

# Coronavirus Policy and Protocol Document

## June 2020



### **Responsible Persons**

Mark McClelland (Chief Flying Instructor – Airsport UK)  
Paul Lanham (Flying Instructor – Airsport UK)

## Objectives of this Policy

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Airport UK is, by its nature, dedicated to the promotion of safe practices in aviation. We apply this approach to all aspects of our service whether it be in the air or on the ground.

The objectives of this policy are as follows...

- To provide a reference document for staff and clients outlining the protocols for routine operations and dual instruction. This follows a regression in the number of individuals in the population directly affected by Covid-19 in the UK and an easing of social distancing restrictions by the government
- To review and collate as far as is possible the available evidence, key opinions, and regulatory advice
- To highlight our responsibilities and decision processes based on the above to provide a safe but pragmatic approach to the resumption of dual instruction and routine operations at Airport UK

We wish to demonstrate our commitment to reducing the risk of Covid-19 cross-infection to the staff and clients whilst engaged in any activity at Airport UK.

## Introduction and Background

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- Coronaviruses are RNA viruses known for causing respiratory tract infections
- The disease (now known as Covid-19) was first reported as early as November 2019 in the Wuhan province of China
- The World Health Organisation (WHO) declared a public health emergency of international concern on 30<sup>th</sup> January 2020
- Covid-19 was given its nomenclature on 11<sup>th</sup> February 2020 and was declared a pandemic by the WHO on 11<sup>th</sup> March 2020
- At the time of writing there appears to be only one strain which, although exhibiting multiple isolates, remains without significant change in its behaviour
- Currently there are no approved vaccines or treatments for the prevention of Covid-19 although clinical trials are being conducted worldwide
- By mid-March 2020 the government had imposed restriction on social movements and by the nature of these restrictions it was necessary to cease recreational flying
- This has been the first time in living memory that it has been necessary for us to cease flying under these or any other circumstances
- The lack of precedence, data, studies, and associated literature has made establishing evidence-based protocols challenging
- It is also impossible to ascertain whether implementation of cross-infection protocols will be temporary or enduring. With evidence and advice being ambiguous, vague, or occasionally contradictory and changing on a daily, if not hourly basis, it is important for us to adopt a dynamic, reflective, and reactive approach to these processes
- We still know very little about the behaviour of Covid-19 and do not understand why the signs and symptoms range so dramatically (from subclinical to death) between individuals
- What is clear is that Airport UK has a duty of care to both its clients and staff in its role as an educator and employer
- Our environment must be a safe one in which to work and receive training, and that everyone is clear about their role in the protection of others
- We need to balance the aviation safety with a pragmatic approach to reducing the risk of cross infection
- This document will be updated with the emergence of new evidence and/or guidance

## Risk Reduction Recommendations and Measures

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- In common with many corona- and rhino-virus infections it is unlikely that total eradication of the disease will be possible
- Given that currently there is no medical preventive agent, it is reasonable to speculate that it may be at least a year before a vaccine becomes available
- This suggests that there will always remain a risk of community acquired contraction of coronavirus
- Although it is impossible for us to mitigate the risk for our clients and staff outside the club environment we must take steps to put in place mechanisms to reduce the risk of exposure for our clients and staff whilst on site or within our aircraft
- There are a significant range of approaches to reducing risk. Some of these have no evidence to support their efficacy making it difficult to assess their value
- Our policies and protocols will therefore be based on multiple sources, with a proclivity for those carrying reasonable academic weight (based on similar and previous outbreaks) but without necessarily having full or optimal scientific evidence
- We must also ensure that by implementing these risk reducing processes that we do not have a significant, adverse effect on flight safety and the airworthiness of the aircraft
- We must be mindful that any potential modification/design change will need to be approved by the CAA or EASA, or an approved design organisation including organisations such as the LAA and BMAA, before any installation is undertaken. For these reasons it may not be practical or safe to make some changes
- Research is continuing at a rapid pace and it will be necessary for us to regularly review our policies in the light of new evidence and updated recommendations and guidelines from the CAA, government bodies and regulators
- As a framework for protocols we will be using the government document on '**Working safely during coronavirus (COVID-19)**' and in particular '**Working safely during COVID-19 in or from a vehicle**' This includes guidelines established by the Health and Safety Executive. The document recommends the following five steps...
  - Carry out a Covid-19 risk assessment
  - Develop cleaning, handwashing, and hygiene procedures
  - Help people to work from home
  - Maintain 2m social distancing, where possible
  - Where people cannot be 2m apart, manage transmission risk

