



EU HEALTHY GATEWAYS JOINT ACTION
GRANT AGREEMENT NUMBER: 801493
PREPAREDNESS AND ACTION AT POINTS OF ENTRY
(PORTS, AIRPORTS, GROUND CROSSINGS)



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Preliminary advice for preparedness and response to cases of COVID-19 at ground crossings (trains and rail stations) in the European Union (EU)/European Economic Area (EEA) Member States (MS)¹

Version 1

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Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

The following advice was produced considering current evidence, the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and the technical reports of the European Centre for Disease Prevention and Control (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) about COVID-19 (as of 3 March 2020).

1. Strengthening measures for detection of acute respiratory infection (ARI) due to COVID-19

Rail operators could consider as an option to perform pre-boarding screening measures for travellers with the purpose to deny boarding to, and ensure proper management by competent health authorities of, any traveller being identified as symptomatic and/or a close contact of a novel Coronavirus 2019 (COVID-19) case.

According to ECDC, close contacts are⁽¹⁾:

- A person living in the same household as a COVID-19 case
- A person having had direct physical contact with a COVID-19 case (e.g. shaking hands)
- A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)
- A person having had face-to-face contact with a COVID-19 case within 2 metres and > 15 minutes
- A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres
- A healthcare worker or other person providing direct care for a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case without recommended personal protective equipment (PPE) or with a possible breach of PPE
- A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts)

Other strategies could be applied at rail stations to avoid crowding of travellers at the station and on trains (e.g. encouraging internet booking by travellers, avoiding the practice of very late announcements of departure platforms).

EU MS are advised to establish communication links with rail operators at national, regional and local level. EU MS are further advised to inform rail operators (particularly with itineraries arriving, departing or passing through areas with presumed community transmission)² of the competent authority to contact and inform when identifying a traveller on board the train who fulfils the criteria of a suspect case.

According to ECDC, the [definition](#) of a suspect case requiring diagnostic testing is as follows: Patients with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) requiring hospitalisation or not, AND who in the 14 days prior to onset of symptoms have met at least one of the following epidemiological criteria: close contact with a

² Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.

confirmed or probable case of COVID-19 infection OR having stayed in areas with presumed community transmission.

One crew member on board the train should be trained to recognise the signs and symptoms of COVID-19 and to inform the competent authority at the terminal station about the presence of a suspect case on board the train, as described in paragraph 4.

2. Public Health Passenger Locator Form

Completion of the Public Health Passenger Locator Form (PLF) can be requested by rail operators if a traveller fulfilling the criteria of a suspect case of COVID-19 is identified on board. It is advised that rail operators request completion of the PLF from all travellers located in the same rail carriage as the suspect case.

However, if an initial risk assessment indicates a high risk of exposure outside the carriage (e.g. on long-distance trains the movement of passengers among carriages is common, for example to the restaurant carriage), rail operators can request the PLF from all travellers on board. After the completion of the PLF travellers can disembark and the completed PLF can be collected and delivered to the competent authority.

The PLF prepared for rail operators can be found in the Annex of this advice document. Electronic versions of the PLF, including mobile friendly applications could be used instead of paper versions.

The PLF can be completed in English or another language that persons of the authorities who will use the information collected with the PLF can understand.

3. Information strategies for prevention of acute respiratory infections at the point of entry

3.1 Health information to travellers arriving from or departing to affected areas

Information campaigns to raise awareness among passengers regarding symptoms and hygiene practices should include travellers in railway stations. Informative materials (leaflets, banners, posters, electronic slides, public announcements etc.) can be prepared and distributed to travellers arriving from or departing to affected areas.

The materials should include information about symptoms, personal protective measures (hand hygiene, respiratory etiquette, disposal of dirty tissues, use of medical masks etc.) and social distancing measures.

Also included in the informative material should be advice for:

- promptly seeking medical advice if relevant symptoms develop within 14 days after visiting affected area and inform the health care provider about their history of travel to affected areas;
- who to contact for medical advice (e.g. which telephone number to call);
- avoid close contact with live or dead farm or wild animals when visiting affected areas;

- special considerations for persons vulnerable to ARI complications.³

WHO advises the following for the general public:

- frequently clean hands by using soap and water or an alcohol-based hand rub;
- when coughing and sneezing cover mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands;
- avoid close contact with anyone who has fever and cough;
- seek medical care if persons develop fever, cough and difficulty breathing and share previous travel history with the health care provider⁽²⁾.

WHO infographics are available at the following link: <https://www.who.int/health-topics/Coronavirus>

The ECDC brochure providing advice for travellers is available at the following link: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

4. Education and raising awareness of personnel on board trains and at the stations

4.1 Raising awareness for detection of cases on board of trains

Rail operators should be informed and updated about the outbreak of COVID-19. Moreover, rail operators should provide training and guidance to their personnel for recognition of the signs and symptoms of acute respiratory infection (ARI): fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath or cough.

Personnel should be trained on the procedures to be followed when a traveller on board a train displays signs and symptoms indicative of ARI, for providing assistance and on the proper selection and use of PPE^(2,3).

One crew member on each train should be responsible to recognise symptoms, to provide assistance according to the procedures described in paragraph 5 and to inform the competent authority at the disembarkation station of the ill passenger.

Information about symptoms, prevention measures and what to do when symptomatic should be displayed at major station hubs.

