



KEY ELEMENTS ON FACILITATION FOR SUPPORTING THE AVIATION SECTOR FOLLOWING THE COVID-19 CRISIS

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A - KEY PRINCIPLES

European coordination – At European level a well-coordinated approach between national and European authorities and all industry stakeholders on all facilitation (i.e. health, immigration, customs) matters is critical to the efficient and sustainable re-start of air operations. A patchwork of responses, uncoordinated, will cause confusion in the travelling public and slow-down the re-start of operations and traffic.

Lifting of travel restrictions – Travel restrictions should be lifted gradually to take into account the evolution of the pandemic curve among all Member States, and internationally. Immigration control authorities, public health authorities and civil aviation authorities should coordinate themselves for the progressive lifting of such restrictions.

Coordination of measures – Civil aviation, including immigration, customs, aviation security and public health authorities should define measures taking into account both the risks to public health and the economic interests of the air transport sector. A balance between both should be found in the interest of people and the economy at large.

Mutual acceptance of equivalent measures – Member States and operators, in particular air carriers, will have to accept and respect the requirements of the origin and/or destination country to facilitate the movement of passengers from and to their territories, even if it is not harmonised with their measures.

Adoption of measures – Measures (e.g. wearing of face masks or covers for personal protection by passengers) should be defined by national health and civil aviation authorities to prevent the spread of COVID-19 by air and protect both passengers and staff. Such measures should be risk-based, sustainable, and economically viable.

Implementation of measures - Airlines and airport operators should implement mutually complementing measures, in a coordinated manner. This coordination should take place at national as well as airport level, in cooperation with all authorities involved (e.g. civil aviation, public health).

Protection of staff – In addition to the wearing of personal protective equipment, staff should be trained/made aware of all measures to be taken to ensure their own protection and the protection of passengers.

Communication – Passengers should be informed about the measures taken at the departing/arrival airports and onboard aircraft, by all entities involved, and key messages to passengers should be transmitted to ensure that there is confidence that the re-start process is well-managed and coordinated by all actors (e.g. public and private). This also includes terminology, which should align and should be clear in purpose and use.

Specific measures for persons with disabilities – The right to access air transport for persons with disabilities and PRMs should be guaranteed. However, some will have an increased vulnerability due to this COVID-19 crisis. As a consequence, additional measures and procedures should be put in place to protect them.

Continuous feedback on restart of operations – It is expected that traffic will resume gradually possibly first between regions/countries with less infections. Experience gained and lessons learnt from these operations should be fed back to national authorities, as this will support the review of the efficiency of measures and “operational fitness”.

International coordination – At international level, a well-coordinated approach is critical to support the re-start of international operations, and European good practices should be shared with the wider international community.

B - COORDINATION AND CONTINGENCY PLANNING

There should be a well-coordinated approach between national authorities and all stakeholders on all facilitation matters.

It is the role and responsibility of national authorities and all stakeholders, based on its own decision-making process, to set-up and implement additional measures required to restart air passengers' operations in an orderly manner both at national and local level.

The National Facilitation Committees, when established, should play a crucial role for coordinating measures among the stakeholders. The facilitation stakeholders are:

- Passengers
- Airlines (domestic and foreign)
- Airport operators
- Immigration control authorities
- Customs control authorities
- Public health authorities
- Travel document issuing authorities
- Animal and plant control authorities.

Close coordination with public health authorities should be ensured due to leading role in maintaining public health during this crisis and the fact that they will define the process/measures to be implemented in all transport modes.

At local level, it is equally important to ensure the proper coordination with Airport Facilitation Committees (AFC) to cascade down the information and ensure measures are effectively implemented locally. Based on lessons learnt during and after crisis existing contingency plans should be reviewed and necessary amendments made (e.g. sharing of responsibility, training of staff for crisis management).

Noting that despite all coordination efforts the implementation of different measures across States will need to be managed, regional and international cooperation will be crucial for the coordination of recovery measures and to sustain the re-start of operations of air transport.