## Airport UK Compliance with CAA Recommendation from CAP 1924

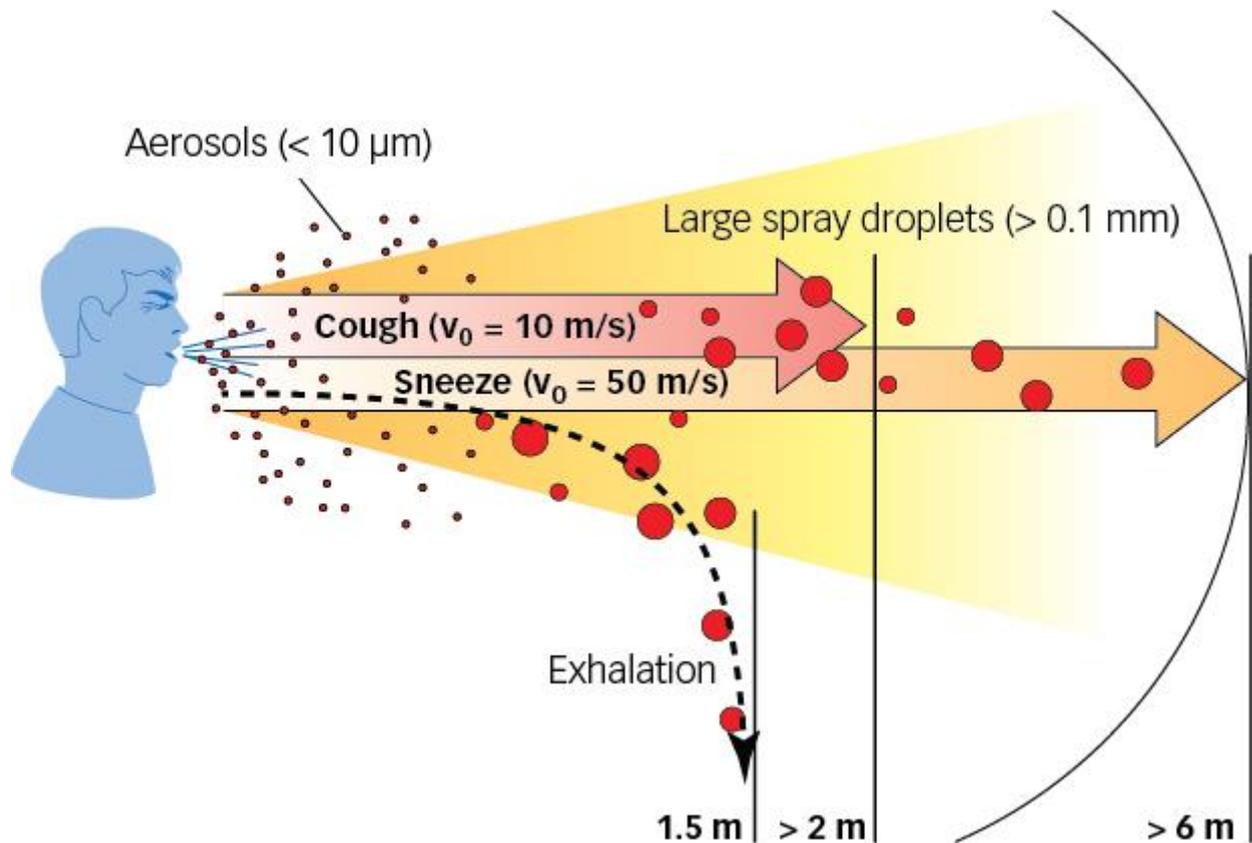
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Airport UK has demonstrated its compliance with the Civil Aviation Authorities recommendations in the document '**CAP 1924**' by taking the following precautions over the period of the 'lockdown' in preparation for recommencing operations...

