. Facilities are designed and constructed of suitable materials (e.g. impervious, smooth and without seams) to facilitate cleaning and to reduce the risk of harbouring insects, rodents and other vectors.

Guidance notes for Guideline 3.2

Several aspects of airport design and construction should be taken into account:

- Proper design will minimize the amount of accumulated debris and waste and reduce opportunities for survival of vectors and reservoirs of disease, such as rodents and insects.
- Washrooms designed without doors and with automatic faucets (taps) using “electronic eyes” (which automatically control the flow of the water to the faucet) are preferable, as they will reduce contact with hands/fingers.
- Providing paper wipes for hand drying will reduce the risk of cross-contamination, especially when dispensed using “electronic eyes” (hand dryers can promote spread of pathogens).

### 3.2.2 Airports: Disinfection after an event

#### 3.2.2.1 Guideline 3.3: Post-event disinfection procedures for airports

**Guideline 3.3—Post-event disinfection procedures are in place to prevent the spread of disease and contain contamination at the source.**

##### Indicators for Guideline 3.3

1. Standard operating procedures are documented and in place for timely disinfection after an event, according to technical requirements, and are subject to periodic revision based on emerging evidence of efficacy.
2. An appropriate number of trained personnel are available, in relation to the volume and complexity of the airport facilities and need for post-event cleaning/disinfection procedures.
3. Personal protective equipment and techniques are used by personnel, and related equipment and information (operational procedures for its use) are available.
4. Adequate equipment and supplies are available in relation to the volume and complexity of the airport facilities and disinfection procedures that may be needed after an event.
5. Disinfecting equipment is identified, properly maintained and stored in a designated storage area for post-event use.

##### Guidance notes for Guideline 3.3

1. Standard operating procedures

The disinfection procedure for flat surfaces (e.g. floors, tables, sinks) should be as follows:

- If required, control pedestrian traffic through the area by directing people away from the site, posting a sign or putting up barrier tape.
- Put on protective gloves.
- Wear eye protection if a danger from splashing exists.
- Prepare the sanitizing solution of bleach according to product specifications.
- Open a biohazard bag, and put it near the spill site. If a biohazard bag is not available, label the regular waste bag as “biohazard”.
- Using paper towels or an absorbent material, clean up the soiled material and excess liquid and place into the biohazard bag.
- Change gloves if they become visibly soiled.

- Clean the area (remove solids and soak up liquid waste). Pour detergent solution around the spill site, and use paper towels to move the liquid into the dirty area. Once the area is wet, use the paper towels to clean the area and discard into the biohazard bag.
  - Cover the site with clean paper towels, and pour the bleach solution onto the paper towels. Wait an appropriate time, as indicated in the product instructions.
  - Remove the paper towels to the biohazard bag.
  - Rinse with water, and dry the surface. Put all paper towels into the biohazard bag.
  - Remove gloves, and place them into the biohazard bag.
  - Seal used biohazard bag, and ensure proper transport and final disposal.
  - Wash hands.
2. Personal protective equipment: Those responsible for cleaning up vomit, human excreta and other potentially infectious materials should protect themselves with appropriate personal protective equipment, such as gloves and protective clothing, according to standard operating procedures.
3. Equipment and supplies: The following materials should be preassembled in a spill cleanup kit:
- garbage bags and masking tape;
  - disposable gloves;
  - eye protection;
  - mop;
  - paper towel and/or absorbent material;
  - detergent solution;
  - water;
  - sanitizing agent, such as bleach tablets (Presept, 0.5 g sodium dichloroisocyanurate tablets) or 5% domestic liquid bleach;
  - signs, barrier tape (optional).

## **ANNEX E**

### **Guidance for cleaning of public areas at an airport**

#### **Public areas and rooms**

1. Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
2. Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
3. Use the proper chemical sanitizing agent, following the manufacturer's instructions concerning contact time.
4. Frequently clean and sanitize handrails, handles, telephones and any other hand contact areas, elevators and landings in all passenger corridors. 5. Frequently clean and sanitize all public rooms.
5. Clean carpets using a steam cleaner that achieves a minimum temperature of 71 °C unless the floor coverings are not heat tolerant (some carpets can be steamed only to 40 °C; otherwise shrinkage and colour runs may occur).
6. Frequently clean and sanitize garbage cans.
7. Clean and sanitize soft furnishings; steam clean if the items are heat tolerant.

#### **Public restrooms**

1. Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
2. Frequently clean and sanitize door handles, toilet flushers, faucets, dryers, counters and any other hand contact areas.
3. Provide either an air dryer or disposable paper towels for hand-drying (only single-use cotton towels should be utilized).
4. Check levels of soap and paper towels.
5. Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
6. Use the proper chemical sanitizing agent following the manufacturer's instructions concerning contact time.

#### **Bars and lounges**

1. Post hand-washing signs at each hand sink to encourage good hand-washing practices among all staff and guests.
2. Require staff to wash hands frequently.
3. Provide hand sanitizers to staff to complement good hand-washing practices.

4. Self-serve unpackaged items (e.g. peanuts, water) should not be available to guests.
5. Provide snacks on request, in small individual containers. 6. Frequently clean condiment containers that are served by staff (recommended to clean between each customer use).
6. Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
7. Clean and sanitize all tables and chairs with a detergent solution and sanitizer (with correct contact time) after each shift and after closing.

#### **Spas and salons**

1. Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
2. Require staff to wash hands frequently.
3. Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
4. Use the proper chemical sanitizing agent following the manufacturer's instructions concerning contact time.

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