



The Voice of Aviation Business

# Transitioning to “Normal” Operations: Joint Guidance for FBOs and Aircraft Operators

Revision Number: 2020.1 (Original)

Effective Date: May 20, 2020

## 1. Purpose

This document was drafted by NATA’s *Safety Committee* and *Part 135 COVID Task Force* to provide guidance to FBOs and Aircraft Operators by offering best practices and standardized protocols for COVID-19 management during the transition back to “normal operations.”

With that said, it is important to note that as an industry we should not become pre-occupied with ‘over-attention’ to pandemic management as it can lead to distraction and a higher likelihood of accidents and injury. Establishing standard protocols and adhering to them is SAFETY CRITICAL. Standards create consistent handling and habits – they eliminate the need for ad hoc management and heavy ‘cognitive’ brain engagement to manage each situation as a new one. FBOs AND AIRCRAFT OPERATORS ARE ENCOURAGED TO JOIN AS AN INDUSTRY IN ADHERING WITH THE STANDARDS HEREIN.

Not every facet of operating is incorporated here, nor can it be since there will be differences from FBO to FBO and Operator to Operator. However, if we make these standards common across all FBO’s and with all Operators, we will significantly improve safety through better situational awareness and standardized practices that result in efficiency and safety.

## 2. Screening

### 2.1 FBOs and Aircraft Operators

- Companies should post and make available to all employees the [CDC’s Coronavirus Fact Sheet](#).
- Employers should request that employees take their bodily temperature at their place of residence before reporting to work. If an employee has a temperature at or above 100.4 degrees Fahrenheit (or that exceeds the threshold defined by local/state authorities), they should be prohibited from coming to work and remain at their residence.
- Employers should also be aware of and implement any local/state mandates pertaining to employee health screenings.
- If an employee is experiencing any of the following symptoms, no matter how minor, they should be prohibited from reporting to work, remain at their residence, and seek immediate medical attention from a health professional: fever, cough, shortness of breath/difficulty breathing, chills, muscle pain, headache, sore throat, loss of taste or smell, persistent pain or pressure in the chest, confusion, or bluish lips/face.
  - If an employee begins to experience any of the above-mentioned symptoms during their work shift, they are required to notify their manager and should leave the facility.
  - Employees should be encouraged to pay attention to all illness symptoms and not assume those listed above are the only indicators of COVID-19. Employers should encourage employees to communicate with their doctor and/or HR.

### 2.2 Aircraft Operators- Passenger Screening

- Operators should implement pre-trip passenger screening.
- Personnel who book trips will be responsible for sending and receiving a completed passenger Travel Screening form (See Appendix 1) to the Lead Passenger. It is important for flight management that the completed form be returned the day before the trip so that any



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issues can be addressed well in advance of crew show time. If there is more than one group, each Lead for a group must complete a form for their group.

- The form asks screening questions related to international travel in the last 14 days, whether they have been in direct contact with anyone who has Coronavirus, and whether they have any symptoms of fever (100.4 °F or greater).
- If a pop-up trip occurs, and the form cannot be completed in advance, OR if an unscreened passenger is added to the trip, the pilot in command (PIC) is responsible for asking the required questions and will provide verbal confirmation to Flight Coordination that all passengers have been screened.
  - In these circumstances, the Flight Coordination planner will annotate in the trip the date and time of the PIC confirmation.
- Receipt of the completed Travel Form should be documented and maintained.
- If further review of the trip is required because of positive answers for international travel in the last 14 days, coronavirus direct contact in the last 14 days, or current fever symptoms, company leadership should be notified for specific guidance.

### 3. Communications

Both FBO's and Aircraft Operators know that communications are the #1 most important thing to safe and effective operations. Wherever possible, however, standard protocols and procedures for arrival and departure will minimize the opportunity for confusion. Crews fly to many different locations and different procedures at every location leads to high workload and a higher possibility of miscommunication.

