27 gennaio 2022

(English text at the bottom)

IFALPA SAFETY BULLETIN – COVID-19 RESOURCES

Gentili Colleghi,
Qui di seguito due interessanti Safety Bulletin di IFALPA contenenti consigli generali sul COVID-19 come inteso alla data di pubblicazione.

Il primo, COVID-19 Guidance for Crews, vuole fornire alcune linee guida sulle best practices da adottare per limitare la possibilità di contagio e/o trasmissione del virus da adottare nell'ambito dello svolgimento della nostra professione. Prima, durante e dopo un turno di volo. In ogni caso gli equipaggi dovrebbero sempre monitorare le indicazioni delle loro autorità sanitarie nazionali e dei rispettivi operatori.

Il secondo riguarda l'uso delle mascherine nel cockpit e nel simulatore.
Attualmente, in molti paesi l'uso delle mascherine è consigliato o obbligatorio, soprattutto se il distanziamento sociale non è possibile. Nelle raccomandazioni di ICAO, CAPSCA e IATA, l'uso di maschere facciali nella cabina di pilotaggio durante il funzionamento dell'aeromobile non è obbligatorio. L'eventuale decisione di un operatore sull'obbligo di indossare la mascherina in cockpit andrebbe supportato da specifico safety risk assessment. La posizione dell'IFALPA è che l'equipaggio di condotta, quando la porta della cabina di pilotaggio è chiusa, dovrebbe avere la possibilità di rimuovere la maschera nell'interesse della sicurezza del volo. All'interno di questo safety bulletin sono riportati alcuni fattori che dovrebbero essere presi in considerazione.

Buona lettura.

ANPAC – Dipartimento Tecnico
dt@anpac.it

IFALPA SAFETY BULLETIN – COVID-19 RESOURCES

Dear Colleagues,
Here below are two interesting IFALPA Safety Bulletins containing general advice about COVID-19, as understood at the date of publication.

The first one, COVID-19 Guidance for Crews, wants to provide some guidelines on the best practices to be adopted to limit the possibility of infection and/or transmission of the virus to be adopted in the course of our profession. Before, during and after a rotation.
At all times, crews should follow the advice of their health authorities and operators.

The second concerns the use of the masks in the cockpit and in the simulator.
Currently, in many countries the use of face masks is recommended or compulsory especially if social distancing is not possible. In the recommendations of ICAO, CAPSCA, and IATA, the use of face masks in the cockpit while operating the aircraft has not been compulsory. When an operator makes a decision on mask use in the cockpit, it should involve a safety risk assessment. IFALPA's position is that flight crew should have the option to remove their mask in the cockpit when the door is closed in the interest of flight safety. This safety bulletin provides some factors that should be taken into consideration.

Enjoy the reading.

ANPAC – Dipartimento Tecnico
                    dt@anpac.it

COVID-19 Guidance for Crews

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

The risk of transmission of COVID-19 in the flight deck is very low, provided appropriate hygienic and precautionary measures are taken. Even though vaccinated people may get infected and spread SARS-Cov-2 virus, infectivity among vaccinated people is considerably lower compared to non-vaccinated. Vaccination protects efficiently from severe COVID-19 disease.

The biggest workplace risk for pilots is fellow pilots. It is of utmost importance that pilots not go to work if they have any symptoms of COVID-19 or have had a close contact with a person suspected of having or testing positive for COVID-19.

Transmission in the aircraft is likely due to direct contact via droplets or aerosols or, in rare cases, via surfaces, thus the importance of mask wearing. The SARS-Cov-2 virus can survive on surfaces from a few hours to a few days, but the viral dose from surfaces generally does not reach the threshold for infection. Frequent hand washing, and disinfection is still recommended.

Recirculated air is not considered a significant source of infection, as it passes through HEPA filters, which are used, for example, in operating theatres. The SARS-Cov-2 virus is approximately 0.125 μm in diameter which is within the particle-size range that HEPA filters capture with a high level of efficiency.[1]

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[1] 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

CREWS SHOULD CONSIDER THE FOLLOWING RECOMMENDATIONS

Before the flight
- Covid-19 vaccination is strongly recommended.
- Crew planning should consider using crews as teams. This would restrict potential infection to the team members only.
- Operators should consider the balance of the effects of quarantine and the effects of extended duties, within the FTL or FRMS, when deciding to operate a turnaround or layover.
- Crews and other personnel with any symptoms of flu should not be working.
- If a pilot has had a close contact with a confirmed or suspected COVID-19 case, they should stay at home and should not work.
- Procedures should be put in place to minimize crew exposure to ground personnel.
- Crews should make use of separate crew channels in the airport, where they are available, to minimize interaction with the public.
- All personnel should follow proper hygiene practices before entering the cockpit, including the use of face masks
- During turn-around when pilots are in contact with ground personnel, a mask should always be worn.

During the flight
- Disinfect all surfaces with appropriate disinfectant wipes before starting your flight preparations.
- Disinfect hands 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), disinfect the OXY mask before and after use.
- A face mask may be used during the flight as long as the operator has performed a proper risk assessment and recommends or allows the use of masks and crews feel that it does not interfere with safe performance of duties. However, crews should have an option not to wear a facemask during the flight due to flight safety issues.
- There should be a dedicated cabin crew member who attends the flight crew as this reduces number of contacts.
- In flights with in-flight rest, each pilot should have personal bedding.

At layovers
- Follow the regulations and recommendations of the local authority.
- If required by the local authority or your operator, remain in your room except to seek medical attention, or for essential activities including exercise, while respecting physical distancing requirements.