- Conducted a health screening questionnaires for any staff attending the site (**see Appendix 1**)
- Held meetings with all flying instructors to formulate a strategy for the re-familiarisation of pilots with flying after a long break following both months of bad weather and then the lockdown
- Used the aircraft downtime to conduct servicing, maintenance and repairs
- Conducted engine runs and monitored fuel and fuel tanks to ensure no contamination
- Reviewed documentation to ensure currency and validity of...
  - Airworthiness certificates
  - Insurance and Public Liability
  - OFCOM Radio Installation Licence (if applicable)
  - Fire-extinguisher and first aid equipment checks
  - Aircraft defect logs
- Maintained the operating surfaces, runways and taxiways (ensuring the grass is cut and surfaces are levelled and free from defects)

## Mechanism of Covid-19 Cross-Infection

- Viruses are normally transmitted suspended within water droplets from the host carrying the virus
- These droplets may be range from macro to microscopic, the larger the particle, the more it behaves as a projectile
- A large droplet produced during a sneeze, for example, will be projected and travel in an arc to the floor with the range of the arch dependent upon the mass of the droplet and the expulsion force. The range of this arc for exhalation is normally around 1.5 metres (hence the 2-metre social distancing rule)
- It can be seen from the diagram below that large spray droplets from a cough or a sneeze can extend to up to 6m whereas smaller aerosols tend to be confined to less than 1.5 m through direct projection
- This may lead to airborne transmission of the virus



- Droplets landing on surfaces can sustain viruses long enough to be picked up by touch and transferred via direct contact to the mucous membranes of the mouth, nose or eyes i.e. contact transmission
- Using a tissue to sneeze or cough and washing hands regularly will significantly reduce the risk of contact transmission
- The viability of Coronavirus on a surface is...
  - 72 hours on plastic and stainless-steel surfaces
  - 24 hours on cardboard surfaces
  - 9 hours on copper surfaces
  - 3 hours in suspended aerosols
- Fomites are any object on which the virus can remain viable enough to be transmitted by contact transmission to a new host
- For successful viral transmission, the following conditions are required...
  - Suitable host with an immune system insufficiently prepared to defend against the virus
  - Sufficient viral load

## Airport UK Covid-19 Infection Risk Assessment

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- Given the information on the previous page, we at Airport UK will attempt to reduce the risk by...
  - Assessing the susceptibility of the host
  - Minimising potential viral load

### Staff and Client Risk Stratification (Host Susceptibility)

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- We will assess the potential risk to everyone visiting Airport UK by conducting verbal questionnaire (**see Appendix 2**)
- The NHS has developed a 'Risk Stratification' for people who are more vulnerable should they contract Covid-19. It would be impossible to justify the exposure of these vulnerable individuals to the risk of Covid-19 infection so that they may engage in a recreational activity, such as general aviation
- The following people should not engage in recreational contact with others (unless given advice to the contrary by their medical practitioner or government health advisors)...

