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MINISTRY OF TRANSPORT

CIVIL AVIATION AUTHORITY

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ADVISORY CIRCULAR
LYCAA-AC-AGA-13

Guidance for Air Travel through the COVID-19 Public Health Crisis

Published by Libyan Civil Aviation Authority (LYCAA), and approved by:

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1 General

This AC contains specific guidance addressing elements for: Airport terminal building, cleaning, disinfecting, and hygiene, physical distancing, staff protection, access, check-in area, security screening, airside areas, gate installations, passenger transfer, disembarking, baggage claim and arrivals areas

2 Terminal Building

Guidance for the operation of Terminal buildings needs to consider all aspects of 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.

2.1 Considerations

2.1.1 Cleaning and disinfection

(a) A written plan for enhanced cleaning and disinfection should be agreed upon by the airport health authority, airport operators and service providers, according to the standard operating procedures outlined in the WHO Guide to Hygiene and Sanitation in Aviation. The plan needs to be updated in terms of process, schedule and products, when new information becomes available. All relevant personnel should be trained on increased disinfection requirements.

(b) Cleaning and disinfection of terminal infrastructure and all equipment should be done on a regular basis, in accordance with the aforementioned plan, and its frequency should be increased as needed based on traffic.

(c) Increase the availability of cleaning and disinfecting products approved by the applicable authorities.

(d) All cleaning and disinfection staff should be made aware of the cleaning and disinfection plan. It is necessary to ensure staff are utilizing products effectively, including the concentration, method and contact time of disinfectants, and addressing areas that are frequently touched and most likely to be contaminated, such as:

(i) Airport information desks, passengers with reduced mobility (PRM) desks, check-in areas, immigration/customs areas, security screening areas, boarding areas, etc.

(ii) Escalators, elevators and lifts, handrails.

(iii) Washrooms, toilets and baby changing areas.

(iv) Luggage trolleys and collection points: cleaned with dispensable wet wipes or disinfectants, ensuring that disposal bins are made available.

(v) Seats prior to security screening and in boarding/check-in areas.

(vi) Parking shuttle buses and airside buses.

(e) Increase the use of air conditioning and effective filtration systems to keep air clean, reduce re-circulation and increase the fresh-air ratio. Horizontal airflows should be limited.Ensuring Ensuring that disposal bins are made available.

2.1.2 Physical distancing

(a) Physical distancing is an effective measure to limit transmission of COVID-19 and should be part of a comprehensive package of measures to limit the spread of COVID-19. Physical distancing measures in airports should be:

(i) At least consistent with what is applied for other transport modes, particularly in urban public transport used for access to and from airports.

(ii) Applied to the greatest extent possible throughout the airport.

(iii) Re-evaluated as epidemiological conditions permit.

(b) Physical distancing should target reaching at least one (1) meter between all individuals.

(c) Passengers should wear face coverings or medical masks in accordance with applicable health guidelines and where their use does not create shortages for healthcare workers.

(d) Mutual recognition of equivalent physical distancing measures that mitigate the health risks at the point of departure and of arrival is encouraged.

2.1.3 Staff Protection:

(a) 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 programmes for staff, scheduling (keeping groups of staff in steady teams and shifts), easy alcohol-based hand sanitizer access, specific staff process prior to and after completing a shift, and physical distancing plans for workstations, including the consideration of barriers.

(b) 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, face coverings or medical masks, goggles or face shields, and gowns or aprons.

(c) For staff and teams working shifts, handovers should be conducted in a contact-free manner, i.e. via telephone, videoconference, electronic logs, or at least through physical distancing.

(d) Maintenance and repair work in public areas should be prioritized and their schedule adjusted or postponed if it is non-essential.

(e) Staff training should maximize the use of online training and virtual classrooms.

(f)   The use of physical separators between selected staff and passengers is recommended in areas of repeated exchanges and transactions.

2.1.4   Airport Terminal access

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

(b)   Where health screening is required by applicable regulations, non-contact thermometers should be used in a designated area, under conditions which minimize the impact on operations.

2.1.5   Means for uniform implementation

(a)   Collaborate with relevant authorities to ensure viewpoints are aligned.

(b)   Collaborate with stakeholders in the community to ensure the timely and accurate dissemination of information to the travelling public.

(c)   Ensure alignment of measures with other local modes of transport and other infrastructures.

