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**PREPAREDNESS AND ACTION AT POINTS OF ENTRY**  
**(PORTS, AIRPORTS, GROUND CROSSINGS)**



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## **INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF THE NOVEL CORONAVIRUS (2019-nCoV) INFECTION AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS)**

# **Advice for aircraft operators for preparedness and response to the outbreak of novel Coronavirus (2019-nCoV) infection**

**Version 1**

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## Introduction

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

The working group produced the following advice, considering current evidence and travel advice from WHO about the novel 2019-nCoV infection outbreak (as of 27 January 2020), as well as existing guidelines for the air transport sector that were published in response to the outbreaks of SARS-CoV and MERS-CoV<sup>1-3</sup>.

## 1. Education and raising crew awareness

### *1.1. Raising crew awareness for detection of cases on board*

Airlines should provide guidance to their crews for recognition of the signs and symptoms of ARI: fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat.

Crews should be reminded of the procedures to be followed when a traveller on board an aircraft display signs and symptoms indicative of ARI (as described in paragraph 1.2) and the proper use of Personal Protective Equipment (PPE)<sup>4</sup>.

### *1.2. Personal hygiene measures*

Airlines should provide guidance to their crews, related to reducing the general risk of ARI:

- Hand washing technique (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with their environment)
- When hand rubbing can be applied instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of respiratory masks
- Avoidance of close contact with people suffering from ARI<sup>4</sup>.

### *1.3. Advice for crew working/staying in affected areas<sup>2</sup>*

Crew members staying in affected areas or working on flights to or from affected areas should be reminded to: a) frequently clean hands by using alcohol-based hand rub or soap and water; b) when coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands; c) avoid close contact with anyone who has fever and cough; d) if you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider; e) when visiting

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<sup>2</sup> Affected areas are those defined by WHO as affected or as areas with on-going transmission.

live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals; f) the consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices<sup>5</sup>.

Crew members presenting symptoms of ARI should not work on flights and should inform their doctor and airline about exposure in affected areas.

## 2. Risk of transmission on aircrafts according to ECDC

According to the latest ECDC rapid risk assessment: *“No cases of 2019-nCoV have been reported to have been infected on-board an aircraft. The assessment of possible transmission of 2019-nCoV on an aircraft needs to be undertaken on a case-by-case basis. This individual risk assessment should take into account the index case classification, the symptoms and disease severity during the flight, and the timing of possible contact tracing in relation to the flight”*<sup>6</sup>.

## 3. Management of a suspect case on board

### 3.1. Separation

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

According to the WHO Handbook for Management of Public Health Events in Air Transport, if a traveller develops symptoms of ARI, efforts should be made to minimize contact between passengers and cabin crew with the ill person<sup>7</sup>. If possible, the ill person should be separated from others (2 meters or 6 feet is ideal), and one crew member should be designated to serve the ill person. Use of a facemask is recommended, if available and can be tolerated by the ill person. If a face mask is not available or cannot be tolerated, the ill person should be asked to cover their mouth and nose with tissues when coughing or sneezing. A designated toilet should be provided for the use of the ill person only<sup>8</sup>.

### 3.2. Supplies and use of PPE

Aircrafts should carry universal precaution kits, including as per ICAO: dry powder that can convert small liquid spill into a sterile granulated gel, germicidal disinfectant for surface cleaning, skin wipes, face/eye mask (separate or combined), gloves (disposable) and a protective apron<sup>3</sup>.

US CDC advises the following precautions be applied on board aircrafts by cabin crew<sup>7</sup>:

- Treat all body fluids (such as respiratory secretions) as if they are infectious.
- Wear disposable gloves when tending to an ill traveller or touching body fluids or potentially contaminated surfaces.

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<sup>3</sup> <https://www.icao.int/MID/Documents/2013/capsca-mid3/ICAOHealthRelatedSARPsandguidelines.pdf>

- Remove gloves carefully to avoid contaminating yourself then wash hands.
- When tending to an ill traveller from affected area who has fever, persistent cough, or difficulty breathing, consider using additional protective equipment in the Universal Precaution Kit: face mask, eye protection, and a gown to cover clothing.
- Properly dispose of gloves and other disposable items that came in contact with the ill person or body fluids in biohazard bag or a secured plastic bag labelled as “biohazard”.

### *3.3. Public Health Passenger Locator Form (PLF)*

The PLF has been developed by a working group established by WHO to facilitate rapid collection of passenger contact information, which can be used for case investigation and contact tracing<sup>9</sup>. Information collected should be handled according to the legal framework for protection of personal data.