#### **People at high risk** (clinically extremely vulnerable) from coronavirus include people who...

- Have had an organ transplant
- Are having chemotherapy or antibody treatment for cancer, including immunotherapy
- Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma, or myeloma)
- Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- Have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- Have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- Are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- Have a serious heart condition and are pregnant

#### **People at moderate risk** (clinically vulnerable) from coronavirus include people who...

- Are 70 or older
- Are pregnant
- Have a lung condition that is not severe (such as asthma, COPD, emphysema, or bronchitis)
- Have heart disease (such as heart failure)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy)
- Have a condition that means they have a high risk of getting infections
- Are taking medicine that can affect the immune system (such as low doses of steroids)
- Are very obese (a BMI of 40 or above)

## Minimising the Viral Load

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- The two main areas where clients and staff are likely to be exposed to a viral load are...
  - Communal areas around the club house and hangars
  - Within aircraft

## Protocol for Staff and Clients in Communal Areas

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- The following protocol was based on a risk assessment conducted by the Civil Aviation Authority and documented in 'CAP 1929A'
- To reduce physical and surface contact Airsport UK will employ the following protocols for staff and clients on the premises of the Club...
  - To reduce the number of individuals on site at any given time attendance at the airfield will be **by appointment only** with staggered appointments being made to limit contact between individuals
  - **Social gathering will be discouraged** (a recommendation will be made for the use of telephone or digital media for the free exchange of ideas and socialising rather than face-to-face contact)
  - Where it is necessary for individuals to converse in person, we will encourage observance of the **2m social distancing rule**
  - We will encourage the **wearing of face coverings** for everyone on the premises
  - There will be a **single direction of flow through the club house** with individuals entering through the door closest to the road and exiting through the door closest to the toilet
  - **Hand-sanitiser** will be provided and all individuals entering the clubhouse will be expected to thoroughly clean their hands with the alcohol sanitiser for at least 20 seconds
  - We will **regularly clean all the surfaces and items in the club house** to reduce spread by surface contact
  - All **unnecessary paperwork will be removed** including journals and periodical magazines which may act as fomites
  - Following the use of the toilet, the **room will be thoroughly cleaned** using wipes including the taps and door handles
  - Ensuring that both staff and clients who **feel unwell stay at home** and do not attend the premise
  - **Posting signage** to ensure staff and clients are aware of the mechanisms in place to reduce risk of exposure
  - **Minimising contact during payments** and exchange of documentation, for example, by using electronic payment methods and electronically signed and exchanged documents and wiping payment cards and machines with disinfectant wipes
- To assist in contact tracing (in the event of a localised outbreak) Airsport UK will maintain a 'time and date' log of individuals attending the airfield (although it should be noted that this may be within certain physical limitations as the site is also shared with farmland and associated traffic)

## Protocol for Staff and Clients within Aircraft

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- Checklists are available (**Appendix 3 & 4**) outlining the protocols for risk reduction for staff and clients using Aircraft owned, leased, or shared by Airsport UK. Staff and clients should be familiar with these checklists prior to approaching an aircraft and must comply with the recommendations therein
- The principles of this protocol are as follows...
  - Frequent cleaning of cockpit and instruments / equipment between uses
  - Frequent cleaning of objects and surfaces that are touched regularly, including door handles, safety belt clips, control column, brake handle, fuel pumps and aircraft keys, and making sure there are adequate disposal arrangements for cleaning products
  - Encouraging individuals to wash hands before boarding aircraft
  - Retaining sufficient quantities of hand sanitiser / wipes within vehicles to enable individuals to clean hands after each flight
  - Clearing aircraft and removing waste and belongings from the aircraft at the end of a flight
  - Maintaining good ventilation for example keeping aircraft vents wide open or removing the doors (where weather, safety and aircraft type permit allows)
  - The wearing of face coverings and Personal Protective Equipment
  - Use of barrier methods on instruments / equipment (provided it does not impede the controls of the aircraft or compromise air safety)
- All staff and clients are required to wear facemasks both on site and within aircraft (unless exempt on medical or religious grounds)
- All staff and clients are required to wear vinyl / nitrile examination gloves within aircraft (there is a notable minority of individuals with known and unknown latex allergy and for this reason latex gloves are not acceptable)
- Although at Airsport UK we appreciate that the wearing of an additional face visor in the cockpit **may** further reduce the risk of Covid-19 it is felt that this would compromise air safety by...
  - Complicating efficient communication for safe operation of the aircraft
  - Create reflections, distortion and double images that impair a pilot and instructors' vision
  - Mist up on breathing, obscuring vision at a time of critical observation or manoeuvre

