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EUROPEAN COMMISSION

COMMUNICATION FROM THE COMMISSION

EU Guidance for the progressive resumption of tourism services and for health protocols in hospitality establishments – COVID-19

(2020/C 169/01)

I. **Introduction**

1. On 15 April 2020, the Commission, in cooperation with the President of the European Council, put forward a Joint European Roadmap ([1]) to phase out the containment measures due to the COVID-19 outbreak. It sets out criteria and recommendations for Member States on conditions to lift measures and restore free movement. Action should be gradual with needs for physical distancing and infection prevention and control measures as key elements.

2. As the public health situation starts to improve, Member States are considering lifting 'community restriction measures'. This in turn will prepare the safe easing of preventive and protective measures, in particular blanket travel restrictions.

3. With the eventual lifting of restrictions on travel-related activities, it is expected that citizens will, gradually, resume domestic and intra-EU travel.

4. Lifting measures too quickly may cause a sudden resurgence of infections. Until a vaccine is available, the needs and benefits of travel and tourism need to be weighed against the risks of a resurgence of cases requiring a reintroduction of confinement measures.

5. As the stringency of lock-down measures is reduced, utmost consideration will be needed with regard to maintaining inter-personal physical distancing measures, in order to safely resume tourism activities as they, by definition, attract people from different geographical areas.

6. Protection of the health of citizens, including tourism workers and tourists, remains the key priority.

7. The guidance sets out a common objective and non-discriminatory framework for the citizens, public authorities, businesses and stakeholders operating in the tourism sector, for the gradual re-establishment of tourism services.

8. The guidance provides criteria and principles for the safe and gradual restoration of tourism activities and for the development of health protocols for hospitality establishments.

([1]) European Commission (EC). Joint European Roadmap towards lifting COVID-19 containment measures: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2020.126.01.0001.01.ENG&toc=OJ:C:2020:126:TOC

9. The guidance is based on the advice of the European Centre for Disease Control and Prevention (ECDC) ([2]). It builds upon, and should be implemented together with, the Joint European Roadmap towards lifting COVID-19 containment measures ([3]). It should be read in conjunction with guidance issued by the Commission regarding restrictions on non-essential travel ([4]), the exercise of the free movement of workers ([5]), border management measures ([6]), passengers and other persons on board ships ([7]), as well the progressive restoration of transport services ([8]), and the Communication 'Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls' ([9]). Finally, the European Agency for Health and Safety at Work (OSHA) published general occupational health safety measures regarding return back to workplaces ([10]).

II. Principles for the safe and gradual restoration of tourism activities

10. Member States should carefully consider the following criteria when deciding on possible relaxation of strict community measures ([11]) to enable resumption of tourism activities:

10.i   *COVID-1 9 incidence has declined to low levels*

The main pre-requisite for the relaxation of COVID-19 community restriction measures and for resuming tourism activities is epidemiological evidence showing that the spread of the disease has significantly decreased and stabilised for a sustained period of time, and is likely to remain stable with the increased tourist population.

10.ii   *Sufficient health system capacity is in place*

Sufficient health system capacity must be in place for local people and tourists, so that in the event of a sudden increase in cases, primary care, hospital and intensive care services are not overwhelmed. This would be especially important on a regional level, for tourism regions that can expect higher rates of visitors, such as resorts, areas close to beaches, landmarks, etc., which may not be necessarily close to healthcare infrastructure. Remote touristic areas may have limited health care services and if considerable additional number of visitors can be expected, they may require the implementation of additional response mechanisms, such as medical evacuation flights, etc. The guidelines for cross-border health care of Covid-19 cases should be applied ([12]). Furthermore, Member States, whose nationals or residents become infected when present in other Member States, should facilitate the repatriation of such persons.

10.iii   *Robust surveillance and monitoring is in place*

Before relaxing measures, including the resumption of tourism, Member States must have systems in place to be able to monitor and respond to changes in indicators of health service capacity.

Increased surveillance and monitoring capacity on a local level are required to prevent introduction of the virus through travellers into touristic regions as well as spread from local populations to tourists, where applicable in line with EU data protection law.

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[2] Disclaimer: This guidance provides considerations, from a public health perspective, on the prevention and control of COVID-19 for the tourism sector. This includes considerations for clients in the period before, during and after their stay at a given place of accommodation and for staff and while visiting restaurants, coffee shops, or bars in connection with tourism. It does not cover the area of theme or amusement parks, museums or cruises among others. This guidance is indicative of an approach that is recommended to be taken by the tourism sector whilst acknowledging the specificities of tourism establishments across the EU/EEA.

[3] OJ C 126, 17.4.2020, p. 1.

[4] COM(2020) 115 final, COM(2020) 148 final, and C(2020) 2050 final, OJ C 102 I , 30.3.2020, p. 12.

[5] Communication from the Commission – Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak 2020/C 102 I/03.

[6] C(2020) 1753 final (OJ C 86 I, 16.3.2020, p. 1).

[7] C(2020) 3100 final (OJ C 119 I, 14.4.2020, p. 1).

[8] C(2020) 3139.

[9] C(2020) 3250.

[10] COVID-19: BACK TO THE WORKPLACE – Adapting workplaces and protecting workers, https://osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view

[11] As described by the European Centre for Disease Prevention and Control in its rapid risk assessment from 23 April 2020: https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-pandemic-ninth-update

[12] https://ec.europa.eu/info/sites/info/files/guidelines_on_eu_emergency_assistance_in_cross-bordercooperationin_heathcare_related_-to_the_covid-19_crisis.pdf

10.iv *Testing capacity is in place*

A pivotal criterion of the Joint European Roadmap towards lifting COVID-19 containment measures is to ensure large-scale testing to detect cases and monitor the spread of the virus combined with contact tracing and isolation measures to slow down transmission. Lack of testing capacities has initially hampered large population-based screening approaches. For the early identification of cases, rapid testing and diagnoses are essential [13]. It would be important to ensure that visitors also have equal access to testing.

10.v *Contact tracing is in place*

Contact tracing is an effective and essential public health measure for the control of COVID-19. The aim is to promptly identify and manage contacts of COVID-19 cases in order to reduce further onward transmission. Such contact tracing must allow the sharing of relevant information between countries where there is international tourism, including preparedness for repatriation of nationals, if necessary. Close collaboration and coordination between Member States around contact tracing will further be important as borders re-open. The collection and storing of personal data must comply with the relevant EU legislation, including the General Data Protection Regulation and the e-Privacy Directive.

The key elements of contact tracing are outlined in detail in the recent European Centre for Disease Prevention and Control (ECDC) guidance [14] and, in relation to data protection, the Guidance on Apps supporting the fight against COVID 19 pandemic [15] and the Guidelines of the European Data Protection Board [16]. The Commission and the Member States will publish a protocol on interoperability principles to ensure that voluntary approved contact tracing apps can function across borders and are reliable wherever their users are in Europe.

10.vi *Coordination and communication mechanisms are in place*

It is essential that mechanisms be in place to ensure coordination and communication between the authorities and operators active in the tourism sector as well as between local and national/regional governments in Member States. In addition, cross-border coordination, information-sharing and communication using established channels is essential, where cross-border tourism is allowed. Member States should inform each other and the Commission in due time before announcing measures related to restoring cross-border tourism traffic and take into account their views. In addition to the mechanisms outlined in the accompanying Communication on restoring free movement and lifting internal border controls, the Health Security Committee, the Tourism Advisory Committee and other existing coordination channels for transport and travel should be used in line with their respective mandates.

Risk communication, including through digital means, for the travellers and tourists is also vital, ensuring they are informed about the local context, measures to follow in case of suspected COVID-19 cases, how to access healthcare etc.

11. The relaxation of containment measures should be based on science with public health at its centre and should be implemented within a coordinated framework in place in each Member State. This coordinated framework is the basis for the re-opening of tourism-related businesses and services. Given the upcoming summer holiday season, sound public health advice to tourism businesses and destinations is crucial.

12. Assessment of the local epidemiological situation needs to be performed to evaluate the overall risk of reopening tourism activities, in order to avoid the transmission spillover from tourists to local population and vice versa.

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[13] At present, no rapid test for SARS-CoV-2 detection has been validated and recommended for use for diagnostic purposes.
[14] https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management
[15] C(2020) 2523 final of 16.4.2020.
[16] https://edpb.europa.eu/our-work-tools/our-documents/guidelines/guidelines-042020-use-location-data-and-contact-tracing_en

13. Preparedness plans with clear criteria need to be in place to re-escalate restriction measures, if necessary.

14. Recommendations in the Joint European Roadmap towards lifting COVID-19 containment measures include principles that have particular relevance to the tourism sector; these should be upheld when tourism is resumed.

15. The lifting of measures should be gradual. More general measures should be replaced by more targeted ones, allowing societies and tourism activities to gradually resume, provided that proportionate and effective measures are deployed to protect the health of tourists and workers.

16. Return to employment should be organised in line with the 'EU guidance for a safe return to the workplace' [17] and should prioritise less endangered groups and sectors that can facilitate economic activity, while observing occupational and health safety rules imposed by the pandemic.

17. Measures to restrict tourism services, as well as health-related protection and prevention measures, should be limited in scope and duration to what is strictly necessary to protect public health. In addition to being objective and proportionate, all measures should also be duly motivated, relevant and mode-specific, non-discriminatory and they should maintain a level playing field in the Single Market.

18. The ECDC, in cooperation with Member States and the Joint Research Centre, is developing and will continuously maintain a map [18] of the level of COVID-19 transmission at sub-national level. Member States are invited to provide data in order to ensure that this map is complete and up to date. This will provide benefits in all aspects of de-escalation strategies (opening/closing specific economic sectors; evaluating different testing strategies; evaluation effectiveness of personal protection measures; etc.) In addition, Member States are invited to provide updated data on available capacity on hospitals, testing, surveillance and contact tracing, and publish criteria for lifting and imposing restrictions. The transmission map and the accompanying measures serves as a transparent tool to provide information at EU level to be used by authorities, transport operators and tourism stakeholders, as well as by citizens in making responsible individual decisions about their holiday plans.

III. EU Guidance for health protocols in hospitality establishments

19. This part of the guidance proposes principles to guide Member States in the design and implementation of infection prevention and control measures and protocols for hospitality services providers, such as hotels and other hospitality establishments, to ensure a safer touristic establishment and health of guests as well as workers.

20. The guidance for health protocols is non-binding. It aims to ensure coherence in the development and implementation of infection prevention and control measures through a coordinated approach within the regions and Member States.

21. In addition to following recommendations and operational considerations for COVID-19 risk management issued by relevant health authorities, namely the World Health Organization (WHO) [19] and the European Centre for Disease Control and Prevention (ECDC) (Annex), Member States are invited to consider this guidance while elaborating relevant protocols in line with their specific national/regional/local conditions.

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[17] Coronavirus: EU guidance for a safe return to the workplace https://ec.europa.eu/commission/presscorner/detail/en/ip_20_729
[18] https://covid-statistics.jrc.ec.europa.eu
[19] http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications/2020/operational-considerations-for-covid-19-management-in-the-accommodation-sector-interim-guidance,-31-march-2020

22. Public health measures in the tourism sector will need to comply with general measures applied by the competent authorities and take into account guidance for the workplace. [20] Such measures will also need to comply with EU data protection law. [21]

23. Member States are invited to work closely with stakeholders in the elaboration of infection prevention and control measures and protocols, and ensure that these protocols are tailored and proportionate to the size and the nature of the service provided by hospitality establishments. Member States should consider providing support in implementing them.

24. Specific consideration should be given to infection prevention and control measures and protocols related to collaborative economy short-stay holiday and other accommodation. This guidance and principles are fully applicable to these types of hospitality services and any adaptations and alternatives to them should in no case compromise the health of visitors and increase the risk of virus transmission.

25. The measures to protect the health of guests and workers in hospitality establishments should be regularly re-evaluated and adjusted, taking into account all relevant expertise and considerations, to remain proportionate to the current level of public health needs.

26. As new and more efficient solutions become available, their deployment should be favoured and less efficient or more burdensome measures should be discontinued. The principle of cost-effectiveness should be respected. This implies that, if there are several options available to achieve the same effect in terms of ensuring the health of guests and workers, the least costly one should be preferred, especially for Small and medium-sized enterprises (SMEs).

27. The following guiding principles shall be considered for developing infection prevention and control measures and for protocols in hospitality establishments in order to prevent COVID-19 transmission and ensure public health (thereafter referred as 'establishments'):

    (a) *Epidemiological situation*

    A pre-condition for any touristic activity to resume is that COVID-19 incidence has declined to low levels and all other criteria detailed in section II. EU Guidance on principles for the safe and gradual restoration of tourism above have been carefully considered.

