

COVID-19

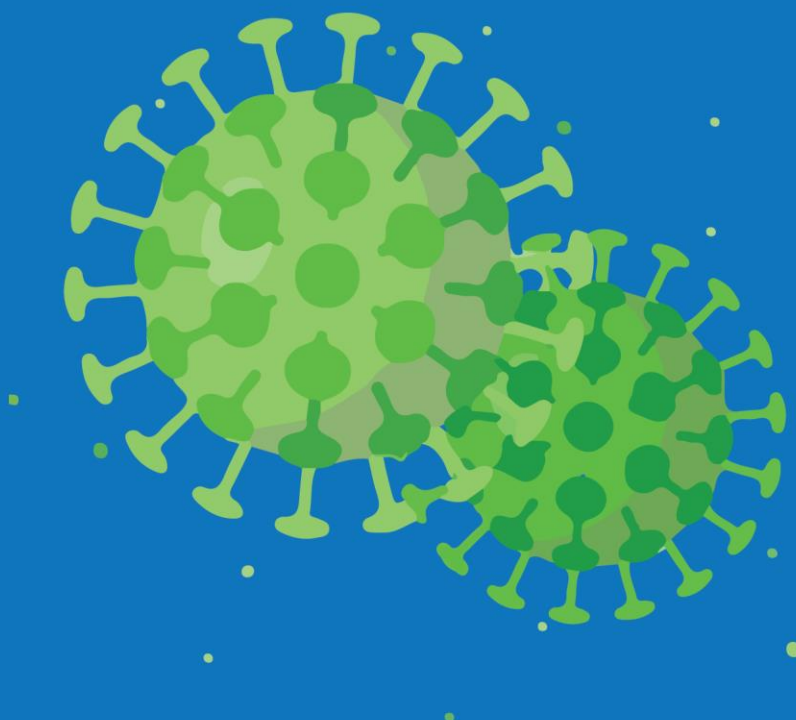
Disease caused by the SARS-CoV-2 virus

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COVID-19 Aviation Health Safety Protocol

Operational Guidelines for the management
of air passengers and aviation personnel
in relation to the COVID-19 pandemic



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Issue No: 03 — Issue date: 17/06/2021

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Glossary

Ab	Antibody
COVID-19	Coronavirus disease 2019
DCC	Digital COVID Certificate
DLCO	Carbon monoxide diffusing capacity
dPLF	Digital Passenger Locator Form
EASA	European Union Aviation Safety Agency
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area
EU	European Union
EU-OSHA	European Agency for Safety and Health at Work
FVC	Forced vital capacity
GAP index	Gender, Age and Physiology index
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
NCA	National Competent Authorities
NPI	Non-pharmaceutical interventions
PLF	Passenger Locator Form
PoE	Points of Entry
PPE	Personal protective equipment
PPV	Positive predictive value
RADT	Rapid Antigen Detection Test
RT-LAMP	Reverse transcription loop-mediated isothermal amplification
RT-PCR	Reverse transcription polymerase chain reaction
SARS-CoV-2	Severe acute respiratory syndrome corona virus 2
UPK	Universal Precaution Kits
WHO	World Health Organisation

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Executive summary

This document is intended to provide support to Member States' national authorities and aviation stakeholders to ensure, in a coordinated manner, the health and safety of passengers and the aviation personnel who serve them, by maintaining safe and secure operations whilst minimising the risk of SARS-CoV-2 transmission.

The document incorporates the latest scientific evidence and expert opinion from ECDC and EASA as well as the latest initiatives of the European Union, such as the EU Digital COVID Certificate (DCC) and the digital Passenger Locator Form (dPLF) and the Council Recommendations on international travel to the EU and intra-EU free movement.

The document presents recommended non-pharmaceutical interventions and other measures customised for each stage of the journey as well as risk-based recommendations for entry measures for the three categories of people:

- Persons fully vaccinated according to manufacturers' recommendations,
- Persons who recovered from COVID-19 within the previous 180 days,
- Persons who were not vaccinated and who did not recover from COVID-19 in the previous 180 days.

Countries should consider that vaccinated persons and persons who recovered from COVID-19 within the previous 180 days, who are not arriving from very high-risk countries or areas with community circulation of Variants of Concern (VOCs) and who can provide evidence of that by using the DCC, or for third country nationals by using similar means of certification, should not be subject to testing or quarantine. Exceptionally, for such passengers arriving from very high-risk countries or areas with community circulation of Variants of Concern (VOCs) Rapid Antigen Detection Test (RADT) testing could be considered before departure or upon arrival.

Verification of a proof of health or of a DCC, from a health safety perspective, is best organised arriving at the airport. If verification has been reliably completed prior to departure, repeated checking later on in the journey, including notably at arrival, serves little medical purpose, and could lead to unnecessary queuing.

For persons who are not vaccinated and/or who have not recovered from COVID-19 in the previous 180 days, a risk-based approach to entry measures should be considered based on the risk in the country of origin and the risk tolerance in the country of destination in accordance with the recommendations provided in Section 4 of the document.

These recommendations aim to ensure the health and safety of air passengers in a coordinated manner in order to avoid duplication and limit as much as possible queuing and the time spent by the passengers in travel (in the terminal building, aircraft or in-between). In this regard the document emphasises the use of 'one-stop' principles and the importance of a risk-based approach in accordance with safety management system principles. Member States should ensure that their travel-related measures are well and in time communicated and coordinated, and not imposed unilaterally in order to facilitate compliance by travellers.

It is expected that the preventive measures recommended in these operational guidelines can be gradually scaled back over time in line with a reduction of the risk level through the roll out of vaccination campaigns.

ECDC and EASA are constantly monitoring the epidemiological situation and will adjust the current recommendations as appropriate.

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1 Background

On 15 April 2020, the European Commission, in cooperation with the President of the European Council, put forward a [Joint European Roadmap](#) setting out recommendations on lifting COVID-19 containment measures. As called for in the Roadmap, on 13 May 2020 the European Commission put forward [further guidelines](#) on how to progressively restore transport services, connectivity, and free movement as soon as the health situation would allow it, whilst protecting the health of transport workers and passengers. The European Commission's Communication mandated the [European Union Aviation Safety Agency \(EASA\)](#) and the [European Centre for Disease Prevention and Control \(ECDC\)](#) to jointly issue more detailed technical operational guidelines for the aviation sector.

In line with this, EASA and ECDC have developed the "Aviation Health Safety Protocol - Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic" (AHSP) document, first published on the 20 May 2020 and updated on 30 June 2020. Its purpose is to serve as an Aviation Health Safety Protocol and to provide a source of best practice on how airport operators, aeroplane operators conducting commercial and non-commercial passenger transport operations (hereon referred to as 'aircraft operators'), and National Competent Authorities (NCAs) can ensure the health and safety of air passengers, as well as of the aviation personnel who serve them, by **maintaining safe and secure operations whilst minimising the risk of SARS-CoV-2 transmission**. The May 2020 protocol was intended to complement the advice of public health authorities and help employers in their duties under the relevant legislation on the [protection of workers' health and safety](#). Based on the recommendations of the AHSP, EASA developed an implementation monitoring programme which allowed aircraft and airport operators to voluntarily join and provide data regarding the implementation of recommended measures. At the same time EASA developed checklists and training materials to help NCAs to support the aviation industry with the proper implementation of the recommended measures.

On 13 October 2020, the Council of the European Union adopted [Recommendation 2020/1475](#)¹ on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic, aiming to avoid fragmentation and disruption, and to increase harmonisation, transparency and predictability for citizens and businesses. The Council Recommendation 2020/1475 was updated on 1 February 2021 by [Council Recommendation \(EU\) 2021/119](#)² and [Council Recommendation \(EU\) 2021/961](#)³ of 14 June 2021.

On 28 October 2020, the European Commission issued a [Communication on additional COVID-19 response measures](#), mandating EASA and ECDC to work on guidelines on testing in air travel which could be used by public health authorities, airlines and airports to help the safe arrival of passengers, along with a [Commission](#)

¹ Council of the European Union. Council Recommendation (EU) 2020/1475 of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic. Brussels: Council of the European Union; 2020. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1602661353609&uri=CELEX:32020H1475>

² Council of the European Union. Council Recommendation (EU) 2021/119 of 1 February 2021 amending Recommendation (EU) 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic. Brussels: Council of the European Union; 2021. Available from: <https://eurlex.europa.eu/legal-content/GA/TXT/?uri=CELEX:32021H0119>

³ Council of the European Union. Council Recommendation (EU) 2021/961 of 14 June 2021 amending Recommendation (EU) 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic. Brussels: Council of the European Union; 2021. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.LI.2021.213.01.0001.01.ENG&toc=OJ%3AL%3A2021%3A213%3ATOC>

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[Recommendation on COVID-19 testing strategies](#), including the use of rapid antigen tests. Consequently, on 2 December 2020, ECDC and EASA published the “*Guidelines for COVID-19 testing and quarantine of air travellers – Addendum to the Aviation Health Safety Protocol*” providing operational recommendations for Member States and the aviation industry in accordance with Council Recommendation 2020/1475 and the Commission [Communication on additional COVID-19 response measures](#).

On 1 February 2021, the Council Recommendation (EU) 2021/119 of 1 February 2021 amending Recommendation (EU) 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic was adopted. On March 12, ECDC issued [updated guidance on COVID-19 quarantine and testing of travellers](#)⁴ and on 10 June 2021 ECDC published the [Rapid Risk Assessment: Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update](#), with updated travel related measures⁵.

This new update of the EASA and ECDC operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic includes updated information on the testing and quarantine of air travellers, and incorporates recent evidence regarding the effectiveness of vaccination in preventing the transmission of SARS-CoV-2. The updated guidelines incorporate the principles of the [Commission Implementing Decision \(EU\) 2021/858](#) of 27 May 2021 amending Implementing Decision (EU) 2017/253 as regards alerts triggered by serious cross-border threats to health and for the contact tracing of passengers identified through Passenger Locator Forms.

From the beginning, it is important to stress that these operational guidelines reflect the current state of knowledge about the COVID-19 pandemic and of the effectiveness of the preventive measures being implemented. These operational guidelines and recommended measures will continue to be regularly evaluated and updated in line with better knowledge about the risks of transmission, as well as with the development of other diagnostic or preventive measures (including technological developments and the roll-out of COVID-19 vaccines) and according to the evolution of the pandemic⁶.