Coordination between facilitation actors and appropriate authorities for aviation security matters will be key to ensure the secure transport and flow of passengers.

Considerations and measures

- To make use of the National Facilitation Committee to ensure coordination, especially between aviation and health authorities; and/or
- To consider the need to update contingency plans to face the emergency caused by the spread of communicable diseases. It is necessary to develop a coordinated system, involving all the stakeholders, with policies in which roles, tasks and responsibilities are clearly identified.

- To ensure communication in full transparency about nationally implemented measures through cooperation and coordination at regional and global level (EU, ECAC, CAPSCA, ICAO).
- To ensure communication and to facilitate the journey without risking the secure transport and flow of passengers.

C- COMMUNICATION

There is a threefold need to appropriately communicate and promote measures in place clearly and adequately and help to ensure that:

- the public is made aware that air travel is safe and secure and confidence in this mode of transport is strengthened, which eventually could increase demand;
- implementation of measures by the relevant operators/actors; and
- passengers are aware and be reminded of the requirements for their travel (e.g. bringing and wearing a face masks, hand hygiene and respiratory etiquette).

Communication to passengers is a key mitigation for many of the risks that are posed by changing the organisation and operation of services at airports that many have commonly used in the past. Effective communication ensures that passengers have the right information, can understand why the measure is in place and fosters compliance with the new regime.

Consideration should also be given to the costs associated with communication measures for operators and national authorities, while prioritising the communication of necessary messages such as health related ones.

A coordinated approach is required to ensure that all the messages have the opportunity to be received and understood.

Considerations and measures

- National health and civil aviation authorities should jointly clearly communicate the health measures to be implemented to operators.
- In line with guidelines provided (EASA/ECDC) measures should be clearly and repeatedly communicated and announced to passenger before their travel (e.g. online during booking/check-in, via email, etc.) and during their journey (displays and announcements at airports and on-board etc.)
- National health and civil aviation authorities should consider launching wider communication campaigns, in cooperation with industry stakeholders, about health measures in place for safe and secure air travel.

D- HEALTH AND IMMIGRATION MATTERS

Basic considerations

Traffic will resume gradually, with different timeframes of the pandemic curve and varying health, travel or other restrictions in place each State.

All stakeholders will need to take effective measures to prevent the spread of COVID-19 by air once commercial passenger traffic starts to resume (Article 14 of the Chicago Convention).

Many of the mentioned measures would result in the need for additional, targeted training or awareness raising activities.

Due consideration shall be given to the fact that there is different perception within the traveling public of what “feels” safe compared to what “is” safe.

Due consideration should be given to economic aspects in the sense that there should be a sensible balance between measures and restriction and economically viable operations.

Issue 1 – Cleaning and Disinfection

Public surfaces might pose additional risks for infections from COVID-19. When traffic resumes gradually operations to/from areas with a different level of infection rates might be operated and there might be a risk of spreading the COVID-19. Cleaning and disinfection procedures should also apply to aircraft cabins.

Considerations and measures

- Air carriers, airport operators, and other entities should comply with regular cleaning disinfection procedures (not only aircraft cabins, but also airport facilities and equipment in general) based on guidelines from ECDC (European Centre for Disease Prevention and Control), EASA on cabin disinfection guidelines, WHO and national health authorities.
- Additional measures might need to be implemented for more regular disinfection of aircraft, airport facilities and infrastructure and ground handling equipment, as all public surface might pose additional risks for infection.

Issue 2 – Passenger screening for health matters

Precautions should be taken before flights in order to prevent the spread of COVID-19.

Considerations and measures

- National health and civil aviation authorities should jointly define the measures to be implemented at airports, e.g. before the boarding of flights.
- Measures to be taken should include physical distancing rules at airports, regular disinfections, use of face masks or covers for personal protection by passengers have proven as effective.
- Several active and passive passenger screening methods remain controversial among experts. Some consider that active methods, such as measuring of temperature, seem not to be effective but could have a positive effect on passenger confidence Only passive methods should be preferred. Passive methods could be considered in special occasions or on a random basis, including checking for visible signs of illness (coughing, signs of fever or fatigue etc.). The choice should be left to each Member

State and measures might be subject to national/local rules e.g. by the national health authorities.

