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COMMUNICATION FROM THE COMMISSION

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

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COVID-19: EU GUIDANCE FOR THE PROGRESSIVE RESUMPTION OF TOURISM SERVICES AND FOR HEALTH PROTOCOLS IN HOSPITALITY ESTABLISHMENTS

I. Introduction

1. On 15 April 2020, the Commission, in cooperation with the President of the European Council, put forward a Joint European Roadmap¹ 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 travel⁴, the exercise of the free movement of workers⁵, border management measures⁶, passengers and other persons on board ships⁷, as well the progressive restoration of transport services⁸, 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 workplaces¹⁰.

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 measures¹¹ to enable resumption of tourism activities:

10.i COVID-19 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.

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

⁴ COM(2020) 115 final, COM(2020) 148 final, and C(2020) 2050 final, OJ C 102I , 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 86I, 16.3.2020, p.1.

⁷ C(2020) 3100 final, OJ C 119I, 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>

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 applied¹². 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.

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 essential¹³. 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.

¹² https://ec.europa.eu/info/sites/info/files/guidelines_on_eu_emergency_assistance_in_cross-bordercooperationin_healthcare_related_to_the_covid-19_crisis.pdf

¹³ At present, no rapid test for SARS-CoV-2 detection has been validated and recommended for use for diagnostic purposes.

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) guidance¹⁴ and, in relation to data protection, the Guidance on Apps supporting the fight against COVID 19 pandemic¹⁵ and the Guidelines of the European Data Protection Board¹⁶. 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.
13. Preparedness plans with clear criteria need to be in place to re-escalate restriction measures, if necessary.

¹⁴ <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>.

¹⁵ C(2020) 2523 final 16.4.2020

¹⁶ https://edpb.europa.eu/our-work-tools/our-documents/guidelines/guidelines-042020-use-location-data-and-contact-tracing_en

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 map¹⁸ 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.

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/>

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 1), Member States are invited to consider this guidance while elaborating relevant protocols in line with their specific national/regional/local conditions.
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

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>

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

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.

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-19²² and the Commission Guidance on apps²³, 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 meters 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 restoration 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 124I , 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 1) 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 Annex 1.

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 1

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 workplace²⁵. 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:

²⁵ 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

- 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.
 - 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 coughing²⁶.
- 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 expected²⁷. These infection prevention and control measures include:

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

²⁷ 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

- **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)²⁸.
- 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.

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>.

²⁸ 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>.

- 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 infections²⁹. 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 COVID-19 transmission have been linked to presence in closed spaces³⁰. 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 establishment³¹.
 - 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.

²⁹ 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.

³⁰ 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).

³¹ 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

- **Cleaning and disinfection**

- Proper cleaning and disinfection is important in the context of COVID-19 pandemic³².
- 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 of the surface material, with shortest survival reported for copper³³.
- 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.

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 plan³⁴.

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

³² 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>.

³³ 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

³⁴ 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>

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
 - 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 lounge sets, guests during various activities, and in the pool
 - c. Guests sharing the same room can share tables, beach lounge sets, etc.
 - d. Ensure regular maintenance and environmental cleaning of these facilities
- 7. Children 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](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-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

AMPLIATION CERTIFIÉE CONFORME
Pour la Secrétaire générale,

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COMMISSION EUROPÉENNE