

REGIONAL OFFICE FOR EUrope

WHO public health checklist for controlling the spread of COVID-19 in aviation

ABSTRACT

This checklist helps to identify the necessary measures to be implemented to mitigate infection transmission among travellers and aviation staff in the context of the COVID-19 pandemic. It features key questions and considerations for gauging the capacity of responding to COVID-19 transmission risks and informing on reducing them at airports and in aircrafts. It does so in the form of a structured questionnaire. The guidance will have particular relevance for National International Health Regulations Focal Points and competent authorities at the point of entry, including relevant representatives of aviation authority/ies of the country such as public health authorities, and representatives from other sectors, including law enforcement, customs and migration.

Keywords: COVID-19; PUBLIC HEALTH EMERGENCIES; COMMUNICABLE DISEASES, EMERGING; DISEASE TRANSMISSION, INFECTIOUS; PANDEMICS; PUBLIC HEALTH, EPIDEMICS

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Introduction

Objective

This checklist aims to operationalize WHO guidance on international air travel and transport in the context of COVID-19, by featuring key questions and considerations for gauging the capacity of responding to COVID-19 transmission risks and informing on measures that should be in place to reduce them, targeting the Point of Entry (PoE) entity: airport(s) and air travel. It does so in the form of a structured questionnaire.

Target audience

The target audience is National International Health Regulations Focal Points (IHR NFPs) and competent authorities at the PoE, including relevant representatives of airport authority/-ies (to complete sections 1 and 3–5 of the questionnaire), and airline operators (to complete section 2).

Background, and scope and purpose

In response to the pandemic Member States requested WHO to develop operational tools tailored to their needs to mitigate infection transmission among travellers, crews and airport ground staff and to determine their level of readiness in the context of the COVID-19.

PoE authorities, jointly with IHR NFPs, should analyse the results of the checklist to develop action plans to overcome weaknesses and challenges related to the COVID-19 preparedness and response with the ultimate goal to get more PoEs in the country designated under IHR (2005) or to maintain/renew the status of a designated PoE.

The checklist will further support Member States in responding to the Strategic Preparedness and Response Plan (SPRP) 2021 questions related to Points of Entry (i.e., the checklists will identify gaps to align with the action points of the SPRP), and thus will help identify shortcomings to appropriately develop or update contingency plans.

It is not intended to replace WHO's technical guidance, but rather to operationalize it by providing a set of questions that can guide authorities in assessing the extent to which recommended public health measures and capacities are in place at PoE. WHO advises that confirmed, probable and suspected cases and their contacts should not travel.

The questions and considerations are based on WHO's interim technical guidance issued in the context of COVID-19 (1-7), and technical guidance released by the International Civil Aviation Organization (ICAO) for the COVID-19 pandemic (8). They are also aligned with the requirements of the IHR core capacities for airports (9).

Checklist

Instructions on completing the questionnaire

When answering the questions in the checklist, the option "partly" refers to actions that are not yet fully implemented or are not covered by the response categories "yes" or "no." Please provide further explanations in the "comments" section when you tick "partly," or when additional explanations will help in assessing your capacity. The colour coding for the answers in the columns (green for *yes*, yellow for *partly* and red for *no*) will simplify the final analysis and enable easy visualization of areas that might need further improvement. National authorities may choose to use the entire checklist or only those sections that need to be assessed.

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- 1. Questions and considerations for airports
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 - 1.3 Training of all airport staff on COVID-19
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 Infection control and prevention (ICP) and other measures on board
 If a suspected COVID-19 case is detected on board
- 3. Upon arrival at destination/transit
- 4. Disinfection of aircraft
- 5. Handling of cargo

Checklist questions

- Airport name:
- Address:
- Country:
- Coordinates of the airport:
- Name and contact details of the responsible officer of the airport:
- Passenger capacity:
- Number and names of airlines accommodated:
- Number of airport ground staff:
- Number of take-off/landings per week:
- List of airports/countries with direct flights to your airport:
- List of airports/countries with direct flights from your airport:

	Yes	Partly	No	Comments
1. Questions and considerations for airports				
1.1 General considerations (1,9,19)				
Responsible authorities: airport and public health authorities, IHR NFPs				
EXAMPLE : has the airport been designated under International Health regulations (IHR) (9)?				Done in 2015
1.1.1 Has this airport been designated under the IHR (9)?				
1.1.2 Does the airport have a multisectoral emergency committee activated for COVID-19?				
1.1.3 Does the airport have an emergency contingency plan activated for COVID-19?				