It is expected that the preventive measures recommended in these operational guidelines can be gradually scaled back over time in line with a reduction of the risk level through the roll out of vaccination campaigns.⁷ Furthermore, if additional and reliable mitigating measures become available, these should be considered as alternatives aiming to alleviate the burden on passengers and aviation personnel, whilst maintaining the appropriate level of health safety and considering the level of risk. A review of mitigating measures might

⁴ ECDC Guidance for COVID-19 quarantine and testing of travellers, available at: <https://www.ecdc.europa.eu/en/publications-data/guidance-covid-19-quarantine-and-testing-travellers>

⁵ ECDC Rapid Risk Assessment: Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update, available at: <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-sars-cov-2-circulation-variants-concern>

⁶ While decreasing trends in disease incidence are being observed in Europe overall (week 22/2021 - <https://www.ecdc.europa.eu/en/covid-19/surveillance/weekly-surveillance-report>), there is still community transmission reported in most EU/EEA countries, the UK and EU candidate and potential candidate countries. Some countries are experiencing resurgence of cases or large localised outbreaks. All countries are in the process of adjusting their containment measures and travel restrictions, which is expected to contribute to new cases, depending on continued compliance with physical distancing, respiratory and hand hygiene as well as the intensity of testing and contact tracing.

⁷ ECDC, COVID-19 vaccine tracker, at <https://gap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab> and COVID-19 Vaccine rollout overview, at: <https://www.ecdc.europa.eu/en/covid-19/vaccine-roll-out-overview>

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also be required should new variants of concern (VOCs) arise that demonstrate significant immune escape from the protective effects of available vaccines.

In the early phases of the pandemic, Member States, the aviation industry and passengers reported a lack of coordination and sudden changes of measures applied which had a very negative impact on air travel and made it extremely difficult to be compliant with all requirements. In this regard the recommendations included in this document follow the recommendations by the European Commission and the Council in facilitating a harmonised and coordinated approach to restoring safe travel of passengers and aviation personnel as well as minimising the risks of importation of SARS-CoV-2 through air travel.

These recommendations are intended primarily for use for international travel within the EU/EEA States, however, they could be extended to air travel to/from third countries using similar risk assessment criteria. In accordance with [Council Recommendation 2020/912](#)⁸ on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction, as last updated, where Member States accept proof of vaccination in order to waive restrictions to limit the spread of COVID-19, they should in principle lift the temporary restriction on non-essential travel to the EU with regard to travellers from third countries who have received the full recommended dosage schedule of one of the COVID-19 vaccines authorised in the EU pursuant to Regulation (EC) No 726/2004 at the latest 14 days before entering the EU/EEA area.

On 14 June 2021 the European Parliament and the Council adopted [Regulation \(EU\) 2021/953](#)¹⁰ on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic and [Regulation \(EU\) 2021/954](#)¹¹ on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic.

Preventive measures should be implemented in such a way as to consider both the actual risk factors and the practical need for risk-mitigating measures in different circumstances, such as, for example, for family members and individuals travelling together as part of the same household and not requiring physical distancing among themselves.

⁸ Council of the European Union. Council Recommendation (EU) 2020/912 of 30 June 2020 on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction. Brussels: Council of the European Union; 2021. Available from: <https://eur-lex.europa.eu/eli/reco/2020/912/oj>

⁹ Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L136, 30.04.2004, p. 1).

¹⁰ Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0953>

¹¹ Regulation (EU) 2021/954 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) with regard to third-country nationals legally staying or residing in the territories of Member States during the COVID-19 pandemic. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0954>

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At the time of drafting this update four SARS-CoV-2 vaccines have already been assessed by the European Medicines Agency (EMA) and approved for use in Europe¹². In other parts of the world other SARS-CoV-2 vaccines have been approved by regional or national authorities. Consequently, passengers traveling into Europe from other areas may have been vaccinated with other types of vaccines.

As no vaccine ensures 100% protection and the majority of the population has still not been vaccinated, the non-pharmaceutical interventions recommended by this document for implementation in airports and on board aircraft should still be strictly observed to minimise any residual risk of virus transmission during travel.

2 General considerations

The purpose of this COVID-19 Aviation Health Safety Protocol is to provide guidance to airport operators, aircraft operators, and NCAs, as well as other relevant authorities and stakeholders on how to facilitate the safe and gradual restoration of passenger air transport. This is subject to the deployment of proportionate and effective measures that reduce the risk of SARS-CoV-2 transmission at the airport and onboard aircraft, as much as possible, to protect the health of passengers and aviation personnel. The rollout of vaccination is a major step forward that has proven to considerably reduce severity of symptoms and transmission of SARS-CoV-2 among vaccinated persons. In this context, States could consider lifting temporary entry measures such as quarantine and testing requirements for vaccinated persons who are still in the protection interval of the vaccine and persons who recovered from COVID-19 within the previous 180 days and can demonstrate that with a EU Digital COVID Certificate (DCC). Other measures such as the wearing of face masks, hygiene measures and physical distancing should be maintained based on the principles described below, regardless of the vaccination status or recent test results. General advice regarding travel and mitigating measures may need to be amended should new VOCs arise that demonstrate significant immune escape from the protective effects of available vaccines.

The general situation regarding the COVID-19 pandemic, including the implemented containment measures, the potential risk of being exposed to infected individuals, and the need to deal with unfamiliar situations at the workplace, is likely to have a negative impact on the mental health and well-being of passengers and aviation personnel. In this context, airport and aircraft operators and, where applicable, other service providers/suppliers should promote aviation personnel's access to counselling and/or support programmes (where available), and make use of the guidance from the [World Health Organization](#), [EU-OSHA](#) and other reliable sources¹³.

In addition to these operational guidelines, both airport and aircraft operators should consider the operational recommendations included in the latest revision of EASA Safety Information Bulletin (SIB) [EASA SIB 2020-02](#) and [EASA SIB 2021-06](#). Aircraft operators involved in commercial, charter and corporate aviation should implement these as far as practicable.

In the context of these operational guidelines, NCAs, airport and aircraft operators and other aviation stakeholders should coordinate their actions with their local public health authorities and national facilitation

¹² COVID-19 Vaccines: Key Facts at: <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/vaccines-covid-19/covid-19-vaccines-key-facts>

¹³ <https://flightsafety.org/wp-content/uploads/2020/04/Guide-to-Wellbeing.pdf>

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committees, where available, to ensure effective risk mitigation and compliance with national public health requirements. Furthermore, they should coordinate with national health authorities to help procure appropriate quantities of personal protective equipment (PPE) and disinfectant substances.

NCA's are required to monitor the implementation of the recommended measures and provide assistance and advice where needed, especially in coordinating and harmonising implementation with other national entities.

EASA and ECDC are ready to assist NCA's to the extent feasible.

In the context of implementing aviation health safety measures, an increase in cases of unruly or disruptive passengers has been noted. This may be due to passengers not wishing to sit next to each other or accusing each other of not following the rules. Potential conflict should be managed in such a way as to avoid any negative impact on flight safety. In the worst case, panic could become a serious threat to flight safety — for example, if there are a significant number of displacements in the cabin. To address such potential situations, operators should consider and include the increased likelihood of these factors in their procedures and training.

General evidence-based principles

- Airport operators should appoint a coordinator to ensure the uniform application of preventive measures in order to ensure that the public health risks during this particular crisis are mitigated by all stakeholders providing services at the airport. The coordinator should be in direct contact with the airport public health authorities and the local (and/or national) public health authorities.
- Access to airport terminals should be limited to passengers, crew members and staff (airport and aircraft operators as well as other service providers/suppliers that are required to enter the terminal to perform their tasks) to the extent possible. Accompanying persons should access airport terminals only in special circumstances (e.g. when accompanying or picking up passenger that require assistance, such as persons with reduced mobility (PRM), unaccompanied minors, etc.).
- Risk communication messages should discourage persons with COVID-19 compatible symptoms from travelling or showing up for work.
- Airport operators should place emphasis on the following:
 - Implementing physical distancing between individuals who are not traveling together (at least 1 metre¹⁴) as the capacity of the airport allows and enhanced hygiene measures for passengers, crew members and staff, as well as enhanced facility cleaning. Similar measures should be implemented in General Aviation (GA) terminals.
 - Airport operators, in cooperation with aircraft operators and other aviation stakeholders, where applicable, are encouraged to take appropriate measures to prevent queues,

¹⁴ Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ, COVID-19 Systematic Urgent Review Group Effort (SURGE). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet*2020;395:1973-87. DOI:[https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9); [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31142-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31142-9.pdf)

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especially in known high passenger concentration areas, as much as practicable, in order to reduce the risk of infection posed by human interaction.

- Where possible, contact with and touching of surfaces should be minimised by encouraging/requesting the use of alternative electronic processes or means (e.g. mobile check-in, non-contact boarding).
 - The policy regarding non-essential airport services such as food and beverage services and areas should respect local provisions on similar services outside the airport, including physical-distancing measures. Where such services are not open, drinking water should be made available (e.g. through water fountains and/or vending machines) giving proper consideration to the enhanced cleaning and disinfection needed.
- Health safety promotion material should be widely available at airport premises¹⁵ (entrances, information screens, gates, lounges, etc.). Particular attention should be given to the areas expected to have a high concentration of passengers. Attention should be paid to the format of the health safety promotion material: pictograms are strongly recommended. This material should be available in the national language(s), in English and, where necessary, in other languages based on the most common language profiles of the passengers using the airport. Health safety promotion material¹⁶ should also be made available in the aircraft cabin according to the aircraft operators' policy, preferably through audio-visual material, or, only when non-physical means are not available, as leaflets in the seat pockets.
- With regard to COVID-19 vaccination, at the time of this update there were four SARS-CoV-2 vaccines which received the conditional marketing authorisation in Europe. Existing evidence shows that these vaccines are very effective in preventing severe disease and death and that the risk for severe breakthrough infection post vaccination is very low, while the risk for asymptomatic breakthrough infection is low.¹⁷ The duration of the immune response ensuring effective protection against SARS-CoV-2 infection is currently expected to be at least 6 months.
- Overall, the impact of developing severe COVID-19 in a fully vaccinated individual is likely to be very low, particularly in younger and middle-aged adults. In older adults, the impact of developing severe disease post vaccination may range from very low to moderate, depending on age but also modulated by underlying health conditions, gender, the presence of variants of concern, the vaccine received and the amount of time since vaccination¹⁸.
- Based on the existing evidence, the likelihood of an infected vaccinated person transmitting the disease is currently assessed to be from very low to low.¹⁸ Consequently, there is a very low risk that a

¹⁵ see Annex 2 'Health Safety Promotion Material' for communication guidance

¹⁶ EASA and ECDC have created sample health safety promotional material available to assist airport operators and aircraft operators in creating their own material

<https://www.easa.europa.eu/document-library/general-publications/easaecdc-process-passengers>

<https://www.ecdc.europa.eu/en/covid-19/facts/infographics>,

<https://www.ecdc.europa.eu/en/covid-19/facts/videos>

¹⁷ Risk of SARS-CoV-2 transmission from newly-infected individuals with documented previous infection or vaccination, at <https://www.ecdc.europa.eu/en/publications-data/sars-cov-2-transmission-newly-infected-individuals-previous-infection>

¹⁸ <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-benefits-full-vaccination-against-covid-19-transmission>

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person who completed the full recommended dosage schedule of vaccine between 2 weeks and 6 months before the flight is contagious at the time of the flight.

