

Guide

Guide to infection control and prevention in aviation (COVID-19)

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Contents

- Background..... 3
 - About the virus, disease and outbreak 3
 - About this guide 3
- Risk of infection on flights in Norway..... 4
- Recommended distance between passengers and use of infection protection equipment 5
 - Recommended distance 5
 - Infection protection equipment..... 5
- Infection prevention measures 6
 - Sick people should stay at home 7
 - Good hygiene 7
 - Cleaning 7
 - Hand hygiene, cough hygiene and use of infection protection equipment..... 7
 - Contact reduction measures 9
 - Specific contact reduction measures at airports..... 9
 - Specific contact reduction measures in aircraft..... 10
- Employees who may be in risk groups 11
- Handling passengers with suspected COVID-19 during flight 11
- Information and training 12
 - Employee training 12
 - Travel advice for passengers 12
- Appendix..... 13
 - Checklist for measures at airports..... 13
 - Checklist for in-flight measures..... 14

Background

The purpose of this guide is to provide advice and guidelines on infection control and prevention for the safe operation of the aviation sector during the COVID-19 pandemic. The guide provides advice for aviation in Norway, on the Norwegian continental shelf and Svalbard. The guide is in addition to existing rules and guidelines for the sector. The guide applies to aeroplanes and helicopters, with a main focus on passenger transport.

The guide is valid from the date of publication (27 April 2020), and will be updated as necessary. The guide builds on the available knowledge about how the virus spreads and the use and efficacy of various infection control measures. Further developments in the outbreak, updated knowledge, and experience from the sector may necessitate changes in the guide at a later date.

Enterprises are themselves responsible for assessing whether satisfactory basic requirements for infection control and prevention have been met. The guide provides advice and guidelines that will help enterprises in this work. Enterprises must assess for themselves how the measures should be adapted to their particular activities and local conditions. Enterprises must also comply with the requirements and procedures that normally apply to their activities, in addition to the described infection control measures.

Coordination and good collaboration between the various actors involved in the aviation sector are essential to ensure the proper implementation of infection control measures.

About the virus, disease and outbreak

The disease COVID-19 is caused by the virus SARS-CoV-2, and in everyday speech is often referred to as the novel coronavirus, or simply coronavirus. The virus can cause respiratory infection of varying degrees of severity. It is spread by droplet and contact transmission, which means that the virus is transmitted in respiratory tract secretions (sputum, saliva or mucus) from the respiratory tract of a sick person to another person. Transmission can thus occur when a sick person coughs or sneezes towards another person, or if droplets of secretions from the respiratory tract (sputum, saliva or mucus) land on objects that other people touch.

Some people can have COVID-19 without noticing any symptoms. It is currently unclear how great a role asymptomatic carriers play in the spread of infection. At the present time, the evidence appears to indicate that a person who is infected can infect others from 1–2 days before they develop any symptoms. The likelihood of infecting others is greatest when an infected person has symptoms, and especially during the first few days. The virus is killed by washing with soap and water and by disinfection with alcohol or temperatures above 60°C.

About this guide

The guide clarifies:

- Guidelines for infection control and prevention measures.
- What adjustments enterprises should make to reduce the risk of COVID-19 infection for passengers and employees.
- How enterprises can ensure safe operation in compliance with infection control guidelines.

Advice for passengers has been published on the Norwegian Institute of Public Health (FHI)'s website.

Supplementary guidelines have already been issued by various national and international aviation bodies¹². This guide therefore mainly focuses on infection control measures aimed at reducing contact between people (distancing and use of infection protection equipment).

The guide has been prepared on behalf of the Norwegian Ministry of Health and Care Services (HOD) for the Norwegian Directorate of Health. The Norwegian Institute of Public Health (FHI) has collaborated with the Norwegian Civil Aviation Authority on the advice and recommendations. The deadline for delivery of the guide to the Ministry of Health and Care Services was 26 April 2020, and the deadline for delivery from the Norwegian Institute of Public Health (FHI) to the Directorate of Health was 25 April 2020. Relevant organisations and actors in aviation were invited to a meeting to provide input on 23 April 2020. In view of the very short deadlines for the preparation of this guide, no further rounds of consultation or input were conducted.