## Raising Concerns

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- Airsport UK is dedicated to the promotion of safety and welcomes the raising of concerns, whatever the nature and source
- Airsport UK would encourage any staff or client with a concern or issue to immediately bring it to the attention of...
  - Mark McClelland (Chief Flying Instructor - Airsport UK)
  - Paul Lanham (Flying Instructor – Airsport UK)
- Employers and workers should always come together to resolve issues. If concerns still cannot be resolved, see below for further steps you can take...
  - Contact your employee representative
  - Contact your trade union (if you have one)
  - Use the HSE form available at <https://www.hse.gov.uk/contact/concerns.htm>
  - Contact HSE by phone on 0300 790 6787

## References

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- Support for Businesses and Self-Employed People During Coronavirus – Gov.uk
- The World Health Organisation
- <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>
- Civil Aviation Publication 1924 – Civil Aviation Authority
- Civil Aviation Publication 1929A – Civil Aviation Authority
- <https://www.hse.gov.uk/contact/concerns.htm> - Health and Safety Executive



## Appendix 1 – Daily Risk Assessment Form for Staff

At Airsport UK, we take the health and safety of all our staff and clients very seriously. Prior to engaging in your duties today, we require you to complete this form to allow us to gain an understanding of your current medical status and risk level. This will form part of our 'Risk Assessment'.

### Personal Details

Full Name	
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### Covid-19 Questionnaire

Please answer all questions	Yes	No
Have you been in contact with someone with confirmed Covid-19 but are asymptomatic?		
Do you think you have been in contact, but it is unconfirmed and you are asymptomatic?		
Do you or have you had a persistent cough?		
Do you or have you had shortness of breath or breathing difficulty?		
Do you or have you had a temperature of greater than 37.5°C		
Do you or have you had any symptoms of respiratory tract illness whatsoever?		
Do you or have you had a loss of taste and/or smell recently?		
Do you or have you had any unexplained tiredness or lethargy?		
Do you or have you had any unexplained muscular aches and/or pains?		
Do you or have you had a new rash of unexplained origin?		

If you have answered 'Yes' to any of these questions, then we would strongly advised you to self-isolate and call 111 for information on what to do next. You should delay attending work for at least 2 weeks.

Signature	
Date	



## Appendix 2 – Two Page Risk Assessment for Clients

At Airsport UK, we take the health and safety of our clients very seriously. Prior to attending the airfield, we advise you to complete this form to gain an understanding of your current medical status and risk level. This will form part of our 'Risk Assessment' and should prompt you to consider the risk at which you place yourself and others by engaging in recreational general aviation activities

### Personal Details

Full Name	
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### Covid-19 Questionnaire

Please answer all questions	Yes	No
Have you been in contact with someone with confirmed Covid-19 but are asymptomatic?		
Do you think you have been in contact, but it is unconfirmed and you are asymptomatic?		
Do you or have you had a persistent cough?		
Do you or have you had shortness of breath or breathing difficulty?		
Do you or have you had a temperature of greater than 37.5°C		
Do you or have you had any symptoms of respiratory tract illness whatsoever?		
Do you or have you had a loss of taste and/or smell recently?		
Do you or have you had any unexplained tiredness or lethargy?		
Do you or have you had any unexplained muscular aches and/or pains?		
Do you or have you had a new rash of unexplained origin?		

If you have answered 'Yes' to any of these questions, then we would strongly advised you to self-isolate and call 111 for information on what to do next.

The NHS has compiled a list on '[Who's at higher risk from coronavirus](#)'. This will also include individuals who have received an advisory letter from their General Medical Practitioner. If you are on this list then you should carefully consider whether engaging in recreational social activities is appropriate considering the greater risk to your health, well-being and possibly to your life.

