**INTERIM GUIDANCE
FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19
AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA
MEMBER STATES (MS)**

General guidance for restarting transportation activities to serve tourism after lifting restrictive measures in response to the COVID-19 pandemic

Version 1

15 May 2020

1. Introduction

This general guidance 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. The names and affiliations of the working group members who prepared this document are listed at the end of the document.

The working group produced the following guidance, considering the Communication issued by the Commission "A European roadmap to lifting coronavirus containment measures"[1], current evidence, the temporary recommendations from the World Health Organization (WHO) (https://www.who.int/emergencies/diseases/novel-coronavirus-2019)[2-24] and the technical reports of the European Centre for Disease Prevention and Control[25-42] (ECDC) (https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports) on COVID-19 (as of 05 May 2020). Furthermore, a cross-sectorial approach has been adopted when drafting these recommendations and inputs were provided by the different associations and EU agencies dealing with transport (notably the European Union Aviation Safety Agency (EASA) for the air sector[2]). Lastly, this guidance has been prepared considering the evidence currently available about SARS-CoV-2 transmission (human-to-human transmission via respiratory droplets or contact), and also contains some proactive guidelines considering the lack of evidence to exclude other transmission modes (airborne or after touching contaminated environmental surfaces). It should be noted that SARS-CoV-2 has been found in faecal samples without any further information on how this finding is implicated in the mode of transmission.

The guidance provided in this document is based on the current situation of the pandemic, and will be revised as needed after considering the epidemiological situation.

2. Purpose

The purpose of this document is to provide general guidance to EU/EEA MS about options for measures that could be considered to be applied to the transport sector for tourism after adapting to the context of both national and local frameworks. These options could become applicable after lifting the current restrictive measures implemented in response to the COVID-19 pandemic and in order to restart tourism.

Transportation serves tourism by carrying tourists to various destinations from a point A to B. This end–to-end chain encompasses a wide range of conveyances used for that purpose including airplanes, mini buses and other vehicles from and to airports, hotel shuttle buses, public urban buses, tourist buses, trains, metros, rental cars, scooters, ferry boats, cruise-ferries, water taxis, taxicabs or other non-private vehicles.

During the transportation process, public health risks for COVID-19 transmission exist not only on board the various conveyances, but also at the sites of embarkation and disembarkation. These sites

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[2] EASA, alongside the European Centre for Disease Prevention and Control (ECDC), is currently finalising guidance for the management of air travel passengers in relation to the SARS-CoV-2 pandemic

include airports, ports and marinas, bus and train stations, rental car offices, taxicab stands and others. A network of services are involved in the tourism and transport sector activities, and many different professions are employed to serve these sectors. It is crucial to restore safe and interoperable travel conditions for passengers across their end-to-end journey in a harmonised manner across European points of entry to restore safe transport conditions and public confidence.

The current guidance provides a list of measures to reduce the risk for COVID-19 transmission during transportation of tourists to and from the tourist destinations, as well as providing options for preparedness to respond to potential COVID-19 cases among tourists during transportation. A national strategy for tourism could find it more appropriate to consider transportation activities as an integral part of the tourism industry rather than a separate component. Tourists can move from one place to another as an organised group trip or individually. Efforts for exclusion, prevention and control of any potential COVID-19 case among tourists should cover the entire process, beginning at the time of booking and extending until tourists have returned back to their homes.

3. Options for measures to prevent COVID-19 infectious tourists from starting holidays

3.1. General principles

Each EU Member State could develop an exclusion policy with regards to transport and COVID-19 and inform the travelling public about the policy through their travel agents, travel companies, conveyance operators and other businesses operating in the tourism sector. This policy can exclude symptomatic or potentially exposed tourists from travelling. In this respect, any person experiencing symptoms compatible with COVID-19, or anyone who has been in contact with a confirmed case of COVID-19 (except when using appropriate personal protective equipment, PPE combined with other measures) would not be accepted on board conveyances and at tourist accommodation sites. If a country has decided to include any other pre-requisite such as laboratory testing (e.g. a molecular test before departure) as part of the exclusion policy for tourists, this should also be communicated to incoming tourists. EU MS when deciding about laboratory testing as a condition for travel should take into consideration the limitations, including the effectiveness, cost and the availability of tests. Molecular tests cannot detect incubating travellers, where it is still possible for infection to occur after the laboratory testing has been performed.

Restrictions or special measures to prevent potential exposure could be applied to tourists belonging to high risk groups. They could be advised to avoid remote destinations away from urban centres where health care capacities are not available or are basic, and where the transportation network is infrequent.