4.2 Personal hygiene measures

Rail operators and rail station operators should provide training and guidance to their personnel (working on board trains as well as at stations) to reduce the general risk of ARI⁽³⁾:

- Avoidance of close contact (see paragraph 1) with people suffering from ARI
- Hand washing technique (use of soap and water, rubbing hands for at least 20 seconds etc.)

³ Preliminary information suggests that older adults and people with underlying health conditions may be at increased risk for severe disease from COVID-19: <https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

- When hand washing is essential (e.g. after assisting an ill traveller or after contact with their environment)
- When hand rubbing can be applied instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of respirators and medical masks (FFP2/FFP3 respirators, if available, for staff taking care of the suspect case and medical masks to be used – if tolerated – by the suspect case). If respirators are not available, the use of medical masks is recommended. When this type of PPE is used, the limitations and risks connected to its use should be assessed on a case-by-case basis.

5. Management of a suspect case on board

5.1. Supplies and equipment

Adequate supplies of PPE should be carried on board the train including:

- Medical masks and respirators (FFP2/FFP3)
- Gloves
- Supplies for hand hygiene (e.g. soap and alcohol-based solution (at least 60% ethanol) for hand rub)
- Tissues
- Biohazard bag or securable plastic bags for safe disposal of infectious waste

5.2. Separation

The standard procedures of the rail operator should be followed for travellers presenting respiratory symptoms.

Based on current evidence about COVID-19 and advice for the management of a suspect case on other means of transport (e.g. aircraft)⁽⁴⁾, it is advised if a traveller develops symptoms of ARI, efforts should be made to minimize contact between passengers and personnel with the ill traveller. If possible, the ill traveller should be separated from others (2 meters or 6 feet is ideal).

Use of a medical mask is recommended, if available and can be tolerated by the ill traveller. If a medical mask is not available or cannot be tolerated, the ill traveller should be asked to cover their mouth and nose with tissues when coughing or sneezing. A designated toilet should be provided for the use of the ill traveller only⁽⁵⁾. Ill travellers should also be provided biohazard bags/secured plastic bags for safe disposal of infectious waste (e.g. used medical masks and tissues).

5.3. Reporting of a suspect case and disembarkation

The rail operator should inform the competent authority at the station of arrival (terminal station or destination of traveller) about any suspect case of COVID-19 identified on board the train.

Disembarkation and transport to a health care facility of an ill traveller will be decided on a case-by-case basis. It is advised that the ill traveller should wear a medical mask during disembarkation, and wait at the station at a temporary isolation space until being transferred to a health care facility. If such a place is not available, then the ill traveller should wait at a place in the station separated from

others (2 meters). This will be decided by the competent authority based on a risk assessment and available capacities.

6. Cleaning, disinfection and waste management

Environmental persistence of SARS-CoV-2 is currently unknown. SARS-CoV may survive in the environment for several days. MERS-CoV may survive >48 hours at 20°C, 40% relative humidity comparable to an indoor environment, on plastic and metal surfaces^(6,7).

If a confirmed case of COVID-19 has travelled on board the train, the carriage should be cleaned and disinfected in accordance with the interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2, that can be found at: <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-environmental-cleaning-non-healthcare-facilities-exposed-2019>

Infectious waste (e.g. used medical masks and tissues) should be placed in biohazard bags and be disposed of safely as infectious waste according to the countries' rules for infectious waste management.

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The working group thanks the International Union of Railways (UIC) for its input on this advice document.

For any questions or support related to the points of entry, please email info@healthygateways.eu

Annex

Date of form completion: (yyyy/mm/dd)

2 0

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a train journey. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *~Thank you for helping us to protect your health.*

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

RAIL INFORMATION: 1. Rail Carrier & 2. Train Number 3. Carriage Number 4. Seat Number 5. Date of disembarkation (yyyy/mm/dd)

				2 0
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PERSONAL INFORMATION: 6. Last (Family) Name 7. First (Given) Name 8. Middle Initial 9. Your sex

				Male <input type="checkbox"/> Female <input type="checkbox"/>
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PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

10. Mobile 11. Business

12. Home 13. Other

14. Email address

PERMANENT ADDRESS: 15. Number and street (Separate number and street with blank box) 16. Apartment number

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17. City

18. State/Province

19. Country

20. ZIP/Postal code

TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the places where you will be staying.

21. Hotel name (if any) 22. Number and street (Separate number and street with blank box) 23. Apartment number

24. City

25. State/Province

26. Country

27. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

28. Last (Family) Name 29. First (Given) Name 30. City

31. Country 32. Email

33. Mobile phone

34. Other phone

35. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Cabin number	Age <18
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

36. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>



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References

1. European Centre for Disease Prevention and Control. Public health management of persons having had contact with cases of novel coronavirus in the European Union. Stockholm: ECDC, 2020 25 February 2020. Report No.
2. World Health Organization. Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV. 27 January 2020 2020 [27 January 2020]. Available from: <https://www.who.int/ith/2020-27-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>.
3. World Health Organization. WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China 2020 [updated 10 January 2020/1/2020]. Available from: https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/.
4. Centers for Disease Control and Prevention. Interim Recommendations for Airline Crew: Novel Coronavirus in China. Updated Jan 28, 2020: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ); 2020 [cited 2020 2 February 2020]. Available from: <https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>.
5. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT. Risk assessment guidelines for infectious diseases transmitted on aircraft. 2009.
6. van Doremalen N, Bushmaker T, Munster VJ. Stability of Middle East respiratory syndrome coronavirus (MERS-CoV) under different environmental conditions. Euro Surveill. 2013;18(38).
7. European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2. Stockholm: ECDC, 2020.