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SAFETY BULLETIN

20SAB04

14 May 2020

COVID-19 Guidance for Crews Please note: this is the second update to 20SAB04.

At all times, crews should follow the advice of their health authorities, operators, and the health authorities of the destination country. The following is general advice about COVID-19 as understood at the date of publication.

The flight deck itself is seen as a safe place, provided appropriate hygienic measures are taken. This is because recirculated air passes through HEPA filters, which are used, for example, in operating theatres. Any infections caught in the aircraft would not come via recirculated air, but due to direct contact, or via droplets, i.e. if an infected person sneezes or coughs. It is currently believed that the virus can survive on surfaces for up to four days.

The COVID-19 virus is approximately 0.125 µm in diameter and it falls within the particlesize range that HEPA filters capture with a high level of efficiency.

Crews should consider the following recommendations:

Before the Flight

- Crew planning should consider using crews as teams – this would restrict the potential infection only to the team members.
- Crews and other personnel with any symptoms of flu should not be working – this is to prevent potentially infected persons in the flight deck and thus prevent spread of the virus to surfaces of the flight deck.
- Procedures should be put in place to minimize crew exposure to ground personnel.
- All personnel should follow proper hygiene practices before entering the cockpit.
- During turn-around when pilots are in contact with ground personnel, a mask may be worn in high epidemic areas.

Submicron and Nanoparticulate Matter Removal by HEPA-Rated Media Filters and Packed Beds of Granular Materials, Page 7, https://ntrs.nasa.gov/archive/nasa/casi.ntrs.nasa.gov/20170005166.pdf

During the flight

- Disinfect all surfaces with appropriate disinfectant wipes before starting your flight preparations.
- Use hand disinfection gel often, and always before eating anything.
- Avoid touching your face – eyes, nose, mouth.
- If routine use of OXY mask is required (such as for operations above a given Flight Level), use disinfection towel before and after the use of mask.

At layovers

- Do not use public transportation.
- Stay in your hotel room to the extent possible.
- Minimize going out into the general population and use social distancing (maintain a distance of approximately 2 meters if possible), whenever out in public. Avoid crowds, stores, and situations likely to attract large numbers of people.
- Eat in your hotel room with either room service or delivery service. If in-room dining options are not available, eat at a restaurant located in the hotel. If not available at the hotel, eat at a restaurant located close to the hotel.
- Wash your hands with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer often, and always after entering the hotel room or before eating.

There is little evidence that wearing a mask is effective in preventing healthy flight crew members from getting an infection. It is not recommended to fly with a mask. In addition, gloves do not prevent you touching your face and the infection can spread in a similar way as if you are not wearing gloves.

It is the responsibility of the operator to provide appropriate disinfectant wipes that are suitable for the aircraft environment. The wipes shall be effective against corona, and also be approved for aviation use. Disinfection of aircraft surfaces with self-provided products performed by the crew members may lead to chemical reactions, which can have negative effects (corrosive) on the aircraft.

The need to self-isolate after flights needs to be decided by your authority. If a flight has no layover, it is not expected that there would be a need to self-isolate. For flights with a layover, the decisions will depend on the destination, risk of infection, and any exposure risks at the destination. Crews who secure private transportation, stay at the hotel, eat via room service, and maintain the social distance of 2 meters can keep the risk of infection low.

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Dear fellow pilot,

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In the midst of the COVID-19 pandemic, many among us are still operating flights, Keywords be it as a skeleton service, rescue or cargo missions. Since so many authorities COVID-19 have published guidance to limit spreading of the virus – covering different areas Corona in more detail – and some incorrect information is also out there, it may be dif- Safety ficult for flight crews to find relevant information for their specific task. Protection Flight crew This leaflet is an attempt to address this issue by collecting official guidance re- Containment

garding the coronavirus in a single paper. Referenced text is reproduced as-is. The hyperlinked references (e.g. [EASA]) provide easy access to check the source and check for possible updates.

We hope this paper helps to protect you, your family, friends and colleagues. Only be reducing the spreading of the virus can we “flatten the curve”, reduce the risks of working in the critical service we provide, and ensure adequate medical attention for all in need.

Take care and above all: fly safe!

IFALPA

The global voice of professional pilots

Use of masks

Medical face masks should be reserved

Facemasks should be considered:

for persons with respiratory symptoms

- for crew when you are helping sick travelers (and who can tolerate them) to avoid with respiratory symptoms such as coughing or contamination to others. [WHO] Surgical mask sneezing. (protects others) • for sick travelers to help reduce the spread of There is little evidence that wearing a respiratory germs. mask is effective in preventing healthy
- for people sitting near sick travelers (with resflight crew members from getting an piratory symptoms) when the sick traveler cannot infection. It is not recommended to fly tolerate wearing a mask. [CDC] with a mask. [IFALPA]

Facemasks are NOT needed:

Respirator Recommended PPE for cabin crew (on

- for a sick traveler complaining of nausea or vom- (protects yourself) board aircraft) [EU Healthy gateways] iting. This could result in choking or a blocked

N95 (US) = P2 (EU) ≥94%

N99 (US) = P3 (EU) ≥99% airway. Cabin attendants should wear surgical

- for sick travelers who can’t tolerate a facemask mask with low exposure risk and medior refuse one. In this case, ask sick travelers to Will these protect me? cal protective masks (or N95 masks) cover their coughs or sneezes. [CDC] with higher epidemic risks [CAAC]

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When ground personnel is on board crew members should take all measures to minimise direct contact including wearing PPE. [EASA]

Use of gloves Gloves do not prevent you touching your face! [IFALPA]

Also refer to the use of UPK (spill kit) [IATA] when handling a (suspected) Glove standards [CEN] case on board (see next page). How to Remove Gloves [CDC] Gloves don't replace proper handwashing!