By standardizing the items that can be standardized, workload and task saturation of each employee involved in operations will be reduced, which improves individual situational awareness. What is left after that is the individual trip nuances related to specific passengers, catering, transportation, etc.

#### 3.1 Pre-Trip Coordination

- Pre-trip Coordination between Aircraft Operators and FBOs is critical. To the maximum extent possible, anything that is unusual must be coordinated in advance by flight coordination teams of Aircraft Operators or the PIC as appropriate.
- Earliest possible coordination via electronic communication will set everyone up for the greatest success by allowing the FBO to be prepared and to ask questions as needed.
  - FBOs should be prepared with a set of standard questions and a briefing on current FBO rules/processes, as well as local municipality requirements.
- It is imperative that aircraft PICs and Aircraft Flight Coordination departments be transparent about whether any person on-board the aircraft is ill, is being transported as COVID-19 positive, or with another communicable disease. There is a legal and moral obligation to not transport known cases of communicable diseases or expose any FBO or associated employees to communicable disease without appropriate safeguards and measures being adhered with.
- It cannot be stressed strongly enough that everyone's safety depends on appropriate precautions being taken for client management. Whether the client is elderly and in need of a helping hand, or is ill with COVID-19, FBO's can coordinate appropriate support and safeguards – the key is transparency in communications and support requirements.



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### 3.2 Inbound Flights

- While historically, VHF air-to ground radio communication has been relied on for inbound flights to announce their arrival, a growing number of Aircraft Operators are no longer permitting “In-Range” calls as Crew workload is high during descent and arrival. As such, FBO’s are encouraged to use one of the many flight tracking systems commercially available.
- Aircraft Operators are asked (where possible) to communicate service needs to FBOs via VHF radio when taxiing, or upon arrival to the FBO ramp.

### 3.3 After Landing- Managing interface points.

- The PIC or SIC (second in command) should deplane first, wearing a face covering, to coordinate or confirm ground handling needs (fuel, catering, transportation, etc.) and passenger deplaning.
- Upon deplaning, Crew members and passengers should wear face coverings. If unavailable, 6’ distance should be maintained from FBO personnel.
- FBO personnel should also wear face coverings when interacting with Crew, passengers, and each other. If unavailable, 6’ distance should be maintained.
  - Face coverings and gloves are required when handling baggage.
  - Following baggage handling, hands must be washed with soap and water for 20 seconds or sanitized with an alcohol-based hand rub (ABHR) of at least 60% alcohol.
  - For tasks performed by ramp personnel alone (i.e.: refueling) face coverings are optional.
- FBO Facilities
  - Lobbies and restrooms will be open, however if passengers and Crew do not have a need to enter the facility and can depart from the ramp via coordinated transportation, it is encouraged that they do not enter the facility.
  - ABHR is recommended to be placed at the following locations:
    - Inside street side doors
    - Inside ramp side doors
    - Inside line service ops rooms by ramp door
    - Front desk area
    - Outside public restrooms
  - FBOs should arrange lobbies, conference rooms, and other common areas so that seating is 6’ apart.
  - FBOs should limit snacks and beverages to pre-packaged items only.
  - Operators are requested to notify passengers in advance of limitations.
- Payment for services
  - If possible, pre-coordinate electronic payment or direct billing methods to limit exchange of credit cards across the counter. (See Annex 2 for example credit card pre-authorization form).
  - CSRs are encouraged to wear gloves when handling over the counter transactions
- Transportation
  - Rental cars
    - FBOs should require vendors to provide checklists of disinfection and sanitization steps for the cars provided.



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- Crews should not expect “crew cars” to be available. Rental car coordination should be made in advance.
- Some FBOs are removing seats from vans to ensure 6’ separation of those on board. Multiple trips may be required to accommodate larger groups.
- Avoid using the recirculated air option for the car’s ventilation during passenger transport; use the car’s vents to bring in fresh outside air and/or lower the vehicle windows.
- For additional CDC guidance on passenger vehicle transportation, [click here](#).
- Catering
  - Catering vendors should be vetted to ensure [CDC guidance](#) for catering is followed.
  - All personnel must wash their hands with soap and water for at least 20 seconds before receiving, handling, or delivering catering.