Risk of infection on flights in Norway

COVID-19 is transmitted via droplet infection and contact infection. People who become infected have generally been exposed to infection via several possible routes of transmission, and the exact source of infection is usually difficult to pinpoint. However, there is currently no evidence that COVID-19 can be spread via airborne (aerosol) transmission³. An infected person can infect others 1–2 days before they develop any symptoms. It is difficult to prevent all infection, and the purpose of the measures described in this guide is to reduce the risk of infection.

The risk of infection for travellers depends on the incidence of the disease in the population in general and the effectiveness of the measures implemented. The Norwegian Institute of Public Health and the Norwegian Directorate of Health have issued general advice for the public on hand and cough hygiene, and a general recommendation that everyone who has any kind of respiratory infection should stay at home. People have also been advised to limit contact with other people and maintain a safe distance from other people, and to avoid all non-essential travel. Separate advice and guidelines on quarantine and isolation have been issued for people who have tested positive and their close contacts. All these measures help reduce the spread of disease in society. However, the transmission situation may change when the health authorities change their advice and start easing measures, or if the target groups change their behaviour. Norway currently has a low incidence of COVID-19, and in some parts of the country it is very low⁴.

In connection with air travel, infection may occur before (waiting areas, check-in, boarding), during, or after (disembarkation, baggage claim) the flight. The risk of infection is directly linked to the number of contacts between people, the distance between people, and the length of time people are close to other people in a confined space.

¹ <https://www.iata.org/en/programs/safety/health/diseases/>

² <https://www.easa.europa.eu/safety-promotion-publication-type/covid-19>

³ <https://www.fhi.no/publ/2020/kontaktmitte-av-sars-cov-2/>

⁴ <https://www.fhi.no/sv/smittsomme-sykdommer/corona/dags--og-ukerapporter/dags--og-ukerapporter-om-koronavirus/>

Recommended distance between passengers and use of infection protection equipment

The risk of infection is currently low in Norway. At airports and on board aircraft, there are good opportunities to ensure compliance with general infection control measures both before, during and after the flight. Good routines will be able to reduce movement and contact between people. Hygiene measures can be strengthened, for example through increased opportunities to perform hand hygiene.

There is limited knowledge about the risk of transmission of COVID-19 on board aircraft. Such transmission is difficult to document, but experience to date suggests that COVID-19 transmission on aircraft is not common¹. There are no documented cases of in-flight transmission of the related MERS coronavirus², and limited documentation of in-flight transmission of influenza³.

In-flight infection can nevertheless not be ruled out. The European Centre for Disease Prevention and Control (ECDC) defines close contact on an aircraft as passengers sitting within two seats (in any direction) of the infected / sick person⁴. This distance has been chosen to capture anyone who *may* have been exposed to infection. The purpose of recommending distancing between passengers is to *limit* the risk of infection. Droplet infection usually occurs within a distance of one metre, and since other measures will help further reduce the risk of infection, the recommended distance between passengers on aircraft can be adjusted in given situations.

Recommended distance

Within the aircraft cabin, face-to-face contact can be limited, and the air in the cabin is constantly replaced and filtered⁵. If the passengers and crew follow the relevant advice and recommendations, and companies implement the necessary compensatory measures to limit transmission mentioned above, the risk of infection is reduced even further.

The health authorities' general recommendation of a distance of at least one metre between people can therefore be deviated from.

The Norwegian Institute of Public Health (FHI) considers that one empty seat between each passenger provides sufficient distance in the aircraft cabin, and that the aisle also provides sufficient distance between passengers. There is no need to increase the distance between the rows of seats in the longitudinal direction of the aircraft, due to the replacement and filtration of the air, the direction of air flow, and because of the barrier provided by the seat back.

Travellers from the same household can sit next to each other.