- Proper certification of vaccination, recovery or pre-departure testing is essential to ensure health safety of travellers. With the publication of the EU Digital COVID Certificate (DCC) Regulation¹⁹, the certification within Europe is expected to be harmonised. If an authority decides on the verification of a health proof certificate such as notably a DCC, from a medical perspective the best option is to do such verification prior to arriving at the airport. If verification has been reliably completed prior to departure, then there is very little medical reason for additional checks later on through the journey, which would constitute duplication. This is in particular the case for duplicative verifications at arrival, as such verification will create unnecessary queues. “One-stop” arrangements should be implemented as much as possible between authorities, airports and airlines.

3. Management of passengers

For reasons of clarity, this guidance on the management of passengers is presented in the following sequence:

- at all times,
- before arriving at the departure airport,
- at the airport,
- on-board the aircraft, and
- at the transit/arrival airport

As indicated, these proposed measures will be regularly evaluated and updated in line with new evidence on the risk of transmission, as well as with the development of other diagnostic or preventive measures.

¹⁹ Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021R0953>

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3.1 At all times

OBJECTIVE

To ensure that passengers arriving at the airport and boarding flights are aware of, and adhere to, the preventive measures put in place in order to ensure a safe and healthy environment for air travellers and aviation personnel at all times.

The use of medical face masks

The use of medical face masks²⁰ (hereafter referred to as ‘face masks’) should be strictly recommended for all passengers and persons at the airport and in the aircraft, from the moment they enter the terminal building at the departure airport until they exit the terminal building at the destination airport. Where States require the use of a respirator²¹, these requirements should be implemented by crew and staff members and the passengers should be informed accordingly. Where stricter requirements are not implemented the medical face masks should be considered the minimum standard required. An exemption to wearing a face mask can be made during security checks or identification control. Children under 5 years of age and persons that cannot wear a face mask due to medical reasons should be exempted, while for children 6 to 11 a risk assessment should be performed in accordance with [WHO Mask use in the context of COVID-19: interim guidance](#)²². Generally, medical reasons allowing exemptions in wearing a face mask should be documented in a medical certificate issued by an appropriate specialist and are usually limited to:

- Severe Restrictive Lung Disease with a forced vital capacity (FVC) threshold of 55% predicted and a D_{LCO} threshold of 40% or with a GAP index higher than 5.
- Mental or physical disabilities that would not allow the proper use of a face mask.

Passengers with such exemptions due to medical reasons should be required to undertake a SARS-CoV-2 reverse transcription polymerase chain reaction (RT-PCR) test within the 48 hours preceding the scheduled departure time and present the negative result at boarding in order to reduce the risk of being infectious during the flight. In this respect aircraft operators should provide clear information to all their passengers, and allow for flexibility in case of positive test results. For children below the age of 12 such COVID-19 testing is not required.

²⁰ A **medical face mask** (also known as a surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. They are used to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with the requirements defined in European Standard EN 14683:2019+AC:2019. **Non-medical face masks** (or ‘community’ masks) include various forms of self-made and commercially available masks, including re-usable face covers made of cloth, other textiles and other disposable materials. They are not standardised and are not intended for use in healthcare settings or by healthcare professionals. Non-medical face masks are in use and recommended in some EU/EEA countries. Limited indirect evidence from experimental studies has shown that non-medical face masks may decrease the release to the environment of respiratory droplets, although there was conflicting evidence about the relative efficiency of medical versus non-medical face masks.

²¹ A **respirator** (also known as a filtering face piece (FFP) mask or filtering half mask) is a device designed to protect the wearer from exposure to airborne contaminants (e.g. from inhaling dust or infectious particles). Requirements for respirators, including the intended duration of use, are specified in the European Committee for Standardization’s published standards, and respirators are classified as personal protective equipment. An N95/N99 respirator is the United States’ equivalent of FFP2/FFP3 respirators as defined by U.S. standard NIOSH 42 CFR, part 84.

²² World Health Organization. (2020). Mask use in the context of COVID-19: interim guidance, 1 December 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/337199>. License: CC BY-NC-SA 3.0 IGO

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Passengers should be reminded that, typically, face masks should be replaced after being worn continuously for 4 hours, unless otherwise advised by the face mask manufacturer, or when they become wet or soiled, and that they should ensure a sufficient supply of face masks for the entire duration of their journey.

Airport and aircraft operators should provide information regarding the proper use and removal of face masks and the appropriate way to dispose of them in their health safety promotion material. Additionally, airport operators should consider making face masks available at airports (e.g. through vending machines).

Passengers should be informed about the procedures for the safe and hygienic disposal of used face masks: no-touch bins should be available at the airport; aircraft washroom bins and waste bags should be available on board and during disembarkation. Although most medical masks contain plastic or plastic derivatives, airport and aircraft operators should encourage passengers to correctly dispose them by not putting them in a recycling bin as they cannot be recycled through conventional recycling facilities. Masks and other disposable PPE materials, such as gloves, must be disposed in the general waste and not in recycling bins. However, discarded PPE from passengers or crew that show symptoms should be handled as biohazardous waste and placed in sealable yellow medical waste bags.

Additional information regarding the use of face masks is available in ECDC's technical report '[Using face masks in the community — Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks](#)' and [ECDC Guidelines for the implementation of non-pharmaceutical interventions against COVID-19](#).

Other recommended non-pharmaceutical interventions

The use of face masks should be considered a complementary measure to physical distancing and other non-pharmaceutical interventions (NPIs). Passengers should be required to observe the following measures at all times unless otherwise advised by airport staff or aircrew members:

- Physical distancing of at least 1 metre between individuals not traveling together should be maintained, as much as possible, at the airport and taking into account potential capacity issues at terminals. For the supporting evidence regarding physical distancing, please see [ECDC Guidelines for the implementation of non-pharmaceutical interventions against COVID-19](#).
- Hand hygiene by meticulously washing their hands with soap and water or, where this is not available, using alcohol-based hand-sanitising solution.
- Respiratory etiquette by covering the mouth and nose with a paper towel or a flexed elbow when sneezing or coughing, even when wearing a face mask.
- Limiting direct contact (touch) with surfaces at the airport and in the aircraft to only when absolutely necessary.

Waste materials that were in direct contact with passengers, airport staff or aircrew members, including partially consumed meals, beverages and disposable items such as used paper towels and tissues should be treated as regular waste. PPE used while treating or supporting passengers or aircrew members should be

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treated in accordance with the applicable international guidance²³ or, where available, national guidance, giving proper consideration to cases where a symptomatic passenger, airport staff or aircrew member is present at the airport or on board the aircraft.

Information to passengers

Passengers should be regularly instructed via audio-visual messages, as well as other appropriate means, to adhere to the preventive measures in place at various areas in the airport and in the aircraft, and give proper consideration to the full range of preventive measures, irrespective of their vaccination status. They should also be advised of the consequences of not adhering to such measures.

Passengers who refuse to adhere to the preventive measures in place should be refused access to the airport's terminal building, to the aircraft cabin, or disembarked, if the event takes place before the aircraft doors are shut, and removed from the airport premises by the competent authorities according to national/local legislation. Furthermore, subject to national requirements, they may be subject to additional actions as determined by the local authorities at the departure airport.

If the event takes place in flight, the procedures relating to handling cases of unruly or disruptive passengers should be followed. If such incidents endanger the flight safety or the health of the other passengers and aircrew members, further action may be taken by the local authorities at the destination airport in line with national requirements.

Personal protective equipment and testing for crew members and staff

Airport and aircraft operators and service providers/suppliers should facilitate their employees' access to a COVID-19 vaccine according to the national plans and in addition, provide access to COVID-19 testing for their staff members who are not fully vaccinated or who are outside of the protection interval of the vaccine²⁴.

Airport operators, aircraft operators and service providers/suppliers should provide the necessary PPE to their staff members and ensure that they are trained in its appropriate use:

- Staff members who interact with passengers directly (e.g. cabin crew members, security check agents, assistants for passengers with reduced mobility, cleaning staff, etc.) should wear a medical face mask and their uniforms. Uniforms should be changed at regular frequent intervals. Staff should practice respiratory hygiene at all times and frequent hand hygiene either via appropriate hand washing or via applying alcohol-based hand disinfectant. The use of a protective gown or a one-use plastic apron can be considered for tasks that may expose staff to splashes. Security check agents performing body checks should wear single use gloves and face shields or suitable alternatives in addition to their

²³ <https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf>
<https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>
<https://www.iata.org/contentassets/df216feeb8bb4d52a3e16befe9671033/iata-guidance-cabin-operations-during-post-pandemic.pdf>

²⁴ Joint ECDC-EU-OSHA Technical Document: Considerations on the use of rapid antigen detection (including self-) tests for SARS-CoV-2 in occupational settings, at: <https://www.ecdc.europa.eu/en/publications-data/considerations-use-rapid-antigen-detection-including-self-tests-sars-cov-2>

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facemasks to mitigate the risk of mucosal contamination from droplets caused by their very close contact with passengers during body checks and should change their gloves after each passenger.

- *Note: Not all types of gloves can be disinfected with alcohol-based solutions. Some can deteriorate significantly, thus contributing to contamination. The disinfection of gloves is, therefore, not recommended. When gloves are worn by staff members, operators should remind them that wearing gloves does not protect against the spread of the virus and alert them to the possible false sense of security they may create if parallel measures are not scrupulously followed.*
- Flight crew members should wear a face mask whenever interacting with, or in the proximity of other persons. Once they are in the flight compartment and the door is closed, flight crew members may remove their masks subject to their operator's policy. If all flight crew members are vaccinated, wearing a facemask in the flight compartment is not needed. Furthermore, the flight crew members should remove their masks for emergency situations and whenever requested by appropriate authorities for official purposes such as identification or alcohol testing.
- Staff members who interact with passengers from behind a protection screen do not have to wear PPE at all times. If the protection screens need to have openings for handling documents, passengers should stand away from the counter unless handing in documents and luggage.
- Aircraft operators should have on board one or more Universal Precaution Kits (UPKs). Such kits should be used by crew members who are assisting passengers with COVID-19 compatible symptoms and in cleaning up and correctly discarding any potentially infectious contents.

Regardless of the use of PPE, respiratory and hand hygiene should be reinforced at all times.

Maintenance and repair work in public areas should be assessed in terms of their priority level and their schedule adjusted or possibly postponed if it is non-essential.

3.2. Before arriving at the airport

OBJECTIVE

To reduce the chance that any passenger with COVID-19-compatible symptoms ARRIVES at the airport.