(d)   Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

3   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 (i.e. passengers should be ready to fly). Self-service options should be made available and utilized as much as possible to limit contact at passenger touch points.

3.1   Considerations

(a)   Implement measures that reduce congestion within these areas through advanced-planning and monitoring of passenger flows.

(b)   Airports should provide signage, floor markings and announcements via public address (PA) systems to encourage physical distancing. In addition, support communication of key prevention messages from health authorities through audio messages and signs at key touch points of the passenger journey should be considered.

(c)   Various self-service tools, such as boarding pass and baggage tag kiosks and baggage drops 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.

(d) Whenever possible, passengers should be encouraged 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. It is therefore recommended that States remove any regulatory obstacles to enabling such types of off-airport processes.

(e) At the traditional check-in counters, the use of retractable stanchions and floor signage in the queuing area to encourage physical distancing and the installation of transparent barriers in front of staff at counters should be considered.

(f) Self-sanitizing technology may also be considered for integration within kiosks with touch screens, to allow for the disinfection of the screens between each use.

(g) Whenever possible, airport 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 drops, various queue accesses, boarding gates and 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.

3.2 Means for uniform implementation

(a) Collaborate with relevant authorities, airlines and other aviation stakeholders for cost-effective solutions that protect the public.

(b) Simplified formalities by enabling contactless processes.

(c) Greater use of standardized digital identity management solutions.

(d) Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

4 Security Screening

In response to the continuing pandemic, we can expect the need for physical distancing measures to be maintained at security screening checkpoints, including during the screening process. Measures to control access to the security screening checkpoint may need to be considered, as well as possible modifications to standard screening, in order to comply with new COVID-19 sanitary guidelines.

Security screening staff should be exempt from carrying out health and safety related screening to ensure they remain focused on security screening and related processes.

4.1   Considerations

4.1.1   Checkpoint access procedures

(a)   Appropriate procedures should be implemented in coordination with relevant government departments in order to respond to any passengers showing signs of illness.

(b)   Hand sanitizers and disinfection products should be provided prior to passengers and staff screening access points where possible.

(c)   Screeners and passengers should maintain physical distancing to the extent possible or wear the appropriate PPE to mitigate the risk of exposure.

(d)   Rearranging of security checkpoint accesses and layouts should be considered with the objective of reducing crowds and queues, to the extent possible, and maintaining physical distance while maintaining desirable throughput. This should include both divestment areas and those areas where passengers retrieve their screened cabin baggage.

(e)   Floor-markings, tensile barriers, or other suitable means should be established within the queueing area to help secure the proper distancing recommended by the appropriate authorities.

(f)   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 face covering or medical mask against a government-issued photo identification, the face covering or medical mask could be removed temporarily if physical distancing measures are met. Appropriate signage should be deployed that clearly informs about subsequent steps of the process.

(g)   Possible solutions include:

(i)   Directing passengers to use automatic boarding pass scanners at access points while maintaining appropriate physical distance.

(ii)   Using mobile boarding pass scanners operated by the security staff.

(iii)   Conducting a visual inspection of the boarding pass and relevant identification documentation, as needed by standard operating procedures.

(h)   Automated gates and mobile scanners' reader surfaces should be disinfected with the same frequency as for any other high-touch surface.

(i)   Passenger preparation officers should be deployed to ensure passengers are prepared for the divestment needs. 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).

(j) Enhanced cleaning and disinfecting should be routinely conducted of frequently touched/exposed surfaces and security screening equipment, including trays at the security checkpoint and baggage areas.

4.1.2 Passenger Screening

(a) Alcohol-based hand sanitizer should be distributed to staff for the cleaning and disinfection of their hands.

(b) Screeners should wear gloves and face coverings or medical masks when conducting manual searches on passengers. Alcohol-based hand sanitizers should be applied to the gloves between each passenger screened. Gloves should be changed when they are obviously soiled or torn.

(c) Employees should be advised to wash their hands after removing gloves.

(d) Appropriate signage and information to passengers should be clearly displayed regarding newly implemented health requirements, as well as modified screening processes. Signage should highlight the need for passenger cooperation throughout the screening process.

(e) Whenever screening checkpoints are processing a high number of passengers, staff and crew screening should be performed in dedicated checkpoints and separately from passengers (as an additional preventive health measure), where possible.

(f) Appropriate alarm resolution arrangements should be put in place to mitigate the risk of queue build up and to maintain passenger throughput. These might include alarm resolution in a dedicated area separated from the flow of passengers which may need the positioning of additional security personnel.