- Additional training needs would stem from that for ground handling staff (e.g. check in, boarding). WHO online courses could be considered.
- Consideration can be given to using health declaration in the form of self-declaration, as already implemented by some States, acknowledging the need for clearly communicating such measures and the risks of fraud, inaccurate or false statements, and personal data protection requirements (see also below, Issue 6)

Issue 3 – Handling suspected cases

Procedures for the safe handling of passengers suspected to be at risk of infection should be put in place to avoid spread of COVID-19.

Considerations and measures

- Training and awareness raising of physical distancing rules, regular disinfections, use of face masks and other protective equipment (e.g. by guidelines by EASA/ECDC and/or WHO) for all personnel working at airports.
- Awareness raising with the traveling public of physical distancing rules at the airport and on-board and sanitary measures (face masks, hand hygiene, respiratory etiquette...)
- To ensure availability of adequate infrastructure to allow following those measures and for additional isolation/quarantine at airports.

Issue 4 – Denied boarding

With uncertainties about air travel there is a risk of an increasing number of refusals of carriage of passengers, possibly for health reasons (e.g. suspected to be ill) or for immigration issues.

Passengers that might be potentially ill (asymptomatic or symptoms maskers), might still travel for financial reasons (e.g. costs of re-booking, ticket cost itself, no compensation) and pose an additional risk for spreading the virus.

Considerations and measures

- Guidance in the Interpretive Guidelines on Regulation (EC) No 261/2004, Article 3.1.1 which states air carriers should “consult the public authorities (embassies and Ministries of Foreign Affairs) of the countries concerned to verify travel documents and (entry) visa requirement for countries of destination to prevent that passengers are incorrectly denied boarding”.
- In accordance with Article 2(j) of Regulation (EC) No 261/2004, ‘denied boarding’ **does not** cover a situation where there are reasonable grounds for refusing to carry passengers on a flight even though they presented themselves on time for the flight, such as for reasons of health, safety or security, or inadequate travel documentation. In practice it means that a passenger could be denied boarding because of the health-related reasons.
- In this case the passenger would not be covered under Regulation (EC) 261/2004 and/or Member State equivalent would therefore not be entitled to compensation, re-routing, reimbursement etc. The reasoning and the necessary evidence to do to “justify” the denied boarding is not defined by the Regulation.

Consideration should be given to prevent passengers that might be potentially ill (asymptomatic or symptoms maskers) to travel and to provide possible incentives for those passengers to not travel.

Issue 5 – Fitness to fly

The recovery phase could see an increase in requesting medical clearances and fit-to-fly forms from passengers to assess whether a passenger is fit-to-fly and has a medical clearance to support that assessment. In situations where the person in question has a medical condition that threatens his or her safe transportation or the health of other passengers and the crew

Considerations and measures

Regulation (EC) No 1107/2006 on persons with disabilities and PRMs does not prohibit air carriers to assess whether a passenger is fit-to-fly and request a medical clearance to support that assessment. In situations where the person in question has a medical condition that threatens his or her safe transportation or the health of other passengers and the crew. The fact that someone is suffering from coronavirus does not mean that this person is considered a person with disability or reduced mobility. According to, Article 2 (a) for the purposes of the Regulation disabled person or 'person with reduced mobility' means any person whose mobility when using transport is reduced due to any physical disability (sensory or locomotor, permanent or temporary), intellectual disability or impairment, or any other cause of disability, or age, and whose situation needs appropriate attention and the adaptation to his or her particular needs of the service made available to all passengers.

Issue 6 – Health declarations

An Increase in the number States that would implement, where feasible and justified, health declaration forms for all passengers, in line with the recommendations of competent health authorities.