To ensure that passengers arriving at the airport are aware of, and adhere to, the preventive measures put in place.

Information to passengers

Aircraft operators, in coordination with airport operators, should inform prospective passengers via health safety promotion activities of the travel restrictions for passengers who may be COVID-19 positive and/or who may have COVID-19-compatible symptoms before arriving at the departure airport. Information material should discourage individuals with COVID-19 compatible symptoms to go to the airport regardless of their vaccination status or whether they have recovered from COVID-19, unless they have a negative [RADT](#)

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or RT-PCR performed within the last 24 hours and should clearly state that self-administered tests are not acceptable.

If exit thermal screening at the destination airport is performed according to national regulations, aircraft operators should inform their passengers that symptomatic passengers identified at the airport by the national public health authorities may be refused permission to continue their journey. Aircraft operators are strongly advised to further encourage symptomatic passengers not to fly (e.g. by offering incentives such as cost-free rebooking or refund of the flight, if informed before departure of the suspicion of COVID-19 and on the basis of a doctor's certificate).

In coordination with airport operators, aircraft operators should inform their passengers that the use of face masks is strictly recommended at the airport and on board with the exceptions described in Section 3.1. Furthermore, they should inform their passengers about the expected duration of the preventive measures in place so they can plan for timely arrival at the airport. Whilst passengers should be informed of the time needed to complete the formalities at the airport, care should be taken to keep the time they spend at the airport to a minimum.

In order to reduce the number of people in the terminals, and consequently facilitate physical distancing, airport operators, in coordination with aircraft operators, should inform passengers prior to their arrival at the airport that access to terminals is restricted to passengers only, with the exceptions of those presented in Section 2 'General considerations'. Furthermore, airport operators should clearly signal the points beyond which any accompanying persons are not allowed to go.

In order to reduce contact with airport staff and infrastructure, aircraft operators in coordination with airport operators should encourage passengers as much as possible to complete the check-in process before arriving at the airport using online check-in, mobile or printed boarding pass and where possible off-airport baggage tagging.

Acknowledgment of COVID-19 policy

Passengers should receive information about COVID-19 symptoms and the risk of possible contact with COVID-19 cases and be requested to acknowledge reading this information and sign or electronically authenticate an acknowledgement (see Annex 1 for sample text). This should be done in advance of the flight, prior to the arrival at the airport by any means acceptable to the national authorities (e.g. during the online check-in process, by e-mail, etc.). Passengers should be made aware of the consequences of making a false statement.

Aircraft operators should make a similar declaration available to their aircrews in their health monitoring programme. Aircrew member(s) should be released immediately by the aircraft operator from their flying duties in case of any symptoms or any health-related issues without undue pressure or fear of

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sanctions/disciplinary measures. The management and processing of such declarations should comply with the applicable data protection rules, including the General Data Protection Regulation (GDPR)²⁵.

Vaccination

Aircraft and airport operators, either individually or via their representation bodies, and in coordination with the relevant public health authorities, should inform their staff members of the advantages of vaccination and encourage them as much as possible to take up SARS-CoV-2 vaccination in order to reduce the risk for them and for the people traveling who, for health reasons, may not be able to receive the vaccine. Nevertheless, as the vaccine cannot ensure 100% protection and as the majority of the global population is still not vaccinated, the preventive measures recommended in these operational guidelines should continue to be observed.

3.3 At the departure airport

OBJECTIVE

To reduce the residual risk of virus transmission from potential asymptomatic contagious passengers. To reduce the residual risk of a potentially infected passenger boarding an aircraft.

Cleaning and disinfection

Airport operators and, where applicable, service providers/suppliers, should enhance the cleaning of public areas in terms of depth and frequency, subject to flight schedules. Airport operators should put a procedure in place to ensure that cleaning and disinfection is performed in a consistent manner and follows the principles and the ECDC guidance²⁶ below:

- Regular cleaning should be performed using standard detergents, followed by disinfection of frequently touched surfaces (e.g. door handles, banister rails, buttons, washrooms, buses etc.), using an approved biocidal product.
- Studies have shown that plastic security-screening trays are frequently contaminated with respiratory viruses²⁷; therefore, their cleaning should be intensified and hand-disinfectant placed at the entry and exit of the security locations to encourage hand hygiene. Alternatively, single-use tray coverings may be used.
- Cleaning and disinfection activities should be performed in such a way as not to aerosolise the particles that have already set on the various surfaces (e.g. avoiding air-blowing procedures).

²⁵ Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016, p. 1) (<https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1591910535903&uri=CELEX:32016R0679>).

²⁶ ECDC, Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2 <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>

²⁷ Ikonen, N., et al., *Deposition of respiratory virus pathogens on frequently touched surfaces at airports*. BMC Infect Dis 18, 437 (2018). <https://doi.org/10.1186/s12879-018-3150-5>

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- Proper air ventilation should be ensured, minimising the percentage of air recirculation and favouring the use of fresh air when possible in accordance with the ECDC guidance for ventilation of indoor public spaces²⁸.
- Enhanced cleaning and maintenance should also include toilets, all frequently touched surfaces (e.g. self-service tools) and the air-conditioning system, including the employment of air filters and increasing the frequency of the filter replacement.
- Cleaning and disinfection of passenger interview booths (see ‘Thermal screening’ below) should be performed after each use of the booth.

The procedure should be updated in terms of process, schedule and products, when new information becomes available. Cleaning staff should be made aware of the updates to ensure the updated procedure is adhered to.

Furthermore, heating, ventilation and air conditioning (HVAC) systems should be optimised in order to ensure a high rate of air change. In older facilities, subject to airport/terminal construction and meteorological conditions, windows can be kept open for additional supply of fresh air, subject to the absence of horizontal airflows.

Aircraft operators should clean and disinfect their aircraft in accordance with the EASA Safety Directives [2020-03](#)²⁹ and [2020-04](#)³⁰, as applicable, and with the [EASA Guidance on Aircraft Cleaning and Disinfection in relation to the SARS-CoV-2 pandemic](#)³¹.

Protective screens

Where airport/aircraft operator staff interact with passengers from a fixed location, such as check-in counters, ticketing, passport control, and information desks, protective screens should be installed in such a way as to allow the handover of the documents required but protect staff from the respiratory droplets of passengers and vice versa. Protective screens and workspaces should be carefully cleaned at frequent intervals, with an emphasis at points when the operators change.

Testing

Where pre- or post-flight testing of travellers is considered, such testing activities should take into account the recommendations developed by ECDC and EASA in the section 4 below.

Thermal screening at the departure airport

If thermal screening (skin temperature check or camera) is recommended due to national response regulations or decisions, or by agreement with the destination State, the following points should be considered:

²⁸ ECDC, Heating, ventilation and air-conditioning systems in the context of COVID-19- 1st Update <https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

²⁹ <https://ad.easa.europa.eu/ad/SD-2020-03>

³⁰ <https://ad.easa.europa.eu/ad/SD-2020-04>

³¹ <https://www.easa.europa.eu/document-library/general-publications/guidance-aircraft-cleaning-and-disinfection>

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- National public health authorities, in coordination with the airport operators, should develop a protocol for thermal screening and identify the required staff and resources to perform it. Staff performing manual checks, for example, as part of a verification procedure, should wear the appropriate PPE.
- Departing passengers entering the terminal should be subjected to thermal screening as soon as they enter the airport, in order to ensure the amount of interaction and time spent by potential suspected cases inside the terminal is reduced to a minimum.
- Airport operators should identify the best location for the thermal screening, ideally before check-in and baggage drop-off.
- Thermal screening should be performed by a validated non-invasive method. The process should aim to identify passengers with skin temperature of 38 °C or higher unless otherwise specified by the national public health authorities. For passengers with elevated skin temperature, the thermal screening should be repeated at least once for confirmation purposes. Passengers with elevated skin temperature should be referred to secondary assessment by a health professional or follow the agreed screening protocol.³²
- Due to intensive use, equipment (e.g. ear or other type of thermometers or thermal scanners) should be regularly recalibrated in accordance with the manufacturer's instructions or at even shorter intervals.
- Airport operators should ensure the installation of separate interview booths for the secondary health assessment. These interview booths should ensure privacy and prevent viral transmission to individuals in the neighbouring interview booths. The booths should be disinfected after each use.

Thermal screening has many limitations and evidence gathered so far shows a very low effectiveness in detecting COVID-19 cases:

- A large percentage of the COVID-19 transmission occurs through pre-symptomatic or asymptomatic cases. Additionally, many symptomatic persons do not develop fever;
- Fever can easily be reduced with medication; and
- Thermal screening may give a false sense of safety with a negative effect on compliance with other preventive measures.

Furthermore, its implementation requires public health resources that could be invested in other measures. Further considerations regarding the scientific evidence for thermal screening may be found in [ECDC Considerations relating to passenger locator data, entry and exit screening and health declarations in the context of COVID-19 in the EU/EEA and the UK](#).

³² ECDC, Considerations relating to passenger locator data, entry and exit screening and health declarations in the context of COVID-19 in the EU/EEA and the UK <https://www.ecdc.europa.eu/en/publications-data/passenger-locator-data-entry-exit-screening-health-declaration>

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Exemptions

Passengers and crew members that can demonstrate they have received the required dose(s) of vaccine at the appropriate interval should be exempted from entry restrictions for the duration of the protective effect of the vaccine, depending on the epidemiological situation as regards VOCs.

Passengers and crew members that have been suitably vaccinated and are in the period of protection offered by the respective vaccination or have recovered from the disease in the previous 180 days should be exempted from any exit/entry measures such as quarantine, pre- or post-flight testing or thermal screening (when done individually), except where emergency measures have been decided for passengers/crew coming from areas with high circulation of (a) VOC which are not responsive to existing antibodies following vaccination or natural infection.

Check-in and boarding

Passengers should be advised/reminded by airport operators, in coordination with the aircraft operators, to adhere to the applicable preventive measures described in Section 3.1.

Passengers should be advised by airport operators to make use of their facilities and services in line with the national provisions for similar services provided outside the airport. Services for which the preventive measures mentioned in these guidelines cannot be implemented should not be made available to passengers (e.g. smoking areas, playgrounds).

Whenever possible inside the terminal, priority should be given to self-services (e.g. boarding pass, baggage tag kiosks, baggage drop, automatic boarding pass scanners, and passport control). Aircraft operators, in coordination with airport operators, should put measures in place to assist passengers in using self-check-in procedures, in order to expedite the boarding and disembarking process.