Overleaf is a list of those considered at higher risk by the NHS.

## Who is at higher risk from Coronavirus?

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If you are on this list then you should carefully consider whether engaging in recreational social activities is appropriate considering the greater risk to your health, well-being and possibly to your life.

The list includes people who...

- Have had an organ transplant
- Are having chemotherapy or antibody treatment for cancer, including immunotherapy
- Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma, or myeloma)
- Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- Have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- Have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- Are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- Have a serious heart condition and are pregnant
- Are 70 or older
- Are pregnant
- Have a lung condition that is not severe (such as asthma, COPD, emphysema, or bronchitis)
- Have heart disease (such as heart failure)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy)
- Have a condition that means they have a high risk of getting infections
- Are taking medicine that can affect the immune system (such as low doses of steroids)
- Are very obese (a BMI of 40 or above)

Airport UK has a duty of care to those attending the airfield. By employing these protocols, we hope to protect our staff and clients and demonstrate our compliance with HSE regulations. Airport UK is not a health institution and has no knowledge of your medical status and therefore requires you to assess your own health risk (using the information we have supplied). We would also encourage you to think of your role in protecting others in the community and society at large.



## Appendix 3 – Covid-19 Flight Preparation Checklist

### Obligatory Items Prior to Approaching Aircraft

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Checklist Item	✓
Facemask	
Eye coverage (either appropriate sunglasses or prescription glasses)	
Vinyl or Nitrile gloves	
Disinfectant wipes	
Hand-sanitiser	
Headset and/or Navigation equipment	
Long-sleeved shirt or garment to cover exposed arms & keep warm in ventilated cockpit	

### Personal Preparation Prior to Approaching Aircraft

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Checklist Item	✓
Alcohol sanitise the hands for 20 seconds	
Comfortably fit facemask and eye coverage (so you do not need to touch your face again)	
Wash your hands with soap and water then dry your hands (do not touch your face)	
Fit Vinyl or Nitrile gloves (do not touch your face)	
Using disinfectant wipes clean your headset and/or navigation equipment	
Collect hand-sanitiser, disinfectant wipes, Coms and Nav equipment & move to the aircraft	



## Appendix 4 – Covid-19 Aircraft Preparation Checklist

### Obligatory Disinfection of the Aircraft Cockpit

Checklist Item	✓
Using a disinfectant wipe, clean the door opener & surround	
Use the disinfectant wipe to open the door & clean the inside door opener & surround	
Wipe down the instrument panel & instruments simultaneously checking they are secure & intact	
Wipe down the switches & check they are all in the 'OFF' position	
Wipe down the master key & ignition barrel & ensure the KEY IS LEFT OUT	
Wipe down the seats	
Wipe down the flap handle & check full movement, free & correct sense	
Wipe down the control column & handle & check full movement, free & correct sense	
Wipe down & check aileron quick release connections, cable & pulley runs	
Lift the central flap between the seats & check no interference of control	
Wipe down & check the rudder pedals, cable attachments & nose wheel control rod attachments	
Wipe down both throttle knobs & columns whilst checking normal operation	
Wipe down & simultaneously check the security & operation of the seat belts & fixings	
Remove any unnecessary items from the cockpit	
Open the ventilation ports to allow for maximum airflow through the cockpit	
Repeat disinfection process wiping for both P1 & P2 positions	
<b>!!! REPEAT THE DISINFECTION PROCESS AGAIN ON LANDING FOR NEXT USER !!!</b>	

### Principles for Reducing Cockpit Cross-infection

- Assessment of risk to occupants
- Disinfection of hands
- No touching of face
- Disinfection of surfaces prior to and after use
- Minimising exposure by...
  - Covering eyes
  - Covering mouth and nose
  - Covering hands
  - Covering arms
  - Side-by-side positioning
  - Increased ventilation