



## **REPUBLIC of SAN MARINO CIVIL AVIATION AUTHORITY**

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### **SAFETY NOTICE No. 02/2020 Issue 02**

#### **CORONAVIRUS OUTBREAK**

This Safety Notice applies to operators of San Marino registered aircraft.

#### **1. Introduction**

Operators of San Marino registered aircraft are encouraged to be aware of the current outbreak of the Coronavirus currently being transmitted beyond the Chinese border by various means but especially by aircraft passengers/crew.

#### **2. CAA Policy**

The safety of aircraft passengers and crew is the responsibility of the operator. In line with ICAO recommendations, the CAA has published this Safety Notice to ensure operators are made aware of this deadly outbreak and the need for additional screening and reporting. Please use the links to the World Health Organisation (WHO) website at Attachment 1 for further information.

#### **3. Recommendation**

- 3.1 Exit screening is recommended at international airports. This includes non-invasive temperature screening, health checks and observations, risk communication and information sharing to travellers, conducted by suitably qualified and trained public health authorities. Those that meet specified criteria of suspected Coronavirus, should be referred to specialist medical care with appropriate infection, prevention and control precautions, and only where appropriate, laboratory testing to confirm or exclude the virus.
- 3.2 If a traveller or crew member presents with signs or symptoms related to Coronavirus or is considered to be a high-risk contact of a virus case (as determined by public health authorities conducting exit screening), the operator is advised to seek medical clearance from public health authorities prior to embarkation of any passenger.
- 3.3 If a person portray developed signs/ symptoms while on board an aircraft, such patients



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should seek immediate medical attention upon arrival, and then be isolated to prevent further transmission. Although the risk to fellow travellers in such a situation is very low, contact tracing is recommended in such circumstances.

- 3.4 Guidelines for crew for managing a suspected case of communicable disease on board as stated in CAR OPS 0.270 (see extract at Attachment 2) or for cabin crew, as issued by the International Air Transport Association (see extract at Attachment 3), should be implemented.

For more developments refer to the attached ICAO Electronic Bulletin and EASA Safety Information Bulletin (Attachment 4).

In the interests of aviation safety,

  
Marco Conti  
Director General



13/02/2020





International Civil Aviation Organization

**ELECTRONIC BULLETIN**

For information only

EB 2020/9

30 January 2020

**ONGOING DEVELOPMENTS REGARDING THE  
NOVEL CORONAVIRUS (2019-nCoV) OUTBREAK**

1. There have been new developments in relation to the novel Coronavirus (2019-nCoV) outbreak, which was first reported in China on December 2019, and described in EB 2020/06 dated 24 January 2020. The World Health Organization (WHO) Director-General convened a follow-up Emergency Committee meeting on 30 January 2020, in accordance with the International Health Regulations (IHR). The Director-General declared that the outbreak of 2019-nCoV constitutes a Public Health Emergency of International Concern (PHEIC), accepted the Committee's advice and issued advice as Temporary Recommendations under the IHR (2005). The statement on this meeting is available at: [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))
2. The WHO is the lead United Nations (UN) agency for the management of this outbreak and continues to provide all necessary technical and operational support to respond to it. Further information on situation reports, technical guidance and travel advice is available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
3. The latest updated WHO advice for international traffic in relation to the outbreak of the 2019-nCoV (published 27 January 2020) is available at: <https://www.who.int/ith/2020-27-01-outbreak-of-pneumonia-caused-by-new-coronavirus/en/>.
4. Member States are strongly urged to monitor the WHO website for updated information and to adhere to the recommendations and guidance provided by the WHO.
5. As a UN organization, ICAO's main role in managing this outbreak is to support WHO by providing aviation-related information, participating in meetings and serving as a key facilitator for States and organizations that are members of the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) programme. ICAO continues to work closely with WHO and aviation stakeholders in providing support.
6. Key information compiled by WHO, ICAO, and other relevant entities are published on the CAPSCA website (<https://www.capsca.org>); as well as disseminated by electronic mail through the CAPSCA network (i.e. CAPSCA global partner organizations from the ICAO Headquarters in Montréal, Canada; CAPSCA regional organizations and CAPSCA focal points of Member States from the ICAO Regional Offices).
7. States that are not yet members of the ICAO CAPSCA programme are strongly encouraged to become members as per ICAO Assembly Resolution A40-14: *Mitigation of the spread of disease through, inter alia, aircraft disinsection and vector control methods, and the importance of CAPSCA (Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation) for implementation.*

Issued under the authority of the Secretary General
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## ATTACHMENT 2

### **Extract from CAR OPS 0.270**

*(identical to ICAO Annex 9, Chapter 8, and paragraph 8.15)*

#### **OPS 0.270 Communicable Diseases**

The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

The report to air traffic control should include transmission of the following information;

- (a) Aircraft identification;
- (b) Departure aerodrome;
- (c) Destination aerodrome;
- (d) Estimated time of arrival;
- (e) Number of persons on board;
- (f) Number of suspected case(s) on board; and
- (g) Nature of the public health risk, if known.