Conveyance operators and tour operators should provide all relevant information about the exclusion policy, as well as any pre-requisites and the country specific rules on their websites and in the electronic reservation systems, with the obligation to read the information in order to complete the reservation.

These materials should be available in the national language, English and, where needed, other languages based on the most common language profiles of the passengers using the respective conveyance.

In addition to the measures mentioned above, conveyance operators and tour operators should inform passengers in advance about the screening measures taken by their respective airports and airlines. This could include the following non-exclusive elements:

- The need to complete a pre-booking health questionnaire no longer than 6 hours before travel.
- Health screening measures that could exclude suspected cases from boarding the aircraft.

4. Preparedness for responding to COVID-19 events on board conveyances and at the transport hubs

4.1. General principles

4.1.1. Categorisation of tourist destinations based on response capacities

Each EU Member State may choose to categorise tourist destinations depending on the available capacity for providing health care and the ability for timely transfer of suspect cases to a medical facility. It should be ensured that any potential COVID-19 case among tourists can be transferred in a timely manner to an appropriate health care facility. This could be particularly challenging in remote tourist destinations including mainland, islands and especially for sailing boat tourism. All tourists and especially vulnerable groups should be informed about the risks arising from spending holidays in remote areas.

4.1.2. Information, education and communication

Communication strategy and training plans at transport hubs

A communication strategy developed by each transport hub or mode can be designed and implemented targeting the travelling public and the staff, defining the messages, the appropriate communication means and timing.

Each conveyance operator and transport hub should design a training plan for their employees. For example, a short webinar covering the topics listed in the following paragraphs could be among the obligations before re-starting operations after lifting the restrictive measures.

Staff of the transport sector

Transport companies should provide training and instructions to their staff regarding the recognition of the signs and symptoms of COVID-19. Attention should be given to staff well-being.

Transport staff should be reminded of the procedures that are to be followed when a passenger or a staff member displays signs and symptoms indicative of COVID-19 (to follow the contingency plan).

Staff should also be made aware about the rule that if a staff member develops symptoms compatible with COVID-19, they should not come to work. If symptoms develop while working the staff should immediately self-isolate and inform their designated supervisor/manager or medical staff if available. Symptoms should be reported for both themselves and other staff members or passengers, if noted.

Staff on board conveyances on international travel who will visit or stay in local areas at the various destinations should be informed in a timely manner about the national and local rules applied in regard to COVID-19.

Tourists

Travel companies and travel agencies should provide relevant pre-travel information linked to mitigating the COVID-19 pandemic to their customers, together with their travel package. In this context, information regarding the symptoms of COVID-19, the associated health risks especially for vulnerable groups and the importance of preventive measures should be provided together with bookings.

Companies and travel agencies should inform travellers that they may be refused from boarding conveyances, if they are ill or have been exposed to a COVID-19 confirmed patient according to the country's exclusion policy.

Content

Before travelling, information should be provided to passengers and transport staff members (e.g. electronic posters, recorded messages). The information should include:

- symptoms compatible with COVID-19, including sudden onset of at least one of the following: cough, fever, shortness of breath;
- likelihood of being denied boarding if they have developed symptoms or have been in contact during the last 14 days with a COVID-19 patient;
- health risks for vulnerable groups and the recommendation to avoid travel of all individuals belonging to those groups, e.g. people over 70 years of age or of any age with severe chronic diseases (cardiovascular disease, diabetes, respiratory diseases) and immunocompromised individuals;
- hygiene rules (hand washing with soap and water or hand hygiene with hand antiseptic, coughing and sneezing etiquette, disposal of dirty tissues, use of face masks, physical distancing, elimination of handshaking, avoiding touching the nose, eyes and mouth without previously washing hands[34] etc.);
- actions to take in case of relevant symptoms develop;
- rules and health measures implemented on board conveyances at the destination (e.g. use of face masks (community or medical mask if available), physical distancing, fines policy for non-compliance etc.);

- boarding screening measures where applied;
- need to immediately report to transport staff if they develop respiratory symptoms during travel;
- need to seek immediate medical care if developing fever, cough and difficulty breathing and sharing previous travel history with the health care provider.

As mentioned, travel companies and travel agents should provide clear information to travellers that boarding may be refused if they have been in contact with a confirmed case of COVID-19, or in case they do not respect the local measures in place for preventing transmission (e.g. use of face masks, physical distancing etc.).

