

# **EASA Guidelines – COVID-19**

## **Advice and Best Practises for Health Safety during** **Training and Examinations** in relation to the SARS-CoV-2 pandemic

Issue no: 01

Issue date: 29/05/2020

## 1 Background

In December 2019 an outbreak of a new type of coronavirus was identified in the province of Hubei, China. Since then evolution of the outbreak has been rapid, reaching most countries worldwide. The outbreak was declared by the World Health Organisation (WHO) as a public health emergency of international concern (PHEIC) on the 30 January and further characterised as a pandemic on the 11 March. Since mid-February a cluster was identified in the province of Lombardy, in the north of Italy. Afterwards a rapid development of the outbreak affecting all the European Member States was seen.

In this context EASA has developed, issued and updated a Safety Information Bulletin<sup>1</sup> in order to provide operational recommendations for European stakeholders in accordance with the official communications of WHO and the European Centre for Disease Prevention and Control (ECDC) and to facilitate access to guidance developed by other stakeholders (e.g. IATA, ACI, EU Healthy Gateways, etc.)

Furthermore, EASA issued two Safety Directives (SD) on 13 March, one for EASA Member States and the other for the third country operators performing commercial air transport of passengers into, within or out of the territory subject to the provisions of the Treaty on European Union. The SDs mandate the disinfection of aircraft arriving from high risk areas, as defined and updated in Annex 1 to the SD in collaboration with the Member States, in order to protect the passengers against secondary contamination, and equip the aircraft with one or more Universal Precaution Kits (UPK's).

In the context of the return to operations and the relaxation of the measures taken by the various national public health authorities in Europe, the activity of training organisations will be slowly restarting. On the request of several Member States and stakeholders, EASA has developed the current guideline providing advice and best practices to ensure that all measures are taken by all training or examination providers to perform their activities without endangering the health safety of their staff members and students and to reassure them that they are in a safe environment while using their facilities.

This guide should be considered by training or examination providers as complementing the recommendations of WHO, ECDC and national public health authorities in regard to the management of contacts, and suspected and confirmed cases.

Furthermore, where existing procedures are in place the recommendations of this guide may be useful in order to achieve the desired level of harmonisation which would facilitate mutual recognition and level playing field.

At all times the respective decisions of the national public health authorities prevail in regard to the recommendations made in this guide.

---

<sup>1</sup> 2020-02R4 - 2020-02R4 : Coronavirus 'SARS-CoV-2' Infections – Operational Recommendations – latest update on 2020-04-07

## 2 General considerations

Consistent with the principles of safety risk management a multi-layered approach is needed in order to achieve the required safety objectives for training and examination staff and students.

Due to reduced physical distance between individuals, the high traffic areas are typically the following:

- Class-, Briefing-, and Examination rooms
- Flight simulators
- The corridors connecting the above areas, and the corresponding lavatories
- Training aircraft
- Training organisation and Examination locations - entry/exit points

Training or examination providers are encouraged to take appropriate measures to avoid queuing and human gatherings that would reduce the physical distancing between individuals as much as practicable in these high traffic areas, in order to reduce the risk of contamination posed by unnecessary human interaction.

Health promotion materials describing the preventive measures taken by the provider, with a special emphasis on the required measures in order to access the facilities, should be put in place and distributed to the staff members and students. The safety promotional materials should provide detailed instructions and encourage the use of physical distancing, use of masks, hand hygiene, avoid non-essential touching of commonly used surfaces. Providers should ensure that the health promotional materials are provided in electronic format to staff and students prior to arriving to the facilities. Furthermore, the health promotion materials should be displayed at the entrance of the facility.

Training organisations should, according to their aerodrome emergency plan, appoint a coordinator in order to ensure the uniform application of the preventive measures by all staff members and, where applicable, all organisations providing services within the organisation.

Where instructors or examiners as well as other staff members may have pre-existing medical conditions which may put them in the high-risk group, the organisations should consult with their occupational health medical practitioner to identify such individuals and the additional measures to be put in place to reduce the risks for such employees.

Training organisations, in accordance with the SMS principles, should identify additional risks specific to their organisation at both epidemiological and operational level, implement mitigating measures and monitor the effectiveness of the implemented measures as per the “Plan-Do-Check-Act” (PDCA) cycle. Such risks may be areas prone to crowding, frequent touch points as well as safety risks as a result of the implementation of the preventive measures.

NAs and training organisations should coordinate their actions in the context of this guide with the public health authorities of their Member States in order to obtain cooperation and buy-in.

### 3 Preventive measures

The following preventive measures should be considered by training or examination providers.

#### 3.1 Protective screens

Wherever staff members interact with students from a fixed location, such as, but not limited to reception desk, archive, etc. protective screens should be installed in such a way as to allow the handover of the required documents but protect the staff member from the respiratory droplets of the student and vice versa.

