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(English text at the bottom)

PRELIMINARY REPORT OF THE EASA/ECDC SAFETY PROTOCOL IMPLEMENTATION

Gentili Colleghi,

Nella terza decade dello scorso mese di maggio EASA ha lanciato un programma per monitorare l'implementazione del "COVID-19 Aviation Health Safety Protocol" (Vedi info tech 23.2020).

Lo scopo del programma è di monitorare l'effettiva applicazione del protocollo da parte di un circoscritto ambito di operatori e gestori aeroportuali che avevano preventivamente sottoscritto l'adesione alle linee guida dell'Agenzia europea.

Ad oggi 45 gestori aeroportuali, in rappresentanza di 150 aeroporti e 43 compagnie aeree, pari al 40% del traffico aereo EU, fanno parte del progetto.

Il rapporto preliminare redatto da EASA è relativo al periodo luglio/agosto 2020.

Alcune delle evidenze segnalate sono:

- **Esposizione degli equipaggi e del personale aeroportuale:**
- Il numero di aeroporti che hanno segnalato personale infetto è stato basso e costante durante tutto il periodo; il numero è raddoppiato da 5 a 10 solo nell'ultima settimana di segnalazione. Tuttavia, il tasso massimo segnalato di infezioni del personale in un aeroporto per 100.000 passeggeri in partenza è stato ogni settimana inferiore al tasso medio di nuove infezioni per 100.000 abitanti negli Stati membri dell'EASA. Ciò indica che non ci sono prove che gli aeroporti siano più inclini a diffondere il virus rispetto alla società in generale;
- Il numero di equipaggi di condotta infetti è rimasto stabile a un livello basso durante tutto il periodo di riferimento. Il numero di membri dell'equipaggio di cabina infetti è aumentato, ma può ancora essere considerato basso. Va notato che solo una manciata di compagnie aeree degli Stati membri dell'EASA ha segnalato casi di membri dell'equipaggio infetti e in tutte le settimane, tranne una, il tasso massimo del personale di cabina infetto è stato inferiore al tasso medio di nuove infezioni per 100.000 abitanti negli Stati membri. Il tasso

massimo di personale di volo infetto in una compagnia aerea degli Stati membri dell'EASA è stato inferiore al tasso medio di infezioni per 100.000 abitanti ogni settimana.

- Non sempre è possibile mantenere il **distanziamento fisico** nei punti di convergenza tradizionali (controlli di sicurezza, controllo doganali, ecc.), a causa della limitata disponibilità di varchi in relazione al numero di passeggeri in arrivo. Questo dovrebbe diventare un problema più grande una volta che il traffico tornerà a crescere.
- Alcune compagnie aeree riferiscono che, nonostante l'obbligo nazionale (in vigore non solo in Italia) di **indossare maschere chirurgiche** a bordo, molti passeggeri arrivano indossando maschere comuni o fai da te.

Di seguito il report di EASA.

Buona lettura.

ANPAC – Dipartimento Tecnico

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[English Version](#)

PRELIMINARY REPORT OF THE EASA/ECDC SAFETY PROTOCOL IMPLEMENTATION

Dear Colleagues,

On the third decade of May 2020 EASA launched the Program to monitor the implementation of the “COVID-19 Aviation Health Safety” (See Info Tech 23.2020).

The purpose of the Program is to monitor the effectiveness of the EASA-ECDC COVID-19 Aviation Health Safety Protocol in a closed eco-system of flights operated by airlines that are ready to apply the Protocol, and connecting airports that are also applying the Protocol.

To date, 45 airport organizations representing approximately 150 airports and 43 airlines have signed the Charter, equal to around 40% of the EU air traffic.

The preliminary report drawn up by EASA is related to the period July-august 2020.



Some of the reported issues are:

- **Exposure of crew members and airport staff:**
- The number of airports that reported infected personnel has been low and constant during the period, except that the number doubled from 5 to 10 in the last reporting week. However, the maximum reported rate of infections of personnel at an EASA MS airport per 100 000 departing passengers has every week been lower than the median rate of new infections per 100 000 inhabitants in the EASA MS. This indicates that there is no evidence that airports are more prone to spreading the virus than the general society;
- The reported number of infected flight crew has been steady at a low level during the reporting period. The number of infected cabin crew members has increased, but the number can still be considered to be low. It should be noted that only a handful of EASA MS airlines have reported cases of infected crew members and, in all but one week, the maximum rate of infected cabin crew members in an EASA MS airline has been lower than the median rate of new infections per 100 000 inhabitants in the EASA MS. The maximum rate of infected flight crew in an EASA MS airline has been lower than the median rate of infections per 100 000 inhabitants every week.
- **Physical distancing** is not always possible to maintain at traditional convergence points (security checks, border control), due to the limited availability of gates, and passengers arriving who are accompanied by other persons. This is expected to become a bigger problem once traffic increases
- Some airlines report that despite there being a national obligation (in force not only in Italy) to wear **surgical/medical face masks** onboard, many passengers arrive wearing fashion homemade masks.