Infection protection equipment

Face masks are used to protect the user and/or the user's close contacts from infection. Medical grade face masks (Class II and IIR) have a good filtration effect and are widely used in the health

¹ <https://www.iata.org/en/programs/safety/health/diseases/>

² <https://www.ecdc.europa.eu/en/publications-data/risk-assessment-guidelines-infectious-diseases-transmitted-aircraft-ragida-middle>

³ <https://www.ecdc.europa.eu/en/publications-data/risk-assessment-guidelines-infectious-diseases-transmitted-aircraft-ragida>

⁴ <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>

⁵ <https://www.iata.org/en/programs/safety/health/diseases/>

service. There is currently a shortage of medical-grade face masks, and these should therefore be reserved for the health service.

The filtration effect of non-medical-grade face masks, i.e. homemade or factory-made face masks made of fabric, paper or other materials is unknown. These face masks primarily protect people around the user against droplet infection. They provide limited protection for the wearer him-/herself. Furthermore, incorrect use of non-medical-grade face masks may actually increase the risk of infection. Handling used face masks and frequent face touching can also increase the risk of infection¹.

The Norwegian Institute of Public Health does not rule out the possibility that non-medical-grade face masks may have a certain infection-reducing effect. The use of non-medical-grade face masks can be considered if the proportion of the population infected, without having symptoms turns out to be high². However, the use of non-medical-grade face masks cannot make up for, or replace, other preventive measures, such as distancing between the passengers in the cabin. At present, the use of non-medical-grade face masks is therefore not recommended during flights.

Use of single-use gloves is not recommended as a general infection control measure. It is not recommended that employees wear gloves other than in situations where this is already standard practice. Single-use gloves do not reduce the need for good hand hygiene, and prolonged use of gloves probably increases the risk of infection.

Infection prevention measures

Many measures have been implemented in all parts of society that together help limit the spread of infection. The purpose of the precautions recommended here is to prevent and limit the spread of COVID-19.

The basic infection control measures are:

1. Sick people should stay at home
2. Good hygiene
3. Contact reduction measures

The most important infection control measure is that sick people stay at home. Correct cough hygiene and social distancing are key to limiting droplet infection, while correct hand hygiene, and especially avoiding touching one's face with unclean hands, is important to prevent indirect contact infection. Increased physical distance between people reduces the possibility of infection, even before any symptoms develop.

However, even with well-implemented measures, infection can occur. Implementation of the infection control measures listed here will serve to limit the spread of infection. The text below describes which infection control measures should be in place to successfully reduce the risk of infection to a minimum in connection with travel.

¹ <https://www.fhi.no/nettpub/coronavirus/fakta/renhold-og-hygiene/?term=&h=1>

² <https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>

Sick people should stay at home

People with any kind of acute respiratory tract infection should stay at home, even if the symptoms are very mild¹. People who are in quarantine or have been told to self-isolate at home must not enter the airport or travel by air.² This applies to passengers and employees alike. The relevant enterprises must have good procedures to ensure compliance.

Good hygiene

Cleaning

SARS-Co-V-2 is currently thought to be able to survive on various types of surfaces from a few hours up to several days. The virus can be removed by means of manual cleaning using water and detergents. Cleaning is therefore an important infection prevention measure. A number of aviation organisations have published recommendations on cleaning and disinfection³⁴⁵⁶.

Local cleaning plans should be reviewed in terms of organisation, responsibilities and resource requirements. Enterprises must consider whether they need to adjust their ordinary routines. Normal cleaning products can be used in accordance with the relevant routines. It must be assessed whether some areas should be prioritised with more frequent cleaning, such as frequently touched contact points (self-service machines, door handles, keyboards and keypads, chair armrests, light switches, telephones, etc.). Intensified cleaning of toilets and washbasins ought to be considered. Cleaning staff do not need to use additional infection protection equipment beyond what is normally used.

There is no evidence that aircraft and airports need to be disinfected as a result of COVID-19. If disinfection is nevertheless carried out, it must primarily target contaminated areas. Disinfectants can be used on frequently touched contact points and surfaces that have been contaminated. Disinfectants will be less effective on visibly dirty surfaces. Any spills and dirt must be removed before disinfectant is applied.

