



Safety Information Bulletin

Aerodromes – Operations

SIB No.: 2020-02R3

Issued: 02 April 2020

Subject: Coronavirus ‘SARS-CoV-2’ Infections – Operational Recommendations

Revision: This SIB revises EASA SIB 2020-02R2 dated 28 February 2020.

Ref. Publications:

European Centre for Disease Prevention and Control (ECDC):

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

World Health Organisation (WHO):

[International travel and health](#)

[Novel Coronavirus \(COVID-19\) situation reports](#)

[Passenger locator form](#)

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

Description:

Following the evolution of the novel coronavirus (renamed SARS-CoV-2, see Note 1 of this SIB) outbreak in the city of Wuhan, People’s Republic of China (PRC) and worldwide, and based on the reports published by the WHO, the International Civil Aviation Organization (ICAO) and the ECDC, EASA has issued this SIB, providing recommendations to the NAAs and Aircraft and Aerodrome operators in order to reduce the risk of spreading COVID-19 (see Note 1 of this SIB).

Note 1: On 12 February 2020, the novel coronavirus was renamed “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2), while the disease associated with it is referred to as COVID-19.

EASA is closely monitoring developments related to the SARS-CoV-2 outbreak and is actively engaged with the WHO, ICAO, and the European Commission (EC), in particular DG SANTE and DG MOVE. Accordingly, the latest guidance and recommendations issued by EASA, WHO, ECDC and ICAO should be considered in the context of this SIB.

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

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This SIB should be considered by the NAAs, the aircraft operators and aerodrome operators in synergy with the recommendations of WHO, ECDC and national public health authorities in regard to the management of contacts with the suspected and confirmed cases. The decision of the national public health authority will prevail in regard to the recommendations made in this SIB.

It is foreseen that the SIB will be applicable until the time when the WHO will assess the SARS-CoV-2 outbreak as closed.

On 11 March 2020, the WHO assessed the current SARS-CoV-2 as a pandemic. As a result of this decision and of the reports received from the Member States and industry, EASA has issued two Safety Directives (SD) to address the severity of the situation and prevent the spread of Coronavirus `SARS-CoV-2` infection. EASA SD 2020-01 is providing the safety objectives for EASA Member States and the recommended measures in order to achieve those objectives. EASA SD 2020-02 mirrors the recommended measures in the SD 2020-01 and requires the availability of Universal Precaution Kits (UPKs) on board, and cleaning and disinfection of the third country operators' aircraft involved in commercial air transport of passengers arriving from high risk areas as defined in the Annex 1 to the SDs.

Recommendation(s):

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

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

For crew members, including the ones involved in cargo or humanitarian operations, required to lay-over in an affected area (see Note 2 of this SIB), aircraft operators should provide the necessary information and materials as recommended by the local authorities for their inhabitants. Furthermore, aircraft operators should take appropriate measures to minimise the risk of contamination of the crew members during layovers and stopovers in accordance with the principles laid down in the [EASA Guidance on Management of Crew Members](#).

Note 2: Affected areas are considered to be in the countries or areas where possible ongoing local or community transmission of the SARS-CoV-2 infection has been confirmed, in accordance with the latest [Situation Report](#) as published by WHO.

EASA SD 2020 01 and 02 mandates the availability of the UPKs for use on board the aircraft for aircraft operators involved in commercial air transport of passengers arriving from high risk areas as defined in the Annex 1 to the SDs. In addition to that, aircraft operators performing passenger flights to or from the affected areas (see Note 2 of this SIB) should also be equipped with one or more UPKs. Such kits may be used to protect crew members who are assisting potentially

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infectious cases of suspected COVID-19 and in cleaning up and correctly discarding any potentially infectious contents.

Aircraft operators, irrespective of the area of aircraft operations, should provide a sufficient supply of face masks for the intended operations, with the quality meeting at least surgical standards. Face masks should be worn at all times by crew members having direct contact with the passengers or other individuals that are not part of the crew. The face masks should be replaced regularly (at intervals not exceeding 4 hours or as recommended by the mask manufacturer).

Aircraft operators and aerodrome operators should make hand disinfectant solutions readily available in the lavatories and waiting rooms to be used by their employees and passengers.