All relevant information should be posted on the websites of companies and travel agents and in the electronic reservation systems, with the obligation to read them in order to complete the reservation.

4.1.3. Contingency planning

Operators of conveyances and transportation hubs should have in place written contingency plans for the prevention and control of suspect cases of COVID-19. For the implementation of the written plan, one named staff member should be appointed (with alternate) who will be defined in the written plan.

The contingency plan should include the following as applicable:

A. Preventive measures

- Personal hygiene rules
- Personal Protective Equipment (PPE) use
- Health monitoring of symptoms for transport staff and where applicable passengers and record keeping
- Procedures for responding to a suspect case (temporary isolation, arrangements for medical examination and laboratory testing)
- Standard Operating Procedures for cleaning and disinfection covering all types of surfaces and materials and defining the disinfectants and the methods to be used
- Standard Operating Procedures for laundry of linen and clothing
- Standard Operating Procedures for cleaning and disinfection of body fluid spills in the environment
- Food safety management
- Potable water safety management
- Recreational water safety management
- Ventilation of indoor areas
- Communication plan including reporting public health events to the competent authorities
- Data management of health or screening documents (e.g. Passenger Locator Forms, Maritime Declaration of Health)

B. Measures for the response and management of a suspect case

- Isolation/separation plan of the suspect case
- Collaboration with the national competent authorities for contact tracing and quarantine of cases
- Cleaning and disinfection procedures of contaminated spaces, objects and equipment (daily and final cleaning and disinfection)
- Communication strategy for contacting the contacts of a confirmed COVID-19 case among the travellers retrospectively

4.1.4. Supplies and equipment

Adequate medical supplies and equipment should be available on board conveyances and at the transport hubs to respond to a case or an outbreak. Adequate supplies of disinfectants and hand hygiene supplies should also be carried on board conveyances and also made available at the transport hub facilities. Supplies of PPE include gloves, long-sleeved impermeable gowns, goggles or face shields and medical masks.

Further details about supplies specific to COVID-19 can be found at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance (please see disease commodity package)

Further recommendations for the type of PPE required according to the job position and the setting can be found here:

https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_24_04_2020_F.pdf?ver=2020-04-27-141221-467

5. Options for measures to prevent COVID-19 infectious tourists from boarding conveyances

5.1. General principles

Exit screening measures aim at assessing the presence of symptoms and/or the exposure to COVID-19 of travellers departing from countries. Travellers identified as exposed to, or infected with COVID-19 will not be allowed to travel. Entry screening measures aim at assessing the presence of symptoms and/or the exposure to COVID-19 of arriving travellers. Travellers identified as exposed to or infected with COVID-19 will be isolated and treated or quarantined. Entry screening could be more valuable when the robustness of exit screening measures implementation is uncertain, and when the duration of time from departure until arrival is long.

Both exit and entry screening can identify symptomatic travellers and those who honestly declare their exposure. Screening measures will not identify mild symptoms, asymptomatic, incubating travellers or those concealing symptoms (e.g. antipyretics)[43-45]. Those travellers will not be detected and will enter the country. Entry screening is highly resource

demanding. Investing in screening measures reduces the resources from other effective measures[45,46].

The scientific evidence published reporting screening data implemented during past outbreaks demonstrates that entry screening is ineffective to detect infected incoming travellers[25,47]. According to unpublished data, from 24 January until 17 February 2020, 26 countries reported 362 imported COVID-19 cases. Airport screening contributed to the detection of 25 cases out of 274 cases (9.1%) with known detection place (the setting where the imported case was detected including airport, hospital, quarantine facility etc.) in countries that implemented airport screening.

Exit and entry screening measures are generally conducted as a two-step process: primary screening and secondary screening [48,49]. Primary screening includes an initial assessment by personnel, who may not necessarily have public health or medical training. Activities include visual observation of travellers for signs of the infectious disease and measurement of travellers' body temperature. This can be supported by completion of a questionnaire by travellers no more than 6 hours before departure asking for presence of symptoms and/or exposure to suspect cases. Electronic questionnaires where available would be preferable rather than hard copy questionnaires in order to minimise staff contact. Travellers who have signs or symptoms of the infectious disease, or have been potentially exposed to the infectious agent, should be referred to secondary screening. Secondary screening should be carried out by personnel with public health or medical training. It includes an in-depth interview, a focused medical and laboratory examination and a second temperature measurement[47].