Voluntary use of contact tracing apps could be considered as an additional layer of risk mitigation.

Considerations and measures

- Following EASA/ECDC guidelines, consideration should be given to include dedicated forms e.g. in airlines' check-in procedures or government web portals for passengers to provide necessary data to airlines/authorities, such as health information, recent travel history, additional contact information, possible contacts with infected individuals) before their travel.
- The Passenger Locator Form (PLF) in connection with the EASA Health monitoring questionnaire could serve as a template. Due consideration shall be given to privacy and data protection requirements.
- In practice PNR data is likely to be sufficient to cover the needs of the health authorities. Close coordination and possible mechanisms to share data partially with health authorities could be explored. In this regard, it should be considered how to proceed with the exchange of data, as an increasing number of requests to share PNR data can be expected, which is currently not possible for EU Member States due to missing agreements with third countries.

Issue 7 – Distancing and mitigating measures

Discussions are on-going about the effectiveness and implementation of measures to mitigate the spread of the virus including physical distancing, at the airport and on-board aircraft. While distancing measures (generally with recommended distance of 1.5 – 2 metres) are a key measure recommended by health authorities to mitigate the spread of the virus will be challenging to implement, in particular on-board, mitigation measures justified by a risk assessment and economic viability of the measure and knowing bearing in mind that the spread of the virus within an aircraft cabin is less likely to occur than e.g. in other modes of transport, due to the air flows should be implemented.

Considerations and measures

- National health and civil aviation authorities should jointly define the measures to be implemented at airports and aircraft for optimal passenger flows, ventilation and air filtering where possible, boarding and disembarking procedures and on-board processes (e.g. seat optimisation), as appropriate and feasible and in line with guidelines by EASA/ECDC.
- While physical distancing can be considered for terminal/airport space and pre-boarding procedures and should be implemented according to national/local rules, on-board priority should be given to mitigating measures to prevent the spread of the disease, such as health and sanitary measures (e.g. face masks, hand hygiene, respiratory etiquette...), reduced contact between crew and passengers (e.g. reduced meal services).
- Any such measures, which may impact the economic viability of operations, should be reviewed regularly and be implemented on a temporary basis.

E- PERSONS WITH DISABILITIES AND PERSONS WITH REDUCED MOBILITY (PRMS)

Basic considerations

Possible reduction of level and quality of service to persons with disabilities and PRMs due to staffing, training, or financial issues.

Vulnerable passenger groups, such as persons with disabilities and PRMs should not become more vulnerable during times of crisis, due to less attention paid to their needs.

Additional challenges might arise with those passenger groups, to take effective measures to prevent the spread of COVID-19 by air.

Issue 1 – Service for persons with disabilities and PRMs and awareness raising

The level and quality of service to persons with disabilities and PRMs might face challenges due to staffing issues (e.g. reduced staff because of illness, lay-offs, partial unemployment, reduce working hours), cancelled or postponed training of staff and the general financial impact in the sector, which might lead to e.g. the postponement of urgent investments into essential equipment and infrastructure to provide high-quality service to persons with disabilities and PRMs.

Considerations and measures

- The rights and needs of persons with disabilities and PRMs should be adhered to despite the COVID-19 crisis. Laid out in several standards, rules, regulations and guidelines, including the following:
 - UN Convention on the Rights of Persons with Disabilities (CRPD)
 - ICAO Annex 9, Chapter 8 H
 - Manual on Access to Air Transport by Persons with Disabilities (ICAO Doc 9984)
 - Regulation (EC) No 1107/2006
 - ECAC Doc 30, Part I, Section 5 Recommendations.
- National authorities should consider the need for additional awareness raising activities before the re-start of operations.

Issue 2 – Increased risk for staff providing direct service to PRMs

Staff providing service to persons with disabilities and PRMs often provides this in close contact to the passenger, e.g. without being able to keep a certain physical distance. Similarly, this could also apply to security staff screening persons with disabilities and PRMs. Any protective or sanitary measures adopted by the staff should not be interpreted as discriminatory but to protect both staff and passengers receiving the service.