Aircraft operators performing passenger flights should encourage their staff and crew members to identify passengers meeting the following criteria: having signs and symptoms indicative of acute respiratory infections such as fever, persistent cough or breathing difficulties, and having been in the affected areas or in contact with people potentially infected with SARS-CoV-2 or with people arriving from an affected area within 14 days prior to onset of symptoms. In the event of such a symptomatic passenger being identified, the crew should be encouraged to:

1. follow the basic principles to reduce the general risk of transmission of acute respiratory infections as presented in the [EASA Guidance on Management of Crew Members](#) in the [WHO Operational considerations for managing COVID-19 cases or outbreak in aviation](#).
2. use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative;
3. report to the destination aerodrome that they have on board a passenger presenting symptoms suggestive of COVID-19 and follow the instructions received;
4. ask the passengers to fill in the passenger locator card (PLC) forms, where instructed to do so by the public health authorities at the arrival airport, in order to collect information (see Note 3 of this SIB) regarding the passengers' position in the aircraft as well as other information regarding their immediate travel plans and contact details. The information is intended to be held by public health authorities in accordance with applicable law and is to be used only for authorised public health purposes. A passenger locator form can be downloaded [here](#); and

Note 3: For an aircraft where the deck is divided in sections using rigid separation walls, the priority is to collect the PLC from all the passengers sitting in the same sections with the suspected case and from the ones using the same lavatory facilities that may have been used by the suspected case.

5. manage the suspect case in line with the principles presented in the [EASA Guidance on Management of Crew Members](#)

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Aircraft operators should inform their crew members that the preferred and most efficient preventive measure in order to limit the potential transmission of SARS-CoV-2 from contaminated surfaces is thorough and frequent hand washing, at least after each interaction with a passenger. Nevertheless, if for certain reasons (e.g. limited capacity of the water tank or the waste tank), the aircraft operator or public health authorities require using single use gloves, the cabin crew members should remove and dispose of the used gloves in accordance with the procedure for disposal of bio-hazard debris, immediately after service in the passenger cabin or after interaction with the passengers. Long term use of the gloves may facilitate the spread of the contaminated particles.

Aircraft operators performing passenger flights should, whenever feasible due to the passenger load, aircraft configuration and mass and balance of the aircraft, consider spacing passengers throughout the cabin, allowing a degree of separation between them (e.g. in a row of 3 seats the middle seat should be empty). Alternatively, where separation is not possible, the use of face masks for the passengers should be considered.

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

1. with the public health authorities by providing support in passenger tracing and epidemiological investigation in the event of flights where the COVID-19 has been confirmed. Additionally, aircraft operators and aerodrome operators are encouraged to be proactive and establish contact with public health authorities prior to encountering a suspected case.
2. to ensure that passengers are not kept on board of an aircraft without proper ventilation for longer than 30 minutes
3. to ensure social distancing is practiced at all time, especially during the check-in, security check, pre-boarding, boarding and disembarkation procedures, as well as passport control, where applicable. Where social distancing is not possible, the use of face masks for the passengers should be considered as an alternative.

Note 4: Such practices may be, for example: 2 meters distance during check-in and security check, pre-boarding call and boarding of 2-3 rows at a time instead of bulk boarding in order to reduce the waiting in close queue at the gate or in the boarding bridge.

Aircraft operators involved in commercial air transport of passengers, should consider introducing supplementary procedure (as much as possible, after consulting the a/c manufacturer) to periodically turn off recirculation fans in air conditioning system of aircraft to accelerate cabin air exchange.

Aircraft operators, irrespective of area of aircraft operation, should limit the access to the flight crew compartment of crew members other than flight crew to the minimum necessary, subject to the operator's procedures. Other personnel, including ground handling and medical personnel, if not necessary for the completion of their task, should not board the aircraft and should make use of electronic documents (EFB) wherever possible.

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Aircraft operators should consider increasing the frequency of the aircraft cleaning for the period of the SARS-CoV-2 outbreak. For this purpose, the aircraft operators and their suppliers should use cleaning substances, approved for aviation use, which were proven effective during the previous SARS and MERS coronavirus outbreaks. Furthermore, proper consideration should be given, in this context, to the [EASA Interim guidance on Aircraft Cleaning and Disinfection](#), the [WHO Operational considerations for managing COVID-19 cases or outbreak in aviation](#) and the [ECDC interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2](#).

High Efficiency Particulate Air (HEPA) filters have demonstrated good performance with particles of the SARS-Cov-2 virus size (approximately 70-120 nm). Whenever performing commercial air transport of passengers, aircraft operators employing recirculation of cabin air, are recommended either to install and employ HEPA filters, according to the manufacturer specifications, or to avoid the use of cabin air recirculation completely, during the COVID-19 outbreak.

Aircraft operators, irrespective of the area of aircraft operation, should advise their crew members to avoid the use of their own disinfectants in the aircraft environment. Disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions with the residues of the chemicals used for general aircraft disinfection which can have negative effects (corrosive) on the aircraft or for the health of the passengers and crew (fumes). In this context and in order to discourage the crew members from making use of their own disinfectants, aircraft operators should, to the practicable extent, provide appropriate and sufficient disinfectants (e.g. disinfectant-wipes) for all crew members, and establish appropriate procedures/guidance on their use, making sure that all possible touch points and transmission-capable surfaces are appropriately treated. This should occur before flight crew compartment and cabin preparation, with emphasis on ensuring all aircraft systems are correctly set before use.

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

Contact(s):

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

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