    (b) *Health and safety of guests and workers is key priority*

    For hospitality services to resume, it is essential that guests using the hospitality establishment and workers participating in the provision of the service follow measures to prevent infection and virus transmission to a maximum. Measures should be clearly communicated, including through digital means, visible and effective, both to guests and to workers.

    (c) *Local arrangements*

    There should be a constant coordination between local and/or national public health authorities and hospitality service providers to ensure that the latest rules and regulations in a given geographical area are shared, applied and their implementation monitored.

    (d) *Action Plan in case of infection*

    Establishments should have a preparedness plan that includes actions to be taken in case of infection in the establishment, covering the periods from the decision to re-open up to 14 days after guests have left the establishment. A specific action plan detailing the role and responsibilities of staff should be presented to all staff and be made available at all times.

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[20] Coronavirus: EU guidance for a safe return to the workplace
https://ec.europa.eu/commission/presscorner/detail/en/ip_20_729
European Agency for Safety and Health at Work. COVID-19: guidance for the workplace [Internet]. [updated 2020 Apr. 20; cited 2020 May 4]. Available from: https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace#See

[21] See also the European Data Protection Board (EDPB) statement, https://edpb.europa.eu/sites/edpb/files/files/file1/edpb_statement_2020_processingpersonaldataandcovid-19_en.pdf

(e) *Training*

All staff working in tourism facilities should be aware of COVID-19 symptoms and should be briefed on basic infection prevention and control (IPC) measures. Staff should be trained on IPC measures and actions to be taken in case of guests presenting COVID-19 compatible symptoms, or themselves presenting symptoms.

(f) *Management of staff*

Measures that decrease the presence of staff in the establishment should be considered, such as working from home for all staff performing duties that may be compatible with teleworking.

Measures decreasing the number of physical contacts and the time of physical contacts between people in the establishment should be considered, including shifts in work, shifts in meal-times, using phones and electronic means of communication.

(g) *Information for guests*

Guests should receive all necessary information in an accessible manner, including through digital means, prior to arrival and in the place of hospitality establishment, on all current guidance by local public health authorities, as well as specific measures that are put in place and affect their arrival, stay and departure.

Guests should be informed through specific signage (information infographics, including adaptations for visually impaired guests) before the entrance of the establishment of the signs and symptoms of COVID-19, what to do in case they develop symptoms during their stay or within 14 days following departure. The establishment could also provide leaflets with this information.

Establishments should ensure that the contact details of the guests are available in case they are needed for contact tracing. Contact tracing measures should be strictly limited for the purposes of dealing with the COVID-19 outbreak and set up in line with the Common EU toolbox of the eHealth Network on mobile applications to support contact tracing in the EU's fight against COVID-19 (²²) and the Commission Guidance on apps (²³), ensuring the highest level of privacy and data protection.

(h) *Physical distancing and hygiene*

The establishment should put in place targeted measures to ensure that physical distancing is maintained in communal areas where guests are likely to gather for prolonged periods of time (i.e. longer than 15 minutes), such as establishing a maximum number of guests allowed in each common facility (i.e. restaurants, cafés, bars, lobby). Allocating slots or making available (digital) slot booking for meal times or visits of pools or gyms should be considered.

When physical distancing cannot be fully observed, alternative measures should be considered to protect guests and workers, such as the use of glass or plastic teller panels, wearing of masks, etc.

In principle, a distance of 1,5 to 2 metres should be applied in the communal areas of the whole establishment (except for persons travelling together and sharing rooms), complemented by other measures (e.g. wearing a mask), where this is not possible.

For outdoor areas (beaches, pools, cafés, bars, restaurants, etc.) and outdoor servings, special arrangements should be made to allow for physical distancing and special hygiene measures applied. Indoor areas such as spas and pools should also adhere to strict hygiene measures. Each establishment should carefully consider whether special facilities (e.g. childcare facilities) should remain closed. Larger scale events e.g. concerts should be postponed.

Special arrangements for transport services provided by the establishment, such as shuttle buses, need to be implemented following the guidelines on the progressive restauration of transport services and connectivity. (²⁴)

(i) *Infection prevention and control measures (IPC measures)*

In addition to physical distancing, specific personal protective measures and cleaning and disinfection protocols need to be considered, communicated to staff and guests and implemented.

(²²) https://ec.europa.eu/health/sites/health/files/ehealth/docs/covid-19_apps_en.pdf
(²³) Communication from the Commission Guidance on Apps supporting the fight against COVID 19 pandemic in relation to data protection (OJ C 124 I , 17.4.2020, p. 1).
(²⁴) C(2020) 3139.

These measures include:

(i) Respiratory etiquette:

strict respiratory etiquette should be communicated and followed (coughing or sneezing into a paper tissue or the elbow bend) by guests and staff members. Establishments should ensure the availability of paper tissues and bins.

(ii) Hand hygiene:

hand hygiene is an essential control measure and should be communicated to guests and workers through information infographics at key areas/facilities (e.g. at the entrance, in the toilets, at the cashier, etc.). Establishments should ensure easy access to hand washing facilities with soap, single use paper towels or automatic dryers for drying, and alcohol-based hand rub solutions.

(iii) Use of face masks:

The use of face masks by staff and guests should be considered only as a complementary measure, not replacing core preventive measures. Appropriate use of face masks is important and should be communicated to guests and staff.

(iv) Ventilation:

Increasing the number of air exchanges per hour and supplying as much outdoor air as possible is recommended, either by natural or mechanical ventilation, depending on the establishment. Increased ventilation of rooms for at least one hour are recommended after guest check-out.

(v) Cleaning and disinfection:

Cleaning of frequently touched surfaces as often as possible (at least daily and if possible more frequently) is key. Examples of these surfaces are doorknobs and door handles, chairs and armrests, table-tops, light switches, handrails, water taps, elevator buttons, bar counter tops, etc. Staff should be informed of and perform the procedure of cleaning after check out, as well as regarding the treatment of cleaning equipment, waste management, laundry and personal hygiene following cleaning.

(j) *Potential infections among guests or staff*

In case of a suspected case of COVID-19 among guests or staff members whilst at work, the implementation of the action plan described in point d) should follow relevant guidance from ECDC (Annex) and national and local health authorities, with regard to:

(i) The isolation and distancing measures to be applied to the potentially infected person.

(ii) The procedure, based on national law, to notify the medical services in view of medical advice, testing or potential relocation to a medical facility.

(iii) The procedure, based on national law, to notify the local public health authorities and potential contact tracing activities.

(iv) The necessary cleaning and disinfection procedures to be performed.

(v) The necessary cooperation and information regarding fellow guests or staff members who may have been in contact with the case at the establishment from 2 days before and 14 days after the onset of symptoms in the case.

28. The above guiding principles shall be considered along the general recommendations from the European Centre for Disease Prevention and Control in the Annex.

IV. **Conclusion**

29. Member States are encouraged to share this guidance with competent authorities and regional/local level.

30. Tourism stakeholders, such as professional associations and online tourism platforms are encouraged to disseminate and raise awareness of this guidance.

31. Member States are invited to continuously cooperate with the ECDC to ensure that the transmission map, referred to in point 18 above, serves as a transparent tool to provide information at EU level to be used by authorities, transport operators and tourism stakeholders.

32. Member States are encouraged to consider supporting hospitality, and, more broadly, establishments providing tourism services, in the implementation of this guidance and of relevant infection prevention and control measures and protocols and monitor adherence. To that purpose, Member States may use national and EU funds available.

33. Based on this guidance, the Commission will continue coordinating with Member States towards a coherent approach to infection prevention and control measures and protocols in hospitality and tourism establishments in the EU.

34. This guidance should facilitate Member States and tourism stakeholders in developing more specific infection prevention and control measures and protocols in line with this guidance and in monitoring compliance with them, thereby reinforcing conditions for businesses to enhance consumer confidence.

35. The Commission will set up a dedicated website with an interactive map combining information from Member States and tourist and travel industry, including information on national or sectoral protocols and compliance schemes.

36. To support Member States, the Commission will facilitate exchange of best practices through, among others, the Tourism Advisory Committee.

37. The Commission will continue working with Member States' public authorities, tourism stakeholders and international organisations to facilitate the implementation of this guidance.

ANNEX

General Recommendations from the European Centre for Disease Prevention and Control for tourism sector, in particular hospitality establishments

Local arrangements

Public health measures in the tourism sector will need to comply with general measures applied by the local and national authorities and take into account guidance for the workplace (¹). Such measures in place in the tourism sector need to be at least as stringent as the recommendations for the general public.

There should be a constant dialogue between local and/or national public health authorities and places of accommodation to ensure the latest rules and regulations in a given geographical area are shared and applied – including:

— Specific arrangements for guests, including guests from other countries, to obtain medical advice and treatment, including access to ambulatory and hospital care, in the event that they exhibit symptoms associated with COVID-19.

— The need for owners of places of accommodation to collect meticulous information regarding contact details which serve public health investigations should a case arise at the place of accommodation.

Risk communication and training

Action plan

Establishments should have a preparedness plan that includes actions to be taken covering the following periods:

— When the decision to re-open will be made and prior to the arrival of guests. This phase will include the information to and training of staff, as well as the implementation of the necessary infection prevention measures in the facility and type of information to be provided to guests prior to their arrival;

— When guests are staying in the establishments from booking, checking-in up to checking-out;

— Up to 14 days after guests have left the establishment.

A specific action plan detailing the role and responsibilities of staff should be presented to all staff and made available at all times.

Training and management of staff

Training:

— All the staff working in tourist facilities should be aware of COVID-19 symptoms (e.g. fever, cough, sore throat, etc.) and should be briefed on basic infection prevention and control (IPC) measures.

— Staff who are themselves, or their household members confirmed as COVID-19 cases, should not enter the working environment during the infectious period, as defined by local health authorities, normally up to 8 days following onset of symptoms for mild cases.

— Staff experiencing symptoms compatible with COVID-19 should not enter the working environment, should self-isolate, and should be advised to follow local public health guidance and seek medical assistance if symptoms worsen as per local guidance.

— Specific training for the staff on IPC measures and the actions to be taken in case of guests presenting with COVID-19 compatible symptoms should be considered.

Management:

— Elderly staff and staff with predisposing chronic medical conditions (for example heart disease, lung disease, immunodeficiency, recent cancer treatment) that are known to place them at higher risk of COVID-19 critical course of infection – should, where possible, be assigned to activities which reduce the contact with the guests.

(¹) European Agency for Safety and Health at Work. COVID-19: guidance for the workplace [Internet]. [updated 2020 Apr. 20; cited 2020 May 4]. Available from: https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace#See

— Measures that decrease the number of staff in the establishment should be considered, such as working from home for all staff performing duties that may be compatible with teleworking.

— Measures decreasing the number of physical contacts and the time of physical contacts between people in the establishment should be considered, including shifts in work, shifts in meal-times, using phones and electronic means of communication.

Information for guests

— Prior to arrival in a place of accommodation, guests should be sent information on current guidance by local public health authorities and specific measures that are put in place in the place of accommodation. Guests should be informed that they should defer their stay if they have symptoms compatible with COVID-19 or if they have been in contact with a person with COVID-19 or with symptoms suggestive of COVID-19 in the 14 days prior to their planned stay.

— Specific signage (information infographics) or other accessible information, including adapted versions for visually impaired guests, before the entrance of the place of accommodation should inform guests about signs and symptoms of COVID-19 and instruct them what to do in case they develop symptoms. The accommodation could also provide leaflets with this information.

— Upon departure, guests are explicitly requested to immediately notify the place of accommodation if they develop symptoms associated with COVID-19, or obtain a positive test result for COVID-19, within 14 days following departure.

— Ensure that the contact details of the guests are available in case they are needed for contact tracing.

Physical distancing

— Transmission of SARS-CoV-2 is mainly via respiratory droplets and direct contact with infected people, and indirect contact with contaminated surfaces or objects (fomites) in the immediate environment. The distance large respiratory droplets travel is around 1 metre when breathing, 1,5 metres when speaking, and 2 metres when coughing (²).

— The establishment should ensure that physical distancing is maintained in accordance with the latest guidance in communal areas where guests are likely to gather for prolonged periods of time (e.g. longer than 15 minutes).

— Guests who are travelling together and sharing rooms need not be requested to maintain physical distance among themselves.

— When physical distancing cannot be guaranteed, specific measures should be considered to prevent droplets spreading such as in reception areas with the use of glass or plastic teller panels.

— Tourist facilities, including hotels and restaurants, should establish a maximum number of guests allowed in each facility and space to guarantee the required physical distancing. The maximum number of guests should not be exceeded.

— Events for entertainment purposes should be deferred or cancelled, unless physical distancing can be guaranteed.

— Special arrangements for transport conveyances need to be considered to ensure physical distancing.