- If you are vaccinated and the prevalence of COVID-19 is low, you may not need to follow room or hotel lockdown. If the local authority and operator do not require lockdown, hygienic measures (social distancing, hand hygiene, face masks) are strongly recommended.
- Take your vaccination certificate or certificate of COVID-19 infection with you.
- Avoid contact with the public.
- Maintain physical distancing measures with crewmembers.
- Do not use the common facilities of the accommodation unless physical distancing measures are in place.
- Consider dining in-room, get take-out, or dine in a restaurant preferably within the accommodation facility, maintaining physical distancing.
- Wash your hands with soap and water for at least 20 seconds or use hand sanitizer often, and always after entering the hotel room or before eating.
- Use a face mask when leaving the hotel room.
- Monitor signs and symptoms. If you are sick, seek medical advice before operating or travelling in any capacity.

It is the responsibility of the operator to provide appropriate disinfectant wipes that are suitable for the aircraft environment. The wipes must be effective against SARS-Cov-2 and 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 (corrosive) effects on the aircraft.

The need to self-isolate after flights must be decided by your responsible 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 decision will depend on the vaccination status, destination, risk of infection, and any exposure risks at the destination. Vaccinated 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.

Use of Masks in the Cockpit

NOTE

This paper is an update to, and supersedes, 20SAB12, of the same name.

Regarding the prevention of transmission of COVID-19, flight crews are reminded that signs or symptoms of COVID-19 or close contact with a person suspected of having or testing positive for COVID-19 render them unfit for duty until considered fit by the operator and public health authority (e.g. following a suitable negative test). The operator should also have a proper sick-leave policy and procedure so that there is no additional burden for pilots to call in sick.

The use of face masks is currently recommended or compulsory in many countries, especially if social distancing is not possible. Many occupational health authorities, such as NIOSH[1], require mask use if safe distances cannot be maintained while working in a small and closed environment.

Proper mask wearing is effective mitigation against COVID-19. It has been estimated that social distancing of 3m alone without masks leads to a 90% risk of infection after a few minutes. If only the non-infected person wears a surgical mask with an unmasked infectious person speaking at a distance of 1.5 m, the risk of infection reaches 90% after 30 minutes, and with an FFP2 mask, it remains at about 20% even after 1 hour. When both wear a surgical mask, while the infectious is speaking, the very conservative upper bound remains below 30% after 1 hour, but, when both wear a proper-fitting FFP2 mask, it is 0.4%.[2]

Most of the authorities and airlines require passengers and cabin crew to use face masks. In the recommendations of ICAO, CAPSCA, EASA and IATA, the use of face masks in the cockpit while operating the aircraft should be according to an operator's risk assessment. EASA/ECDC guidance states that fully vaccinated flight crews do not need

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[1] The National Institute for Occupational Safety and Health, https://www.cdc.gov/niosh/index.htm

[2] https://doi.org/10.1073/pnas.2110117118

to wear a face mask in the flight compartment. However, these recommendations were given before the emergence of the omicron variant.

When an operator makes a decision on mask use in the cockpit, it should involve a safety risk assessment. IFALPA's position is that flight crew should have the option to remove their mask in the cockpit when the door is closed in the interest of flight safety. If masks are used, it is of utmost importance that they are worn properly during entire flight. If the masks are removed (e.g. for approach), the time without masks may counteract the benefits of wearing masks the entire rest of the time.

The reason for wearing surgical or medical masks in the cockpit is mainly to prevent transmission of COVID-19 from the mask wearer to the other pilot(s) and, to a lesser extent, protect the mask wearer from inhaling potentially infected respiratory droplets.

Respirators (e.g. FFP 2 masks) have the capacity to also protect the wearer. Infected people appear to be most infectious just before they develop symptoms (namely 2 days before they develop symptoms) and early in their illness, but asymptomatic people can also spread the disease. Thus, a risk of infection remains even if all symptomatic pilots or pilots who have had close contact with a person suspected of having or testing positive for COVID-19 stay at home.

The World Health Organization recommends the use of a three-layer fabric mask or a medical-grade mask.[3]

OPERATOR RISK ASSESSMENT
The risk assessment should weigh the risk of transmission against risks to flight safety. Operator safety risk assessments should include, but not be limited to, the following:

Transmission of COVID-19
- Prevalence of COVID-19 and variants in the region
- Vaccination status of the air crew members
- Crew personal risk of complications from a COVID-19 infection
- If using a mask in the cockpit, the risk of transmission while eating and drinking

Flight Safety Risks
- Effects on the use of the supplemental oxygen mask
- Effects on inter-crew communication including the inability to read lips and non-verbal communication

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[3] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

- Effects of air traffic control communication
- Possible disturbing effects of wearing a mask during critical phase of flight (e.g. take-off and landing)
- Diminished senses (sight and smell)
- Possible increase of stress or fatigue

MITIGATIONS

Risks associated with mask use should be mitigated using appropriate means, including:
- Training on correct use of masks, including changing masks when they become wet, soiled, or damaged, and,
- Training on emergency procedures with face masks.

FLIGHT CREW DECISION FRAMEWORK

The crew should follow their operator policy on mask use, but if using the mask is considered a flight safety risk, the crew should have the option not to use it.

If a pilot becomes symptomatic during the flight, all pilots should wear medical masks and it should be considered that the symptomatic pilot should be removed from duty.

In the event of a disagreement between crew members on the use of masks, an open discussion on the risks using CRM principles should follow. If the disagreement cannot be resolved, the crew should follow the appropriate company procedures for similar conflicts.

MASK USE IN THE SIMULATOR

The simulator does not pose risks to the safety of flight and therefore the use of masks in the simulator should be in accordance with public health authority and operator requirements.