### 3.4 Aircraft with Known or Presumed Positive Passengers

- If someone onboard has a communicable disease (COVID-19 or otherwise), they will not be authorized to use the common use facilities – handling and coordination must be managed to avoid contamination of common-use facilities. The Aircraft Operator and/or PICs must coordinate in advance of arrival and before any deplaning is authorized. At locations that have dedicated isolation facilities, crews must relocate to that area.
- The Aircraft Operator and FBO GM should determine if, at the time of arrival, the air and/or medical Crews will be permitted access to restrooms or other public areas of the facility. Recommended items for discussion between the operator and the GM are as follows:
  - Crews are not experiencing any symptoms of COVID-19.
  - Crews will remove and bag PPE worn in the transport of infected (or presumed positive) passenger(s) before entering the facility. Bagged PPE should remain with the aircraft and must not be brought into the facility.
  - Crews will practice hand hygiene as recommended by the CDC for healthcare professionals (HCP):
    - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
    - HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
  - Crews will practice social distancing measures (maintaining 6’ distance between others), wear face coverings [not used during transport of the infected (or presumed positive) passenger(s)] and minimize their contact with ground personnel and their time spent in public areas.
  - Crews will communicate service orders via radio to ground personnel.
  - Consideration should also be given to whether ground personnel are able/qualified to assist with the movement of equipment (i.e.: heavy or medical equipment).
  - For further FAA-CDC Guidance for Air Carriers and Crews, see SAFO 20009.
- GMs should ensure that the appropriate staff are briefed on the agreed-upon handling arrangements before the flight arrival.



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- FBO staff SHALL NOT physically interact with patients or presumed positive passengers.
- Follow local Airport Authority and guidelines and notifications.
- Non-sterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the handling of baggage that has been in contact with suspected or confirmed infected passengers. [Access CDC guidance on PPE.](#)
- Under NO circumstances should personnel enter the aircraft cabin.
- Do not place carpets for arriving aircraft.
- If no notification or arrangements have been approved before arrival, the aircraft cannot be serviced until authorization is received and the aircraft is cleared by the Local Health Department. Direct the aircraft to park in a remote staging area, chock the aircraft, and leave the immediate area.

#### 4. Staffing and Servicing

- FBOs and Aircraft Operators have both been using various methods of keeping employees engaged and prepared for the return to higher volumes of business/traffic. During the transition from reduced operations to “normal” operations, oversight and supervision by leadership is encouraged by pairing employees with less experience with those that have higher levels of experience.
- All employees should be current on training and certifications for the tasks they are assigned.
- If FBO is short staffed, they should notify the Operator in advance of any expected delays from “normal” ground servicing times.
  - If staffing levels are low, or proficiency is a concern, FBOs should notify Aircraft Operators. it is not a negative! By working together, FBOs and Aircraft Operators can mitigate the risk of injuries and damage to assets.
- Under no circumstances is rushing or “short-cutting” warranted or expected. Safe operations with no injuries or damages is always the goal!
- While Aircraft Operators have been taking steps to maintain crew proficiency, nothing should be assumed. Good coordination is essential during ground operations! Don’t assume anything – communicate!

#### 5. Cleaning and Disinfecting

##### 5.1 FBO Facilities

- Disinfectant/antiseptic solutions should be applied regularly to high-traffic areas and items (e.g.: banisters, door handles, elevator buttons, remote controls, keyboards, computer mouse, tablets, restrooms, pilot lounges, water fountains, telephone sets in common areas, and front counters).
- Disinfect pilot lounge chairs after use, GSE, lockers, washer/dryers, and anything else touched on a frequent basis.
- Ensure food preparation zones, including self-service pantries and serving areas, receive thorough cleanings with appropriate household disinfectants, including Lysol, Clorox wipes, etc.
- Dispose of tissues, paper towels, masks, and other one-time use items in a covered waste container.
- Wash courtesy blankets after each use.
- [Click here for CDC guidance on cleaning and disinfecting community facilities.](#)



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## 5.2 Aircraft with No Symptomatic Passengers

- Aircraft should be sanitized between flights. Only cleaning agents which are specifically approved by the aircraft manufacturer should be used.
- Where no symptomatic passenger(s) have been identified during or immediately after the flight, follow routine operating procedures for cleaning aircraft, managing solid waste, and wearing personal protective equipment (PPE).