Infection prevention and control measures

Businesses in the tourism sector generally offer products and services that generate gatherings of people in closed (hotels, restaurants, coffee shops) and open (campsites, beaches, pool areas) spaces for long periods of time, enhancing the possibility of virus transmission. Physical distancing and specific infection prevention and control measures (personal protective measures and cleaning and disinfection protocols) need to be considered and implemented in all the settings where gatherings can be expected (³). These infection prevention and control measures include:

(²) Bourouiba L. Turbulent Gas Clouds and Respiratory Pathogen Emissions: Potential Implications for Reducing Transmission of COVID-19. Jama. 2020 Mar 26.

(³) European Centre for Disease Prevention and Control. Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19) [internet]. 2020 March 31 [2020 May 4]. Available from: https://www.ecdc.europa.eu/sites/default/files/documents/Home-care-of-COVID-19-patients-2020-03-31.pdf

— *Respiratory etiquette*

— Strict respiratory etiquette should be followed: nose and mouth should be covered with paper tissue when sneezing or coughing. A number of clean paper tissues should be kept at hand ready to be used.

— Paper tissues should be disposed of immediately after use, ideally into bins with covers, and hands should be washed/cleaned right away using the correct procedure.

— If paper tissues are not available, coughing or sneezing into the elbow bend is recommended.

— *Hand hygiene*

— Hand hygiene is an essential control measure for reducing the spread of COVID-19.

— Easy access to hand washing facilities with soap, single use paper towels or automatic dryers for drying, and alcohol-based hand rub solutions (containing at least 70% of alcohol) should be available.

— Signage (information infographics) that promote the importance of hand hygiene and explain how to perform effective hand hygiene should be available in different areas (e.g. at the entrance, in the toilets, at the cashier, etc.) of every tourist facility.

— Hand hygiene should be practiced frequently.

— *Use of face masks*

— The use of medical or improvised non-medical face masks by staff and guests in the tourism facilities can be considered as a means of source control (i.e. to prevent the spreading of droplets from infected people with or without symptoms) [4].

— The use of face masks should be considered only as a complementary measure, not replacing core preventive measures.

— Appropriate use of face masks is important. The face mask should completely cover the face from the bridge of the nose down to the chin.

— Information about the proper use of face masks should be available, highlighting the importance of cleaning hands with soap and water or alcohol-based hand rub solutions before wearing and after removing the face mask.

— Medical and non-medical face masks are acceptable in community settings, taking into account issues of availability and ensuring that medical face masks are prioritised for use in healthcare settings.

— The use of filtering face piece (FFP) respirators is not recommended in community settings as these must be prioritised for use in healthcare settings.

— *Ventilation*

— Poor ventilation of indoor spaces is related to increased transmission of respiratory infections [5]. The primary mode of transmission of COVID-19 is believed to be through respiratory droplets. The role of aerosols, which may linger in air for longer, in the transmission of COVID-19 remains unclear and therefore the relative role of ventilation for the prevention of COVID-19 transmission is not well defined. However, numerous events of

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[4] European Centre for Disease Prevention and Control. Using face masks in the community. Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks [internet]. 2020 April 8 [2020 May 4]. Available from: https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf

[5] Knibbs LD, Morawska L, Bell SC, Grzybowski P. Room ventilation and the risk of airborne infection transmission in 3 health care settings within a large teaching hospital. Am J Infect Control. 2011 Dec;39(10):866-72.

COVID-19 transmission have been linked to presence in closed spaces ([6]). Increasing the number of air exchanges per hour and supplying as much outdoor air as possible is likely to decrease any potential risk of aerosol transmission and this can be achieved by natural or mechanical ventilation, depending on the establishment ([7]).

— When mechanical ventilation systems are used maintenance of artificial ventilation systems, especially in relation to cleaning and change of filters, in accordance with the manufacturer's instructions is essential.

— *Cleaning and disinfection*

— Proper cleaning and disinfection is important in the context of COVID-19 pandemic ([8]).

— Frequently touched surfaces should be cleaned as often as possible (at least daily and if possible more frequently). Examples of these surfaces are: doorknobs and door bars, chairs and armrests, table-tops, light switches, handrails, water taps, elevator buttons, etc.

— The survival of the virus on surfaces depends on the surface material, with shortest survival reported for copper ([9]).

— Thorough cleaning with standard detergents and increased ventilation of rooms for at least one hour are recommended after guest check-out.

— Standard detergents are sufficient for routine cleaning.

— The cleaning equipment should be properly cleaned at the end of every cleaning session.

— Hand hygiene should be performed after cleaning.

— Follow standard procedures for waste management. Waste material produced during the cleaning should be placed in the unsorted garbage.

— Follow standard procedures for laundering bedlinen, towels and table linen.

([6]) European Centre for Disease Prevention and Control. Using face masks in the community. Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks [internet]. 2020 April 8 [2020 May 4]. Available from: https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf
Knibbs LD, Morawska L, Bell SC, Grzybowski P. Room ventilation and the risk of airborne infection transmission in 3 health care settings within a large teaching hospital. Am J Infect Control. 2011 Dec;39(10):866-72.
Lu J, Gu J, Li K, Xu C, Su W, Lai Z, et al. COVID-19 Outbreak Associated with Air Conditioning in Restaurant, Guangzhou, China, 2020. Emerg Infect Dis. 2020 Apr 2;26(7).
([7]) World Health Organization (WHO). Natural Ventilation for Infection Control in Health-Care Settings [internet]. 2009 [updated 2020 May 4]. Available from: https://apps.who.int/iris/bitstream/handle/10665/44167/9789241547857_eng.pdf?sequence=1
Federation of European Heating VaACA. How to operate and use building services in order to prevent the spread of the coronavirus disease (COVID-19) virus (SARS-CoV-2) in workplaces [Internet]. [updated 2020 March 17; cited 2020 May 4]. Available from: https://www.rehva.eu/fileadmin/user_upload/REHVA_covid_guidance_document_2020-03-17_final.pdf
([8]) European Centre for Disease Prevention and Control (ECDC). Disinfection of environments in healthcare and nonhealthcare settings potentially contaminated with SARS-CoV-2. Stockholm: ECDC; 2020 [26 April, 2020]. Available from: https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19#no-link
([9]) World Health Organization (WHO). Natural Ventilation for Infection Control in Health-Care Settings [internet]. 2009 [updated 2020 May 4]. Available from: https://apps.who.int/iris/bitstream/handle/10665/44167/9789241547857_eng.pdf?sequence=1

When a person is suspected to be infected with COVID-19: testing, contact tracing, isolation and quarantine

In the instance that there is a suspected case of COVID-19 among guests or staff members whilst at work, the establishment should activate their local action plan ([10]).

The suspected case should be immediately instructed to wear a mask and follow respiratory etiquette and hand hygiene practices. The suspect case should be separated from other persons by at least 2m and be given their own room for isolation with own bathroom facilities, wherever possible.

The suspected case, in accordance with EU data protection law, should be notified to the local medical services who will advise with regards to testing and further management and relocation of the case to a place of care (e.g. hospital), if this is considered necessary and in accordance with local medical care pathways.

If the suspected case is considered a probable or confirmed case then local public health authorities will be notified and will provide advice as to whether contact tracing activities should be undertaken. Contact tracing generally begins immediately after an identified probable or confirmed case is notified and it is usually the responsibility of local public health authorities. Tourism establishments will be requested to cooperate and provide any necessary information regarding fellow guests or staff members who may have been in contact with the case at the establishment from 2 days before and 14 days after the onset of symptoms in the case.

Staff members who develop symptoms should be isolated at home and seek medical attention.

In case a suspected or confirmed case of COVID-19 has been present in an indoor space, this space should be first well ventilated for a minimum of 1 hour, and thereafter carefully cleaned with a neutral detergent, followed by decontamination of surfaces using a disinfectant effective against viruses. Alternatively, 0,05–0,1 % sodium hypochlorite or products based on ethanol (at least 70 %) can be used for decontamination after the cleaning with a neutral detergent. All potentially contaminated textiles (e.g. towels, bed linens, curtains, tablecloths, etc.) should be washed using a hot-water cycle (90 °C) with regular laundry detergent. If a hot-water cycle cannot be used due to the characteristics of the material, bleach or other laundry products for decontamination of textiles need to be added to the wash cycle.

Setting-specific recommendations for hotels

The following measures are recommended to minimise the likelihood of transmission of COVID-19:

1. *Administration/Management*

    a. Establish a preparedness plan addressing infection prevention and control measures for COVID-19 in consultation with the local public health authorities

    b. Follow closely the recommendations by the public health authorities to ensure awareness of the current situation and assessment of the risk of infection for the staff and guests

    c. Ensure training of staff in procedures relating to all relevant aspects of infection prevention and control including the management of suspected COVID-19 cases, disinfection and cleaning and the proper use of face masks

    d. Establish a limit in the number of guests at any time in shared spaces to guarantee physical distancing in line with guidance around physical distancing and mass gatherings. Ensure that the permitted number of guests is in accordance with the local public health recommendation for gatherings

    e. Ensure availability of information material for guests on symptoms of COVID-19, instructions in case of illness and local procedures, instructions on hand hygiene and the proper use of face masks

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([10]) European Centre for Disease Prevention and Control (ECDC). Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update Stockholm: ECDC; [27 April, 2020]. Available from: https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management

f. Use signposting (e.g. notices on walls in public areas and rooms) to inform the guests about procedures minimising the contact between staff and guests

g. Consider cancelling activities in closed spaces where physical distancing cannot be guaranteed and in particular when it is possible for such activities to take place outdoors

2. *Reception and concierge services*

a. Ensure availability of alcohol-based hand rub sanitiser

b. Consider solutions such as online or self check-in and check-out to minimise contact between guests and staff. If self check-in using a touch screen or keyboard are used, ensure that such devices are cleaned regularly to minimise transmission risks

c. Ensure physical distancing between the receptionist and other staff and the guests, ideally through a plastic or glass separation panel

d. Ensure physical distancing between the guests, e.g. by using floor markers

3. *Restaurants, breakfast and dining rooms, and bars*

a. Ensure availability of alcohol-based hand rub sanitiser and signage at the entrance reminding to practice hand hygiene

b. Where possible food should be served to the customers instead of self-service at a buffet. If serving food at the table is not possible, then hygiene measures should be enhanced and guests should be reminded to apply hand sanitiser on entry to the restaurant, when visiting the buffet and after having served themselves at the buffet

c. If self-service buffet is used, ensure that physical distance is maintained at the buffet

d. Limit the number of guests present in the facility at any time to ensure physical distancing

e. Avoid queuing or if not possible ensure physical distancing in the queue e.g. by using floor markers

f. Ensure physical distance of 2 metres between tables

g. Ensure sufficient ventilation in accordance with guidelines for ventilation of restaurants, both in terms of changes of air per hour and introduction of outdoor air per hour

h. Ensure that air-conditioning filters are cleaned regularly according to manufacturer's instructions

i. When air-conditioned air is used for ventilation, minimise recirculation as much as possible

j. Ensure regular cleaning of frequently touched surfaces with standard detergent

4. *Fitness areas*

a. Ensure availability of alcohol-based hand rub sanitiser

b. Ensure cleaning of equipment and in particular of touched surfaces (such as handles) after use by each guest with provision of appropriate cleaning equipment

c. Ensure physical distancing between guests

d. Limit entrance to guarantee physical distancing

e. The use of changing rooms should be avoided and guests should be encouraged to change in their room

5. *Spas and indoor swimming pools*

a. Ensure availability of alcohol-based hand rub sanitiser and access to hand-washing facilities

b. Since physical contact cannot be avoided during spa treatments and physical distancing between the person performing treatment and the guest cannot be applied, the use of face masks by the person providing the treatment and the guest should be recommended

    c. The application of hand sanitiser or hand-washing before and after each treatment are recommended

    d. Ensure regular maintenance and environmental cleaning of these facilities

6. *Outdoor facilities (outdoor swimming pools, beach, playgrounds)*

    a. Ensure availability of alcohol-based hand rub sanitiser and access to hand-washing facilities

    b. Ensure physical distancing of 2 metres between tables, beach lounger sets, guests during various activities, and in the pool

    c. Guests sharing the same room can share tables, beach lounger sets, etc.

    d. Ensure regular maintenance and environmental cleaning of the these facilities

7. *Children's indoor recreation zones (e.g. hotel crèche)*

    a. Since physical contact cannot be avoided and physical distancing cannot be applied, consideration should be given as to whether such facilities should remain open

    If facilities remain open:

    b. The use of face masks by staff caring for children should be considered

    c. Ensure availability of alcohol-based hand rub sanitiser and access to hand-washing facilities

    d. Limit the number of children visiting the areas at any given time

    e. Ensure regular cleaning of frequently touched surfaces, toys and equipment with standard detergent