Pre-boarding screening efforts could be implemented to assess incoming travellers for any symptoms or previous exposure to COVID-19. This could be implemented by the conveyance operator or by the local competent authorities. EU HEALTHY GATEWAYS has prepared the following advice for entry and exit screening: "Interim advice for preparedness and response to cases of 2019-nCoV acute respiratory disease at points of entry in the European Union (EU)/EEA Member States (MS). Exit and entry screening at points of entry (Version 1, 6 February 2020)", available from:

https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_2019_nCoV_EUMS_E-E_screening_6_2_2020_V1b.pdf?ver=2020-02-11-094124-737

A standard policy should exist about denying boarding to any exposed or symptomatic suspect case among passengers and crew. To encourage honest reporting of exposure and symptoms the ticket cancelation policy can provide the option for the use of tickets at a later date.

5.2. Options for sector-specific measures

5.2.1. Air transport sector

Despite limited effectiveness, health questionnaires and temperature screening should be considered as pre-boarding measures.

The decision about exit or entry screening should depend on countries' capacities, priorities and epidemiological situation at the places of departure and destination. An algorithm has been developed to help decision making which is available here: https://www.healthygateways.eu/Portals/0/plcdocs/15-Algorithm_EE_V4.pdf.

Decisions on exit or entry screening should be examined separately. Exit screening could be of some value especially to travellers leaving from an area in the phase of high community transmission (this would increase the positive predictive value of the screening method). Entry screening would be of limited value and would require availability of management plans, laboratory capacity and high staff resources.

Exit and entry screening of airline crew could be conducted as part of a strategy by the airline for continuing health monitoring.

5.2.2. Maritime transport sector

Pre-boarding screening efforts could be considered to assess incoming travellers for any symptoms or previous exposure to COVID-19 on vessels sailing on international or national voyages. The following pre-boarding screening measures could be considered: a) pre-boarding health questionnaire asking about symptoms and/or exposure and b) temperature screening. This could be implemented for large vessels with a long duration of voyage (several hours), including ferry boats and cruise-ferries for all crew and passengers. It could also be implemented for small sailing boats that are private or rented focusing on the incoming new crew members and less on passengers. If a questionnaire will be used to assess the presence of symptoms and previous exposure to the disease, this can be given at the time of booking and then delivered to the designated crew member while boarding (web-based completion of the questionnaire would be a preferable option).

5.2.3. Land transport sector

Visual checks for symptoms of travellers and completion of a health questionnaire before boarding could be considered for any type of ground transportation means.

Moreover, on buses or trains with a high capacity of travellers, it could be decided to implement temperature screening.

6. Measures for preventing and limiting transmission of COVID-19 on board conveyances and at transport hubs

6.1. General principles

6.1.1. Health monitoring

Continuing health monitoring for all staff working in the transport sector can allow for early detection of symptomatic COVID-19 cases. Daily temperature measurement and immediately reporting to supervisors any mild or severe symptoms compatible with COVID-19 is of high importance.

6.1.2. Protecting vulnerable groups

Efforts should be made to protect tourists and staff working in the transport sector that belong to vulnerable groups. For example, staff belonging to vulnerable groups could be assigned responsibilities that have no direct interaction with the travelling public if this is feasible.

Consideration should be given to passengers requiring assistance, unaccompanied minors, and those with reduced mobility. Tourist activities could be organised at different hours for vulnerable groups and for small numbers of people so as to limit interactions on board the means of transport.

6.1.3. Physical distancing

In addition to the use of face masks, physical distancing of at least 1.5 meters should be applied at waiting areas and during boarding at transport stations by adopting special marking and controlled entry measures.

Transport staff could oversee the process and compliance with the physical distancing measures.

Unnecessary movement of passengers on board conveyances should be avoided. For this reason, it is recommended that transport staff assist persons to their seats/cabins.

Special floor markings could be considered at all possible traveller congestion points, such as ticket offices, bars, restaurants, shops, and shared toilets to ensure physical distance is maintained.

If appropriate physical distancing cannot be guaranteed, the use of protective glass or plastic panels should be considered at places such as reception areas or at bars and restaurants.

6.1.4. Hand hygiene measures

Hand hygiene should be applied by passengers and transport staff with soap and water. If hands are not visibly soiled, an alternative antiseptic alcohol solution may be used. The use of gloves does not replace hand hygiene.

Stations with alcohol-based hand-rub solutions (containing at least 70% alcohol) should be available at all entrances of the conveyances and other areas such as toilets, check-in areas, bars and restaurants.

Transport companies should provide information to passengers and transport staff on hand hygiene related issues and where necessary the appropriate facilities and equipment[50]:

- Hand washing techniques (use of soap and water, rubbing hands for at least 20 seconds etc.)