## 5.3 Aircraft with Symptomatic Passengers

- Where symptomatic passenger(s) are identified during or immediately after the flight, routine cleaning procedures should be followed AND ENHANCED CLEANING PROCEDURES SHOULD ALSO BE USED AS FOLLOWS:
- Only cleaning agents which are specifically approved by the aircraft manufacturer should be used.
- Clean porous (soft) surfaces (e.g.: cloth seats, cloth seat belts) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions.
- Clean porous (soft) surfaces (e.g. seat covers and carpet) by removing visible contamination if present and using appropriate cleaners that are compatible with aircraft surfaces and components in accordance with the manufacturer’s instructions. For items that can be laundered, use the warm setting and dry items completely on high heat.
- Clean non-porous (hard) surfaces at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions, including: armrests, plastic and metal parts of the seats and seatbacks, tray tables, seat belt latches, light and air controls, cabin crew call button, overhead compartment handles, adjacent walls, bulkheads, windows and window shades, and individual video monitors.
  - Clean non-porous (hard) surfaces with disinfectant products with EPA-approved emerging viral pathogens claims that are expected to be effective against the virus that causes COVID-19 and ensure these products are compatible with aircraft surfaces and components. All products should be used according to label instructions (e.g.: concentration, application method, contact time, PPE).
  - Clean lavatories used by the symptomatic passenger(s), including door handle, locking device, toilet seat, faucet, washbasin, adjacent walls, and counter.
  - Properly dispose of any items that cannot be cleaned (e.g.: pillows, passenger safety placards, and other similar items as described below).

### 5.3.1 Recommended PPE during Enhanced Cleaning

- Disposable gloves that are recommended by the manufacturer of the disinfectant should be worn.
- Disposable gowns should be worn while cleaning the cabin and lavatories.
- If splashing is a risk, eye protection, such as a face shield or goggles and facemask may be required according to the manufacturer’s label.

### 5.3.2- General Recommendations During Enhanced Cleaning Process

- Cleaning crews should not board the plane until all travelers have disembarked.





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- Ventilation systems should be kept running while cleaning crews are working aboard the airplane.
- If visible contamination (e.g.: a bodily substance such as blood or bodily fluids) is present, routine Aircraft Operator cleaning procedures should be followed based on blood or body substance spill management according to OSHA’s Bloodborne Pathogen Standard 29 CFR 1910.1030.
- Aircraft Operators should ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication Standard, 29 CFR 1910.1200.
- Aircraft Operators should train ground and cleaning crews on and require that Crew members demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE.
- After doffing PPE, cleaning staff should immediately clean hands with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, ABHR that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Aircraft Operators should consider providing alcohol-based hand sanitizer to cleaning staff for their personal use.
- Cleaning staff should immediately report breaches in PPE (e.g.: tear in gloves) or any potential exposures (e.g.: contact with blood or body fluids without wearing appropriate PPE) to their supervisor.
- Cleaning staff should dispose of PPE and other disposable items used in cleaning following the Aircraft Operator’s routine procedures. Note that all waste from international flights will also fall under jurisdiction of the U.S. Department of Agriculture/Animal and Plant Health Inspection Service (APHIS).
- Ground crews assigned to wastewater management operations should follow routine procedures.
- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
- Cleaning staff should immediately notify their supervisor if they develop symptoms of COVID-19.