Aircraft operators and airport operators should cooperate to ensure that physical distancing is observed, wherever feasible, especially during check-in, security checks, pre-boarding and boarding. When the recommended physical distance is not possible, due to infrastructure or operational constraints, the aircraft operators and airport operators should implement and encourage adherence to additional risk-mitigating measures such as hand hygiene, respiratory etiquette, use of medical face masks, enhanced boarding procedures, additional buses for boarding, etc. Airport operators, as far as practicable, should also mark opposite flows and encourage passengers to comply with signage. This could be achieved through floor markings, stanchions, or direction signs, as well as announcements. As regards access to the airport toilets, the principles of physical distancing and reinforced cleaning should be considered and respected.

Before boarding, passengers should be reminded to ensure a sufficient supply of medical face masks for the entire duration of their journey. Aircraft operators and airport operators should also consider making face masks available (e.g. vending machines, airport retail outlets, etc.).

Aircraft operators, in coordination with the airport operators and the relevant service providers/suppliers, should ensure efficient boarding processes, limiting boarding time and facilitating physical distancing resulting in a lower risk of close contact. When buses are used for the boarding process, an increased number of buses should be considered in order to accommodate passenger physical distancing inside them and the amount of waiting time in the bus should be kept to the minimum needed for operational reasons. When

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boarding the aircraft through an air bridge or by walking to parked aircraft on the apron, enhanced boarding procedures that would ensure physical distancing to the maximum extent possible and prevent queuing should be considered such as boarding by rows starting with the furthest row from the aircraft doors used in the embarkation process or where both front and aft doors are used for boarding the embarkation process should start with the seats in the middle of the aircraft as defined by the aircraft operator and working their way towards the seats closest to the respective doors. Alternatively, other boarding procedures could be considered, for example boarding first all window seats, then middle seats, followed by aisle seats. If the embarkation and disembarkation procedures are adapted, the aircraft operator should give proper consideration to the possible adverse effect on the aircraft balance in order to avoid an increase of aircraft tail tipping risk.

All facilities, and particularly the frequently touched surfaces like handrails, used in the boarding process should be frequently cleaned and disinfected as described in the Section above on *Cleaning and disinfection*.

3.4 Onboard the aircraft

OBJECTIVE

To reduce the residual risk of virus transmission in an aircraft, in the event an (a)symptomatic passenger is onboard.

The risk of in-flight transmission of SARS-CoV-2 has been debated since the start of the COVID-19 pandemic. However, evidence from contact tracing studies with concomitant genotyping of the virus isolates have established that, although the risk is very low, transmission during a flight cannot be excluded.^{33,34,35} Factors that should be considered when assessing this risk include the following:

- the duration of flight (longer flights (usually ≥ 5 hrs)) are more of concern due to prolonged stay in the same space, multiple meals offered, and passengers' need to move around for wellbeing, etc.
- the number of index COVID-19 case(s) on the flight (more positive cases pose a higher risk),
- if the COVID-19 case(s) was symptomatic during the flight, particularly coughing (higher risk as more infectious droplets and aerosol would be generated),
- vaccination status of the case(s) and contacts: in the current epidemiological situation, full vaccination with the recommended schedule of doses of a COVID-19 vaccine more than 14 days prior to the flight indicates a high probability of sufficient protection against infection (<1% positivity in

³³ Freedman et al, In-flight transmission of SARS-CoV-2: a review of the attack rates and available data on the efficacy of face masks, Journal of Travel Medicine, taaa178, <https://doi.org/10.1093/jtm/taaa178>

³⁴ Murphy et al, A large national outbreak of COVID-19 linked to air travel, Ireland, summer 2020 Euro Surveill. 2020 Oct;25(42). <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.42.2001624>

³⁵ Swade et al, A case study of extended in-flight transmission of SARS2 CoV-2 en route to Aotearoa New Zealand. Institute of Environmental Science and Research. Preprint posted on 19.11.2020. Available from https://research.esr.cri.nz/articles/preprint/A_case_study_of_extended_in-flight_transmission_of_SARS-CoV-2_en_route_to_Aotearoa_New_Zealand/13257914

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relevant studies in vaccinated travellers)³⁶, and in the instance of infection in a vaccinated case this is associated with a decreased risk of transmission of SARS-CoV-2,

- if >1 new case(s) are detected from the same flight, then tracing the whole flight should be considered,
- any information on variants of concern (VOCs) at the place of origin of the passengers or genotyping from the case already diagnosed, certain variants are more transmissible and others escape immunity.
- compliance with advised non-pharmaceutical intervention (NPI) measures such as the face mask recommendation throughout the trip (if good compliance is reported then the risk of transmission is further reduced).

The following guidance addresses the risk factors above to minimise the risk of transmission during a flight.

All passengers

Aircraft operators should provide guidance material to their passengers regarding the application of the preventive measures on board, including:

- hand hygiene, particularly before eating or drinking and after using the lavatory;
- appropriate use of face masks;
- respiratory etiquette;
- limiting contact with cabin surfaces;
- reduced in-flight service;
- reducing the use of the individual air-supply nozzles to the maximum extent possible, unless otherwise recommended by the aircraft manufacturer.

In their cabin safety demonstration, aircraft operators should include that, in case of emergency, passengers should remove their face masks before using the cabin oxygen masks. Furthermore, aircraft operators should instruct their aircrew to remove their protective face masks in case of emergency, in order to facilitate the communication of instructions to passengers.

Aircraft operators should regularly inform their passengers that they should wear face masks during the entire flight and until they exit the destination airport, and that they should not remove their face masks unless necessary. The medical face mask should be close to the face, covering the nose and mouth completely. When the face mask is on or being removed, the outer layer of the face mask must not be touched to avoid hand contamination. Furthermore, aircraft operators should inform passengers that face masks should be properly disposed of and not be thrown on the cabin floor or placed on the seat covers.

³⁶ Bertollini R et al, Associations of Vaccination and of Prior Infection With Positive PCR Test Results for SARS-CoV-2 in Airline Passengers Arriving in Qatar, JAMA, 2021 June 9, doi:10.1001/jama.2021.9970

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Should oxygen-dispensing equipment (i.e. therapeutic oxygen, drop-down oxygen masks and quick donning masks) be used during the flight, this should be thoroughly disinfected afterwards.

Aircraft operators should put measures in place to prevent passengers from queuing in the aisle or the galleys for use of the lavatories. Furthermore, provided there is a sufficient number of lavatories in the forward cabin, the aircraft operators should reserve a lavatory, preferably the closest one to the flight crew compartment, for aircrew use only.

High-efficiency particulate air (HEPA) filters securely retain particles, SARS-CoV-2 containing droplets and droplet nuclei or aerosol, which are much smaller in size than SARS-CoV-2 containing droplets. Aircraft operators that use cabin air recirculation in their aircraft are recommended to either install, use and maintain HEPA filters, according to the aircraft manufacturer's specifications, or to avoid the use of cabin air recirculation entirely, provided it is confirmed that this will not compromise any safety-critical functions (e.g. avionics cooling, cabin pressurisation, etc.).

If the aircraft has an option for high flow operation, the original equipment manufacturer (OEM) should be contacted for setting recommendations. If the aircraft in-flight operating procedure calls for packs to be off for take-off, the packs should be switched back on as soon as thrust performance allows³⁷.

Aircraft operators should consider reviewing their procedures for the use of recirculation fans in air-conditioning systems based on the information provided by the aircraft manufacturer or, if not available, by seeking advice from the manufacturer in order to achieve the objectives stated above. Given the importance of minimising virus transmission in order for air travel to remain a safe and reliable means of transport, operators are recommended to dispatch aircraft from their main bases only when all packs are serviceable and with air recirculation fans serviceable. Procedures should be in place for a best-case configuration in the event of unserviceability after dispatch.

Aircraft and airport operators should collaborate to ensure that passengers are not kept on board an aircraft without proper ventilation for longer than 30 minutes. In order to enhance the cabin air quality, it is recommended to use all packs and the Auxiliary Power Unit (APU) Bleed or Ground Air Conditioning Unit, depending on aircraft configuration and only in accordance with applicable procedures such as APU restrictions. Proper consideration should be given to the fact that external Pre-Conditioned Air (PCA) is treated the same way in the aircraft as aircraft APU air. External air sources are identically processed and the recirculated portion is filtered through a HEPA filter if the aircraft is equipped with such a system.

Aircraft operators should reduce in-flight services to the minimum necessary to ensure passenger comfort and well-being and limit contact between cabin crew members and passengers, giving proper consideration to the duration of the flight. Among these measures, the following should be considered:

- No duty free or other non-essential product sales on board.
- Reduce food and beverage service to the minimum necessary to ensure the wellbeing of passengers.
- Where food and beverage service is being offered, pre-packed and sealed food and drink products, such as canned drinks, are the preferred option. Furthermore, aircraft operators should put

³⁷ <https://www.icao.int/covid/cart/Pages/Aircraft-Module---Air-System-Operations.aspx>

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appropriate mitigating measures in place to encourage their passengers when sitting next to each other not to remove their face masks at the same time to eat or drink. Moreover, aircraft operators should consider in their risk assessment the effects of the use of alcohol in terms of compliance with the onboard recommendations and differences in the way alcohol is consumed in comparison with how non-alcoholic drinks are consumed.

- Wherever possible, payment involving touch or contact, such as cash payments, should be avoided to mitigate the potential transmission risk between cabin crew members and passengers.

Passengers should be reminded to remain seated in their allocated seat with their seat belt fastened as much as possible.

In addition to the health and hygiene measures described above, when allowed by passenger load, cabin configuration, and aircraft mass and balance requirements, aircraft operators should ensure, to the extent possible, physical distancing among passengers is maximised particularly in longer flights (duration \geq 5 hours). Family members and individuals travelling together as part of the same household can be seated next to each other. The seat allocation process should be modified accordingly.

Regardless of whether physical distancing can or cannot be guaranteed due to passenger load, cabin configuration or other operational constraints, passengers and aircrew members on board an aircraft should observe the other preventive measures at all times, including strict hand hygiene and respiratory etiquette, reduced on-board service and proper wearing of face masks.

Although passengers should have already been reminded to have a sufficient supply of face masks for the entire duration of their journey, aircraft operators should have a sufficient number of medical face masks on board to provide to passengers, especially for long-haul flights where the need to replace them may be advised by national public health authorities. A safe face mask disposal process should be put in place in accordance with the principle mentioned in Section 3.1.

Aircraft operators, either individually or via their representation bodies, should provide health safety promotion material in advance as well as on board, explaining all the risk-mitigating measures put in place to prevent transmission, such as the use of face masks, hygiene measures, reduced in-flight services, air filtration, ventilation and exchange, to reassure passengers and increase their adherence to the implemented measures. In this context, aircraft operators should consider the operational recommendations and guidance detailed in the latest revision of EASA [SIB 2020-02](#), the EASA [Guidance on Management of Crew Members in relation to the SARS-CoV-2 pandemic](#), and the EASA [Guidance on Aircraft Cleaning and Disinfection in relation to the SARS-CoV-2 pandemics](#).