(g) 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.

(h) The use of explosive trace detection (ETD) equipment or explosives detection dogs (EDDs) should not be limited to alarm resolution. Random use of such explosive detection should be encouraged and leveraged where possible.

(i) Should there be a concern or an alarm that cannot be cleared solely by the primary screening equipment used, it should undergo a secondary screening using, in order of availability and subject to the nature of the screeners concern regarding the threat: EDD, ETD or manual search.

(j) 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.- The standard procedure may continue if, for example, it could be determined that the high temperature generated by the specific ETD in use will destroy the virus and if the process for handling and storage of swabs eliminates the possibility of contamination.

      (k)   f there is a need to conduct a manual search, screeners should adapt their methodology, if possible, to avoid being face-to-face with passengers or other persons being screened.

      (l)   Staff needed to interact with passengers in close proximity should use a face covering or medical mask.

      (m)   Larger quantities of health-related liquids, aerosols and gels (LAGs) than prescribed by applicable security regulations, such as alcohol-based hand disinfectants, could be accepted if permitted by the appropriate authorities for aviation security and safety, taking into account the related regulations.• •

4.1.3   Means for uniform implementation

      (a)   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.

      (b)   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).

      (c)   Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

5 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 the limiting of the virus spread.

5.1 Considerations

      (a)   Encourage the use of self-service options, established in compliance with local health authority guidelines where passengers have limited contact with retail, food and beverage staff.

(b) 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 and government is vital. Airlines will need to revise their current boarding processes. Airports may need to assist in redesigning gate areas and governments may need to adapt applicable rules and regulations. The increased use of automation, such as self-scanning and biometrics should be facilitated.

(c) Especially during the early stages of the restart phase, carry-on baggage that would need to use the overhead bins should be limited to facilitate a smooth boarding process.

(d) Where possible, implementation of self-boarding technologies at the gate should be considered, including units using automatic doors, integrated boarding pass readers, LCD displays for passenger instructions and a device for printing seat assignment changes.

(e) Increase use of all other opportunities of self-scanning of documents when identification is needed.

(f) As a temporary measure, sitting areas (e.g., 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.

(g) Temporary closing or enhanced monitoring of certain service areas should be considered, based on the stage of mitigation measures, such as:
   (i) Self-service buffet food;
   (ii) Café seating or multi-purpose seating;
   (iii) Smoking areas; and
   (iv) Children's play areas.

(h) Multiple alcohol-based hand sanitizer stations should be made available throughout the airport with adequate signage for passengers.

(i) Installation of touch-free equipment in toilet facilities such as the following should be considered:
   (i) Automated door systems;
   (ii) Automatic toilet flushing system;
   (iii) Taps and soap/hand sanitizer dispensers; and
   (iv) Automated hand towel dispensers.

5.2 Means for uniform implementation

(a) Work with retail, food and beverage concessions to ensure the use of contactless technology payment options and self-serve options.

(b) Involve airline stakeholders in measures needed in airport lounges.

(c)   Collaborate with relevant authorities, airlines and other aviation stakeholders for cost-effective solutions that protect the public.

(d)   Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

6   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. Airports and airlines need to work together to ensure that accurate flight schedules are provided in order to meet this demand.

6.1   Considerations

(a)   Electromechanical equipment such as boarding bridges, escalators and elevators must be inspected and periodically tested or started up. Inspections of such decommissioned equipment are essential before returning them to service for passenger use, based on manufacturers' recommendations and national building codes.

(b)   Maintenance protocols need to be defined and deployed.

(c)   Where conditioned air is needed, power should be maintained in all outdoor-based equipment such as jetways and pre-conditioned air units.

(d)   Critical service providers and State authorities must be advised in advance on ramp-up schedules and plans by the airport operator to return temporarily closed facilities into service.

(e)   Passenger bus capacity should be adapted to facilitate physical distancing during boarding and disembarking of passengers.

6.2   Gate aircraft equipment and air filtering

(a)   Where external pre-conditioned air (PCA) and fixed electrical ground power are available at the stand, an aircraft can switch off its auxiliary power unit (APU) after arrival. A PCA system takes in ambient air through an intake filter and provides conditioned air to the cabin.

(b)   External air sources are not processed through the aircraft's high-efficiency particulate air (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 air quality from PCA is not available.