Airlines should cooperate with EU MS to ensure that there is an adequate number of the PLF available on board.

The airline may be requested to arrange completion of the PLF by the persons on board the aircraft arriving from affected areas who have developed symptoms of ARI<sup>4</sup> (fever or feeling feverish and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath/breathing difficulties, cough or sore throat)<sup>10</sup> and their contacts on board (passengers seated two seats in all directions around the symptomatic traveller, crew members serving the section of the aircraft where the symptomatic traveller was seated and persons who had close contact with the symptomatic traveller (i.e. a family member or anyone provided care or anyone who had prolonged (>15 minutes) face-to-face contact with the suspect case). EU MS may decide to ask completion of PLF not only from symptomatic travellers and contacts, but from all persons on board the aircraft if this is not a burden for the competent authority and they can accommodate the work load. The completed PLFs can be collected and delivered to the competent staff upon arrival at the airport.

### *3.4. Disembarkation*

Symptomatic travellers and their contacts should disembark the aircraft according to instructions from the competent authority in order to minimise the risk for spreading the disease.

Symptomatic travellers will be assessed for their condition and exposure at the designated facility of the airport and if they fulfil the definition of a suspect case they will be transferred to a hospital.

The contacts will receive information about the novel 2019-nCoV infection, including the symptoms, who to contact in case they develop such as fever, cough or difficulty breathing

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<sup>4</sup> EU MS may decide to ask completion of PLF not only from symptomatic travellers and contacts, but from all persons on board the aircraft if this is not a burden for the competent authority and they can accommodate the work load.

the following 14 days after exposure and current knowledge about the severity and outcomes.

The competent authority at the airport should update the airline on the outcome of examinations and if further actions should be taken.

#### **4. Waste management**

WHO advises that staff responsible for removing waste should be provided with information about the public health event<sup>3</sup>. Disposal of hazardous waste will take place according to the procedures of the airport.

#### **5. Cleaning and disinfection**

The time of environmental survival of 2019-nCoV is currently unknown. SARS-CoV may survive in the environment for several days. MERS-CoV may survive >48hours at 20°C, 40% relative humidity comparable to an indoor environment, on plastic and metal surfaces<sup>11</sup>.

Following an event of an ARI case on board, the airline should ensure that cleaning and disinfection procedures are followed consistently and correctly using the licenced products suitable for the aircraft at the highest acceptable concentrations<sup>12</sup>. Special attention should be given to the zone of risk in the cabin area (e.g. seats, headrests, table-tops, handsets, and other materials coming in contact with the suspected case) where the case was seated, as well as all shared facilities<sup>1,13</sup>. The service staff who will clean and disinfect the aircraft should be specially trained and apply the standard procedures for cleaning and disinfecting contaminated surfaces with infectious agents using the appropriate PPE.

WHO advises the following procedures for cleaning and disinfection in case a public health event has occurred on board<sup>3</sup>:

- Ensure any disinfection is conducted using products licensed for use in the country occupied and approved by the aircraft manufacturer.
- Any contaminated items must be handled appropriately to mitigate the risk of transmission:
  - Disposable items (hand towels, gloves, tissues) should be double bagged and sent to incineration or similar final disposal, according to the States Parties guidelines for infectious waste management
  - Reusable items that can be washed and treated/disinfected (gowns or linens) must be tagged and sent to a facility for washing and treatment, as recommended according to infection control procedures, depending on the type of contamination/infectious agent, if known

#### **6. Reporting the suspect case or cases of infectious disease**

An EU MS can request the submission of the Health Part of the Aircraft General Declaration by aircrafts arriving from affected areas when there is a suspected case of infectious disease

on board the aircraft (IHR 2005, Article 38)<sup>14</sup>. The Health Part of the Aircraft General Declaration can be downloaded at the following link:  
[https://www.who.int/csr/ihr/Annex9\\_en.pdf](https://www.who.int/csr/ihr/Annex9_en.pdf)

## 7. Aircraft ventilation

To avoid airborne transmission of diseases, WHO recommends that passengers should not be left on board longer than 30 minutes in an aircraft without proper ventilation<sup>15</sup>.

## 8. Handling luggage

During the SARS outbreak in 2003 WHO indicated that there was no evidence to date to suggest that a person could be infected with SARS from handling baggage or goods<sup>1</sup>.

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