Disinfectants should be applied with a cloth. Spraying of disinfectants is discouraged. A number of disinfectants have proven to be effective against COVID-19. Products for disinfection must be approved in accordance with the Biocides Regulation⁷ to ensure that the products meet relevant health, safety and environmental standards.

Disinfection equipment must be used that does not damage the surfaces and equipment. Products used for cleaning and/or disinfection must be used in compliance with the supplier's instructions.

Hand hygiene, cough hygiene and use of infection protection equipment

Hand hygiene includes the use of alcohol-based hand sanitisers and hand washing with soap and water⁸. Properly performed hand hygiene using either hand sanitiser (70% alcohol and provided the

¹ https://www.fhi.no/nettpub/coronavirus/fakta/hvis_du_mistenker_at_du_er_syk_med_covid-19/?term=&h=1

² Regulations relating to infection control measures etc. in connection with the coronavirus outbreak (COVID-19 Regulations) <https://lovdata.no/dokument/SF/forskrift/2020-03-27-470>

³ <https://www.easa.europa.eu/safety-promotion-publication-type/covid-19>

⁴ www.iata.org/en/program/safety/cabin-safety/

⁵ https://www.who.int/ihr/publications/9789241510165_eng/en/

⁶ <https://www.fhi.no/nettpub/coronavirus/rad-og-informasjon-til-andre-sektorer-og-yrkesgrupper/rengjoring-og-desinfeksjon-ved-covid-19-til-sektorer-utenfor-helsetjenesten/?term=&h=1>

⁷ <https://lovdata.no/dokument/SF/forskrift/2017-04-18-480>

⁸ <https://www.fhi.no/nettpub/coronavirus/fakta/renhold-og-hygiene/?term=&h=1>

hands are not visibly dirty) or soap and water is the simplest and most effective measure individuals can take to protect themselves and their surroundings against COVID-19.

Enterprises must provide facilities for good hand hygiene for their employees and customers. The availability and location of hand hygiene facilities is important to ensure that employees and passengers comply with the advice and recommendations. The facilities must be clearly visible and available in immediate proximity to areas where there is frequent contact between people. The location should be appropriate and predictable and should be based on an analysis of the work and passenger flow in the individual area.

Examples of areas where it is important to provide hand sanitiser are:

- Public areas such as waiting rooms, reception areas, food service areas
- At the aircraft entrance and exit
- Attached to mobile work stations
- High activity areas (must be assessed)
- On the outside of clean storerooms and kitchens, on the same side as the door handle

Infection protection equipment

The use of infection protection equipment is a measure to protect employees from infection as described in the Regulations concerning the performance of work.¹ It is the employer's duty to ensure that employees have access to relevant infection protection equipment, have received training in its use, and that the equipment is easily accessible. Use of infection protection equipment must be based on the following assessments:

- Risk of infection
- Consequences of infection
- Access to infection protection equipment
- Possibility of effective infection tracing

For employees at airports, the use of personal protective equipment will be relevant and the choice of equipment must meet the requirements in different standards.

Gloves

Gloves do not protect against transmission of infection.

Transmission of infection occurs in the same way, irrespective of whether you are wearing gloves or not. Even if employees wear gloves, their hands will still act as a vehicle of contagion to the environment, in the same way as if they were not wearing gloves. In addition, people who wear gloves feel protected and therefore tend to perform hand hygiene less frequently. As a result, they are more likely to contribute to indirect infection transmission.

It is recommended that clean single-use gloves are only worn by employees when necessary, such as when handling unclean objects and when performing tasks that make their hands dirty.

Face masks

Face masks can be divided into two categories:

¹ <https://lovdata.no/dokument/SF/forskrift/2011-12-06-1357?q=forskrift%20om%20utf%C3%B8relse%20av%20arbeid>

- **Medical-grade face masks:** face masks manufactured for use in the health service that meet the applicable standards.
- **Non-medical-grade face masks:** homemade or factory-made face masks made of fabric or other materials. The manufacture of these kinds of face masks is not regulated by standards or other legislation, and the degree of protection they provide is unknown.