	Yes	Partly	No	Comments
1.1.4 If your answer to the previous question was 'yes,' is it integrated within				
the national emergency contingency plan for COVID-19?				
1.1.5 Was the emergency contingency plan updated during the last two				
years?				
1.1.6 Was an airport risk assessment done during the last 1–2 years that				
includes a health emergency component?				
1.1.7 Have public health emergency simulation exercises been conducted at				
the airport during the last two years?				
1.1.8 Have the lessons learnt following these exercise(s) been implemented?				
(Please describe the response in the "comments" column.)				
1.1.9 Are health services regularly available at the airport?				
1.1.10 Does the airport have access to adequate quarantine and isolation				
facilities?				
1.1.11 Does the airport have access to ambulance services for timely transfer				
of ill travellers?				
1.1.12 Does the airport have access to health-care facilities to provide				
assessment and care of COVID-19 cases?				
1.1.13 Is COVID-19 risk communication material available and well placed at				
the airport for travellers and staff to see and hear?				
1.1.14 If your answer to the previous question was "yes," is it available in				
multiple languages?				
1.1.15 Are aircraft operators/airlines complying with public health measures				
within the airport (i.e., physical distancing, use of masks, hand disinfection)				
recommended by WHO and national authorities? (19)				
1.1.16 Is alignment of public health measures (physical distancing, use of				
masks) with other local modes of transport (such as airport buses and				
subways) and other infrastructures ensured? (1)				

	Yes	Partly	No	Comments
1.1.17 If your answer to the previous question was "yes," how is the				
alignment ensured? (Please enter your response in the "comments" column.)				
1.1.18 Airports fall under the IHR regulations. Are all IHR core capacities for				
points of entry (PoE) implemented <i>(9)</i> ?				
1.1.19 Do some IHR capacities still need to be implemented to prevent the				
spread of COVID-19?				
1.1.20 If your answer to the previous question was "yes," please list them in				
the "comments" column.				
1.2 Considerations for travellers before travel				
(2,10,11,12,13,14,19,20)				
Responsible authorities: airline operators, travel agencies, public health and air	port au	uthoritie	s, trave	llers themselves
1.2.1 Are travellers encouraged to use online booking of tickets, and printing				
of boarding passes and baggage tags at home?				
1.2.2 Before booking, are travellers made aware of public health				
requirements, such as quarantine, self-monitoring of symptoms or testing, at				
destinations where they are required by national authorities?				
1.2.3 Before travelling, are travellers made aware that compliance with the				
health measures at the airport and on the aircraft may be mandatory through				
rules and regulations from relevant authorities?				
1.2.4 Is the airport closed for accompanying persons, except for persons				
accompanying individuals with special needs?				
1.2.5 If your answer to the previous question was "no," is the number of				
accompanying persons limited?				
1.2.6 If your answer to the previous question was "yes," are travellers made				
aware of the limitation during online booking, at travel agencies and at the				
airport?				
1.2.7 Are meet-and-greet areas set away from the main passenger flow?				