*Note: A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain signs or symptoms: e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or, confusion of recent onset.*



## ATTACHMENT 3



December 2017

### SUSPECTED COMMUNICABLE DISEASE

#### Guidelines for Cabin Crew

The following are guidelines for cabin crew when managing a suspected case of communicable disease on board.

During an outbreak of a specific communicable disease, the World Health Organization (WHO) or member States may, in collaboration with IATA, modify or add further procedures to these guidelines.

A communicable disease is suspected when a traveller (passenger or a crewmember) has a fever (temperature 38°C/100°F or greater) associated with one or more of the following signs or symptoms:

- Appearing obviously unwell
- Persistent coughing
- Impaired breathing
- Persistent diarrhea
- Persistent vomiting
- Skin rash
- Bruising or bleeding without previous injury
- Confusion of recent onset

**Note 1:** This list of signs and symptoms is identical to that listed in the Health part of the ICAO Aircraft General Declaration and in the World Health Organization International Health Regulations (2005) 2<sup>nd</sup> Edition.

**Note 2:** If food poisoning from in-flight catering is suspected, proceed as per company-established protocol. The pilot in command must follow the ICAO notification procedure in paragraph 14 below.

**Note 3:** If the temperature of the affected person is normal but several travellers have similar symptoms, think of other possible public health issues such as chemical exposure.

1. Ask the ill traveller where he/she has travelled in the last 21 days and if he/she has lived in the same household or has had contact with a person sick with a communicable disease
2. If medical support from the ground is available, contact them immediately *and/or* page for medical assistance on board (*as per company policy*).

### ATTACHMENT 3

3. If medical ground support and/or an on board health professional is available, crew should follow their medical advice accordingly.
4. If no medical support is available, and if possible, try to relocate the adjacent passengers leaving a space of two meters (6 feet) between the ill passenger and the other passengers. If no seats are available, consider giving PPE to the adjacent passengers.
5. Designate one cabin crew member to look after the ill traveller, preferably the crew member that has already been dealing with this traveller. More than one cabin crew member may be necessary if more care is required.
6. Designate a specific lavatory for the exclusive use of the ill traveller and use appropriate signage on the door.
7. If the ill traveller is coughing, ask him/her to follow respiratory etiquette:
  - i. Provide tissues and the advice to use the tissues to cover the mouth and nose when speaking, sneezing or coughing.
  - ii. Advise the ill traveller to practice proper hand hygiene. If the hands become visibly soiled, they must be washed with soap and water.
  - iii. Provide an airsickness bag to be used for the safe disposal of the tissues.
8. If a face mask is available and the traveller is coughing or sneezing, the ill traveller should be asked to wear it. As soon as it becomes damp/humid, it should be replaced by a new one. These masks should not be reused and must be disposed safely in a biohazard bag or equivalent after use. After touching the used mask (e.g., for disposal), proper hand hygiene must be practiced immediately.
9. If the ill traveller cannot tolerate a mask or refuses it, the designated cabin crew member(s) or any person in close contact (less than 1 meter) with the ill person should wear a mask. The airline should ensure that their cabin crewmembers have adequate training in its use to ensure they do not increase the risk (for example by more frequent hand-face contact or by mask adjustment, or by repeatedly putting it on and off.)
10. If touching the ill passenger is required (or their mask/contaminated clothes etc.) and/or if there is a risk of direct contact with body fluids, the designated cabin crew member should wear the personal protective equipment (PPE) found in the Universal Precaution Kit (UPK). UPKs are not intended to replace proper hand hygiene\*\*. The PPE in the UPK should be carefully removed as per training syllabus and discarded as per paragraph (11) and hands should be washed with soap and water. An alcohol-based hand rub can be used if the hands are not visibly soiled.

### ATTACHMENT 3

11. Store soiled items (used tissues, face masks, oxygen mask and tubing, linen, pillows, blankets, seat pocket items, etc.) in a biohazard bag if one is available. If not, place in an intact plastic bag, seal it, and label it "biohazard".
12. Ask accompanying traveller(s) (spouse, children, friends, etc.) if they have any similar symptoms.
13. Ensure hand carried cabin baggage follows the ill traveller and comply with public health authority requests.
14. **As soon as possible, advise the captain of the situation because he/she is required by the *International Civil Aviation Organization regulations* (ICAO Annex 9, Chapter 8, and paragraph 8.15) and the World Health Organization International Health Regulations (WHO IHR 2005, Article 28(4)) to report the suspected case(s) to air traffic control. Also remind the captain to advise the destination station that specific cleaning and disinfection procedures may be required by local public health authorities.**
15. Unless stated otherwise by ground medical support or public health officials, ask all travellers seated in the same row, 2 rows in front and 2 rows behind the sick traveller to complete a passenger locator form if such forms are available on the aircraft or at the arrival station.

**\*\*** *A general term referring to any action of hand cleansing, performed by means of washing one's hands with soap and water for at least 20 seconds. An alcohol-based hand cleaner is an alternative to hand-washing but will not be effective if hands are visibly soiled. Touching the face with hands should be avoided. Hands should be washed frequently.*





## Safety Information Bulletin

### Aerodromes – Operations

**SIB No.: 2020-02R1**

**Issued: 10 February 2020**

**Subject: Coronavirus ‘2019-nCoV’ Infections – Operational Recommendations**

#### Revision:

This SIB revises EASA SIB 2020-02 dated 27 January 2020.