In connection with any recommended measure, the expected infection prevention effect must be assessed against any inconvenience and the cost of the measure. The efficacy of medical-grade face masks is well documented, provided they are used correctly.

There is currently great uncertainty about the effectiveness of non-medical-grade face masks. Research to date suggests that non-medical-grade face masks are less able to prevent infection than medical-grade face masks.

The Norwegian Institute of Public Health (FHI) does not currently recommend the use of face masks by people assumed healthy in the general population¹. In addition to the lack of evidence of their efficacy, wearing a mask can provide a false sense of security that may lead to poorer adherence to the rules concerning social distancing and reduced contact.

If the rate of infection in Norway changes, it may become necessary to implement further measures, such as the use of medical-grade face masks or non-medical-grade face masks in some areas and/or situations²³.

Protection of work clothes

The need for the protection of work clothes will need to be assessed for each individual situation.

Contact reduction measures

The risk of infection increases in line with the amount of time people spend together and the proximity between people. The risk of infection can be reduced by reducing the number of contacts between people and increasing the distance between contacts. One of the most important measures is therefore ensuring a good distance between people who meet. Reduced contact should be maintained both before, during and after the journey. See the appended checklists.

Specific contact reduction measures at airports

Arrangements should be made at airports to ensure adequate distancing between passengers and between passengers and employees. The health authorities' [recommendations on distancing between persons](#) also apply here. Special measures will be necessary in bottleneck situations where queues form and between desks. Installation of plexiglass screens to protect employees can be considered. Chairs and tables should be removed or marked so that passengers do not sit near each other. Cashless or contactless payment is recommended.

The following points require special consideration:

¹ [Hand hygiene, cough hygiene, use of face masks, cleaning and laundry – Advice and information for the population](#)

² [Hand hygiene, cough hygiene, use of face masks, cleaning and laundry – Advice and information for the population](#)

³ <https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>

- Self-service check-in machines, ATMs and self-service baggage drop-off: there should be sufficient distance between the machines (for example, only alternate machines in use). Passengers should be encouraged to check-in by phone
- Check-in desks, service desks and gates
- Lifts, escalators, moving walkways, etc.
- Security check, customs, passport control
- Baggage claim
- Seating in waiting areas
- Cafes and restaurants
- Shops and kiosks
- Public areas (play areas, quiet rooms, etc.)
- Toilets and baby-changing rooms

Specific contact reduction measures in aircraft

The Norwegian Institute of Public Health (FHI) recommends maintaining as great a distance as possible between passengers and between passengers and cabin crew. The Norwegian Institute of Public Health (FHI) considers that one empty seat between each passenger provides sufficient distance in the aircraft cabin, and that the aisle also provides sufficient distance between passengers. There is no need to increase the distance between the rows of seats in the longitudinal direction of the aircraft, due to the replacement and filtration of the air, the direction of air flow, and because of the barrier provided by the seat back.

Travellers from the same household can sit next to each other.

Boarding and disembarkation routines should be planned and well organised to ensure adequate distancing between passengers and between passengers and employees.

It is recommended that boarding and disembarkation be organised in groups, for example, by row, ensuring adequate distancing and with extra time scheduled to avoid congestion. The aeroplane should be filled in sequence so that passengers do not need to pass each other unnecessarily in the cabin. If there is only one entrance at the front, the aeroplane should be filled starting from the back. In connection with disembarkation, passengers should remain seated until it is their turn to leave the aircraft. Employees should keep their distance from passengers during boarding and disembarkation. If the passengers are transported to and from the aircraft by bus, sufficient capacity should be ensured to allow compliance with the recommended social distancing rules. The bus transport must also be well organised.

Limit the use of carry-on baggage that cannot be placed under the seat to prevent passengers from having to lean over one another to stow their baggage.

Contact between employees and passengers should be limited as far as possible; for example, by having each employee serve an allocated part of the cabin. Avoid serving food or hand out pre-packed food and drink in advance or during the flight.

Passengers should be encouraged to use the nearest toilet, and queuing for the toilet should be avoided. One toilet should be reserved for the crew.

In connection with passengers that need assistance, it is important that the employee washes or disinfects their hands before and after contact with the person requiring assistance. The need for infection protection equipment should be assessed in the individual case.