8. *Conference and meeting rooms*

    a. Conference and meeting organisers should follow the local guidance on number of permitted participants

    b. Ensure availability of hand sanitiser and access to hand-washing facilities

    c. Ensure physical distancing between participants in accordance with ECDC guidelines

9. *Toilets*

    a. Ensure uninterrupted availability of soap and water, and single-use paper towels or automatic dryers for drying

10. *Elevators*

    a. It is recommended to discourage sharing the elevator among persons not sharing a room as much as possible to ensure physical distancing. Elevators should be prioritised for use by physically challenged individuals and by persons carrying luggage

    b. Encourage use of stairs if possible and practical (e.g. in low-rise buildings)

    c. Ensure regular cleaning of frequently touched surfaces (elevator button panels and hand rails)

    d. Ensure proper ventilation of the elevator in accordance with manufacturer instructions and building regulations

11. *Vulnerable guests*

    a. Vulnerable guests should be discouraged from participation in activities where physical distancing cannot be guaranteed at all times and especially when such activities take place in closed spaces and should meticulously apply physical distancing and hand hygiene. Provision of meals in the room should be considered as an option to further shelter vulnerable guests

12. *On-site events*

    a. Consider cancelling events with large numbers of participants (e.g. concerts) and always follow closely the national and local public health recommendations about the number of participants allowed

Documents of additional information

1. Infection prevention and control during health care when COVID-19 is suspected: interim guidance. Geneva: World Health Organization; 2020

   https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

2. Water, sanitation, hygiene and waste management for COVID-19: Interim guidance. https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19

3. Global surveillance for COVID-19 caused by human infection with COVID-19 virus: interim guidance. Geneva: World Health Organization; 2020 https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions

4. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): interim guidance. Geneva: World Health Organization; 2020 https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)

COMMUNICATION FROM THE COMMISSION

Guidelines on the progressive restoration of transport services and connectivity – COVID-19

(2020/C 169/02)

I. Introduction

1. The COVID-19 outbreak is having a major impact on transport and connectivity in the EU. Measures to contain the outbreak have resulted in a dramatic reduction in transport activity, especially in passenger transport (¹). Freight flows have been less affected, in part thanks to collective EU efforts to ensure that freight continues to move, although there has been a reduction due to declining economic activity and disruption of supply chains.

2. The Commission has issued guidance on restrictions on non-essential travel (²) and put forward measures specifically for transport, including guidelines for border management measures (³), on the implementation of Green Lanes for freight transport (⁴), on facilitating air cargo operations (⁵), and on seafarers, passengers and other persons on board ships (⁶). The Commission has offered guidance on how best to protect transport workers and passengers, while keeping freight moving.

3. As long as restrictions on the movement of persons remain in place and freight flows also remain liable to be affected, these measures and recommendations on the flow of goods, free movement of workers exercising critical occupations (⁷), transit and repatriations of passengers and crews should continue to be applied consistently and in a coordinated way by all Member States. Member States should continue using the network of national transport contact points for COVID-19 response coordinated by the Commission.

4. As the public health situation begins to improve, it will be important that transport services and connectivity are progressively restored within the limits that the epidemiological conditions allow, since they are key enablers of the EU and the global economy, and fundamental parts of daily lives of EU citizens.

5. On 15 April 2020, the European Commission, in cooperation with the President of the European Council, put forward a Joint European Roadmap (⁸) setting out recommendations on lifting COVID-19 containment measures. The Joint European Roadmap announced that the Commission would also 'put forward more detailed guidance on how to progressively restore transport services, connectivity and free movement as swiftly as the health situation allows it, also in view of planning summer holiday travel'.

(¹) For example, approximately -90 % of air traffic compared to a year ago (*Source*: Eurocontrol), -85 % long-distance rail passenger service, -80 % on regional rail passenger services (including sub-urban), near standstill on international rail passenger services (Source: CER); more than -90 % for cruise and passenger ships in mid-April compared to a year ago (*Source*: EMSA).

(²) COM(2020) 115 final, COM(2020) 148 final and C(2020) 2050 final (OJ C 102I , 30.3.2020, p. 12).

(³) C(2020) 1753 final (OJ C 86I, 16.3.2020, p. 1).

(⁴) C(2020) 1897 final (OJ C 96I, 24.3.2020, p. 1).

(⁵) C(2020) 2010 final (OJ C 100I, 27.3.2020, p. 1).

(⁶) C(2020) 3100 final (OJ C 119, 14.4.2020, p. 1).

(⁷) C(2020) 2051 final (OJ C 102I, 30.3.2020, p. 12).

(⁸) Joint European Roadmap towards lifting COVID-19 containment measures (OJ C 126, 17.4.2020, p. 1).

6. The health of citizens, including transport workers and passengers, remains the key priority. Particular consideration should be given to vulnerable populations, such as the elderly and those with underlying medical conditions, in full respect of their privacy. The easing of travel and operational restrictions should therefore be gradual to protect health and ensure that transport systems and services, and other related systems (e.g. border controls at external borders), can re-adjust to higher freight and passenger volumes. This should be accompanied by constantly updated communication campaigns to ensure that people travelling can plan and act on the basis of full awareness of the situation, and therefore also of their individual responsibility in following health recommendations when travelling.

7. The progressive restoration of transport services and connectivity will be fully dependent on the approach to travel restrictions, on epidemiological assessments, as well as on expert medical advice on necessary health and sanitary protection and precautions. These EU guidelines for the restoration of transport services and connectivity are therefore without prejudice to and should remain fully aligned and consistent with these policies, and be implemented within the framework of the Joint European Roadmap.

8. They provide a common framework to support authorities, stakeholders, social partners and businesses operating in the transport sector during the gradual re-establishment of connectivity. The guidelines consist of general principles applicable to all transport services and specific recommendations designed to address the characteristics of each transport mode and to be realistic and practical. They aim to provide further guidance on how to progressively restore transport services, connectivity and free movement as swiftly as the health situation allows it, while protecting the health of transport workers and passengers. They should be applied for transport within and between Member States. However, taking into account the cross-border nature of transport, these guidelines should be adequately applied to transport services between Member States and non-EU countries, as soon as the epidemiological situation allows for it.

9. The COVID-19 outbreak has affected the entire EU, but its impacts differ between Member States, regions and areas. To restore connectivity across the EU in a manner that is safe for all persons involved, and in order to restore public confidence in transport services, Member States and EU institutions and agencies would need to closely cooperate. An entirely risk-free environment for travel is not feasible, as is the case for any other activity, but risks should be minimised as much as possible throughout the duration of the outbreak. Until an effective vaccine is developed and widely available, a second wave of infections or clusters of outbreak remain possible; As such, appriopriate plans for the eventual reintroduction of measures, if needed, should be established.

10. Given the global nature of the COVID-19 outbreak and the international nature of transport services, a framework for mutual acceptance of the public health situation and the measures in place between countries, regions and areas, including between Member States and between the EU and third countries, is indispensable for a gradual, timely and safe restoration of European, but also global transport systems. In this context, competent authorities in the EU should cooperate to the greatest possible extent with third countries countries and sectoral international organisations (⁹). Measures will therefore need, as much as possible, to be aligned in their objectives and effects, and accepted as equivalent.

11. As mentioned in the Joint European Roadmap, these guidelines are also relevant in view of the summer holiday season and the planning of associated travel arrangements. Tourism is an important sector of the EU economy, and it is inherently linked to transport and travel, relying on availability of passenger transport services as a precondition and fundamental enabler of tourism. Therefore, the timely restoration of adequate connectivity will be crucial to enable the gradual restoration of tourism.

(⁹) Such as the International Maritime Organization, International Labour Organization, International Civil Aviation Organization, Transport Community Permanent Secretariat, etc.

II. **Principles for the safe and gradual restoration of passenger transport**

(a) *General principles for restoring connectivity*

12. All modes of transport services should be progressively resumed as a matter of priority, subject to the actual deployment of proportionate and effective measures to protect the health of transport workers and passengers. These measures should be in line with the general criteria, principles and recommendations set out in the Joint European Roadmap, notably with respect to the epidemiological situation and policies on border controls and restrictions on movement and travel.

13. Accordingly, measures which might restrict transport operations, as well as health-related protection and prevention measures, should remain limited, in their scope and duration, to what is necessary to protect public health. In addition to being proportionate, all measures should also be duly motivated, transparent, relevant and mode-specific, non-discriminatory and maintain a level playing field in the Single Market. Member States will have to ensure compliance of these measures with State aid rules and all other elements of EU law.

14. Measures should be continuously monitored so that they can, if appropriate, be re-evaluated and adjusted, taking into account all relevant expertise and considerations, to remain proportionate to the current level of public health needs. As new and more efficient solutions become available, their deployment should be prioritised, so that less efficient or more burdensome measures can be discontinued. The principle of cost-effectiveness should be respected. This implies that if there are several options available to achieve comparable effects in terms of ensuring the health of transport workers and passengers, the least costly one should be preferred.

15. To protect and restore the full functioning of the Single Market, the cross-border provision of transport services, full effectiveness of health-related measures, and the confidence of the public, Member States should take actions in a coordinated and cooperative way. Member States should base decisions regarding the lifting of COVID-19-related travel restrictions on the Commission guidelines on internal borders of 13 May 2020 (¹⁰). They should be notified to the Commission and to all Member States. The Commission is ready to coordinate the lifting of restrictions and restoration of transport services through the network of national contact points.

16. This also requires a coordinated approach with countries neighbouring the EU but also beyond. The coordination channels have already been extended, for example, in the Western Balkans, to the respective national authorities that are closely working with the EU network of national transport contact points. The shared objective is to ensure the provision of transport services and connectivity.

17. In line with the above-mentioned principles that measures should be proportionate and mode-specific, safe mobility options should be identified instead of general prohibitive measures that lead to the paralysis of transport services within the EU. An example could be the intensified and regular cleaning, disinfection and appropriate ventilation of transport hubs and vehicles (¹¹), instead of entirely prohibiting the relevant transport services. This approach should allow targeting of risk sources while enabling the gradual return of regular economic and daily activities. Close cooperation between health and transport authorities as well as key stakeholders will be crucial in this regard.

(¹⁰) Communication from the Commission – Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls – COVID-19 of 13 May 2020.

(¹¹) In this Communication the term 'vehicle' refers, as relevant in the given context, to all types of vehicles, including, *inter alia*, cars, trucks, buses, coaches, trains, aircraft, ships, boats, ferries, etc.

18. Transport of freight should continue to be safeguarded to ensure that supply chains are functional. The Joint European Roadmap indicated that 'in the transition phase, the efforts to maintain an unobstructed flow of goods and to secure supply chains should be reinforced'. Starting from the current maximum 15 minutes for crossing green lane borders, the controls performed should gradually be eased in a coordinated way, using established coordination channels such as the national transport contact points for COVID-19 and the Integrated Political Crisis Response (IPCR), to ultimately allow crossing internal borders as before the introduction of COVID-19-related restrictions for all freight vehicles and all goods. As traffic will increase again, the role of multimodal hubs, such as ports or container terminals, in supporting the green lanes deserves special attention. Best use should be made of all transport modes, including inland waterways and rail freight, to guarantee functioning supply chains. Free and unobstructed movement of essential transport workers needs to be assured, and for that purpose the access to fast-track lanes at transport hubs should be considered. During the gradual transition, and following public health authorities recommendations, health checks should be reduced gradually, systematic quarantines (i.e. applied irrespective of symptoms displayed or any test results) should be lifted, convoys should be abolished, driving bans could be reintroduced if the fluidity of traffic allows and further derogations from driving and rest time rules after the end of May 2020 should become more harmonised and limited to what is strictly necessary, to gradually re-instate uniform and easily enforceable EU rules.

19. As soon as the public health situation allows, restrictions on individualised transport (e.g. cars, motorcycles or bicycles) should be lifted. Loosening restrictions allows an early resumption of mobility especially at the local and regional level (e.g. allowing people to travel further and faster at local level or within a Member State). The lifting of these restrictions to facilitate individualised transport should remain aligned with the broad distancing measures and prevention measures required or recommended by each Member State.

20. At the same time, the availability of safe collective transport options should be ramped up, in line with the gradual de-confinement, to provide mobility alternatives for all citizens. This should be carried out and communicated in a manner that helps to restore the trust and confidence of passengers regarding the safe use of collective transport.

21. It should be ensured that transport operators and service suppliers that provide equivalent services for the same route are subject to equivalent measures. The objective should be to provide the same level of safety, clarity and predictability for passengers, to avoid discrimination and to preserve the level playing field.

22. To ensure that measures at departure and arrival on any transport mode are comparable, thus avoiding that travel becomes either overly cumbersome or even impossible, it is crucial to ensure that equivalent measures, that are based on shared principles and that each mitigate in an adequate way the relevant health risks, are mutually accepted at the point of departure and of arrival. Coordination between Member States and with non-EU countries should facilitate this.