	Yes	Partly	No	Comments
1.2.8 Are passengers encouraged to travel as lightly as possible with check-in				
of all luggage except small hand luggage that fits under the seat to reduce				
embarkation and disembarkation time and human contact?				
1.2.9 Is the wearing of masks obligatory for travellers at the airport and in the				
aircraft when requirements on physical distance cannot adequately be met				
(10,19)?				
1.2.10 Can travellers purchase masks at the airport?				
1.2.11 Do airlines comply with current IHR Emergency Committee 3 and 4				
recommendations not to request vaccination certificates from travellers? (20)				
1.2.12 Do airlines comply with WHO recommendation not to request				
immunity certificates (clinically or laboratory based) from travellers Note: The				
use of "immunity certificates" for international travel in the context of COVID-				
19 is currently not supported by scientific evidence and not recommended by				
WHO (11).				
1.2.13 Are passenger locator forms mandatorily required to be filled in by				
travellers before they get boarding passes issued or before landing (12)?				
1.2.14 Is testing undertaken at the airport based on a risk assessment? Note:				
If testing upon arrival is conducted, it should be done based on a thorough				
risk assessment, taking into account an understanding of the epidemiological				
situations and health system capacities in the countries of origin and				
destination of the traveller; surveillance and case management for COVID-19				
and arrangements for follow-up and observation of incoming travellers,				
including self-monitoring for the development of symptoms after arrival for				
up to 14 days (2), (13)				
1.2.15 Is travel with accompanying animals/pets allowed? Note: The World				
Organization for Animal Health currently does not recommend restrictions				
(14).				
1.3 Training of all airport staff on COVID-19				

	Yes	Partly	No	Comments
(3.4,8,19)				
Responsible authorities: airport and public health authorities				
1.3.1 Are all airport staff trained on the following elements of COVID-19:				
symptoms and signs, when and how to do self-monitoring, self-quarantine				
and self-isolation, and when to seek medical advice in case symptoms are				
detected? (3,4)				
1.3.2 Are airport personnel trained about transmission prevention of COVID-				
19, including physical distancing, hand hygiene, respiratory etiquette,				
environmental cleaning, waste disposal, and the adequate use of personal				
protective equipment (PPE), including masks? (19)				
1.3.3 Are airport staff trained on managing suspected COVID-19 cases (in line				
with ICAO Annex 9 (Facilities required for implementation of public health				
measures) (8).				
1.3.4 Is COVID-19 refresher training available for airport staff and crews (such				
as cleaners, catering staff, service staff, baggage handlers, customs officials				
and security staff)?				
1.3.5 If your answer to the previous question was "yes," how often is				
refresher training undertaken? (Please use the "comment" column).				
1.3.6 Are any simulation exercises undertaken to reinforce the above				
refresher training?				
1.4 At the terminal				
(2, 5. 8, 10.,11,12,19)				
Responsible authorities: airport and public health authorities, support services				
1.4.1 Is crowd control – physical distancing at the airport entrance, in the				
check-in hall, at security, customs and passport control, in transit areas, and				
in boarding and baggage areas – implemented and respected (a distance of at				
least 1 m from person to person)?				

	Yes	Partly	No	Comments
1.4.2 Are sufficient security personnel available to enforce/supervise the				
physical distancing and other public health measures required?				
1.4.3 Are areas of potential crowding within the airport mapped to implement				
rigorous physical distancing measures (i.e., normative signage, crowd control				
and staggering of passenger flow)?				
1.4.4 Have duty-free shops, restaurants and other shops implemented				
physical distancing measures, crowd control and hand hygiene measures?				
1.4.5 Are smoking areas closed (8)?				
1.4.6 Are travellers repeatedly reminded through audio-visual messages of				
COVID-19 symptoms and the need to adhere to public health measures?				
1.4.7 If your answer to the previous question was "yes," are these reminders				
provided in multiple languages?				
1.4.8 Are measures and legal support in place if travellers refuse to adhere to				
public health measures, including not being allowed to access the airport				
building or aircraft cabin (12)?				
1.4.9 Are staff deployed to check and control physical distancing and ensure				
wearing of masks is done correctly? (19)				
1.4.10 Are arrival times of conveyances staggered to manage multiple arrivals				
with, for instance, separate pathways and terminals?				
1.4.11 Is the whole terminal well equipped with hand sanitizers for travellers				
and staff?				
1.4.12 Are health declaration forms regularly collected from arriving				
travellers?				
1.4.13 Is entry screening done via temperature screening or visual screening				
for signs and symptoms? Information about WHO recommendation for entry				
screening in the context of COVID-19 is available in WHO guidance (2)				