Employees who may be in risk groups

Based on data about the outbreak so far (as at 23 April 2020) from China, Italy, the United Kingdom, the United States and Norway, older people (over 65 years of age) appear to be at higher risk of serious illness from COVID-19, and especially if they also have underlying health conditions. In addition, adults, especially those over the age of 50, with chronic diseases such as cardiovascular disease (including high blood pressure) and diabetes may have a slightly higher risk of severe course of COVID-19. Employees belonging to groups with a higher risk of severe course of COVID-19 should be assessed individually in relation to adapted work or alternative work.

Pregnant women have not been found to be at higher risk of serious COVID-19 illness, and there are no grounds to suspect that infection may entail a risk of foetal damage. Pregnant women who have a chronic illness or pregnancy complications should discuss with their doctor whether there is reason to exercise additional caution and the need for adapted work or alternative work.

The Norwegian Institute of Public Health (FHI) has updated information about people who may be at higher risk of contracting COVID-19¹.

Handling passengers with suspected COVID-19 during flight

All airlines should prepare their own routines based on the current guidelines².

In addition to standard first aid equipment, cabin crew should also have access to face masks and eye protection / visors, single-use gloves (and possibly single-use gowns) and suitable disinfectant.

If it is suspected that a passenger on board an aircraft may have COVID-19, the passenger should be separated from the other passengers with a minimum distance of one metre (usually 2 rows of seats in all directions). The person should be made to wear a medical-grade face mask as soon as possible. However, face masks should not be used in the event of severe breathing difficulties, vomiting / risk of aspiration, blocked airways or the need for oxygen.

If necessary, the passenger should be followed up by a single member of the cabin crew wearing suitable infection protection equipment. If it is suspected that there may be an infected person on the aircraft, any disinfection measures should be carried out in accordance with current procedures for infectious persons on aircraft.

Norwegian air traffic control centres / towers, service centres (handling companies) and operations centres at airports with international routes, emergency medical alarm centres and district medical officers should follow the following advice if COVID-19 is suspected.

- The air traffic control centre, service centre, or operations centre that is first alerted about a sick passenger shall find out as much as possible about the suspected infection and notify the district medical officer. The district medical officer shall assess whether this is a suspected case of COVID-19.
- All passengers with symptoms such as coughing, fever or breathlessness shall be examined by health care professionals at the airport.

For more information, see the Norwegian Institute of Public Health (FHI)'s website³.

¹ <https://www.fhi.no/nettpub/coronavirus/fakta/risikogrupper/?term=&h=1>

² <https://www.iata.org/en/programs/safety/health/diseases/>

³ <https://www.fhi.no/nettpub/coronavirus/rad-og-informasjon-til-andre-sektorer-og-yrkesgrupper/rutiner-for-varsling-og-handtering-av-passasjer-med-mistenkt-koronavirus-20/?term=&h=1>

Information and training

Employee training

Each individual enterprise is responsible for training its own personnel in the applicable infection control and prevention procedures in accordance with this guide such that all employees are informed about the relevant measures. Training must be adapted to the individual occupational groups.

Travel advice for passengers

Airlines should send information to passengers about the current infection control and prevention procedures for air travel. Passengers must also be informed that they should not travel if they have any symptoms of respiratory infection. They must not travel if they are in quarantine or have been told to self-isolate at home. It is recommended that passengers receive this information when they book tickets and again as a reminder just before the journey itself (for example, by SMS notification).

In addition, there should also be information material for travellers at the airport (posters, information screens, etc.), as well as clear information for travellers about what to do and whom to contact if they develop symptoms of respiratory infection. Advice and information for the public about the symptoms of COVID-19 and information about flights can also be found on www.fhi.no¹².