23. In order to allow more informed journey planning, transport operators and service suppliers could make available information on the average occupancy rates for particular connections or hours. It will be especially important for services without seat reservations and for local public transport. Such information could be made available online or through dedicated mobile applications.

24. Urban mobility is already being re-thought in several Member States, regions and cities, such as extending pavements and bicycle paths, adapting timetables and developing innovative technologies to manage passenger flows and avoid crowding. The Commission encourages and supports the development and implementation of new urban mobility solutions and measures to facilitate active, collective and shared mobility in a safe manner, and to ensure trust among citizens.

25. Where necessary, clear rules on the rights and duties of transport operators and service providers should apply, e.g. if operators are responsible for ensuring distancing or refusing access to a transport hub or vehicle without a mask or if certain maximum numbers of passengers are exceeded, the legal framework granting them authority to put in place these measures should be clearly defined.

(b) *Protecting transport workers*

26. Transport workers in all modes have played a critical role in the crisis in delivering freight, supporting the functioning of supply chains, repatriating EU citizens, and transporting essential workers to their jobs, even at heightened risk to their own health and wellbeing. Transport hubs, service providers and operators should apply business continuity principles to ensure continuous safe operations in consultation with social partners. This also means that transport workers should be adequately consulted, equipped, trained and instructed on how to carry out their duties while minimising risks to their own health, that of their families, and also the health of their co-workers and passengers. This should include, for example, information on how to adequately use protective equipment, keep up hygiene, minimise unnecessary contacts with others, and also, to the extent feasible, how to spot potential infections.

27. Transport workers who are required, due to the nature of their work, to have a high level of interaction with others (e.g. aircrews, security and safety inspection personnel at airports and ports, ticket controllers, bus and van drivers, passenger vessel crews, maritime pilots, staff providing assistance to passengers, including persons with disabilities and reduced mobility) should be provided by their employers with the appropriate level of personal protective equipment, as further outlined below. Regular changes of such equipment should be ensured as necessary, as well as their safe disposal. General guidance for employers on return to workplaces after COVID-19 was published by the European Agency for Safety and Health at Work and includes useful information regarding specific sectors, including the transport sector ([12]).

(c) *Protecting passengers*

28. For all collective forms of passenger transport, reasonable measures to limit contact between transport workers and passengers, as well as between passengers, should be taken. Where feasible, distancing practices between passengers should be applied as long as the overall health situation requires it. Other measures that reduce the risk of infections should be applied, such as:

   a. Wearing of personal protective equipment (masks, gloves, etc.) by transport workers.

   b. Reducing, where feasible, the density of passengers in collective means of transport and in waiting areas (the operation of such lower capacity services could be adequately supported to maintain viability, e.g. through temporary public service obligations in line with the applicable EU rules ([13])).

   c. Maintaining or adding protective barriers in hubs and vehicles (e.g. around drivers, at ticket stands or controls).

   d. Setting up dedicated lanes or otherwise separating different passenger flows at transport hubs (i.e. ports, airports, train stations, bus stops, ferry landings, urban public transport hubs, etc.).

   e. Hubs should remove facilities that encourage crowding (e.g. benches, tables) or, at least, re-arrange them to ensure adequate distancing.

   f. Clearly displaying accessible information on recommended behaviour (e.g. frequent hand washing or sanitising, keeping adequate distance) and on the specific measures in place in that particular transport hub or transport mode.

([12]) 'COVID-19: guidance for the workplace' and 'COVID-19: Back to the workplace – Adapting workplaces and protecting workers', https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace#See

([13]) Regulation (EC) No 1370/2007 of the European Parliament and of the Council of 23 October 2007 on public passenger transport services by rail and by road and repealing Council Regulations (EEC) Nos 1191/69 and 1107/70 (OJ L 315, 3.12.2007, p. 1); Regulation (EC) No 1008/2008 of the European Parliament and of the Council of 24 September 2008 on common rules for the operation of air services in the Community (OJ L 293, 31.10.2008, p. 3); Council Regulation (EEC) No 3577/92 of 7 December 1992 applying the principle of freedom to provide services to maritime transport within Member States (maritime cabotage) (OJ L 364, 12.12.1992, p. 7).

g. Adequate measures at boarding and at security checks (e.g. passengers not entering or leaving buses by the front door, opening of doors by default, disinfection of trays) and other measures that help to minimise contact (e.g. on short ferry routes staying in the car or truck could be allowed if overall safety can be sufficiently ensured).

h. The transport of persons with disabilities and reduced mobility as well as elderly should be given priority. Transport workers who, in line with the EU rules on passenger rights, provide assistance to persons with disabilities and reduced mobility as well as elderly, should be provided with the necessary personal protective equipment.

29. Passengers should wear face masks in transport hubs and vehicles used for collective transport, especially where physical distancing measures cannot be fully observed at all times [14]. Accessible information material for passengers on safe behaviour (keeping distance, cleaning hands, etc.) should be prominently displayed. Protocols for the management of potential infections in these facilities should be set up and clearly communicated to transport workers and readily available to passengers.

30. Where physical distancing is more difficult to ensure, additional safeguards and measures leading to equivalent levels of protection should be put in place. Furthermore, in case that different alternatives exist for reaching a destination, preference should be given to those options where physical distancing can be adequately ensured, in line with recommendations of public health authorities.

31. Reducing the risk of infections at transport hubs and vehicles in all modes should be a priority. Intensified and regular cleaning and disinfection of transport hubs and vehicles should be implemented for all transport modes. Availability of sanitising/disinfecting gel should be ensured at transport hubs and in vehicles.

32. Facilities should be provided and protocols implemented at transport hubs to immediately isolate persons with suspected COVID-19 infections until further appropriate measures can be taken. For this purpose, designated safe areas should be set up and dedicated, trained staff with adequate protective equipment should be ensured. Existing medical facilities and medical staff (e.g. at airports, ports or on board ships) should be reinforced to deal with increasing traffic volumes as restrictions are lifted.

33. Electronic sales of tickets and advanced seat reservations should be prioritised to reduce gatherings of groups of travellers in specific areas (i.e. ticket machines and sales points) and to better control the permitted number of passengers, while ensuring accessibility to ticket sales for people having no access to electronic means or who are unable to use such electronic means. As far as possible, a contactless environment should be favoured.

34. Sales of other goods, including food and beverages, may be limited in vehicles. To lower the risk of infections, operators of integrated travel retail locations, such as duty free shops, should take adequate measures, including, for example: managing passenger flows to ensure distancing (including the use of floor markers, optimising layouts, if necessary restricting customer numbers); regular cleaning and disinfection of locations, equipment and merchandise; setting up barriers between customers and retails staff at till points; providing sufficient hand-sanitising stations throughout the retail location and requiring their use, in particular at entry and exit points; providing clearly visible information for customers on appropriate safe behaviour; and ensuring that retail staff is adequately trained and equipped to deal with customers and merchandise in line with guidance provided by health authorities on safe behaviour during the COVID-19 outbreak.

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[14] 'Face masks' is a generic term which covers both medical and non-medical masks. ECDC indicates that 'The use of non-medical face masks made of various textiles could be considered, especially if – due to supply problems – medical face masks must be prioritised for use as personal protective equipment by healthcare workers' (https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-use-face-masks-community.pdf). It will be for national health/safety authorities to specify further in their discussion with stakeholders per transport mode, based on epidemiological risk in that country, availability and other considerations. Certain transport workers and passengers, respectively, may be exposed to different levels of risk.

35. In addition to other measures aimed at limiting the risk of infection, contact tracing and warning measures, for example, with the use of mobile apps, could be used, on a voluntary basis, by passengers to detect and interrupt infection chains and reduce the risk of further transmission as long as transmission risks persist. Access to transport services should not be made subject to the use of contact tracing apps. Due to the cross-border nature of transport, it is important to ensure the interoperability and mutual acceptance of such measures. If they are implemented, contact tracing measures should be strictly limited for the purposes of dealing with the COVID-19 outbreak and set up in line with the Common EU toolbox of the eHealth Network on mobile applications to support contact tracing in the EU's fight against COVID-19 ([15]), the Commission Guidance on apps ([16]) and the Guidelines of the European Data Protection Board ([17]), ensuring the highest level of data privacy.

36. Transport operators and service providers should have in place specific protocols in case passengers fall sick or show COVID-19 symptoms during or immediately after travelling or being at a transport hub. Such protocols should include clearly identified safe areas for symptomatic passengers, defined steps on how to minimise their exposure to other passengers and transport workers, how to collect and analyse all relevant information on contacts with other passengers and transport workers, etc. For travel with reservations, this should include the possibility to identify and alert fellow passengers who were in their proximity.

(d) *Going forward*

37. In order to restore regular levels of transport services and connectivity, a flexible combination of increased use of suitable personal protective equipment, appropriate and safe ventilation, if possible using outdoor air and avoiding mere circulation of indoor air, increased voluntary contact tracing capacities and decontamination capabilities will be necessary in the absence of a vaccine.

38. In the medium/long-term, it is recommended that all extraordinary measures put in place during the COVID-19 outbreak should be continuously monitored, assessed and reconsidered on a timely basis unless the epidemiological situation requires to extend them, or where these measures have been beneficial in terms of improving transport systems and efficiency.

39. The ongoing application of containment measures, as well as their easing and the progressive restoration of transport services and connectivity should not lead to a reduction, even if only temporarily, of the high levels of EU safety and security standards in transport, including health and safety of transport workers. It is necessary to avoid adding transport safety or security issues on top of the issues we are facing due to the COVID-19 outbreak.

III. **Practical guidance on specific measures to ensure safe passenger transport for all modes in the context of the COVID-19 outbreak**

(a) *Cross-cutting recommendations*

40. The above-mentioned principles should guide the overall progressive re-start and increase of passenger transport across the EU for all modes of transport during the exit from COVID-19 restrictions and the subsequent recovery. These common principles should facilitate the mutual acceptance of implemented measures within the EU, but also vis-à-vis non-EU countries, to enable effective continuation of transport services. As stated in the previous section, some principles and measures should be applied for transport hubs and vehicles for all modes of transport, with specific adjustments taking into account the mode-specific circumstances, needs and feasibility.

41. Such cross-cutting measures include in particular:

a. At least during the initial relaxation of restrictions, the number of passengers may need to be reduced on vehicles in certain transport modes to ensure that any applicable physical distancing requirements are adequately observed.

([15]) https://ec.europa.eu/health/sites/health/files/ehealth/docs/covid-19_apps_en.pdf

([16]) Communication from the Commission Guidance on Apps supporting the fight against COVID 19 pandemic in relation to data protection (OJ C 124I , 17.4.2020, p. 1).

([17]) https://edpb.europa.eu/our-work-tools/our-documents/guidelines/guidelines-042020-use-location-data-and-contact-tracing_en

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

c. Transport workers should be equipped with PPE and, where possible, separated with barriers from passengers.

d. Frequent cleaning and disinfection of hubs and vehicles, and increased frequency of waste collection.

e. Systematic installing of hand-sanitising stations and requiring their use whenever feasible.

f. Strengthening ventilation, air filtering and, where appropriate, prioritising use of natural air.

g. The wearing of masks by passengers, especially where distancing measures cannot be fully observed at all times.

h. Tickets and information should be provided electronically and automatically. Electronic pre-sales of tickets should be strongly promoted and prioritised, as well as advanced check-in, reservation and registration procedures.

i. Check-in, loading and unloading of luggage should be organised so that crowding of passengers is avoided.

j. Pre-ordering of on-board services and meals should be, where possible, facilitated at the time of booking, to reduce contact between staff and passengers.

k. Accessible information on implemented safe behaviour procedures, as well as required protective equipment for passengers, should be prominently displayed at hubs and in vehicles, and made available in advance of any travel.

42. Stakeholder organisations, operators and service providers active in the different transport modes should develop and implement adequate measures that address the specific circumstances of each mode. They should be in line with the general and mode-specific principles and recommendations set out in these guidelines. Those measures should be continuously reviewed and, where necessary, adapted to ensure their effectiveness in protecting the health of transport workers and passengers.

43. Furthermore, the following measures, taking into account the specific characteristics and needs of each transport mode, should be implemented and applied:

(b) *Aviation*

44. Aviation has longstanding experience in the field of risk management in safety and security, and is used to operating in a highly controlled environment. Regaining the confidence of passengers that aviation is a safe travel mode will be instrumental for exiting this crisis. To this effect, it will be essential that aviation and health stakeholders communicate widely on the measures in place, as well as on how these measures mitigate the risks. The aviation sector should make sure that measures are highly visible, coordinated, and communicated to passengers at all times.

45. Mitigating the risk of spread of COVID-19 should follow the same principles used for safety and security risk management, including monitoring compliance, reviewing the effectiveness of measures at regular intervals, and adapting measures to changing needs and improved methods and technologies – taking into account, however, that airports and airlines are not qualified to provide health services, such as taking health screening decisions on passengers, which should be implemented by the competent authorities.