	Yes	Partly	No	Comments
1.4.14 If your answer to the question above was "yes," which measures are used for entry screening? (Please comment/describe in the "comment" column.)				
1.4.15 If thermal screening is required before embarkation, is it done at the entrance to the airport to reduce interaction between travellers and gain time (12)?				
1.4.16 Are travellers with a skin temperature equal to or higher than 38 °C referred for second screening by a health worker in a separate screening area?				
1.4.17 Is exit screening after disembarkation done via temperature screening, visual screening for signs and symptoms? Information about WHO recommendation for exit screening in the context of COVID-19 is available in WHO guidance (2).				
1.4.18 If your answer to the question above was "yes," which measures are used for exit screening? (Please comment/describe in the "comment" column.)				
1.4.19 Do staff wear face masks and respect physical distance during work? Note: full PPE is recommended only when in direct contact with a suspected COVID-19 case (10,5).				
1.4.20 Are physical separators (plexiglass shields) used between selected staff and passengers in areas of repeat exchanges and transactions?				
1.4.21 Are sufficient printing machines (for boarding passes and baggage tags) available and regularly cleaned for printing at the airport?				
1.4.22 Are COVID-19 health promotion posters and information leaflets for physical distancing, respiratory and hand hygiene and for accessing local health care well distributed in the terminal?				
1.4.23 If your answer to the previous question was "yes," in what languages are these available?				
1.4.24 Are support services (aircraft cleaners, cargo and baggage handlers, water handling services and waste removers) informed about a COVID-19				

	Yes	Partly	No	Comments
event on board a plane and the associated health risk so they can implement safe handling procedures and reduce the risk of transmission?				
1.4.25 Are hand hygiene sanitizers sufficiently available and refilled regularly in all public and working areas?				
1.4.26 Are toilets, all handrails, floors and desks cleaned and disinfected several times a day with alcohol-based disinfectant or bleach, as per WHO guidance (8)?				
1.4.27 Is the airport COVID-19 cleaning/disinfection control sheet (Public Health Corridor (PHC) Form) or similar used where appropriate (8)?				
1.4.28 Are sufficient disposal bins available?				
1.4.29 If your answer to the previous question was "yes," are they emptied regularly (around seats prior to security screening and in boarding/check- in areas, as well as on buses)?				
1.4.30 Are contact-free handovers conducted for staff and teams working shifts (via telephone, videoconference, electronic logs or, at a minimum, through physical distancing)?				
1.5 Before boarding (19)				
Responsible authorities: airport authorities, airlines				
1.5.1 Are travellers requested to use face masks where appropriate physical				
distancing cannot be achieved (close contact), as on transportation (for example, buses, planes and trains)? (19)				
1.5.2 Is boarding undertaken in small groups to avoid crowding?				
1.5.3 Are additional means of protection, such as plastic curtains or plexiglass				
shields during the boarding process (to be removed once boarding is				
completed), available for crews?				
2. On board of the aircraft (6, 15, 19)				

	Yes	Partly	No	Comments
2.1 Infection prevention and control (IPC) and other measures on board	ł			
Responsible authorities: airline operators, public health and airport author	tios			
2.1.1 Do all aircraft have universal precaution kits on board (as prescribed in				
the International Civil Aviation Organization (ICAO) standards and				
recommended practices (15).				
2.1.2 Are aircraft crews trained in using PPE on board (safe donning (putting				
on) and doffing (taking off) of PPE)?				
2.1.3 Are crews trained in managing a suspected COVID-19 case on board (i.e.,				
separation of ill passengers by leaving two seats in all directions empty if				
possible; ill passengers to wear a medical mask and practice respiratory				
hygiene) <i>(6)</i> ?				
2.1.4 Do crew members in contact with suspected COVID-19 cases or their				
waste wear full PPE (medical mask, gowns, gloves and goggles)?				
2.1.5 Have standard operating procedures been developed for managing				
suspected COVID-19 cases and their contacts on board the aircraft?				
2.1.6 Do aircraft operators/airlines inform travellers of the health measures				
implemented by ground personnel and crews on board?				
2.1.7 Do all travellers and crew wear face masks on board at all times (except				
during eating/drinking)? (19)				
2.1.8 Do the seating arrangements for passengers assure 1 m physical				
distancing where possible?				
2.1.9 Are travellers and crew reminded before take-off that the use of masks				
alone is insufficient to provide adequate levels of protection, and that this				
needs to be complemented by hand hygiene, physical distancing and other				
IPC measures?				
2.1.10 Are crew and airport health authorities trained in safe disembarkation				
of suspected COVID-19 cases (6)?				