¹ <https://www.fhi.no/nettpub/coronavirus/fakta-og-kunnskap-om-covid-19/fakta-om-koronavirus-coronavirus-2019-ncov/?term=&h=1>

² <https://www.fhi.no/nettpub/coronavirus/fakta/reiserad-knyttet-til-nytt-koronavirus-coronavirus/?term=&h=1>

Appendix

Checklist for measures at airports

Risk point	Risk mitigation measures
Self-service check-in machines, ATMs and self-service baggage drop-off	<ul style="list-style-type: none"> • Ensure distancing between passengers in queues and between machines / desks (use alternate) • Encourage check-in by phone • Provide hand sanitiser for customers • Increase cleaning of frequently touched contact points
Check-in desks, service desks and gates	<ul style="list-style-type: none"> • Ensure distancing between passengers in queues and between desks • Maintain a safe distance between desks (use alternate desks) • Install plexiglass screens to protect employees • Provide hand sanitiser for customers • Increase cleaning of frequently touched contact points
Lifts, escalators, moving walkways, etc.	<ul style="list-style-type: none"> • Maximum number of passengers • Encourage passengers to keep a safe distance apart (posters) • Increase cleaning of frequently touched contact points
Security check, customs, passport control	<ul style="list-style-type: none"> • Ensure distancing between passengers in queues and between the queues • Install plexiglass screens to protect employees • Provide hand sanitiser for customers before security • Increase cleaning of frequently touched contact points
Baggage claim	<ul style="list-style-type: none"> • Ensure distancing between passengers • Provide hand sanitiser for customers before baggage claim • Increase cleaning of frequently touched contact points
Waiting areas	<ul style="list-style-type: none"> • Increase distancing by using alternate seats • Increase cleaning of frequently touched contact points
Cafes and restaurants	<ul style="list-style-type: none"> • Increase distancing by using alternate tables • Provide hand sanitiser for customers • Restaurants must otherwise comply with the requirements that apply to enterprises where food is served • Increase cleaning of frequently touched contact points • Cashless and/or contactless payment
Shops and kiosks	<ul style="list-style-type: none"> • Ensure distancing between customers • Install plexiglass screens to protect employees • Provide hand sanitiser for customers • Increase cleaning of frequently touched contact points • Cashless and/or contactless payment
Public areas (play areas, quiet rooms)	<ul style="list-style-type: none"> • Play areas should be closed • Ensure distancing between people / max. number at a time • Ensure frequent cleaning of frequently touched contact points • Provide hand sanitiser
Toilets	<ul style="list-style-type: none"> • Frequent cleaning • Use paper towels, not air dryers • Set a maximum number of people inside the toilet

Checklist for in-flight measures

Risk point	Risk mitigation measures
Boarding and disembarkation	<ul style="list-style-type: none"> • Ensure good organisation and planning • Allow plenty of time and carry out boarding / disembarkation in groups or by row • Fill the aeroplane in sequence so that passengers do not need to pass each other unnecessarily • Passengers must remain seated until it is their turn to leave the aircraft • Ensure distancing between passengers and between passengers and employees • Offer hand sanitiser to passengers before boarding and at disembarkation
Buses to and from aircraft	<ul style="list-style-type: none"> • Ensure good organisation and planning • Ensure sufficient capacity to be able to maintain a safe distance
Seating in the aircraft	<ul style="list-style-type: none"> • Passengers who do not belong to the same household should sit in alternate seats • Cleaning common touch points, including seat belts, armrests, tables, etc.
Luggage inside the aircraft	<ul style="list-style-type: none"> • Limit use of carry-on baggage in the cabin that cannot be placed under the seat
Food service	<ul style="list-style-type: none"> • Avoid food service, or • Hand out pre-packed food and drink in advance or during boarding
Toilets	<ul style="list-style-type: none"> • One toilet should be reserved for employees • Passengers are encouraged to use the nearest toilet • Avoid queuing • Frequent cleaning
Passengers that need assistance	<ul style="list-style-type: none"> • Ensure good hand hygiene before and after contact with the person requiring assistance • Use of face masks is assessed in the individual case • Wheelchairs etc. are cleaned after use
For employees	<ul style="list-style-type: none"> • Keep a good distance from the passengers during boarding and disembarkation • Avoid unnecessary contact with passengers • Organise the employees so they each handle different parts of the cabin • Ensure adequate distance from other employees wherever possible