Considerations and measures

- To follow strict disinfection consistent with rules and guidance as outlined above (ECDC) on equipment and infrastructure used (e.g. wheelchairs, ambulifts, etc.) and sanitary measures (e.g. hand hygiene).
- To consider recommending the use of face masks or additional protective equipment for staff providing service, while recognising that this put the passenger in a vulnerable and uncomfortable situation if they are being assisted by a person wearing face masks or additional protective equipment (e.g. face masks for passengers with hearing impairments).

F- CARGO AND CUSTOMS

Issue 1 – Facilitation of cargo operations

Cargo is an essential engine of economic development and essential service for States, before during and after the crisis. There is a continuous need to facilitate cargo operations and customs/formalities at border.

Considerations and measures

- To follow the WCO/WHO list for medical supply related to COVID-19 to help States speed up the cross-border movement of these critical products and the need for relief of customs duties and VAT for certain medical supplies
- To ensure border management measures to protect health and ensure the availability of goods and essential services

Issue 2 – Cargo crew facilitation

The movement of cargo crew is key to ensure the needed operations and needs to be facilitated.

Considerations and measures

- To consider the use of face masks or covers for personal protection by cargo crew.
- To consider rest facilities, access to clean food and drink (e.g. no restrictions on bringing their own food and drink on board plane), etc.

G – FACILITATION/AVIATION SECURITY

Basic consideration

Aspects on aviation security are included in this document for completeness as there are established links in practice and national and international regulatory frameworks (e.g. ICAO Annex 9). The following mentions elements not touched upon before.

Issue 1 – Disruptive passengers

In aviation security terms both deportees and inadmissible passengers are classified as potentially disruptive passengers. The focus is on inadmissible passengers as the pandemic increases the risk numbers of such passengers who for health reasons may be inadmissible, if that becomes a possibility. More significantly will be those individuals who consider that the scrutiny applied to documents on arrival may be less than normal due to limited numbers of personnel, social distancing constraints and other public health considerations at immigration checkpoints.

For aviation security, the risk is increased when there are multiples of such passengers on board a flight.

If health is a criterion to make a person inadmissible, consideration should be given to the risk posed to other passengers that could be exposed, the legal basis for admissibility and the responsible actor for repatriation. The concern is also that this presents a safety risk on board the flight with passengers who may become unruly on board. Hence careful, consideration is required to ensure there is a balanced and proportionate approach to such cases.

Considerations and measures

The mitigation being considered will be commensurate with the passenger's motivation whereby cases where passengers are seeing to exploit vulnerabilities are not considered in the same way as those whose entry arrangements are not as required but there is no evidence of a deliberate act on their part.

Issue 2 – Security checkpoints

As mentioned under "C-Communication" the flow of information to all actors is key, to ensure that passengers receive, understand, and comply with information about any new measures.

There are particular points in the passenger journey at airports that interface with aviation security including at screening checkpoints and boarding gates. Passenger flow is essential to avoid congestion and screening checkpoints and their design need to consider to accommodate distancing and other measures as recommended by the health authorities. With a coordinated approach it may be possible to ensure effective means of providing information to passengers across all aviation domains.

Considerations and measures

- National authorities (particularly facilitation and aviation security) and health authorities to closely coordinate to achieve the objectives of the recommendations in their respective domains and find an adequate balance.
- National authorities to follow guidance/templates provided e.g. by EASA/ECDC and additionally consider the recommendations in ECAC Doc 30, Part I - Facilitation and ECAC Doc 30, Part II – Security and in ECAC Aviation Security Handbook.