	Yes	Partly	No	Comments
2.1.11 Are measures implemented to reduce the likelihood of passengers passing in close proximity to each other when boarding and disembarking (by organizing small groups of passengers)?				
2.1.12 Are seats in planes assigned for physical distancing?				
2.1.13 Are travellers asked to limit their moves when on board?				
2.1.14 Are newspapers and magazines removed?				
2.1.15 Is the food and beverage service on short-haul flights limited or discontinued?				
2.1.16 If your answer to the question above is "no," is food sealed and distributed in pre-packaged containers?				
2.1.17 Is one lavatory designated for crew use only, provided sufficient lavatories remain available for passenger use without fostering congregation by passengers?				
2.1.18 Are crew members designated to provide service only to specific sections of the cabin?				
2.1.19 Are airlines informed to operate fresh-air and recirculation systems to exchange the volume of cabin air before boarding?				
2.1.20 Is the use of air conditioning and effective filtration systems (high- efficiency particulate air (HEPA)) to keep air clean applied at all times? Note: horizontal airflows should be limited.				
2.2 If a suspected COVID-19 case is detected on board				
Responsible authorities: airline operators				
2.2.1 Is the crew trained on detecting, reporting and managing a suspected case and his/her contacts?				
2.2.2 Are pilots informed to report any illness indicative of a suspected COVID-19 case to airport control as early as possible before arrival at the airport of destination?				

	Yes	Partly	No	Comments
2.2.3 Does the identification of contacts begin immediately after a suspected case has been identified on board?				
2.2.4 Is physical distancing of a suspected case implemented at the aircraft, provided there are sufficient free seats?				
2.2.5 Are crews familiar with local protocols for reporting and managing ill travellers and their possible contacts?				
3. Upon arrival at destination/transit (2,3,6,8.9)	1	1	1	
Responsible authorities: airport and public health authorities,				
3.1. Do airport health authorities or national authorities ask all passengers and/or crew to complete a Passenger Locator Form (PLF) and/or health declaration form before arrival? Note: use of the updated ICAO PLF is recommended (8).				
3.2. Are sufficient PLFs in appropriate language(s) available at all aircrafts?				
3.3. Is the completed PLF collected and delivered to the airport health authority upon arrival at the airport?				
3.4. Is collected PLF information held by health authorities in accordance with applicable law, particularly with regards to the privacy of data?				
3.5. If your answer to the previous question was "yes," are they used only for authorized public health purposes?				
3.6. Is testing of suspected passengers and contacts done upon arrival at the airport?				
3.7. Is there a national surveillance system that includes the airport PoE health services?				
3.8. If your answer to the previous question was "yes," are evaluated protocols for communication and response to results in place at all relevant levels?				
3.9. Upon arrival, are suspected case(s) and their identified contacts kept under public health observation until they are safely assessed for risks and				

	Yes	Partly	No	Comments	
advised or transferred according to public health advice? Note: persons					
having interacted with a non-symptomatic person who meets the definition					
of a contact are not themselves contacts (3).					
3.10. If the laboratory result of a suspected case is positive following a flight,					
are all contacts from the flight contacted and asked to quarantine (preferably					
in a dedicated facility or at home) or isolate, depending on national policy? (2)					
3.11. Does the airport health authority rapidly inform the airline on the					
outcome of examinations?					
3.12 If your answer to the previous question was "yes," do airport health					
authorities instruct if further actions must be taken?					
3.13 Does the airport health authority inform immediately its IHR National					
Focal Point (NFP) and local health authorities if a suspected COVID-19 case					
has been identified (following procedures for communication between					
competent authorities at PoE, local health authorities and the IHR NFP in the					
airport public health emergency plan)?					
3.14 Are dedicated and accelerated routes for transiting passengers, including					
a unidirectional flow of movement, in place throughout the premises?					
3.15 Is there a separate waiting area (with, for instance, physical distancing					
for seating, and separate toilets and water supplies) available for suspected					
COVID-19 cases and contacts (I.e., before interview and while waiting for					
transport to quarantine or hospital facilities)?					
3.16 Is a separate room available to interview suspected COVID-19 cases and					
their contacts?					
3.17 Is a separate room available for medical assessment?					
3.18 Is there a written agreement with designated health facilities in the					
community to admit ill travellers (including suspected COVID-19 cases)?					
3.19 Is there a written agreement for safe transport of ill travellers to					
designated hospitals (6)?					