Aircraft disinfection Disinfection <24h after arrival with aviation approved substances + alcohol percentage 62-71% ethanol alcohol, 0.5% hydrogen peroxide, or 0.1% sodium hypochlorite [EASA] [EU Airports list] [CAAC]

Detailed disinfection procedures [EASA cleaning]

Properly dispose contaminated items. Notify cleaning crew of areas contaminated with diarrhea, vomit, blood, or other body Antimicrobial agents effective against different coronaviruses

[ECDC]

fluids [CDC] – refer to bloodborne pathogen standard [29 CFR 1910.1030]

Crew health

Crews and other personnel with any

BRIEFING TOPICS

symptoms of flu should not be working

- Remind crewmembers to immediately report a This is to prevent potentially infected fever, cough, or any difficulty breathing. [FAA] persons in the flight deck and thus pre-
- Check in with crewmembers periodically to make vent spread of the virus to surfaces of sure they continue to self-monitor and are not the flight deck. [IFALPA] [EASA] symptomatic. [FAA]
- Ensure crewmembers are asymptomatic before If you are sick, do not travel via jump they board a flight [FAA] seat, deadheading, or as a regular pas-
- Review procedure in case of (suspected) consenger [FAA] tamination on board.

Share your travel history with health care providers [EASA]

Handling a (suspected) case on board

- Designate one crew member to infection and try to minimize the • Provision for non-contact infrared serve the ill person, preferably a contact between the suspected thermometer [CAAC] crew member trained in infection passenger and cabin crew memprevention and control measures bers and the other passengers. After landing: and not necessarily the crew [EASA] [WHO] • Comply with local regulations member that has already been at- • Use last 3 rows & individual [EASA] [WHO] [ACI] tending to this traveler. Designate (right) rear lavatory [CAAC] • The crew member designated to one toilet for use only by the ill • Provide a plastic bag for dislook after the ill passenger with person. [WHO] posal of used tissues, air sickness exposure event, should minimize

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- Make use of protective equipment bag(s), or other contaminated close contact with other crew- (single use gloves and mask) items [CDC] members, and be arranged in from one or more Universal Pre- • Turn off air flow from ventilation private transport and quarantined caution Kits (UPK) [EASA] [IATA] system above the sick passenger with those assigned in the same [CAAC] [WHO] on board a plane so as to reduce zone after the flight segment.
- Keep interactions with sick travelthe risk of spreading virus/drop- [CAAC] ers as brief as possible. [CDC] lets from sick passengers? [EU • After the flight, you could choose
- Provide a medical facemask for Healthy gateways] to consult with your private the symptomatic passenger in or- • Recommend to passengers to healthcare provider if you develop der to reduce the risk of spreadself-report if feeling ill as desymptoms [CDC] ing the potential SARS-CoV-2 scribed above; [EASA]

Administrative requirements

GENERAL DECLARATION PAX LOCATOR CARD FORM

Use the health part of the aircraft general Ask passengers to complete passenger declaration to register the health informalocator card forms to identify where in the tion on-board and submit it to the Point of aircraft the passenger is seated along with Entry health authorities when required by a information regarding their immediate travel State's representative; [EASA] plans and contact details. [EASA] [WHO]]

Layover considerations

ARRIVING AT THE HOTEL

Stay in hotel room, use social dis- • Consider exchanging contact information (phone tancing, eat-in using room service or or room number). [ECA] delivery service or in hotel. Avoid using • Ensure crewmembers know how to contact their public transport. [IFALPA] [FAA] state or local health department. [FAA]

- Advise crewmembers to notify their state or local Develop a plan in the event a crewmemhealth department if they become symptomatic, ber becomes symptomatic during an in addition to reporting to the employer's occuovernight layover [FAA] pational health program. [FAA]

Dispatch considerations

Crew planning should consider using crews as teams to prevent potentially infected persons in the flight deck and thus prevent spread of the virus to surfaces of the flight deck. [IFALPA]

Crews and dispatch should consider Availability of suitable alternate airports [Forbes Magazine] (e.g. fuel policy, flight planning) Area control centers or airpsace might be closed in case of COVID-19 contamination. [ECA]

Hygiene measures on the flight deck

Check disinfection, headset policy, personal protective equipment (PPE),

Self-isolation after a flight

alcohol gel with adequate alcohol peris to be decided by your authority. If a flight has no centage (>70%) in place or available. layover, it is not expected that there would be a need

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[ECA]

to self-isolate. For flights with a layover, the decisions will depend on the destination, risk of infection, If routine use of OXY mask is required and any exposure risks at the destination. [IFALPA] (such as for operations above a given Flight Level), use disinfection towel before and after the use of mask. [IFALPA] Read the ATSB Guidance on self-isolation

Psychological state Social distancing Pilots that aren’t willing to fly should not be forced to. Mental Keep crew hand-overs short and respect a distance of at capacity should be available for operational decision making, not least 1,5m. Try not congregate whilst on duty and for meal for worrying about COVID-19. [ECA] times. [ECA]