#### Ref. Publications:

European Centre for Disease Prevention and Control (ECDC):

<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

World Health Organisation (WHO):

[International travel and health](#)

[Novel Coronavirus \(2019-nCoV\) situation reports](#)

[Passenger locator form](#)

**Applicability:** National Aviation Authorities (NAAs), Aircraft and Aerodrome operators

#### Description:

Following the evolution of the novel coronavirus (2019-nCoV) outbreak in the city of Wuhan, People’s Republic of China (PRC), and based on the reports published by the WHO, International Civil Aviation Organization (ICAO) and the ECDC, EASA has issued this SIB, providing recommendations to the NAAs, Aircraft and Aerodrome operators in order to reduce the risk of spreading the 2019-nCoV.

EASA is closely monitoring developments related to the 2019-nCoV outbreak in Wuhan (PRC) and is actively engaged with the WHO, ICAO, the European Commission (EC) and the [EC DG SANTE](#). Due to that, the latest guidance and recommendations issued by WHO, ECDC and ICAO should be considered in the context of this SIB.

Ensuring business continuity at all levels is an essential part of crisis management. In this particular case, the continuity of the health related activities is directly linked with the continuity of the transport activities as this has a direct impact on availability of required medication, protective equipment and medical experts. EASA would like to emphasize the importance of a coordinated approach on the crisis management at EU level.

At this time, the safety concern described in this SIB does not warrant the issuance of an operational directive under Regulation (EU) [965/2012](#), Annex II, ARO.GEN.135(c).

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**Recommendation(s):**

The Agency draws the aviation community's attention to information and guidelines provided by the WHO, ECDC, ICAO, International Air Transport Association (IATA) and Airports Council International (ACI). In particular, the WHO recommendations for public health authorities and the transport sector, including operational recommendations for the case of passengers presenting symptoms compatible with an acute respiratory infection.

Aircraft and aerodrome operators should provide information to crew members and aerodrome staff regarding the management of a case with acute respiratory infection on board an aircraft.

Aircraft operators should provide crew with a lay-over in the PRC with the necessary information and materials as recommended by the Chinese authorities for their local inhabitants.

Aircraft operators performing passenger flights to or from the affected countries (see Note 1 of this SIB) should be equipped with one or more Universal Precaution Kits (UPKs). Such kits may be used to protect crew members who are assisting potentially infectious cases of suspected communicable disease and in cleaning up and correctly discarding any potential infectious contents.

Note 1: Affected countries are considered the PRC and other countries where human-to-human transmission of the 2019-nCoV infection was confirmed without the history of travel to the PRC, in accordance with the latest [Situation Report](#) as published by WHO.

Aircraft operators should encourage their staff and crew members to identify passengers meeting the following criteria: having signs and symptoms indicative of acute respiratory infections, and having been in the PRC or in contact with people infected with 2019-nCoV or with people arriving from the PRC within 14 days prior to onset of symptoms. In the event of such a symptomatic passenger being identified, the crew should be encouraged to:

1. use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative;
2. ask the passengers to fill in the passenger locator card forms (PLC) in order to collect information regarding the passengers' position in the aircraft as well as other information regarding their immediate travel plans and contact details. The information is intended to be held by public health authorities in accordance with applicable law and is to be used only for authorized public health purposes. A PLC can be downloaded [here](#);

Note 2: For an aircraft where the deck is divided in sections using rigid separation walls, the priority is to collect the PLC from all the passengers sitting in the same section with the suspected case and from the ones using the same lavatory facilities that may have been used by the suspected case.

3. provide a medical face mask for the symptomatic passenger in order to reduce the risk of spreading the potential 2019-nCoV infection and try to minimize the contact between the

This is information only. Recommendations are not mandatory.



suspected passenger and cabin crew members and other passengers. If a face mask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing;

4. recommend to the passengers to self-report if feeling ill, and if they meet the criteria mentioned above; and
5. follow the basic principles to reduce the general risk of transmission of acute respiratory infections as presented by WHO in their [Travel Advice](#).

Aircraft operators and aerodrome operators should collaborate, as much as possible:

1. with the public health authorities in providing support in passenger tracing and epidemiological investigation in the event of flights where the 2019-nCoV infection has been confirmed. Additionally, aircraft operators and aerodrome operators are encouraged to establish contact with public health authorities prior to the existence of a suspected case.
2. to ensure passengers are not kept on board of an aircraft without proper ventilation longer than 30 minutes.

Aircraft operators and aerodrome operators should follow the specific guidelines provided by EASA partners for the event of suspected communicable disease. The links for specific guidelines can be found [here](#).

#### Contact(s):

For further information contact the EASA Programming and Continued Airworthiness Information Section, Certification Directorate, E-mail: [ADs@easa.europa.eu](mailto:ADs@easa.europa.eu).