Special attention needs to be given to the management of unruly or disruptive passengers in the context of the psychological pressure caused by the pandemic. Multi-layered actions should be considered, starting with passenger information and preparation about the measures in place, and giving attention to the procedures and aircrew actions that are necessary to mitigate such risk.

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Passengers with COVID-19 compatible symptoms

If, after take-off, a passenger shows symptoms that are compatible with COVID-19, such as fever, persistent cough, difficulty breathing or other flu-like symptoms, the following measures should be considered:

- The cabin crew should make sure that the passenger is wearing a face mask properly and has additional face masks available to replace the one being used in case it becomes wet after coughing or sneezing. If a face mask cannot be tolerated, the symptomatic passenger(s) should be instructed to cover mouth and nose with tissues when coughing or sneezing. If the passenger is having difficulty in breathing, medical assistance should be sought and oxygen offered.
- The passenger should be isolated on-board. Depending on the cabin configuration of the aircraft, the actual occupancy and distribution of passengers, the position of the symptomatic passenger, and to the extent that is practicable:
 - an isolation area should be defined, leaving, if possible, two (2) rows of seats unoccupied in each direction around the symptomatic passenger;
 - where an isolation area can be physically separated from the rest of the cabin, only the respective row should remain unoccupied to allow for the separations system to be installed. Such physical isolation booth should be transparent to allow observation of the passenger's health status, should be separated from the rest of the cabin and should comply with all aviation emergency requirements, including emergency evacuation and use of emergency oxygen.
 - taking into consideration all the factors, where possible, the symptomatic passenger should be seated in the last row window seat, preferably on the side of the aircraft where the outflow valve is. The principle applies also when an isolation area can be physically separated from the rest of the cabin;
 - where possible, the lavatory closest to the symptomatic passenger should be specifically designated for that passenger and should not be used by the rest of the passengers or the cabin crew from that moment on;
 - depending on the composition of the cabin crew, the Senior Cabin Crew member should designate certain cabin crew member(s) to provide the necessary in-flight service to the isolation area(s). This (these) cabin crew member(s) should be the one(s) that had previously been in close contact with the symptomatic passenger. The designated cabin crew member(s) should use the PPE that is available in the aircraft's universal precaution kit (UPK). The designated cabin crew member(s) should minimise any non-essential close contact with the other cabin crew members and avoid unnecessary contact with the passengers.
- Where possible, the individual air-supply nozzle for the symptomatic passenger should be turned off in order to limit the potential spread of respiratory droplets and aerosol. Where an isolation area can be physically separated from the rest of the cabin, the air-supply nozzles may be used in accordance with the instructions of the aircraft manufacturer.

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- If the symptomatic passenger is accompanied, their companion(s) should be also confined in the isolation area, even if they do not exhibit any symptoms.
- The flight crew should inform the destination airport via the air traffic control system and follow their instructions, and complete the health part of the aircraft general declaration to register the information regarding the health related situation on board and submit it to the point-of-entry (PoE) health authorities when required by a State's representative.
- After the aircraft has landed and all the other passengers have disembarked, the isolated symptomatic passenger, and where applicable their companion(s), should be disembarked and managed in accordance with the instructions provided by the local public health authorities.
- Passengers who were seated in the same section of aircraft with the suspected case, as defined by seat configuration, are considered close contacts of the suspected COVID-19 case. They might need to be interviewed by the entry country public health authorities if the suspected case is confirmed. Depending on the configuration (e.g. if the entire cabin of the aircraft is one section) it may in fact mean all the passengers in the particular flight.³⁸ In addition, if contact tracing discovers >1 new case among the passengers, then contact tracing of all the passengers in the particular flight should be considered.
- The cabin crew member who was assigned to provide in-flight services to the symptomatic passenger, and other cabin crew members who may have been in direct or close contact with them, are in principle high-risk contacts. Exceptions may be considered if the suspect case or the crew member(s) are fully vaccinated individuals against COVID-19. However,
 - Given the current uncertainty in terms of the effectiveness of different vaccines in preventing the transmission of infection to others, particularly in the context of the circulation of VOCs, a precautionary approach is warranted. Therefore, when contact tracing fully vaccinated contacts who have been exposed to a confirmed case, these contacts should continue to be managed according to existing ECDC guidance.
 - Health authorities may consider, if resources allow, undertaking a risk assessment on a case-by-case basis and subsequently classify some fully vaccinated contacts as low-risk contacts. Factors that need to be taken into consideration in such assessments include, for example, the local epidemiological situation in terms of circulating variants, the type of vaccine received (if information available), and the age of the fully vaccinated contact (as older people may not mount as effective an immune response). The risk of onward transmission to vulnerable people by the contact should also be considered, in this case by the crew member(s).
 - Given the fact that the crew members potentially exposed to a COVID-19 case are not immediately contagious, public health authorities should aim to perform the contact tracing of the crew members in such a way as not to interfere with the normal operations of the crew members. Furthermore, as soon as the result of the confirmation test for the

³⁸ Contact tracing: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases in the European Union – third update, at <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>

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passengers is available, public health authorities should inform the aircraft operator and the affected crew members of the result and of any additional actions required from their side (e.g. contact tracing, quarantine, etc).

- If the passenger with COVID-19 compatible symptoms is confirmed positive, after disembarkation, the relevant national public health authorities should inform the relevant aircraft operator of the test result. The crew member(s) who provided in-flight services to the respective passenger should be considered a close contact. They can be tested (RADT or RT-PCR) and if negative, asked to quarantine immediately after returning to their home base (but not later than 48 hours after the initial contact with the confirmed positive case). A second RT-PCR test by day 7 after exposure can confirm or not a potential infection. A negative RT-PCR test on day 7 after exposure should allow the release from quarantine.
- After the removal of the COVID-19 suspected case from the aircraft, the cleaning and disinfection of the aircraft should be performed in accordance with the EASA [Guidance on Aircraft Cleaning and Disinfection in relation to the SARS-CoV-2 pandemics](#).
- If a passenger or cabin crew member exhibit COVID-19-compatible symptoms, all waste materials including partially consumed meals, beverages and disposable items such as used paper towels, tissues and PPE produced while treating or supporting the symptomatic passenger or the cabin crew member(s) that has (have) been in close contact with them should be treated in accordance with the applicable international guidance or, where available, national guidance, as specified in Section 3.1.

Note: The incubation period of the SARS-CoV-2 virus is between 1 and 14 days, with a median incubation period of 5.1 days. 75 % of the cases have an incubation period longer than 4 days and only 2.5 % of the cases have an incubation period of less than 2 days³⁹. In this context, it is considered that, even if already in the incubation period, a person is most likely not contagious in the first 2 days after exposure.

If a COVID-19 suspected or confirmed passenger is identified onboard before take-off, the airport and the local health authorities should be informed and the instructions of the latter should be followed. At this point, if there has been no direct contact between the symptomatic passenger and crew members, no additional measures need be taken with regard to the management of the crew members, unless otherwise advised by the local public health authorities.

³⁹ <https://annals.org/aim/fullarticle/2762808/incubation-period-coronavirus-disease-2019-covid-19-from-publicly-reported>

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3.5 Arriving and transfer passengers

OBJECTIVE

To reduce the residual risk of infection for passengers at the arrival airport and/or in the destination region, should an infected person have been on a flight or at the airport.

Disembarkation

Passengers should be reminded by the airport operators, in coordination with the aircraft operators, to adhere to the applicable preventive measures described in Section 3.1 and to the relevant principles described in the check-in and boarding section (Section 3.3).

Aircraft operators and airport operators should cooperate and coordinate to ensure that physical distancing is observed as much as possible during disembarkation. When buses are used for the disembarkation process, an increased number of buses should be considered in order to accommodate passenger physical distancing inside them and the amount of waiting time in the bus should be kept to the minimum needed for operational reasons. Disembarkation should be performed by rows starting with the rows closest to the exit(s) in use, in the aisle–middle–window seat order, or an alternative procedure that would ensure physical distancing to the maximum extent possible and prevent queuing. Such special disembarkation procedures should take into consideration aircraft centre of gravity monitoring to prevent tail tipping.

All facilities used in the disembarkation process should be cleaned and disinfected as described in Section 3.3.

Transfer passengers

Where transfer security screening is required, it should follow appropriate sanitary requirements as described for the departure process.

“One-stop” health screening arrangements should be developed using existing one-stop security arrangements as a model. In this model, passengers and property are not rescreened at transfer locations based on the mutual recognition of security measures between the States in the travel itinerary. A similar arrangement for health screening procedures may prevent unnecessary queuing points at passenger transfer locations.

Where testing of passengers is recommended in accordance with the risk-based criteria in section 4, transiting passengers should not be tested in the country of transfer, with the exception of cases developing COVID-19-compatible symptoms during travel. If countries require information on the test results for transiting passengers, they should accept that testing can be done either before departure from the country of origin or upon arrival at the final destination, in which case information on positive cases can be exchanged via the dPLF system.

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Checking the Digital COVID Certificates

Where checking of the DCC is performed “One-stop” arrangements should be implemented as much as possible in order to avoid a duplication of procedures. As indicated, from a medical perspective a verification during on-line check-in is the best option, and duplications thereafter should be avoided. Consequently, passengers that have been subject to checking of their vaccination or testing certification at the departure airport should be exempted from additional checks upon arrival. To this respect national authorities, airport and aircraft operators should coordinate and inform each other of the verification procedure in order to avoid any potential duplication. States are expected to recognise such verification performed under the oversight of the other Member States.

Passenger Locator Form (PLF)

Passenger Locator Forms (PLFs) are important tools for public health authorities enabling prompt contact tracing of individuals exposed to a COVID-19 case. All EU/EEA and many third countries have adopted the requirement of a completed PLF before entering their territories.

Where electronic systems (digital PLF - dPLF) are available and accepted by the national public health authorities, aircraft operators should encourage their passengers to fill in their data for contact-tracing purposes before their boarding passes are issued.⁴⁰ Furthermore, national public health authorities and aircraft operators should ensure proper implementation of the applicable provisions of the [Commission Implementing Decision \(EU\) 2021/858](#) of 27 May 2021 amending Implementing Decision (EU) 2017/253 as regards alerts triggered by serious cross-border threats to health and for the contact tracing of passengers identified through Passenger Locator Forms.

Where such systems for the collection of contact-tracing data are not available or temporarily fail, aircraft operators should provide, without undue delay and without prejudice to the applicable data protection requirements, the following minimum set of data to the relevant national public health authorities upon request for contact-tracing purposes:

- full name,
- date of birth,
- allocated seat number,
- contact details: working phone number (preferable mobile), email address and, if available, postal address.