Here below the EASA report.

Enjoy the reading.

ANPAC – Dipartimento Tecnico

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Initial preliminary report on the EASA programme to monitor the implementation of the EASA-ECDC COVID-19 Aviation Health Safety Protocol

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On 26 May 2020 EASA launched the *Programme to monitor the implementation of the COVID-19 Aviation Health Safety Protocol and EASA's Aviation Industry Charter for COVID-19*.

The purpose of the Programme is to monitor the effectiveness of the EASA-ECDC COVID-19 Aviation Health Safety Protocol¹ (hereinafter referred to as "Protocol") in a closed eco-system of flights operated by airlines that are ready to apply the Protocol, and connecting airports that are also applying the Protocol. The pool of airlines and airports has committed to applying the Protocol as signatories to the Aviation Industry Charter for COVID-19 (hereinafter referred to as the "Charter").

To date, 45 airport organisations representing approximately 150 airports and 43 airlines have signed the Charter, representing around 40% of the EU air traffic.

Airport and air operators wishing to participate in the Programme sign the Charter. They pledge to abide by the guidelines, coordinate with EASA, ECDC and national authorities on issues they discover during implementation of the guidelines, as well as to provide a pre-defined set of data to EASA and ECDC.

By the end of August, 80% of the Charter signatories had submitted data. As a result of the the data and qualitative feedback that has been collected, EASA and the signatories can monitor the end-to-end passenger journey and gauge how the guidelines are being respected from the passengers entering the departure airport to exiting the destination terminal. To that end, the following indicators are monitored:

- How passengers adhere to the guidelines/measures;
- How airports/airlines react to passengers with a suspected infection;
- The detection of infected crew members and airport front-line personnel and;
- How well physical distancing is maintained through the measurement of waiting times.

The main initial observations, based on the limited data set of 7 weeks, show that there is significant room for improvement as the Protocol has been unevenly implemented by Charter signatories.

Main issues reported thus far:

- Physical distancing is not always possible to maintain at traditional convergence points (security checks, border control), due to the limited availability of gates, and passengers arriving who are accompanied by other persons. This is expected to become a bigger problem once traffic increases;

¹ https://www.easa.europa.eu/document-library/general-publications/covid-19-aviation-health-safety-protocol?utm_medium=email&utm_campaign=EASA%20COVID-19%20Guidance&utm_content=EASA%20COVID-19%20Guidance+CID_d0dfe2fa7941816cdf1afe130a12ec7c&utm_source=Campaign%20monitor&utm_term=EASA-ECDC%20Aviation%20Health%20Safety%20Protocol

- Some airlines report that despite there being a national obligation (no EU wide standards in place) to wear surgical/medical face masks² onboard, many passengers arrive wearing community masks.

EASA will monitor on a monthly basis the implementation of the protocol. This monitoring will be an important tool for the monitoring group of the Protocol in determining the effectiveness and efficiency of the implementation of the Protocol. This data-driven feedback may trigger adjustments to the guidelines and will be included with other elements (e.g. Passenger survey) to monitor the health safety of the aviation system and support the restoration of passenger confidence.

² A medical face mask (also known as a surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. Medical masks comply with the requirements defined in European Standard EN 14683:2019+AC:2019.

Annex 1: Main initial observations and analysis of data

The observations and trends identified in this paper are based on data and feedback provided to EASA and, as such, are directly dependant on the timeliness and quality of the submitted data. The following initial observations are based on the still limited data set and qualitative feedback from the first 7 weeks of the programme. Further consolidation will be necessary following the collection of more data.

1.1 Overall initial observations

- The number of charter signatories is steadily increasing, from both EASA Member States as well as third countries airlines and airports.
- Reporting airports from Europe (EASA MS as well as European non-MS) account for about 40% of the total number of passengers flying in the region.
- Passenger adherence to the protocol:
 - Passengers do cooperate and report constructively. The main source of passengers non-adherence to the measures is the wearing of medical facemasks.
- Airlines' and airports' reactions to potentially infected passengers:
 - Assessment of potentially infected passengers (health screening or self-declaration) and denied boarding are taking place and being done in a proportionate manner.
- Is physical distancing compromised?
 - Despite the low traffic, waiting times of more than 15 min are observed, , in particular during boarding and at baggage reclaim, which highlights the importance of physical distancing throughout the airport.
- Wearing of medical face masks:
 - Airlines fully enforcing wearing of medical face masks report 25% of passengers arrive with community masks only, despite all communication efforts;
- Exposure of crew members and airport staff³
 - The number of airports that reported infected personnel has been low and constant during the period, except that the number doubled from 5 to 10 in the last reporting week. However, the maximum reported rate of infections of personnel at an EASA MS airport per 100 000 departing passengers has every week been lower than the median rate of new infections per 100 000 inhabitants in the EASA MS. This indicates that there is no evidence that airports are more prone to spreading the virus than the general society;
 - The reported number of infected flight crew has been steady at a low level during the reporting period. The number of infected cabin crew members has increased, but the number can still be considered to be low. It should be noted that only a handful of EASA MS airlines have reported cases of infected crew members and, in all but one week, the maximum rate of infected cabin crew members in an EASA MS airline has been lower than the median rate of new infections per 100 000 inhabitants in the EASA MS. The maximum rate of infected flight crew in an EASA MS airline has been lower than the median rate of infections per 100 000 inhabitants every week.