- When hand washing is essential (e.g. before boarding and after disembarkation from conveyances, after assisting an ill traveller or after contact with environmental surfaces they may have contaminated etc.)
- When hand rubbing with an antiseptic can be used, instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Avoid touching with hands the eyes, nose or mouth
- Appropriate waste disposal
- Use of face masks and medical masks
- Avoiding close contact with people suffering from acute respiratory infections

6.1.5. Respiratory etiquette

Respiratory etiquette should be implemented: the nose and mouth should be covered with paper tissue when sneezing or coughing and then the tissue should be disposed of immediately in a plastic bag and an alcohol-based hand-rub solution should be applied. If paper tissues are not available, coughing or sneezing into the elbow is recommended. For this reason, it is important to have available in different areas around conveyances relevant supplies (e.g. tissues or paper towels and disposable gloves, plastic bags etc.).

Information about respiratory etiquette should be provided to passengers via recorded communications, leaflets, infographics, electronic posters etc.

6.1.6. Preventing droplet transmission by the use of face masks

Face masks (community masks) at the transport hubs and on board conveyances by transport staff and passengers should be used in addition to physical distancing measures. This should also be mandatory when entering indoor areas of transport hubs for passengers and staff. For countries that have chosen to implement such a policy, this should be communicated with the ticket booking.

Information about the correct use of face masks should be provided to passengers via audio messages, leaflets, infographics, electronic posters etc. Instructions on the proper use of face masks should be provided at the transport hubs. When using face masks, the following should also be applied: physical distancing of 1.5m, hand hygiene, respiratory etiquette, limiting direct contact with surfaces and avoiding touching the face and the mask.

There is advice available for using face masks in the community by ECDC here: https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission

and by EU HEALTHY GATEWAYS joint action here:

https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Travellers_17_04_2020_F.pdf?ver=2020-04-23-140238-597

6.1.7. Adequate ventilation

Conveyances should be adequately ventilated. Natural ventilation is preferable where possible. In case of mechanical ventilation, the number of air exchanges per hour should be increased with fresh air supply as much as possible.

6.1.8. Cleaning and disinfection

Cleaning and disinfection should take place according to the routine procedures and with increased frequency in the areas and on surfaces that are touched frequently by staff and travellers.

Airports, ports and stations of ground transportation, as well as the conveyance operators should have trained staff and written procedures in place to clean and disinfect areas and surfaces potentially contaminated with SARS-CoV-2.

6.1.9. Food safety rules

Food hygiene rules must be strictly followed. It is recommended to avoid having a self-service buffet. It is preferable that food be delivered by staff to customers in closed packages. Disposable cutlery, salt and pepper should be used. Trays, napkins, soft drinks, straws etc. should be handed over by the staff to the customers and the customers should not collect these items themselves. Physical distance should be maintained by travellers at food premises.

6.1.10. Reducing face-to-face interactions

On-line bookings, orders and purchases can be encouraged as well as the use of contactless cards for payments. Forms that need to be completed could be available on-line for electronic completion.

Where face-to-face interaction between staff and travellers cannot be avoided, protective screens can be placed where possible.

6.2. Options for sector-specific measures

6.2.1. Air transport sector

Physical distancing at airports

A multi-layered approach consistent with the principles of Safety Management Systems (SMS) should be adopted. An initial assessment should be made to identify the areas where travellers and/or staff could be in a close proximity and then policies developed to ensure physical distancing. These areas can include: check-in areas, security check area, passport control, gate lounges, boarding facilities (e.g. air bridges, buses and stairs), the corridors connecting the above areas and the corresponding lavatories, disembarking facilities (e.g. air bridges, buses and stairs), arrival halls, baggage claim areas, passport and custom control

areas where applicable and the corridors connecting the above areas, and the corresponding lavatories.

In this regard it is worth communicating measures applicable for two specific areas:

- o Main terminal: Only travellers are authorised within the terminal. Accompanying family or friends should stay inside their car in the parking lot or at both pick-up and drop-off stations (unless accompanying or picking up a passenger requiring assistance such as persons with reduced mobility / unaccompanied minors).
- o Pick-up and drop-off stations: Tourists should put their luggage themselves inside their car and leave as quickly as possible in order to prevent clusters of people. Car spacing could be envisaged to further reinforce this measure.