This data set represents a minimum recommended extract from the currently available WHO, IATA, and ICAO passenger locator form (PLF)⁴¹. Refer to the [Commission Implementing Decision \(EU\) 2021/858](#) and ECDC document on [Considerations relating to passenger locator data](#) for the use of the PLF data by the national public health authorities for contact-tracing purposes.

⁴⁰ ECDC, Mobile applications in support of contact tracing for COVID-19 - A guidance for EU EEA Member States, <https://www.ecdc.europa.eu/en/publications-data/covid-19-mobile-applications-support-contact-tracing>

⁴¹ https://www.icao.int/safety/aviation-medicine/guidelines/AvInfluenza_guidelines_app.pdf

<https://www.iata.org/contentassets/07a397c1164d45e794c22949c75a95ac/public-health-passenger-locator-form.pdf>

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Thermal screening at the arrival airport

Thermal screening offers very little as a point of entry (PoE) measure in limiting introductions of SARS-CoV-2 and delaying the local outbreak of COVID-19, as their positive predictive value (PPV) is very low⁴².

If entry thermal screening is required, e.g. due to national response plan decisions/regulations, the points presented in Section 3.3 and in ECDC [Considerations relating to passenger locator data, entry and exit screening and health declarations in the context of COVID-19 in the EU/EEA and the UK](#) should be considered.

In order to avoid a duplication of procedures, passengers that arrive from EU/EEA flights and that have been subject to thermal screening at the departure airport should be exempted from entry thermal screening at the arrival airport. “One-stop” health screening arrangements should be considered as mentioned in the ‘Transfer passengers’ section above.

Passengers that have fever and, following their assessment, are considered suspected COVID-19 cases, should be managed in accordance with the instructions of the local public health authorities in terms of confirmation testing, transport and quarantine. Without prejudice to the above, symptomatic passengers should under no circumstances be repatriated on a commercial flight.

Baggage claim and exiting the arrival airport

Passengers should be advised by the airport operators to give proper consideration to the preventive measures described in Section 3.1 ‘At all times’, and to the relevant principles described in the check-in and boarding part of Section 3.3, including the use of the airport facilities.

To limit gathering of passengers, airport operators and/or any stakeholder involved in the delivery of baggage handling service such as ground handling service providers, airlines or relevant service providers should maximise use of the available arrival baggage carousels and, where possible, use dedicated baggage carousels for flights from high-risk areas (as assessed by the local public health authorities at the arrival airport). The use of baggage delivery services, where the passengers’ baggage can be delivered directly to their hotel or home, should be encouraged. Baggage tracking information should be shared with passengers so that they are able to make a baggage claim, in the event of baggage mishandling, without waiting in the reclaim area.

For customs formalities, and where possible, it is recommended to provide green and red lanes for self-declarations. Appropriate sanitary measures must be taken at secondary screening points to protect both passengers and airport staff. It is recommended that the national governments should also simplify border control formalities by enabling contactless processes (e.g. relating to the reading of passport chips, facial recognition, etc.) or passenger flow management with digital solutions, setting up special lanes where feasible, and training agents to detect and identify passengers exhibiting signs and symptoms relevant to COVID-19.

Where checking facilities are in place to assess the arriving passengers in terms of vaccination/testing certificates this should be organised to the extent possible in a touch-free manner. The increased probability

⁴² Aggarwal N et al, Diagnostic accuracy of non-contact infrared thermometers and thermal scanners: A systematic review and meta-analysis, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665626/pdf/taaa193.pdf>

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of queuing related to such facilities should be assessed and proper mitigating measures should be in place to reduce this probability.

Airport operators should inform and advise arriving passengers to leave the arrivals terminal as soon as possible after they have collected their baggage and finalised all arrival formalities, in order to minimise the possibility of transmission.

Airport operators should inform meet-and-greet individuals that access to the terminal is limited to passengers, aircrew members and airport staff only. When meet-and-greet cannot be avoided (e.g. for persons requiring assistance), a meet-and-greet area should be set up away from the exits from the restricted area and away from the main passenger flow to reduce the risk of the arriving passengers crossing paths with other individuals.

4 Considerations regarding other travel-related measures

OBJECTIVE

To reduce the residual risk of SARS-CoV-2 translocation through air travellers.

The risk based principles described in this document are primarily intended for international travel within the EU/EEA States as they are deriving from the risk classification criteria set out in the Council Recommendation (EU) 2020/1475, as last amended, and the risk assessment provided on regular basis by ECDC. Nevertheless, similar risk assessment and risk mitigation principles could be considered also for passengers traveling to and from those third countries where reporting is reliable and the measures implemented achieve at least a similar level of control according to reports provided by reliable sources, e.g. WHO or national/regional public health authorities.

Passengers fully vaccinated and passengers who have recovered from a laboratory-confirmed SARS-CoV-2 infection

Current evidence on the protection of prior natural immunity against the known variants of concern (VOCs) and the duration of post vaccination immunity is relatively limited and this advice may therefore change when further evidence becomes available. Recent studies identified the presence of antibodies for 6 to 8 months following a SARS-CoV-2 infection. It is similarly expected that immunity post-vaccination will be maintained for at least 6 months.

In light of the available evidence, the vaccines approved for use in the EU have a high degree of efficiency in preventing severe COVID-19 and maintain considerable efficacy against the existing variants. There is also evidence that vaccination significantly reduces viral load and symptomatic/asymptomatic infections in vaccinated individuals, which could translate into reduced transmission. Those who have recovered from a laboratory-confirmed SARS-CoV-2 infection within the previous 180 days can be considered in the same way, as they pose a similar low risk level. On this basis, national authorities are recommended to consider lifting temporary entry measures such as quarantine and testing for air travellers that have been fully vaccinated or have recovered from the disease in accordance with [Regulation \(EU\) 2021/953](#) on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic and the Council Recommendation (EU) 2020/1475 of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic (as last amended).

Further evidence is needed to understand the duration of immunity following both vaccination and natural infection. Currently antibody testing is not considered appropriate yet for the purpose of issuing an EU Digital COVID Certificate ⁴³.

As new VOCs which are escaping immunity to existing antibodies following vaccination or natural infection may emerge, the above recommendation for easing entry measures may be changed for passengers arriving

⁴³ <https://www.ecdc.europa.eu/en/publications-data/use-antibody-tests-sars-cov-2-context-digital-green-certificates>

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from areas where such VOCs are circulating in the community. ECDC and EASA are constantly monitoring the VOCs and will adjust the current recommendations as appropriate.

Testing of air travellers

In the context of the COVID-19 pandemic, the testing of travellers before and/or after travel aims to identify cases, in order to:

- prevent viral transmission during travel by reducing the number of potentially infectious cases in transit;
- delay the (re)-introduction and further spread of the SARS-CoV-2 at the place of arrival, by isolating positive travellers and initiating contact tracing;
- monitor the introduction and mitigate the further spread of VOCs at the place of arrival.

Acceptable testing methods used for the diagnosis of COVID-19 for testing of air travellers include molecular tests – e.g. reverse transcription polymerase chain reaction (RT-PCR) or reverse transcription loop-mediated isothermal amplification (RT-LAMP), and Rapid Antigen Detection Tests (RADT). Molecular tests detect SARS-CoV-2 genomic material and RADTs detect viral antigens.

Test performance characteristics (sensitivity/specificity) and the prevalence of COVID-19 in the target population (in this case, travellers) play a pivotal role in determining the validity of the test results (i.e. ability to detect true positives and true negatives) in different settings and for different purposes. In a low-prevalence population such as travellers, there will be individuals presenting false negative and false positive results. This will have an impact on the transmission of SARS-CoV-2 and/or requirements for public health resources to manage individuals testing positive. Due to the high proportion of false negative tests related to self-sampling deficiencies, self-administered tests are not acceptable as pre-departure tests.

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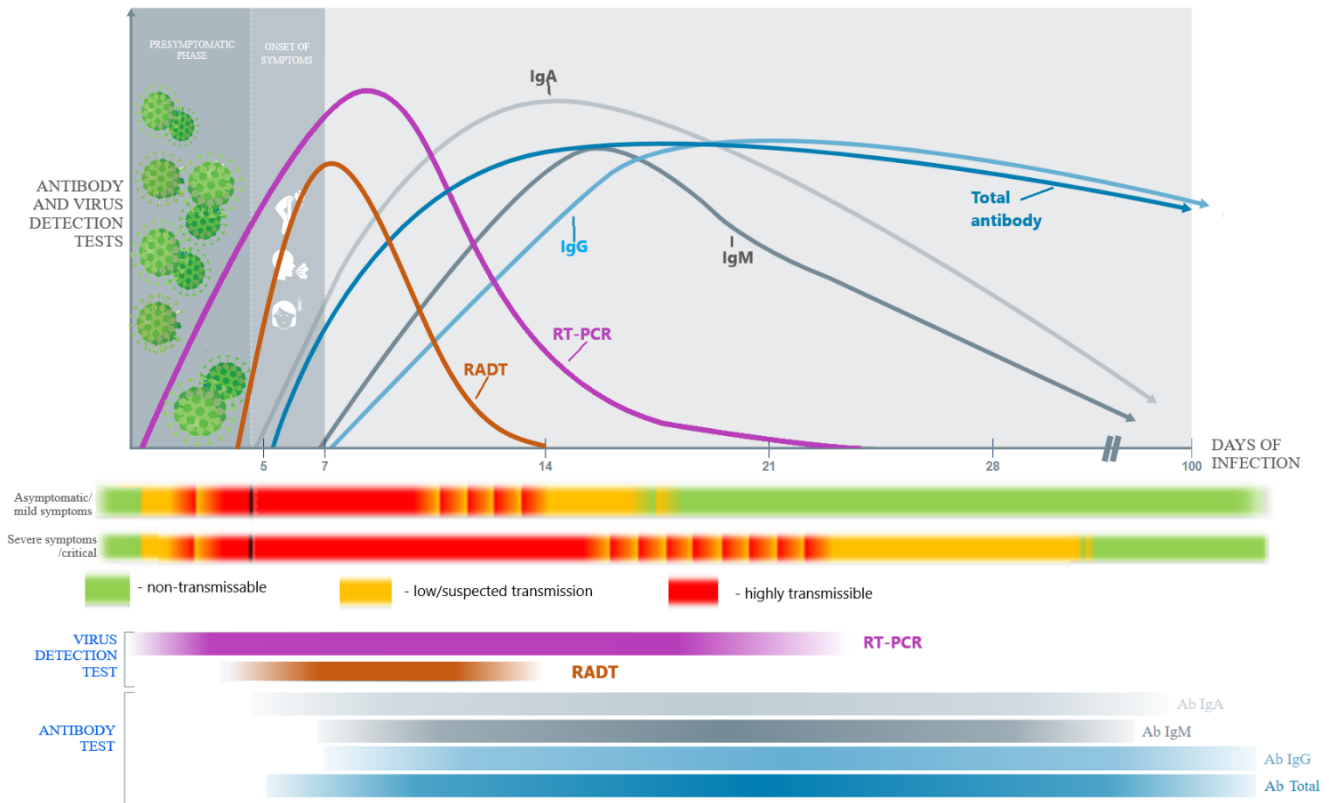


Figure 1 Transmissibility and detection periods of SARS-CoV-2 ⁴⁴

Where national authorities decide to introduce testing requirements for air travellers, they should follow the relevant provisions of the Council Recommendation (EU) 2020/1475 of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic (as last amended).