	Yes	Yes Partly		Comments	
3.20 Is safe transport arranged for ill travellers (COVID-19 or others) to a designated hospital?					
3.21 Are there written agreements to transport contacts to quarantine facilities others than homes?					
3. 22 Is a quarantine facility, staffed with health workers and catering staff and with Internet/telephone access, assigned to the airport?					
3.23 Are passengers, who are required to quarantine/isolate upon arrival, not charged for related expenses? Note: Countries shall not charge travellers for measures required for the protection of health, including (a) examinations to ascertain their health status; (b) vaccination or prophylaxis on arrival (not published 10 days earlier); (c) appropriate isolation or quarantine; (d) certificates specifying the measures applied; or (e) applied to baggage accompanying them (9,2)					
3.24 Is an environmental control system in place for safe waste removal and safe drinking water?					
3.25 Are there disinfection protocols for all primary and secondary screening areas?					
4. Disinfection of aircraft (8,17, 18)					
Responsible authorities: support services, airport authorities					
4.1 Are cleaners and other ground staff informed that a suspected COVID-19 case was on board to take precautions when cleaning the aircraft?					
4.2 Is a written plan for enhanced cleaning and disinfection agreed among the airport health authority, airport operators and service providers, according to standard operating procedures (17)?					
4.3 If the answer to the previous question was "yes," is application of these procedures routinely evaluated by local health authorities?					
4.4 Are service staff who clean and disinfect the aircraft trained in using the appropriate PPE and cleaning detergence? (8, 18)					

	Yes	Partly	No	Comments
4.5 Are all cleaning and disinfection staff aware of the cleaning and disinfection plan, including areas that are touched frequently and are most likely to be contaminated (airport information desks, passengers with reduced mobility desks, check-in areas, immigration/customs areas, security screening areas, boarding areas, escalators and lifts, handrails, washrooms and baby-changing areas, luggage trolleys and collection points)? (8,18)				
5. Handling of cargo (8)				
Responsible agency: airport authorities, transport agencies, airlines				
5.1 Are cargo handlers and truck drivers informed about COVID-19 public health prevention measures?				
5.2 If your answer to the previous question was "yes," are they trained in using precautions?				
5.3 Are cargo compartment touch surfaces cleaned and disinfected at an appropriate frequency to accommodate safe operations for ground staff (8)?				
5.4 Does the operator periodically inspect equipment to ensure there are no long-term effects or damage over time through increased frequency of disinfection?				
5.5 Do airlines review their operating procedures to minimize the number of personnel who need to make contact with frequently touched surfaces, such as access panels, door handles and switches?				
5.6 Is physical distance kept (while not compromising operational safety) during physical loading of goods and document exchange, and when using ground support equipment?				

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Annex

Action plan for	r improving COVID-19	response capacities at Point of Entries
		response expuences at rount of Entries

#	Activity	Colour code score Green for "yes," Yellow for "partly "Red for "no"	Responsible officer/agency	Planned action Further action needed if an activity is marked as "partly" or " no, " based on explanations in the comments section.	Time frame for implementation	Estimated costs for implementati on in national currency
1.1.5	EXAMPLE: Was the emergency preparedness (or contingency) plan updated during the last two years?	red	Airport operator, Mr/Mrs. XXX	To update the airport contingency plan with all stakeholders	1 st May 2021	300

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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