Reducing interactions before boarding

Passengers should be advised by the aerodrome operators to minimise the use of airport facilities and services (such as shops, cafeterias, restaurants, playgrounds, etc.) to satisfy their essential needs only.

Airport operators, in coordination with airlines, should put in place measures to protect passengers and staff, and advise passengers to use self-check-in procedures and minimise the amount of hand luggage in order to expedite the boarding and disembarking procedure. Operators should facilitate the carriage of luggage in the cargo compartments by implementing incentive policies.

Measures towards boarding

Where buses are used in the process of boarding, an increased quantity of buses should be provided to accommodate for the physical distancing inside them. Where boarding is performed using a boarding bridge, boarding by rows, starting with the furthest row from the entrance, should be considered.

Safety measures inside the plane

Airlines should give proper consideration to the operational recommendations and guidance detailed in the latest revision of EASA Safety Information Bulletin SIB 2020-02, the EASA Guidelines for management of crew members and the EASA Interim guidance on Aircraft Cleaning and Disinfection.

Passengers should be reminded that typically, medical face masks should be replaced after being worn for 4 hours, if not advised otherwise by the mask manufacturer, or when becoming wet or soiled, and that they should ensure a sufficient supply of masks adequate for the entire duration of their journey.

Aircraft operators should have on board a sufficient amount of face masks to be provided to the passengers, especially for the long haul flights when the need to change the masks may be advised by the public health authorities.

Airlines should provide health promotional materials explaining the other risk mitigation measures put in place, such as air filtration, ventilation and exchange, in order to reassure passengers.

Reducing food service and interactions on aircrafts

Aircraft operators should reduce on-board service to the minimum necessary in order to ensure minimum comfort and wellbeing standards for passengers and at the same time limit the contact between crew members and passengers. Among these measures the following should be considered:

- No duty free sales on board
- No lottery on board
- No alcoholic beverages
- For short haul flights only bottled/canned non-alcoholic drinks may be served
- For medium and long haul flights, in addition to bottled/canned non-alcoholic drinks, food service may be considered depending on the duration of the flight
- Payments that prolong the contact between travellers-staff should be avoided
- Limiting contact with cabin surfaces

Ventilation

The aircraft ventilation system should be in operation when crew or passengers are on board the aircraft but the use of individual air supply nozzles should be reduced to the extent possible.

6.2.2.Maritime transport sector

Physical distancing

Each port should conduct an initial assessment and identify the areas where travellers and staff queue and implement measures to ensure physical distancing. This should include outdoor sunshades where travellers gather during the summer months awaiting boarding.

Physical distancing measures should be implemented on board passenger ships. It should be considered to estimate the maximum number of passengers on board conveyances so as to be able to implement physical distancing measures on board. To ensure this distancing, rules could be made so that vessels can operate with reduced numbers of persons on board. For example, it can be recommended a percentage reduction of the maximum capacity to ensure physical distancing. This measure could be immediately after lifting restrictive measures. The capacity reduction should be re-assessed and re-considered based on the epidemiological situation at two-week intervals or on a monthly basis. Where there are permanent non-moving seats either indoors or outdoors, there should be special markings on where a passenger is and is not allowed to sit, in order to maintain physical distance.

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Cleaning and disinfection

EU HEALTHY GATEWAYS has produced suggested procedures for cleaning and disinfection of ships during the pandemic of COVID-19 (VERSION 2 - 20/04/2020), which can be found here: https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_21_4_2020_F.pdf?ver=2020-04-21-154731-953

This document includes advice about specifications for the training of cleaning staff and use of PPE, information about the cleaning equipment and materials to be used, and a summary of antimicrobial agents effective against coronaviruses. It further outlines suggested procedures for cleaning and disinfection for different areas of the ships.

Ventilation

All air handling units on board vessels should be adjusted to supply 100% outside air and no air recirculation should take place. If isolation rooms are available on board and whenever possible, isolation rooms with mechanical ventilation should have negative pressure with a minimum of 12 air changes per hour, while isolation rooms with natural ventilation should be supplied with at least 160 litres/second[4].

6.2.3.Land transport sector

Physical distancing measures should be considered to be implemented on ground transport conveyances. It should be considered to estimate the maximum number of passengers on board conveyances so as to be able to implement physical distancing measures on board. Rules can be made so that vehicles can operate with reduced numbers of persons on board to ensure physical distancing. Where there are permanent non-moving seats, there should be a special marking on where a passenger is and is not allowed to sit, in order to maintain physical distance.

Ventilation

Natural ventilation is preferable where possible. In case of mechanical ventilation, the number of air exchanges per hour should be increased with fresh air supply as much as possible.