Where national authorities decide to introduce testing requirements for air travellers, for short business or personal trips, or for their returning residents, pre-departure testing could be replaced by a test performed immediately upon arrival at the destination.

The following considerations should be taken into account when deciding a particular policy:

- testing travellers before travel or at the point of departure allows for the identification of SARS-CoV-2-positive individuals, preventing their travel and thus preventing the risk of travel-related transmission. This would decrease the proportion of infectious cases in transit as well as at the place of arrival;

⁴⁴ Figure 1 is based on the scientific information provided by the Ministry of Health of Spain on their website updated on 12 Nov 2020 - <https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/ITCoronavirus.pdf>, and on the internal evidence presented by Synlab on their web-page <https://www.synlab.es/es/Noticias/Noticias.aspx?idc=1786> as well as on other existing evidence on testing and transmissibility

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- testing directly upon arrival will identify individuals that might have been infectious in transit, allowing for rapid contact tracing which would also help to prevent further community transmission at the place of arrival;
- allowing passengers the possibility to undertake the test in their country of residence could avoid logistical problems regarding quarantine of the positive passengers and their travel companions (e.g. family members including children)

In accordance with [Council Recommendation \(EU\) 2021/961](#)⁴⁵ mentions that “Minors travelling with their parent or parents or with another person accompanying them should not be required to undergo travel-related quarantine/self-isolation where no such requirement is imposed on the accompanying person[...]. In addition, children under the age of 12 years should be exempt from the requirement to undergo travel-related tests for SARS-CoV-2 infection.”

Lastly, transiting passengers should not be tested in the country of transfer, with the exception of cases developing COVID-19-compatible symptoms during travel. If countries require information on the test results for transiting passengers, they should accept the testing done either before departure in the country of origin or upon arrival at the final destination, in which case information on positive cases can be exchanged via the dPLF system.

Quarantine of air travellers

In the context of increased transmission and the presence of VOCs, the prevention of virus importation is very important for countries that have achieved control of the epidemic. In these cases, the quarantine of passengers arriving from high risk countries could be considered.

Modelling studies and the data reported by the Member States demonstrate that ensuring compliance with quarantine is difficult to achieve and control, especially in the case of medium- and long-term quarantine, e.g. more than 10 days.

Combinations of quarantine and testing of arriving air travellers, including the situations when the duration of quarantine could be shortened to five to seven days, can be considered by the national authorities in accordance with the Council Recommendation (EU) 2020/1475 of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic, as last amended.

In view of the potentially reduced opportunity for infection for people travelling for short periods (i.e. expected return within 72 hours) and where contacts with the local population are limited, countries may consider exemptions from quarantine requirements for such travellers, subject to presenting a negative test within 48 hours prior to the start of such short travel periods.

Finally, the Member States should ensure that their travel-related measures are well communicated in plenty of time and coordinated, and not imposed unilaterally to facilitate compliance by travellers.

⁴⁵ Council of the European Union. Council Recommendation (EU) 2021/961 of 14 June 2021 amending Recommendation (EU) 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic. Brussels: Council of the European Union; 2021. Available from:

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.LI.2021.213.01.0001.01.ENG&toc=OJ%3AL%3A2021%3A213I%3ATOC>

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5 Aviation personnel

OBJECTIVE

To reduce the residual risk of infection of aviation personnel, and avoid duplication of procedures.

The health and safety of staff is paramount. Not only for their own protection but also to help prevent the spread of the virus and maintain safety. There is a comprehensive body of EU legislation to protect workers' health and safety at the workplace. Additional measures that need to be taken for COVID-19 may pose additional risks to staff in terms of higher physical and mental workload, longer working hours and increased administrative workloads. Workplace risk assessments in accordance with occupational safety and health legislation therefore need to be revised and occupational health and safety measures adapted in agreement with public health authorities and staff performing the tasks taking into account all types of risks (including the additional physical load when wearing personal protective equipment).

Due to their safety and relevant functions, it is recommended that essential air transport staff, such as aircrew, airport operational staff, service provider/supplier operational staff, receive the COVID-19 vaccine as soon as available in accordance with the national COVID-19 vaccine roll-out plans.

Aircraft and airport operators and other service providers or suppliers performing activities in the airport should encourage and facilitate their operational staff members to access a COVID-19 vaccine as soon as possible in accordance with the national COVID-19 vaccine roll-out plan.

Non-binding guidelines developed at EU level aim to help employers and workers to stay safe and healthy in a working environment that has changed significantly because of the COVID-19 pandemic. They give advice on risk assessment and appropriate measures such as minimising exposure, resuming work, coping with absences and taking care of workers that have been ill. They also contain useful links to national guidance in specific sectors. More information on occupational safety and health is available here:

- Overview: <https://osha.europa.eu/en/themes/covid-19-resources-workplace>
- COVID-19: Guidance for the workplace: https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace
- COVID-19: Back to the workplace Adapting workplaces and protecting workers <https://osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view>
- Considerations on the use of rapid antigen detection (including self-) tests for SARS-CoV-2 in occupational settings <https://www.ecdc.europa.eu/en/publications-data/considerations-use-rapid-antigen-detection-including-self-tests-sars-cov-2>

Staff having symptoms compatible with SARS-CoV-2 or other health-related issues that could potentially affect their ability to execute their duties safely should be made to feel welcome to report these without fear of sanctions/disciplinary measures.

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Aircrew members, airport staff and service provider/supplier staff who can demonstrate that they have been fully vaccinated or recovered from a SARS-CoV-2 infection more than 10 days before but not more than 180 days before should be exempt from the airport's COVID-19 screening procedures. Aircrew or staff members who do not meet the immunity criteria mentioned above may be exempt from the airport's COVID-19 screening procedures subject to the implementation of an equivalent procedure by the aircraft operators, the airport operators or the service provider, as applicable, to monitor the health status of their staff.

Wherever possible, airport operators should set up separate flows for aircrews in order to ensure that physical distancing from passengers can be guaranteed at all times.

Irrespective of vaccination status, NPIs need to be maintained, i.e. use of face masks, respiratory and hand hygiene, as well as cleaning and disinfection of equipment and workspaces in common use.

As some aircrew or other staff members cannot or do not want to receive the vaccination, the equipment of common use used by aviation personnel such as computers, tablets, radio stations, headsets, etc. should be disinfected before being used by another staff member. Similarly, for staff working shifts, handovers should be conducted in a contact-free manner, i.e. via telephone, videoconference, electronic logs, or as a minimum through physical distancing.

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Annex 1 – Acknowledgment of COVID-19 policy

An example of an acknowledgment of COVID-19 policy prior to the arrival at the airport during the online check-in process or via a text message (SMS) link or other means acceptable to the national authorities, is presented below.

It should be made clear that this applies for each individual passenger in a booking for more than one person.

In particular, I understand that I shall not go to the airport, if any of the following applies:

- *I have been diagnosed with COVID-19 at any time during the 10 days prior to my flight.*
- *I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 10 days prior to my flight.*
- *I am aware of having been in close contact (e.g. less than 2 metres for more than 15 minutes) with a person who was diagnosed with COVID-19 in the 14 days prior to my flight.*
- *I am required by local or national regulations to be in quarantine for reasons related to COVID-19 for a period that includes the date of the flight.*

In case any of the above situations applies, I shall contact [name of the Airline] at the latest [x] hours before the flight. I understand that if any of the above 4 situations is identified at the airport, I may be refused to proceed with my travel and lose my right to benefit from any COVID-19 commercial policy put in place by [name of the Airline].

In case you need medical information on COVID-19, please contact [Contact information of the local health authority].

I have read and understood the COVID-19 policy of [name of the Airline].

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Annex 2 — Health safety promotion material

General instructions

- Wear a medical face mask, ensure it is used and disposed of correctly. Replace the mask every 4 hours (unless instructed otherwise)
- Observe at least 1 metre physical distancing
- Wash hands regularly for at least 20 seconds with soap and water or, where not available, use alcohol-based hand-sanitising solutions
- Cover the mouth and nose with a tissue or flexed elbow when sneezing or coughing (respiratory etiquette)
- Do not touch surfaces unless necessary and limit direct contact with other people as much as possible.
- Be kind to each other — it is the only way we can get through this

Before leaving for the airport

- Do not travel to the airport if you have been in any of the situations specified in the Acknowledgment of COVID-19 policy
- Be aware that only passengers are allowed to enter the airport terminal at arrival and departure (The only other people who should enter the terminal are people accompanying or picking up a passenger that requires assistance, such as persons with reduced mobility (PRM), unaccompanied minors, etc.)
- Read your airline's health safety promotion material
- Make sure you have sufficient medical face masks and hand sanitiser for your entire journey
- Make sure you allow enough time for your journey to the airport, including security checks at the airport, but do not arrive too early

At the departure airport

- Contact airport staff if you have any questions or if you feel uneasy (they are there to help you in this new situation)
- Be prepared for thermal screening (body temperature check)
- Observe physical barriers or signs indicating physical-distancing requirements
- Check in your bag whenever possible rather than taking it through security
- Wear a medical face mask, and expect to be denied boarding if you do not have one

On the aircraft

- If you have any questions or feel uneasy, ask a cabin crew member (they are there to help you in this new situation) and be nice to them
- Watch the cabin safety demonstration so you know what is happening on your flight
- Reduce the use of the individual air-supply nozzles as much as possible

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At the arrival airport

- Practice physical distancing, hand hygiene and cough etiquette and wear a medical face mask.
- Collect your bags and leave the terminal building as soon as possible.
- Reduce the risk of virus transmission by minimising interaction with people in the arrival terminal.

EASA developed Safety promotion material can be found available at the following links:

- <https://www.easa.europa.eu/document-library/general-publications/easaecdc-process-passengers>
- <https://www.easa.europa.eu/document-library/general-publications/coronavirus-advice-airlines-and-their-crews>
- <https://www.easa.europa.eu/community/content/covid-19-support-material>

ECDC developed infographics and video materials regarding COVID-19 preventive measures can be found at the following links:

- <https://www.ecdc.europa.eu/en/covid-19/facts/infographics>
- <https://www.ecdc.europa.eu/en/covid-19/facts/videos>



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