46. To ensure that measures at departure and arrival are comparable, thus avoiding that travel becomes either overly cumbersome or even impossible, it is crucial to ensure that equivalent measures, that are based on shared principles and that each mitigate in an adequate way the relevant health risks, are mutually accepted at the point of departure and of arrival. To facilitate this, it is useful to develop concrete criteria that should be translated in an internationally recognised approach. Using equivalent standards and applying reciprocity as regards measures and their acceptance can be fundamental enablers of aviation in the EU and in the global context. Therefore, close cooperation with non-EU countries and international partners, including the International Civil Aviation Organization (ICAO), will be essential.

47. In collaboration with the Commission, the European Centre for Disease Prevention and Control (ECDC) and competent authorities, the European Union Aviation Safety Agency (EASA) will put forward in the coming weeks technical operational guidelines to facilitate a coordinated approach and assist national aviation authorities, airlines, airports and other aviation stakeholders. These technical operational guidelines will take into account the safety management principles developed to ensure the safety of the European aviation system and will set out a baseline aviation health safety protocol, proposed for application across the EU.

48. The protocol should include the following measures:

   a. Strengthening ventilation, hospital grade air filtering and vertical airflow.

   b. Limiting contamination risks along the travel process (e.g. avoiding concentration of passengers, limiting interaction on board, exploring the most appropriate allocation of seats based on technical constraints, and prioritising electronic documents and means of payment).

   c. Reducing movement in the cabin (e.g. less cabin baggage, fewer interactions with the crew).

   d. Adequately managing passenger flows (e.g. advise on early arrival time at the airport; prioritising electronic/self-check-in; ensuring distancing and minimising contacts at baggage drop-offs, security and border control points, at boarding, and during baggage collection); accessible information on airport processes should be provided to passengers in advance of travel.

49. The forthcoming EASA/ECDC technical operational guidelines will specify additional mitigation measures, in close coordination with national competent authorities, with the aim of deploying measure for the operation of flights coherently across the EU.

(c) *Road transport*

50. High levels of hygiene in all parts of terminals, rest areas (e.g. along the motorways), covered parking facilities, fuelling and charging stations, should be ensured, including regular cleaning and disinfections, to limit the risk of contagion for road users. Passenger flow management should be implemented at stations. Where adequate levels of public health cannot be ensured, the closing of certain stops or stations should be considered.

51. Bus and coach transport: For travelling to gradually resume by buses and coaches, appropriate measures, distinguishing regional and long distance services, will be needed. Especially for international bus/coach services, approaches should be coordinated among Member States and operators in order to be effective. Safe operating practices should be introduced, including, for example, rear door boarding and the use of windows for ventilation as much as possible instead of air conditioning. In addition, seating should be optimised to the extent feasible (e.g. families can sit together, while persons not travelling together should be separated). In mini-buses passengers should not be allowed to sit next to the driver unless physical separation is possible. Operators of regular bus services will have to be enabled to progressively re-build the network, depending on national restrictions. To facilitate this, Member States should put in place simplified and rapid procedures to allow operators to swiftly adapt their services, without compromising the health and safety of transport workers. If possible, staff contacts with passengers' luggage should be limited and passengers should handle the loading and unloading of their own luggage.

52. Transport by car/van on demand (taxi, PHV): Taxi and PHV services have largely continued with specific protection measures for drivers and limitations to only one passenger or several people living in the same household. These services should continue operating with specific hygiene and risk mitigating measures. Companies should provide drivers with masks and disinfectants. Vehicle interiors should be disinfected as frequently as possible. Taxi and PHV drivers should avoid physical contact with passengers and electronic payment should always be prioritised. Companies should provide drivers with physical separators (e.g. plastic curtains or barriers) for vehicles to limit contact with passengers. Passengers should not be allowed to sit next to the driver unless physical separation is possible. Companies should share relevant information with passengers before the trip.

(d) *Rail transport*

53. For passenger transport to resume, it will be important to assure passengers that taking collective transport is safe. Measures need to be well communicated, visible and effective. Especially for international rail services, measures need to be coordinated among Member States and operators in order to be effective. The rail sector associations and worker organisations are working towards common rules.

54. Given the high number of passengers transported daily, and the number of stations served, compliance with the general rules for safe behaviour to protect public health, in particular adequate distancing, also depends on the diligence and sense of responsibility of each passenger. Random controls should ensure a good level of compliance.

55. As railways have continued to function throughout the COVID-19 outbreak, there is already a number of measures in place that can be retained and adapted where necessary:

    a. Distancing obligations should be applied on trains where needed, in particular as long as passenger numbers are relatively low. To enable distancing, frequency and capacity of trains should be increased if necessary to reduce passenger density.

    b. Rail operators should implement mandatory seat reservations on long-distance and regional trains, with identification of name/origin and destination of passengers. Alternatively, and especially for short-distance trains, passengers should be required to leave seats empty between them, except for passengers from the same household.

    c. Rail operators should make use of on-board passenger counting systems especially available for commuter and suburban trains (based on weight, footsteps in the door areas, and also CCTV counting algorithms which do not allow for identification of individuals) to manage capacity. The timetabling and path allocation may need flexible adjustments, including optimising capacity in a coordinated manner to reflect demand and the need to reduce passenger density.

    d. Passenger flow management should be implemented at stations. Where adequate levels of public health cannot be ensured, the closing of certain stops or stations should be considered.

    e. Off-peak hour travel should be encouraged with incentives, such as adjusted pricing, or flexible woring hours in the case of commuter trains, to avoid crowding.

    f. To avoid that passengers have to touch door handles or buttons, doors should be opened at each stop either automatically or remotely by the driver.

56. The European Agency for Railways (ERA), which has relevant expertise with railway operations and with Common Safety Methods, as well as an extensive network of communication channels (with authorities, operators, and manufacturers), is ready to play a key role to ensure sharing of best practices. The Shift2Rail Joint Undertaking is already exploring possibilities to support the development of apps, based on anonymised and aggregated data ([18]), to understand crowding at stations, which could also benefit public transport.

(e) *Waterborne transport*

57. Waterborne passenger transport has been significantly reduced. Measures to ensure public health will be necessary to restore trust and confidence of both passengers and crews. Measures should be tailored to the type of vessel and character and length of the voyage, which can vary significantly in the waterborne sector. There may be a need to increase the number of vessels and voyages, especially where transport by ferries is essential for reasons of connectivity with remote areas and islands.

([18]) Commission Recommendation (EU) 2020/518 of 8 April 2020 on a common Union toolbox for the use of technology and data to combat and exit from the COVID-19 crisis, in particular concerning mobile applications and the use of anonymised mobility data (OJ L 114, 14.4.2020, p. 7)

58. Measures for maritime transport workers are detailed in the Guidelines on protection of health for persons on board ships ([19]). Workers, including those on board ships and in ports, should have access to personal protective equipment ([20]) and adequate medical care at all times during their work. Direct interactions between persons on board should be reduced as far as possible to avoid the risk of transmission.

59. The European Maritime Safety Agency (EMSA) is ready to facilitate sharing of best practices and information that can be useful to the competent authorities and stakeholders (e.g. on vessel tracking, health reporting, etc.). Moreover, considering the international nature of shipping, cooperation with non-EU countries and international organisations, including the International Maritime Organization (IMO), will be important to facilitate global cooperation, and equivalence and reciprocity between COVID-19-related measures and practices.

60. Building on existing experience and measures already applied by Members States, operators and all other entities involved in waterborne transport (ports, ferry terminals, relevant national authorities) should apply the following measures:

    a. Ensure distancing requirements can be observed on vessels, including by reducing the number of allowed passengers.

    b. Limit access to (dis)embarkation quays to passengers with tickets; assign seats to passengers.

    c. Ports should consider dedicated lanes to separate entry and exit of passengers.

    d. When conditions allow for it, move as many passengers as possible to open spaces of the vessel.

    e. In case passengers are recommended or requested to remain in their vehicles on board ferries during short voyages (e.g. less than one hour), such a measure should apply on open decks only, unless additional safety precautions are taken in line with applicable EU rules. Where needed, capacity of decks should be adjusted to ensure safety and personnel trained in fire suppression should be present.

    f. Cleaning and disinfection of vessels and onshore facilities should follow the 'Suggested procedures' ([21]) of the EU Healthy Gateways Joint Action.

    g. Cruise ships and, where relevant, ferries should develop dedicated protocols for cleaning and hygiene that minimise the risk of cross-contamination between passenger cabins.

    h. Protocols should be developed between ship operators and onshore facilities for persons with a suspected or confirmed COVID-19 infection, including measures before, during and after the voyage. For this purpose, health screening procedures should be available, rooms for quarantine provided and adequate interaction with the person in quarantine organised.

    i. Cruise ships should have adequate testing capacity for COVID-19 on board, to be used when a passenger or crew member is suspected of being infected.

61. Previous COVID-19 outbreaks on cruise vessels have highlighted the particular vulnerability of closed environments during long voyages. Before cruise ships resume operations, ship operators should put in place strict procedures to reduce the risk of transmission on board and to provide adequate medical care in case of infections. The gradual restoration of cruise services should be coordinated at EU and international level, taking into account the public health situation in the countries concerned. Before starting journeys, cruise ship operators should ensure with ports along the route that, if needed, they can make arrangements for passengers

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([19]) Communication from the Commission Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships (OJ C 119, 14.4.2020, p. 1).

([20]) EU Healthy Gateways Joint Action, Overview of Personal Protective Equipment (PPE) recommended for staff at Points of Entry and crew on board conveyances in the context of COVID-19.

([21]) Suggested procedures for cleaning and disinfection of ships during the pandemic or when a case of COVID-19 has been identified on board; https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_09_4_2020_F.pdf?ver=2020-04-09-124859-237

and crew members to receive medical treatment and that repatriations and crew changes can be organised. To ensure the continuity and safety of the maritime transport, the Commission will continue taking steps to facilitate and coordinate the efforts of Member States to enable crew changes in their ports.

(f)   *Urban mobility*

62.   In many cities and regions, public transport (buses, metros, trams, urban and sub-urban trains, etc.) has continued to function throughout the COVID-19 outbreak. To prepare for times when passenger numbers increase again, measures should be put in place as appropriate, in order to ensure the highest safety for passengers, such as:

a.   Requiring safe minimum distancing, for instance, making use of stickers or floor markings to guide passengers in vehicles to keep a safe distance.

b.   Contacts between drivers and passengers should be minimised (e.g. by using barriers, closing front door entrances, promoting electronic tickets and payment methods)

c.   Increasing and adapting operational frequency, as well as readjusting lines, to allow safe minimum distancing when passenger numbers increase and to better serve some destinations (e.g. where demand is particularly high).

d.   To avoid that passengers have to touch door handles or buttons, doors should be opened at each stop either automatically or remotely by the driver.

e.   Optimising passenger flows at stations and transport hubs to avoid crowding and peak hours, and to minimise contacts, through the use of innovative technologies and mobile applications (e.g. predicting density and crowds, installing passenger counters at doors with a maximum limit, organising travel time slots by appointment, etc.), and allowing flexibility in work hours.

63.   It is essential to communicate clearly all the measures taken, to facilitate their smooth implementation, reassure citizens and maintain their confidence in public transport. Communication campaigns (e.g. 'stand on stickers') have also been shown to be effective Many of the measures that might be required (e.g. managing crowds, access to transport hubs and vehicles, maintaining physical distancing, etc.) have effects that go beyond the remit of public transport and should be developed in cooperation with health authorities and other stakeholders, with a clear definition of the rights and obligations of each actor. The resulting extra costs could be incorporated into public service contracts.

64.   Shared mobility solutions: Shared mobility companies should take various measures to protect drivers and passengers from infection. Rental vehicles should be thoroughly disinfected after each use, and vehicles used for car-sharing should be disinfected at least once on every day of use. There should be increased disinfection of station-based services (e.g. shared bicycles). E-scooter and e-bike rental companies should disinfect scooters and bikes at least with each battery change.

65.   Active mobility: Many European cities are taking steps to make active mobility (e.g. walking and cycling) a safe and more attractive mobility option during the COVID-19 outbreak. Urban areas could consider temporary enlargements of pavements and increased space on the road for active mobility options to facilitate the needs of the population to move in a safe and efficient way, while reducing speed limits of vehicles in increased active mobility areas.

66.   Sharing of best practices, ideas and innovations for safe mobility in urban and sub-urban areas during the COVID-19 outbreak has started through dedicated platforms and networks, and it is key to further develop such cooperation and knowledge sharing. The Commission will also gather Member States, local authorities and stakeholders active in the field of urban mobility in order to analyse the impact of this outbreak, draw lessons and gather experiences gained so far, and identify the opportunities for future, more sustainable mobility in the EU, in line with the European Green Deal.