7. Managing COVID-19 cases on board conveyances and at transport hubs

7.1. General principles

7.1.1.Isolation/separation of suspect case of COVID-19 and management of contacts

If a passenger or a member of the transport staff is identified as a suspect case for COVID-19 the contingency plan should be activated and the following should be implemented:

- Provide a medical mask for the patient to prevent further dispersal of droplets. In any case, the patient should cover their cough (e.g. with a tissue)[51].

- The ill traveller should be temporarily isolated/separated and a toilet must be designated for the ill traveller's use.
- The number of staff members who come in contact with the patient should be kept to a minimum. People who come in contact with the patient should wear appropriate PPE (e.g. gloves, a medical mask, a waterproof robe with long sleeves, goggles and leggings)[51]. In addition, care must be taken to maintain a distance of at least 1 meter.

WHO and ECDC have detailed guidance here:

- https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected
- https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-care-patients-2019-ncov-healthcare-settings.

Used PPE should be disposed of as soon as the staff caring for the ill traveller leaves the isolation room and should not be reused. After PPE removal, hand hygiene should be performed with soap and water.

A designated member of the staff should inform the passengers onboard the conveyance that a suspect case was detected. All passengers should be informed that they should: a) report to the transport staff if they have been in close contact with the suspect case with the use of a face mask and b) in case they develop any symptoms they should inform the public health authorities.

The management of the suspect case and its contacts will be done according to the competent authority instructions.

7.1.2. Recording of health incidents on board conveyances

Transport companies related to tourism should consider if not already implemented, to record in a medical book/ log any potential health incidents as well as the measures implemented.

7.1.3. Reporting

Transport companies related to tourism should inform the competent authorities in case there is a public health incident on board a conveyance. In case a suspect case of COVID-19 is detected on board a conveyance the competent authorities should be immediately notified. The operators of conveyances should know where to report a suspect case or any other danger to public health on board conveyances. Reporting to the competent authorities should be done as soon as possible so as to minimize the time the suspect case spends on board the conveyance.

7.2. Options for sector-specific measures

7.2.1.Air transport sector

Management of a suspect case

For the management of a suspect case on board an aircraft the European Union Aviation Safety Agency (EASA) Guidelines for Management of Crew Members and WHO interim guidance should be considered on operational considerations for managing COVID-19 cases or outbreak in aviation available here: https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf

If a traveller develops symptoms of acute respiratory infection or shows signs or symptoms compatible with a communicable disease, including COVID-19, the following should be applied:

- Separate the ill person from the other passengers by minimum of 1 meter (usually about two seats left empty in all directions, depending on the cabin design) from the seat occupied by the suspected case. Where possible this should be done by moving other passengers away.
- Ask the ill person to wear a medical mask and practice respiratory hygiene when coughing or sneezing. If the medical mask cannot be tolerated by the ill person, provide tissues to cover mouth; discard tissue immediately into a biohazard disposal waste bag carried in the Universal Precaution Kit. If no biohazard disposal waste bag is available, place it into an intact plastic bag, seal it, and consider it "biohazard" waste; wash hands with soap and water or alcohol-based hand rub.
- Designate one crew member to serve the ill person, preferably a crew member trained in infection prevention and control measures and not necessarily the crew member that has already been attending to this traveller.
- If possible, designate one toilet for use only by the ill person.
- When attending to an ill traveller coming from an area with local or community COVID-19 virus transmission who displays fever, persistent cough, or difficulty breathing, always use PPE (provided in the Universal Precaution Kit), including mask, eye protection, gloves, and a gown[51].
- Wear disposable gloves when tending to an ill traveller or touching body fluids or potentially contaminated objects and surfaces. Remove gloves carefully to avoid contaminating yourself, dispose of them and other disposable items that had contact with ill person in a biohazard bag and wash hands with soap and water or alcohol-based hand rub.
- Crew should make sure not to touch other service utensils or cutlery after tending to an ill traveller.
- Crew members should be provided with instructions for communicating with an ill person suspected of COVID-19. It is also important for crew members to be aware that it is okay to touch or comfort a suspected or a confirmed COVID-19 case on the condition that they are wearing appropriate PPE.