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## Appendix 1

### DEPARTMENT OF HOMELAND SECURITY TRAVEL FORM

The Department of Homeland Security has issued guidance relative to air transportation and passengers who are inbound to the U.S. that have been to China, Iran, Ireland, U.K. (excluding overseas territories outside of Europe), and the Schengen Region (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland). This guidance applies to all travelers. To comply with the DHS requirements, we must confirm whether any passenger has visited these countries in the last 14 days; if they have, the inbound flight to the U.S. must be routed through one of the approved CDC screening airports.

This document is to certify whether the above applies to any passengers manifested on this flight. As the lead passenger, or Charter Broker, please confirm that status of each traveler, check the applicable box below, complete any required information, and sign the applicable line.

The answers to these questions need to originate from the traveler themselves; all questions must be answered and answers provided must not be false or misleading. A verbal review of the questions with a traveler is authorized, and the Lead passenger may speak on the party's behalf, but each traveler must be aware that these pre-trip questions have been answered on their behalf.

I certify no passengers on the manifest (in your travel group) have traveled to the following countries in the last 14 days: China, Iran, Ireland, U.K., and the Schengen Region (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I certify the following passengers have visited the following countries in the last 14 days: China, Iran, Ireland, U.K., and the Schengen Region (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_

**For Travel to Canada: Have you or any person listed as a passenger, been refused air travel by any air operator due to Covid-19 symptoms in the last 14 days?**

Yes  No

If Yes, please list the passenger(s) names; they will not be permitted to enter Canada unless they have a medical authorization from a healthcare provider stating the symptoms were not due to Covid-19.

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_ Return Date: \_\_\_\_\_





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Appendix 1 Continued

**DEPARTMENT OF HOMELAND SECURITY TRAVEL FORM**

**Have you, or any person listed as a passenger, had close contact with, or helped care for, anyone suspected or diagnosed as having Covid-19, or who is currently subject to health monitoring for possible exposure to Covid-19?**

Yes       No

If 'Yes,' please list the passenger name(s) who have been in contact with or helped care for anyone suspected or diagnosed as having Covid-19. This passenger or passengers will not be authorized to travel to Canada.

Name of Passenger: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_

**Do you, or any person listed as a passenger, have a fever (100.4° F/38° C or higher), feel feverish, have chills, a cough or difficulty breathing?**

Yes       No

If 'Yes,' please list the passenger name(s) who are displaying Covid-19 symptoms. This passenger or passengers will not be authorized to travel to Canada.

Name of Passenger: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_

*For international inbound flights only:*

**I certify that all passengers are either a U.S. citizen or permanent resident of the U.S.**

Yes       No

If 'No,' please list the passenger name(s) and nationality.

Name of Passenger: _____	Nationality: _____
Name of Passenger: _____	Nationality: _____
Name of Passenger: _____	Nationality: _____
Name of Passenger: _____	Nationality: _____
Name of Passenger: _____	Nationality: _____

At your earliest convenience, please download the form, fill out using Adobe Reader, then email to \_\_\_\_\_



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## Appendix 2

### EXAMPLE CREDIT CARD AUTHORIZATION FORM

The undersigned (“**Owner**”) hereby permits and authorizes [**Enter FBO Name**] to bill all charges incurred (including, but not limited to, fuel and oil charges as received and all monthly hangar/tie down charges). Owner understands that all receipts will be mailed to the mailing address below.

Company Name \_\_\_\_\_

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Aircraft Number \_\_\_\_\_

Aircraft Type \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Additionally, the followings individuals are authorized to sign on Owner’s behalf.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the bottom of this Credit Card Authorization is a photocopy of the front and back of the Owners credit card, which [**Enter FBO Name**] is authorized to charge pursuant to the terms and conditions set forth herein.

This credit card authorization shall continue in full force and effect until [**Enter FBO Name**] has received written notice from the undersigned revoking this authorization.

Cardholder Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### IMPRINT CARD/PHOTOCOPY FRONT AND BACK BELOW