H – REFERENCES

Facilitation committees

- Establishment of a National Facilitation Programme and National Facilitation Committee as required in each State by Standards 8.17 and 8.19, respectively, in Annex 9 – Facilitation (Fifteenth edition, October 2017) to the Chicago Convention
- ICAO CAPSCA information material on COVID-19:
<http://www.capsca.org/CoronaVirusRefs.html>
- ECAC Doc 30 Part I – Facilitation
(<https://www.ecac-ceac.org/documents/10189/51566/Doc+30+Part+I+12th-Dec+2018-Amendment+No+2-Feb2020.pdf/9a4c8d10-9ce8-4fb4-8186-c1275e9b6a44>)

Health matters

- ICAO: Annex 9 SARPs, Chapter 2, section D, para. 2.23 – 2.30
- ICAO, Annex 9, Standard 6.34: ... each Contracting State, in cooperation with airport operators, shall ensure the maintenance of public health, including human, animal and plant quarantine at international airports. Per Standard 8.12, Contracting States shall comply with the WHO International Health Regulation (2005) (<https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1>)
- WHO Interim guidance: Management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19 (19 March 2020)
- EASA/ECDC: COVID-19 Aviation Health Safety Protocol - Operational Guidelines for the management of airline passengers in relation to the COVID-19 pandemic
- EASA: Interim guidance on Aircraft Cleaning and Disinfection in relation to the SARS-CoV-2 pandemic (Issue: 01, 20/03/2020)
- ECDC: Disinfection of environments in healthcare and nonhealthcare settings potentially contaminated with SARS-CoV-2 (March 2020)
https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS-CoV-2-virus-Options-for-cleaning2020-03-26_0.pdf
- WHO online courses catalogue:
<https://extranet.who.int/hslp/training/course/view.php?id=325>
- IATA: Suspected Communicable Disease Guidelines for passenger agents
(<https://www.iata.org/contentassets/f1163430bba94512a583eb6d6b24aa56/health-guideline-pax-agents.pdf>)
- IATA: Emergency response plan a template for air carriers public health emergency
(<https://www.iata.org/contentassets/f1163430bba94512a583eb6d6b24aa56/airlines-erp-checklist.pdf>)

- Operational considerations for managing COVID-19 cases or outbreak in aviation
Interim guidance 18 March 2020
(<https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf>)
- ACI and ICAO: Airport preparedness guidelines for outbreaks of communicable disease
(Revised April 2009)
(https://aci.aero/wp-content/uploads/2020/01/Airport_preparedness_guidelines_for_outbreaks_of_communicable.pdf)

Cargo and customs

- WCO/WHO: HS classification reference for Covid-19 medical supplies 2nd
http://www.wcoomd.org/-/media/wco/public/global/pdf/topics/nomenclature/covid_19/hs-classification-reference_en.pdf?la=en
- EC: COVID-19 – Guidelines for border management measures to protect health and ensure the availability of goods and essential services (16 March 2020)
https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20200316_covid-19-guidelines-for-border-management.pdf
- EC: Recommendation (EU) 2020/403 of 13 March on conformity assessment and market surveillance procedures within the context of the COVID-19 threats (<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32020H0403&from=EN>)
- EC: EU Decision Note relief of Customs duties and VAT for certain medical supplies based on Article 76 of Council Regulation (EC) No 1186/2009 and Article 53 of Council Directive 2009/132/EC (possible relief of VAT and Customs duties)
(https://ec.europa.eu/taxation_customs/covid-19-taxud-response/covid-19-waiving-vat-and-customs-duties-vital-medical-equipment_en)
- EC: Guidance for trade to the concerned stakeholders on practical solutions given by the current legal framework, in order to ensure a uniform application of the UCC even in this time of crisis for trade on COVID 19 emergency. (European Commission Ares (2020)1813731 - 30/03/2020) (https://ec.europa.eu/taxation_customs/covid-19-taxud-response/guidance-customs-issues-related-covid-19-emergency_en)
- EC: FAQ on export requirements for personal protective equipment
(https://trade.ec.europa.eu/doclib/docs/2020/april/tradoc_158693.pdf)

- END -