³ In these comparisons, only EASA MS airports and airlines were used because of the lack of comparable data on COVID-19 infections in the general population for non-EASA MS.

1.2 Observations on data reported by airports

- Some airports are having difficulties in reporting all data points requested by the Charter, in some cases because some measures are not implemented or are partially implemented (e.g. health screening not performed or only on departing or arriving passengers), in other cases it is due to a lack of automatic measuring methods;
- The rate of departing passengers who, as a result of health screening triggered further assessment after entering the terminal, spiked at the end of July with considerably lower rates in the weeks before and after;
- The rate of departing passengers who were denied boarding due to COVID-19-compatible symptoms increased considerably in the last two reporting weeks, when compared to previous weeks;
- The rate of passengers who were denied boarding due to non-adherence to the measures is low but steadily increasing;
- The rate of arriving passengers who, following health screening, trigger further health assessment is steadily decreasing;
- The rate of passengers denied entry or subject to public health measures due to the presence of symptoms has fluctuated during the period;
- Regarding waiting times at different parts of the airport:
 - Very few airports report long or any waiting times for COVID-19 health screening when entering the airport at departure. It should be noted that such screening is not performed at many airports;
 - Few airports report waiting times at check-in of more than 15 minutes;
 - Very few airports (some weeks none at all) report waiting times at security checkpoints of more than 15 minutes;
 - At boarding, the number of airports reporting waiting times of more than 15 minutes is high, affecting more than 50% of all reporting airports each week. Some airports are reporting difficulties in keeping the distancing requirements at boarding due to a lack of space at gates;
 - Few airports report waiting times at disembarkation of more than 15 minutes;
 - Some airports are reporting waiting times in excess of 15 minutes for COVID-related health screening on arrival;
 - The number of airports reporting waiting times above 15 minutes at baggage claim is increasing.

1.3 Observations on data reported by airlines

- Some airlines are having difficulties reporting all data points requested under the charter;
- The rate of passengers reporting a condition amongst those listed in Annex 2 of the Guidelines/Acknowledging COVID-19 policy is steadily increasing, however many airlines (more than 50% each week) are reporting 0 cases. The rate of accepted cases is not increasing as much as the total number of cases, which may indicate an increasing number of “false alarms” that highlights an increasing willingness of passengers to comply with these measures;
- The rate of passengers not allowed to continue their travel or disembarked due to COVID-19 compatible symptoms has fluctuated over the reporting period, while remaining in low total numbers;

- The number of passengers showing COVID-19 compatible symptoms in-flight has been low, with the maximum total per week being 11, or 0.38 per 100 000 passengers carried in that week;

2 Aggregated summary of the qualitative feedback

2.1 Airports

- Some airports only perform health screening on arriving passengers, some only on departing passengers when they enter the terminal, and some do not perform any health screening;
- Some airports report difficulties maintaining the distance requirements at the security checkpoints;
- At some airports, simultaneous arriving flights and additional document checks can trigger queues making it difficult to respect the distance requirements;
- Physical distance issues were reported in terminals due to accompanying persons and passengers that arrive early, i.e. at a time when check-in has not started yet;
- Some airports are including passengers in the non-adherence data who were denied boarding due to their not having the correct COVID-related documentation, as required by the destination or the airlines;
- Some airports do not measure some waiting times due to the significant reduction of traffic when compared to pre-COVID;
- Some airports are asking ground handling companies to open check-in desks earlier than normal in order to reduce potential queues. However, this may lead to a higher number of people in the airside part of the terminals;
- Some airports report space issues at boarding gates;
- Random COVID tests are performed on arriving passengers at some airports;
- Some airports only perform screening on international arrivals;
- Some airports report that they are only managing to keep waiting times down however, only through increasing the number of staff members on each shift;
- Regarding infected front-line personnel, some airports have difficulties retrieving such data from other companies established at the airports, due to medical confidentiality.

2.2 Airlines

- Some airlines report that despite there being a national regulation to wear surgical/medical face masks onboard, many passengers arrive wearing community masks;
- Some airlines have been contacted by health authorities informing them that they have carried passengers who later tested positive for COVID. Contact details of other passengers are provided to those authorities to enable tracing;

- Some airlines report that passengers are citing difficulties in respecting distances during boarding and disembarking;
- In cases where airlines have had crew members that were confirmed infected, other colleagues who worked on the same flights have been put in preventive self-isolation;
- Some airlines report that it is difficult for them to plan their flights due to differing COVID-19 related measures being applied in the states. This is extra complex for airlines with AOCs in multiple countries.
- When airlines are informed by health authorities several days later that they have carried COVID-19 positive passengers, this has not been possible to report within the current format of charter data reporting as the reporting period had already closed.