6.3   Means for uniform implementation

(a)   Ensure that airport capacity recommissioning is in step with airline schedules and phased in an appropriate manner.

7   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) could serve as an additional health screening measure and could speed up the immigration process, with the objective of reducing queuing and minimizing contact between border officials and passengers.

Furthermore, during initial stages, some governments are exploring the idea of a health declaration to be completed by passengers before departure or on arrival as an initial assessment measure, which could be used to identify passengers for secondary assessment.

7.1   Considerations

(a)   Coordination with various border regulatory authorities (e.g., immigration, health) should be established for measures facilitating the clearance of entry/arrival, such as enabling contactless processes (e.g., relating to the reading of passport chips, facial recognition).

(b)   Where declarations are needed on arrival, governments should consider electronic options (e.g., mobile applications and QR codes) to minimize human-to-human contact. Information could be sent in advance via government portals. For customs formalities, where possible, green/red lanes for self-declarations are recommended.

(c)   The identity verification process should be automated with the use of biometric technology. Use of contactless technology, automated border control or eGates should be encouraged in order to enhance transaction time and limit interaction between passengers, officers and staff.

(d)   If needed by relevant regulations, smart thermal cameras can be installed to scan the temperature of multiple passengers rapidly and unobtrusively.

(e)   During initial stages of recovery and if needed, secondary health assessments could be set to maintain the main general flow of passengers.

(f)   For flights arriving from higher-risk areas where there are cluster or community transmission, a particular section of the arrivals terminal could be utilized to increase physical distancing, and/or smart thermal cameras could be placed at

appropriate locations to screen arriving passengers, in consultation with the public health authorities.

7.2 Health Declaration

(a) Some governments are implementing a health declaration solution that can be set-up on a web portal. 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 needed.

7.3 Transfer

(a) 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.

(b) Where transfer security screening is needed, it should follow appropriate sanitary requirements as previously described in the departure process.

7.4 Means for uniform implementation

(a) Collaborate with relevant authorities for cost-effective solutions that protect the public.

(b) Collaborate with relevant authorities and airlines to develop efficient and cost-effective solutions that protect the travelling public.

(c) Work with governments and authorities if a health declaration is to be implemented.

(d) Greater use of standardized digital identity management solutions.

(e) Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

8 Baggage Claim Area

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

8.1 Considerations

(a) All efforts need to be 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.

(b)   Maximize use of available arrival baggage carousels to limit the gathering of passengers, and, where possible, use of dedicated baggage carousels for flights from high risk areas.

(c)   Governments should ensure that the customs clearance process is as speedy as possible and that appropriate measures are taken in case of physical baggage inspections.

(d)   Cleaning schedules should be aligned based on flight schedules to ensure a more frequent, in-depth disinfection of luggage carts, washrooms, elevator buttons, rails, etc.

(e)   Self-service kiosks or online options for passengers needing to report lost or damaged luggage should be made available.

(f)   Floor-markings, tensile barriers, or other suitable means should be established to help secure the proper distancing recommended by the appropriate authorities.

(g)   Airline agents at lost luggage counters should be provided with physical barriers (transparent) when possible.

(h)   The use of baggage delivery services, where the passenger's baggage can be delivered directly to their hotel or home, should be encouraged.

(i)   Baggage tracking information should be shared with passengers so that they are able to make a baggage claim, in case of baggage mishandling, without waiting in the reclaim area.

(j)   Protocols for cleaning and disinfection of the area should be established.

8.2   Means for uniform implementation

(a)   Collaborate with relevant authorities and airlines for cost-effective solutions that protect the travelling public.

(b)   Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.

9   Exit the Landside Area

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 the terminal's exit area. During initial restart phases, measures could include establishing a perimeter around the greeter's area or limiting access to the terminal building.

9.1   Considerations

9.1.1   Airport Terminal access

(a)   According to each airport's specificities and the national legislation in place, airport terminal access may be restricted to workers, passengers and persons

accompanying 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 increase risks of transmission as well as create a potential security vulnerability.

(b)   Multiple hand washing stations or hand sanitizers should be provided prior to the exit of the terminal building.

(c)   Cleaning should be increased 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 buses.

9.2   Means for uniform implementation

(a)   Collaborate with stakeholders in the community to ensure the timely, accurate dissemination of information to the travelling public.

(b)   Use the Airport COVID-19 Cleaning / Disinfection Control Sheet (PHC Form 3) or a similar one where appropriate.