#### 3.2 Protective equipment

Training or examination providers should provide the necessary personal protective equipment (PPE) to their staff members, ensure its correct fit and the training in the appropriate use of this PPE:

- Staff members who interact with students directly (e.g. flight instructors, flight examiners, simulator instructors, etc.) should wear a medical face mask<sup>2</sup> and their uniforms; uniforms should be changed/disinfected daily;
- Staff members who interact with students from behind a protection screen or from a distance of at least 1,5m should wear a medical face mask.

Training or examination providers should inform their students that face masks are mandatory at their premises.

Training or examination providers should make their students and staff members aware that wearing the face mask does not provide 100% protection and that other preventive measures, such as physical distancing and hand hygiene, should also be respected.

#### 3.3 Hand sanitizer

Training or examination providers should make non-touch hand disinfectant dispensers available at the entrance to their facilities and at T high traffic areas mentioned in point 2.

Furthermore, training or examination providers should ensure that hand washing basins are available and in working condition in all toilets throughout the facility for students and staff. Soap and single-use paper towels, or a clean textile towel for each user should be continuously available.

---

<sup>2</sup> A **medical face mask** (also known as surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the hospital staff and the patient. They are used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with requirements defined in European Standard EN 14683:2014. **Non-medical face masks** (or 'community' masks) include various forms of self-made or commercial masks or face covers made of cloth, other textiles or other materials such as paper. They are not standardised and are not intended for use in healthcare settings or by healthcare professionals

### 3.4 Physical distancing

Current scientific studies confirm that the distance respiratory droplets travel is of 1.5 m for normal speech and up to 2m when coughing. For this reason training or examination providers should ensure that physical distancing of a minimum 1.5m and ideally 2m is maintained. Physical distancing should be kept in the high risk areas identified in Section 2. This may be achieved by floor markings, enabling the use of every other seat in the waiting rooms and class rooms, and other measures. Where possible, training providers should use virtual classrooms for training, pre-flight sessions, post-flight briefings and other activities.

If physical distancing due to operational constraints is not possible, other alternatives should be considered, such as protective screens, face shields<sup>3</sup> or others in addition to the medical face masks, to the extent that these measures will not endanger the safe performance of training tasks.

Non-essential facilities for collective use such as smoking rooms, relaxation areas etc. should be temporarily closed.

Physical distancing at the training facility should be considered for staff members that are assigned to workstations by providing more spatially spread out arrangements or other working arrangements.

### 3.5 Cleaning and disinfection

Training or examination providers should enhance cleaning activities both in amplitude and frequency. They should put a procedure in place to ensure that the cleaning is done in a consistent manner and following the principles below:

- Regular cleaning of surfaces should be performed using standard detergents with particular care of frequently touched surfaces (e.g. door handles, bannister rails, buttons, etc.).
- Cleaning activities should be performed in such a way as not to aerosolise the particles that have already set on the various surfaces.
- The frequency of the cleaning activities in the high traffic areas mentioned in point 2 and the frequently touched surfaces should be considered by the training or examination provider based on the number of students. These surfaces should be cleaned at least twice a day.
- Cleaning should also include the air conditioning system, including the employment of special air filters and increasing the frequency of the filter replacement.
- Cleaning and disinfection of aircrafts and synthetic flight training devices should be done in accordance with the specification of the respective manufacturer

Furthermore, the optimisation of heating, ventilation and air conditioning (HVAC) systems should be implemented in order to ensure a high rate of air changes. In older facilities, subject to building configuration, noise level and meteorological conditions, windows can be kept open for additional supply of fresh air, subject to the absence of horizontal air flows.

- 
- <sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5015006/>
  - <https://www.ncbi.nlm.nih.gov/pubmed/24467190>
  - <https://www.medpagetoday.com/infectiousdisease/covid19/86273>
  - <https://jamanetwork.com/journals/jama/fullarticle/2765525>

### 3.6 One to one training

Where training activities require one to one training in confined spaces, such as synthetic flight training devices (FSTD) or on training aircraft, the following principles should be applied:

- Medical face masks in combination with face shields should be used by both instructor and student and a good fit of the mask should be ensured.
- Respiratory etiquette should be observed at all times (regardless of the presence of the mask when coughing or sneezing the individual should cover their mouth and nose, or cover the top of the mask with a paper towel or with their bent elbow).
- Touching of the face and mask should be avoided at all times.
- Hand hygiene measures should be applied before and immediately after the training session. When addressing each other, the interlocutors should not be facing each other even if wearing the mask.
- Once the training session is finished, the masks should be carefully disposed of. If the training continues in another environment (classroom/airfield), the masks worn during the one to one session should be disposed of and replaced with clean medical masks.