IV. **Conclusion**

67. The Commission will continue working with other EU institutions, agencies and bodies, Member States, transport stakeholders and international partners to coordinate actions and to facilitate the implementation of these guidelines in a transparent and objective way. The Commission will in particular monitor that containment measures and their progressive lifting do not undermine the Single Market or create discriminatory effects contrary to the Treaties between EU transport operators and service providers, and that they do not discriminate between EU citizens or workers on grounds of nationality.

68. The situation remains dynamic and the Commission will continue to work with competent authorities, stakeholder organisations, transport operators and services providers to adjust and update our approaches and measures, taking into account latest epidemiological developments, feedback on the effectiveness of existing measures, and the needs of EU citizens and our economy. As long as the COVID-19 outbreak continues, public authorities, stakeholders and citizens need to remain vigilant, keeping up a high level of preparedness for a potential increase in infections. In this context, the Commission will continuously monitor the application of these guidelines and update them if necessary to ensure their effectiveness in the changing circumstances.

69. While focusing on restoring transport services and connectivity, it is necessary to look towards the sustainable and smart recovery of the EU transport sector so that it can regain its pre-crisis strength, remain globally competitive and continue to be a fundamental part of the EU economy and citizens' lives. Lessons learnt from the COVID-19 crisis will be reflected in the upcoming Sustainable and Smart Mobility Strategy in 2020.

COMMUNICATION FROM THE COMMISSION

Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls — COVID-19

(2020/C 169/03)

I. INTRODUCTION

The COVID-19 pandemic has caused an unprecedented health emergency in all European countries. The absence of an effective treatment or a vaccine combined with an exponential growth in infections in Europe from February 2020 led many EU Member States and Schengen Associated Countries [1] (hereafter 'the Member States') to implement far-reaching community measures, including confinement and physical distancing. For almost all Member States, restrictions to free movement with the objective of protecting public health – including temporary internal border controls [2] – were part of these measures. In addition, non-essential travel restrictions have been applied at the external borders of the Union since the Commission recommendations of 16 March [3], 8 April [4] and 8 May [5], supported by a guidance of 30 March [6].

Over the past weeks, the Commission and the Member States have deepened coordination, common action and exchange of information. This has helped to mitigate the impact of these restrictions, allowing for restoring some aspects of the functioning of the Single Market including delivery of essential goods and services across Europe and free movement for essential cross-border travel. These first measures sought to reach a balance between, on the one hand, the objective of delaying the spread of the epidemic, of reducing the risk of excessive pressure on health care systems, and on the other, the need to limit the negative effects on the free movement of persons, goods and services.

As the health situation gradually improves, this balance should change, towards a return to the unrestricted free movement of persons and restoring the integrity of the Schengen area, one of the major achievements of European integration. Lifting restrictions is key for the economic recovery. Restricting free movement and reintroducing internal borders harm the Single Market and the smooth operation of supply chains. More than this, they harm our European way of life in a Union where citizens can travel freely across borders, whether as workers, students, family members, or tourists. We must work to restore this key achievement of European integration.

The purpose of this Communication is to invite Member States to engage in a process of re-opening unrestricted cross-border movement within the Union. Restoring the free movement of persons and the lifting of internal border controls needs to be a staged process, with the paramount consideration being the lives and health of citizens. Therefore, the primary condition for restoring travel will be the epidemiological situation, complemented by measures, such as health security requirements on different modes of travel and accommodation, to mitigate health risks. Re-opening cross-border movement is one of the preconditions for restoring tourism and transport.

Together with this Communication, the Commission is putting forward a package of measures to get the tourism ecosystem back on track, considering that it is one of Europe's economic, social and cultural drivers. This Communication sets out how the progressive lifting of domestic and cross-border restrictions in line with the principle of non-discrimination should be accompanied by the progressive re-establishment of free movement for Europeans and lifting of internal border controls.

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[1] The Schengen Associated Countries are Iceland, Liechtenstein, Norway, and Switzerland.

[2] As stated in point 18 of Commission Guidelines C(2020) 1753 of 16 March 2020, Member States may reintroduce temporary border controls at internal borders if justified for reasons of public policy or internal security. In an extremely critical situation, a Member State can identify a need to reintroduce border controls as a reaction to the risk posed by a contagious disease. Member States must notify the reintroduction of border controls in accordance with the Schengen Borders Code.

[3] COM(2020) 115 final.

[4] COM(2020 148 final.

[5] COM(2020) 222.

[6] Guidance on the implementation of the temporary restriction on non-essential travel to the EU, on the facilitation of transit arrangements for the repatriation of EU citizens, and on the effects on visa policy, C(2020) 2050, 30 March 2020.

II. JOINT EUROPEAN ROADMAP

On 15 April 2020 the President of the European Commission together with the President of the European Council, issued a Joint European Roadmap towards lifting COVID-19 containment measures (hereafter 'Joint Roadmap'). It provides a set of recommendations to Member States for a gradual unwinding of the measures taken and calls for a phased approach to restoring unrestricted free movement and lifting the temporary internal border controls applied by most Member States. It also foresees, as a second stage, the ending of restrictions on non-essential travel to the EU through the external border, which is subject to a continued assessment by the Commission.

The Joint Roadmap calls on the Commission to continue (1) to analyse the **proportionality of measures** taken by Member States in view of the COVID-19 pandemic as the situation evolves and (2) to request the lifting of measures considered disproportionate, especially when they have an impact on the Single Market. It also stresses the common European interest in de-escalating the COVID-19 measures in a **coordinated manner.** Beyond the urgency of fighting the COVID-19 pandemic and its immediate consequences, Europe's societies and economies have to go back to a normal state of functioning. The lifting of travel restrictions and internal border controls should be reviewed alongside the process of lifting restrictions inside the territories of the Member States. All steps need to be taken in full awareness of the risks of triggering a second wave of community transmission which would require the reintroduction of more rigorous containment measures. The Joint Roadmap also indicates that attention will be needed for the situation of the countries in the EU's neighbourhood. In line with its Communication on 'Support to the Western Balkans in tackling COVID-19 and the post-pandemic recovery' ([7]), the Commission is ready to associate the region closely with the implementation of its Joint Roadmap.

The Joint Roadmap refers to three issues to take into account when assessing whether it is time to gradually lift the travel restrictions and the controls at internal borders: (1) epidemiological criteria; (2) health system capacity and (3) appropriate monitoring capacity. Against this background, it clarifies that the internal border controls and underlying travel restrictions currently applied should be lifted once the epidemiological situation converges sufficiently and physical distancing rules are widely and responsibly applied ([8]). In the Joint Roadmap, it is reiterated that the gradual removal of restrictions to free movement and re-opening of borders should give priority to cross-border and seasonal workers and should avoid any discrimination against EU mobile workers ([9]).

III. LIFTING COVID-19 CONTAINMENT MEASURES AT THE INTERNAL BORDERS: CRITERIA AND PHASES

The process towards the lifting of travel restrictions and internal border controls will require the weighing and balancing of different criteria, taking into account the specific epidemiological situations in each Member State, which may in turn vary between areas and regions. This objective basis is essential to ensure that restrictions are lifted in a non-discriminatory way. The phases proposed in this Communication should be implemented in a coordinated way. It should also be flexible, including the possibility to reintroduce certain measures if the epidemiological situation requires, or indeed to allow for a more accelerated lifting of measures if the situation permits. The timing of the process will also be influenced by citizens' compliance with physical distancing measures. All phases should be based on the assessment of an evolving situation and constant monitoring of the criteria. For this purpose, the coordination mechanism set out in Section IV will be instrumental in ensuring both mutual confidence and operational consistency.

III.1. Criteria

The lifting of travel restrictions and internal border controls must be based on the careful consideration of the epidemiological situation across Europe and in individual Member States. Measures to be taken at national level to gradually lift travel restrictions should take into consideration (a) the assessment of approximation of epidemiological situations in the Member States combined with (b) the necessity to apply containment measures, including physical

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([7]) COM(2020) 315 final.

([8]) The European Centre for Disease Prevention and Control (ECDC) will, in cooperation with Member States, maintain a map with regularly updated epidemiological data at regional level.

([9]) Guidelines concerning the exercise of the free movement of workers, adopted by the Commission on 30 March 2020: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020XC0330(03)

distancing while building and maintaining trust in societies, and (c) proportionality, that is, comparing the benefits of maintaining blanket restrictions with the economic and social considerations, including the impact on EU cross-border labour mobility and trade ([10]). These criteria will allow a phased, flexible and coordinated approach towards lifting controls and travel restrictions.

On the basis of consultations of the 'COVID-19 Information Group – Home Affairs' and taking into account scientific advice provided by the European Centre for Disease Prevention and Control (ECDC), the Commission recommends to Member States to take into account the following elements and policy considerations for the lifting of restrictions to free movement and internal border controls.

a)   *Epidemiological situation*

Within the EU, restrictions on travel should first be lifted in areas with a comparable epidemiological situation based on guidance issued by the ECDC, and where sufficient capabilities are in place in terms of hospitals, testing, surveillance and contact tracing capacities. This is necessary to prevent discriminatory measures and to ensure that action is taken in a coordinated manner across the EU. Furthermore, the ECDC, in cooperation with Member States, is developing and will continuously maintain a map ([11]) of the level of COVID-19 transmission, including at sub-national level (NUTS3 level). This map is intended to provide information at EU level to be used by authorities, transport operators and service providers. It is essential that Member States provide the necessary surveillance information to the ECDC for the map to be continuously updated, and used as reliable source of reference also by citizens. Member States should report the necessary data to ECDC or through the Health Security Committee in order to ensure an as precise, comparable and efficient regional monitoring of transmission levels as possible, including transmission and infection rates, ICU admission rates, and test rates.

The state of play at any time in individual Member States or sub-national regions or areas needs to be part of intensive and continuously updated communication campaigns. This is necessary to ensure that people crossing borders can plan and act on the basis of transparent information and full awareness of the situation, allowing them to take up their individual responsibility in following health recommendations when travelling. The Commission will support this communication effort by continuing to display publicly on its website, *inter alia*, the list of internal border controls in place at any given time ([12]).

b)   *Containment measures, including physical distancing*

A precondition to lifting travel restrictions, including across borders, is the ability to ensure that containment measures, such as physical distancing, can be followed throughout a journey, from origin to destination, including border crossing. Where physical distancing is more difficult to ensure, additional safeguards and measures leading to equivalent levels of protection should be put in place, in line with the recommendations issued for the transport and the hospitality sector ([13]). In this context, contact tracing apps are useful and in line with the recent European Centre for Disease Prevention and Control (ECDC) guidance ([14]) and the Guidance on Apps supporting the fight against COVID-19 pandemic in relation to data protection ([15]), the Commission and the Member States published a protocol on interoperability principles to ensure that voluntary approved contact tracing apps can function across borders and are reliable wherever their users are in Europe ([16]).

Whilst containment measures are expected to be eased as part of an overall de-escalation strategy, the need for some measures, including individual physical distancing measures and organisational distancing measures, will remain.

All Member States should keep individually targeted measures in place to decrease the risk of transmission of the virus ([17]). Of utmost importance are testing and the ramping up of testing capacity, contact tracing, and the use of isolation and quarantine in case suspected cases of COVID-19 are detected. Member States may also consider using testing – whether systematic, random or risk-based – as a means of monitoring risks of renewed spread of the virus with regard to travellers once they return home.

([10])   For example frontier and seasonal workers.
([11])   https://qap.ecdc.europa.eu/public/extensions/COVID-19/COVID-19.html
([12])   See https://ec.europa.eu/home-affairs/what-we-do/policies/borders-and-visas/schengen/reintroduction-border-control_en
([13])   C(2020) 3139 and C(2020) 3251.
([14])   https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management
([15])   C(2020) 2523 final 16.4.2020.
([16])   Protocol on interoperability principles for voluntary contact tracing apps, 13 May 2020.
([17])   These should include: ongoing repeated information to the public, advice to people with symptoms regarding isolation and contact with health services; hand hygiene; respiratory etiquette; physical distance between people; wearing of masks, which can be considered as a means of source control (i.e. to prevent the spreading of droplets from infected people with or without symptoms).

The ECDC, supported by the Commission and Member States, will continue to collect relevant information from Member States to obtain an overview of containment measures, including physical distancing measures in place in Member States.