Additional guidance can be found in the EU HEALTHY GATEWAYS Advice for aircraft operators for preparedness and response to the outbreak of 2019-nCoV acute respiratory disease (VERSION 2 - 03/02/2020) available at: https://www.healthygateways.eu/Novel-coronavirus

Management of contacts

Management of contacts will take place according to the national policies. Advice for contact management can be found in the EU HEALTHY GATEWAYS Advice for aircraft operators for preparedness and response to the outbreak of 2019-nCoV acute respiratory disease (VERSION 2 - 03/02/2020) available at:

https://www.healthygateways.eu/Novel-coronavirus

Reporting

An EU MS can request the submission of the Health Part of the Aircraft General Declaration by aircrafts arriving from affected areas directly or the connected flights from affected areas, when there is a suspected case of infectious disease on board the aircraft (IHR 2005, Article 38)[52]. The Health Part of the Aircraft General Declaration can be downloaded at the following link: https://www.who.int/csr/ihr/Annex9_en.pdf

7.2.2.Maritime transport sector

Management of a suspect case

Following preliminary medical examination, if the ship's designated officer determines that there is a suspect case of COVID-19 on board, the patient should be isolated in an isolation ward, cabin, room or quarters and infection control measures should be continued until disembarkation and transfer of the patient to the hospital ashore.

Advice for management of suspect cases can be found in the EU HEALTHY GATEWAYS Interim advice for ship operators for preparedness and response to the outbreak of COVID-19, available at: https://www.healthygateways.eu/Novel-coronavirus

Management of contacts

Management of contacts will take place according to the national policies. Advice for management of contacts can be found in the EU HEALTHY GATEWAYS Interim advice for ship operators for preparedness and response to the outbreak of COVID-19, available at: https://www.healthygateways.eu/Novel-coronavirus

Disembarkation

As soon as a suspect case is detected on board a conveyance and for the duration of the journey until arrival at the final destination, new passengers should not be allowed to board at intermediate destinations, but disembarkation should be allowed.

The competent authorities at the destination will provide advice on the management of the suspect case and their contacts.

Reporting

In accordance with the International Health Regulations (2005), the officer in charge of the ship must immediately inform the competent authority at the next port of call about any suspect case of COVID-19[21].

For ships on international voyage, the Maritime Declaration of Health (MDH) should be completed and sent to the competent authority in accordance with the local requirements at the port of call.

Ship operators must facilitate application of health measures and provide all relevant public health information requested by the competent authority at the port. The officer in charge of the ship should immediately alert the competent authority at the next port of call regarding the suspect case to determine if the necessary capacity for transportation, isolation, laboratory diagnosis and care of the suspect case/cluster of cases of COVID-19 is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the medical status of the suspect case/cluster of cases of COVID-19. It is important that all arrangements are conducted as quickly as is feasible to minimise the stay of symptomatic suspect case/cases on board the ship.

7.2.3. Land transport sector

Management of a suspect case

It is advised if a traveller develops symptoms of COVID-19, efforts should be made to minimize contact between passengers and personnel with the ill person. If possible, the ill traveller should be separated from others (2 meters). The ill traveller should wear a medical mask[51]. 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.

Advice for management of suspect cases can be found in the EU HEALTHY GATEWAYS Interim advice for bus and train operators for preparedness and response to the outbreak of COVID-19, available at: https://www.healthygateways.eu/Novel-coronavirus

Management of contacts

Management of contacts will take place according to the national policies. Advice for management of contacts can be found in the EU HEALTHY GATEWAYS Interim advice for bus and train operators for preparedness and response to the outbreak of COVID-19, available at: https://www.healthygateways.eu/Novel-coronavirus

<u>Reporting</u>

The bus operator should inform the competent authority at the station of arrival about any suspect case of COVID-19 identified on board the bus.

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.

8. Responding to COVID-19 events related to the transport sector retrospectively

8.1. General principles

It should be considered to use Passenger Locator Forms to ensure that contact information of passengers is available, in order to facilitate contact tracing if a case of COVID-19 is detected. Passenger Locator Forms could be disseminated before boarding or during boarding and collected by transport staff before disembarkation. Electronic completion of Passenger Locator Forms before boarding could be used in the future.

The following are available from the EU HEALTHY GATEWAYS joint action website here: https://www.healthygateways.eu/Translated-Passenger-Locator-Forms

- Passenger Locator Form for airplanes[3] (the EU HEALTHY GATEWAYS joint action has gathered the Passenger Locator Forms (aircraft) in 17 different languages from the joint action consortium, as well as those posted in the CAPSCA website).

- Passenger/crew Locator Card for ships (in English and Greek)

- Passenger Locator Form for trains (in English)

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[3] EASA is currently working on a standardised electronic format for trial under an aviation pilot project

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

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