Citizens must be empowered to protect themselves and others through responsible behaviour. This requires a coordinated approach to physical distancing measures between Member States that have started to lift travel restrictions. A situation where contradicting information results in confusion and lack of adherence to physical distancing must be avoided as much as possible. To this end, Member States could for example ensure that a single, accessible website exists for prior consultation by travellers and ensure that upon entry on their territory, citizens will receive an automatic SMS, containing information about the national or regional information point regarding special measures and restrictions applied during the COVID-19 pandemic, as well as information about whom to contact if the individual starts displaying COVID-19 related symptoms.

c) *Economic and social considerations*

The Single Market is a shared space. Supply chains and services providers, do not operate along invisible walls, in particular in border regions. Measures implemented to protect public health are clearly necessary, but come at a high economic and social cost, and should therefore include a strong consideration on the impact on the Single Market. Particularly in light of the unprecedented joint European effort to revive the economy, restrictions must be effective and proportionate and should not go beyond what is necessary to contain the pandemic and protect public health.

In general, the restrictions put in place to protect public health to fight the COVID-19 crisis have led to severe economic and social impacts, including the collapse in the demand for products and services that has led to a virtual standstill of certain sectors, such as notably the wider tourism ecosystem as well as the disruptions in supply chains and of the free movement of workers and services across borders.

As Member States manage to reduce the circulation of the virus, blanket restrictions to free movement to and from other regions or areas in Member States with a similar overall risk profile should be replaced by more targeted measures, as a complement to physical distancing measures and effective tracing and testing of any suspected cases. Easing remaining restrictions on cross-border movement in key areas of health, social and economic activity should continue to be prioritised until free circulation is fully restored.

This is important not only to put the economy back on the path to full recovery, but also for social and family considerations. Many families have endured long periods of separation to help stem the tide of the virus. Often, citizens have refrained from returning home to their families in order to contribute their part in this crisis, be it in hospitals, care homes, the agricultural sector or the service industry. As soon as the epidemiological situation allows it, people need to be able to travel safely to be reunited with their families.

These issues have been discussed with Member States representatives and the following diagram summarises the criteria and principles for a coordinated approach.

Criteria and principles of a coordinated approach for removing restrictions on free movement and lifting internal border control

Economic and social considerations:

Ensure facilitated transit

Healthcare, cross-border and frontier workers, seasonal workers in agriculture, transport workers

Important family reasons, repatriation

Prioritise transport of goods and provision of services

Construction and manufacturing activities

Other economic purposes

Leisure and tourism (holiday houses, hotels, parks)

Gradual Approach

Information Exchange

Clear Communication to all stakeholders and citizens

Proportionate & non-discriminatory measures

Constant monitoring of measures

Building mutual trust

Epidemiological situation:

▶ Sustained reduction in the number of new infections/ reproduction rate, (net) hospitalisations and patients in intensive care

▶ Capacity and readiness of national health systems

▶ Testing, contact tracing, isolation and quarantine

Containment and physical distancing:

• Health checks as appropriate

• Personal protective equipment

• Technological solutions, e.g. use of interoperable voluntary cross-border tracing applications (apps)

• Separation of passengers or other additional safeguards/equivalent measures

• Coordination between origin and destination countries as regards air travel, ferries, etc

• Strong monitoring

III.2. **A phased approach**

In its risk assessment, the ECDC concludes that lifting measures too quickly or in an uncoordinated manner, without appropriate monitoring and health system capacities in place, may cause a sudden resurgence of sustained community transmission [18]. This is why – in the same way that domestic restrictions are being subject to gradual relaxation – a gradual approach should be envisaged for the lifting of travel restrictions and border controls. The process can be structured in three phases taking into account the criteria mentioned in Section III.1. Going from Phase 0 which is the current state of play to the next stages should be done in a flexible manner, if necessary taking a step back in case the epidemiological situation worsens. In this regard, adequate preparedness plans should be put in place to enable measures to be reintroduced swiftly or lifted sooner than expected in light of the evolving epidemiological situation.

When gradually lifting travel restrictions, it could be envisaged to take into account practical progress in ensuring physical distancing or equivalent containment measures in fields most relevant to travel, in particular in different modes of transport and in types of accommodation. The Guidelines on the progressive restoration of transport services and connectivity and those for health protocols in hospitality establishments, adopted by the Commission alongside this Communication [19], provide concrete elements for the competent authorities or industry bodies to further specify, and economic operators to put in place, measures that allow equivalent levels of protection, tin particular, in the sectors of transport, and tourism. The practical implementation of these guidelines and principles should be taken into account in the decision process towards lifting travel restrictions and internal border controls.

With specific regard to **tourism and transport**, gradual lifting of travel restrictions and controls should also take into consideration the economic and social impact of pandemic and related preventive measures. New COVID-19 guidelines [20], protocols and standards can reassure that actionable, affordable and proportionate measures are in place to reduce the risks of travel: for various transport modes of passengers, car rental, leisure boating, various types of accommodations, hospitality, attractions, exhibitions, etc. Once such protocols are effectively applied, travel restrictions could be lifted for those modes of transport and some types of tourism activities, in view of planning holiday travel, as mentioned in the Joint Roadmap.

— *Phase 0: Current situation*

The COVID-19 pandemic has led many Member States to implement far-reaching community measures, including confinement and physical distancing, with dramatic implications for movements both within a country and across borders. Almost all Member States introduced temporary internal border controls with the objective of protecting public health. In addition, non-essential travel restrictions have been applied at the external borders of the Union since the Commission guidance of 30 March.

To address the serious problems caused by the reintroduction of internal border controls and travel restrictions, and to limit the impacts on the functioning of the internal market, the Commission mobilised all the necessary resources and provided coordination at EU level. In addition, the Commission presented practical guidance to ensure the continuous flow of vital goods across the EU via green lanes, to facilitate air cargo and to guarantee the exercise of the free movement of workers [21].

In many parts of the EU, critical occupations are exercised by persons living in one Member State, but working in another. Restrictions introduced by Member States related to the crossing of borders therefore lead to additional difficulties and can hinder efforts to fight the COVID-19 crisis. While the situation on the ground has improved since the adoption of the Guidelines concerning the exercise of the free movement of workers, significant problems still remain for the crossing of certain internal borders. Member States should therefore allow workers, in particular transport, frontier, posted and seasonal workers, and service providers to cross borders and have unhindered access to their place of work [22]. This should also apply where such workers and service providers only transit through a Member State. Member States should also communicate to the employers the necessity to provide for adequate health and safety protection.

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[18] ECDC Risk Assessment.
[19] C(2020) 3139 and C(2020) 3251.
[20] C(2020) 3139.
[21] For an overview of all guidelines, please refer to https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
[22] For a non-exhaustive list of what critical occupations could be, see Recital 2 of the 'Guidelines concerning the exercise of the free movement of workers', adopted by the Commission on 30 March 2020: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020XC0330(03)

The Commission is working closely with the European Parliament and the Council to finalise as soon as possible the ongoing revision of social security coordination rules (Regulations (EC) No 883/2004 and (EC) No 987/2009), which need to be concluded swiftly to ensure that mobile workers affected by the crisis and notably the border closures can rely on a well-functioning social security coordination system, with modernised rules that will further guarantee their rights.

The Commission's guidelines referred to above have provided important mitigation of the impact of restrictions on the Single Market and free movement and should be applied until internal border controls and more general travel restrictions have been lifted.

— *Phase 1: Towards restoring freedom of movement by partial lifting of restrictions and controls at the internal borders*

Travel restrictions and border controls should be gradually lifted **throughout the EU** if epidemiological developments across Europe continue their current positive trend, in particular when a sufficiently low level transmission rate is reached. If this is not immediately possible, travel restrictions and border controls should be lifted for **regions, areas and Member States** with a positively evolving and sufficiently similar epidemiological situation. In case where the epidemiological situation is less similar, additional safeguards and measures as well as monitoring could be applied.

The first step to make this possible would be that the domestic epidemiological situation allows relaxation of domestic free movement restrictions. For cross-border transport, guidance stipulating safety requirements for different transport modes would also have to have been met as set out in the Guidelines on the progressive restoration of transport services and connectivity and monitoring may be ensured where the epidemiological situation is less similar. Where a Member State decides to allow travel into its territory or to specific regions and areas within its territory, it should do so in a non-discriminatory manner – allowing travel from all regions or countries in the EU with similar epidemiological situations.

If it is not yet decided to lift internal border controls in full, there are also steps that could be taken to start the process of removing restrictions, such as replacing systematic border controls by border controls based on risk assessment or by local police measures.

The lifting of restrictions to free movement and border controls will require amongst others close coordination between Member States. All Member States need to be informed prior to any new arrangement and it must always be clear that any selective decisions to restrict travel into or from specific regions within a Member State are made on a fully objective basis: any envisaged remaining restrictions should only be based on public health considerations and should be designed in a proportionate and non-discriminatory manner. In particular, where a Member State decides to lift its restrictions for movement to and from another Member State, or as regards regions or areas of either such Member State, this must apply, without discrimination, to all EU citizens and to all residents of that Member State regardless of their nationality, and should apply to all parts of the Union in a similar epidemiological situation. The lifting of controls should not be limited to geographical proximity of neighbouring Member States but based on comparable epidemiological situations and implementation of health-related guidance, in regions, regardless of their proximity. Smooth transit should be facilitated both for professional as well as for personal reasons.

Smooth and safe travel should be possible for professional reasons, but is also important for **personal reasons, such as visits to family**. The crisis has made long periods of separation necessary between family members in different Member States, many of which have made important contributions in the fight against the virus. Allowing for the safe re-unification of families across Member States with a similar epidemiological situation will be important in honouring this contribution.

— *Phase 2: General lifting of restrictions and controls at the internal borders*

This last phase, when the epidemiological situation across the EU is sufficiently positive and convergent, will consist in lifting all COVID-19 related restrictions and controls at the internal borders, while keeping the necessary health measures (personal hygiene, physical distancing, etc.) in place inside (parts of) the territories of the Member States and maintaining extensive information campaigns. It remains the case that guidance stipulating safety requirements for different transport and accommodation modes must be met for the free movement of persons, goods, services to be fully restored.

IV. **COORDINATION MECHANISM**

While the Commission can play a supporting and coordinating role in preparing decisions to lift restrictions to free movement and internal border controls, Member States assess the situation in their country based on the criteria indicated above and take the decision on lifting of restrictions. Similarly to the decisions on reintroducing temporary controls at internal borders, decisions on lifting the checks, should be taken in consultation with the other Member States, in particular the ones directly affected.

Since the beginning of the outbreak the Commission and the Member States have engaged in regular exchange of information and good practice in a variety of fora, including at the technical level through the 'COVID-19 Information Group – Home Affairs' and at the political level through the regular video conference meetings convened by the Commission. Maintaining close coordination between Member States, based on mutual trust and working towards common objectives, is of utmost importance and should continue to be part of the gradual approach. The Commission will therefore continue to provide these fora for such exchanges with the objective of facilitating and preparing the decision-making regarding the coordinated and phased lifting of restrictions of free movement and of internal border controls.

Within an exit strategy, exchange of information, and following up on the work of the COVID-19 Information Group, coordination should be stepped up to ensure a targeted and consistent approach to the lifting of restrictions to free movement and of internal border control in line with EU rules and principles, at the same time ensuring the necessary flexibility for countries involved.

In order to avoid creating a new coordination mechanism or platform, the Commission suggests that the preparation of concrete recommendations is carried out within existing and well-functioning frameworks. This could for example be carried out within the framework of the EU's integrated political crisis response mechanism (IPCR), now in full activation mode. The Council could intensify informal coordination between Member States and the Commission, including for the preparation of targeted recommendations. The Commission will of course continue to play its institutional role, including by facilitating the exchange of information and best practices at the technical level.

V. **CONCLUSION**

This Communication provides a way forward to support Member States in their efforts to lift restrictions to free movement and internal border control. Given the constantly evolving and dynamic situation of the COVID-19 pandemic crisis the exchange of information between the Commission and Member States will be continued at technical level and followed up, where useful, at political level. As highlighted in the Joint Roadmap, a carefully calibrated, coordinated and gradual approach will be applied. The Commission will also continue to analyse the proportionality of measures taken by the Member States to deal with the COVID-19 pandemic as regards internal and external borders and travel restrictions and intervene to request the lifting of measures which are considered disproportionate.

While it is clear that the decision to restore freedom of movement by lifting border controls and travel restrictions is a very sensitive one, it is an essential part of the gradual lifting of the restrictions faced by citizens and businesses today. Delaying this process beyond what is needed for reasons of public health would put a heavy burden not only on the functioning of the Single Market but also on the lives of millions of EU citizens deprived of the benefits of the freedom of movement which is a key achievement of the European Union. Restoring the smooth functioning of the Single market is a key requirement for the recovery of the EU's economies and notably the important tourism ecosystem and transport.

The Commission stands ready to work together with the Member States within the COVID-19 Group Home Affairs and the Integrated Political Crisis Response with the aim of paving the way to progress to the phases 1 and 2 as soon as the conditions allow this, with the overall objective of restoring the integrity of the Schengen area and to returning to unrestricted, borderless, free movement of persons, workers, goods and services within the EU.

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